Public Document Pack

Health and Social Care Scrutiny Sub (Community and Children's Services) Committee

Date: **TUESDAY, 20 NOVEMBER 2012**

Time: **1.45pm**

Venue: **COMMITTEE ROOMS, WEST WING, GUILDHALL**

Members:
Revd Dr Martin Dudley (Chairman)
Angela Starling (Deputy Chairman)
Nicolas Cressey
Deputy Henry Jones
Peter Leck
Deputy Joyce Nash
Deputy Wendy Mead
Dr Peter Hardwick
Vivienne Littlechild
Court of Common Council Vacancy
Jakki Mellor-Ellis
Steve Stevenson

Enquiries: **Caroline Webb**
tel. no.: 020 7332 1416
caroline.webb@cityoflondon.gov.uk

Lunch will be served in the Guildhall Club at 1.00pm

John Barradell
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES**

2. **DECLARATIONS BY MEMBERS OF PERSONAL AND PREJUDICIAL INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA**

3. **MINUTES**
To agree the public minutes and summary of the meeting held on 25 September 2012.

For Decision
(Pages 1 - 4)

4. **OFFICER UPDATE**
The Director of Community and Children's Services to be heard.

For Information

5. **JOINT STRATEGIC NEEDS ASSESSMENT 2012**
Report of the Director of Community and Children's Services.

For Information
(Pages 5 - 8)

6. **JOINT HEALTH AND WELLBEING STRATEGY**
Report of the Director of Community and Children's Services.

For Information
(Pages 9 - 32)

7. **SUBSTANCE MISUSE PARTNERSHIP**
Report of the Director of Community and Children's Services.

For Information
(Pages 33 - 38)

8. **TOBACCO CONTROL ALLIANCE UPDATE**
Report of the Director of Community and Children's Services.

For Information
(Pages 39 - 48)

9. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

10. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

11. **EXCLUSION OF THE PUBLIC**
MOTION - That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A of the Local Government Act.

Part 2 - Non-Public Reports

12. **NON-PUBLIC MINUTES**
To agree the non-public minutes of the meeting held on 25 September 2012.
For Decision
(Pages 49 - 50)

13. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**

14. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

This page is intentionally left blank

HEALTH AND SOCIAL CARE SCRUTINY SUB (COMMUNITY AND CHILDREN'S SERVICES) COMMITTEE

Tuesday, 25 September 2012

Minutes of the meeting of the HEALTH AND SOCIAL CARE SCRUTINY SUB (COMMUNITY AND CHILDREN'S SERVICES) COMMITTEE held at Guildhall, EC2 on TUESDAY, 25 SEPTEMBER 2012 at 1.45 pm

Present

Members:
Revd Dr Martin Dudley (Chairman)
Angela Starling (Deputy Chairman)
Peter Leck
Deputy Joyce Nash
Deputy Wendy Mead
Jakki Mellor-Ellis
Steve Stevenson

Officers:

Caroline Webb	-	Town Clerk's Department
Neal Hounsell	-	Community and Children's Services
Peter Corden-Dilley	-	Community and Children's Services
Vicky Hobart	-	Public Health Consultant, NHS ELC

1. **APOLOGIES**
   Apologies were received from Nicolas Cressey, Deputy Henry Jones, Deputy Revd Stephen Haines and Vivienne Littlechild.

   The Chairman welcomed the newly elected LINk Chairman, Jakki Mellor-Ellis, to her first meeting of the Health and Social Care Sub Committee.

2. **DECLARATIONS BY MEMBERS OF PERSONAL AND PREJUDICIAL INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA**
   City of London resident Members declared personal interests in all the agenda items as users of the services under discussion. They did not consider these to be prejudicial interests.

3. **MINUTES**
   The public minutes and summary of the meeting held on 2 May 2012 were approved.

   Matters Arising

   Insight in to City Drinkers
   Members were informed that the London Substance Misuse Partnership (SMP) that was situated in the Security and Contingency Planning Group in the Town Clerk's Department would be relocating to the Community and Children's

Services Department. A paper outlining the work of the SMP would be submitted to a future meeting of the Sub Committee.

City Health Conference

The City Health 2012 conference would be taking place on 22nd – 23rd October in Guildhall. Members of the Sub Committee unable to attend the full conference were invited to register for any sessions of interest taking place over the two days, by informing the Sub Committee clerk. The Sub Committee expressed their dismay at the lack of notice given of the conference.

Minor Injuries Unit

A meeting with the Managing Director, Barts and the London Hospitals, was in the process of being arranged. The three month trial period had been extended.

4. **ESTABLISHING HEALTHWATCH CITY OF LONDON**

The Sub Committee received a report of the Director of Community and Children's Services outlining the key priorities and characteristics of the proposed Healthwatch City of London specification and updated Members on the work of the City LINk as an interim Healthwatch Pathfinder.

RECEIVED

5. **UPDATE ON THE TRANSITION OF PUBLIC HEALTH FUNCTIONS TO THE CITY OF LONDON CORPORATION**

The Sub Committee received a report of Vicky Hobart, Public Health Consultant (NHS North East London and City) and co-Chair City Shadow Health and Wellbeing Board updating Members on progress in the transition of responsibility for public health from the NHS to the City of London Corporation from 1st April 2013.

Members were informed that options were currently being explored between the City and Hackney regarding the compulsory appointment of a Director of Public Health.

Public health funding for City workers was highlighted as a concern but consultations on the funding formula, taking in to account commuters and the health services they require, were still taking place. A projected figure was expected to be released in January 2013.

RECEIVED

6. **GP CHOICE PILOT UPDATE**

The Sub Committee was informed that the GP Choice Pilot would not be taking place in Tower Hamlets or the City of London but would be taking place elsewhere in the country.

RECEIVED

7. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**
There were no questions.

8. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
There were no urgent items.

9. **EXCLUSION OF THE PUBLIC**
RESOLVED - That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A of the Local Government Act as follows:-

Item No.	Exempt Paragraph(s) in Schedule 12A
10	2
11 - 12	-

SUMMARY OF MATTERS CONSIDERED WHILST THE PUBLIC WERE EXCLUDED

10. **NON-PUBLIC MINUTES**
The non-public minutes of the meeting held on 2 May 2012 were approved.

11. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE COMMITTEE**
There were two questions.

12. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**
There were no urgent items.

The meeting ended at 2.28 pm

Chairman

Contact Officer: Caroline Webb
tel. no.: 020 7332 1416
caroline.webb@cityoflondon.gov.uk

This page is intentionally left blank

Committee(s):	Date(s):
Health and Social Care Scrutiny Sub-Committee	20th November 2012
Subject: JSNA 2012	Public
Report of: Director of Community and Children's Services	For Information
Ward (if appropriate): All	

Summary

This report provides an update on the progress of the 2012 Joint Strategic Needs Assessment (JSNA), which is a statutory requirement for local authorities.

Although the refresh of key JSNA data will meet the statutory minimum requirement, it will not provide all the information required to commission local services in the City, or provide a complete sense of the City as a separate place to Hackney.

For this reason, the City of London's shadow Health and Wellbeing Board has agreed that an additional supplement should be produced, that contains information relating to the City of London, and covers the health and wellbeing of both residents and workers.

Recommendations

- It is recommended that Members note the contents of this report

Main Report

Background

1. The publication of an annual JSNA is a statutory responsibility. Known locally as the Health and Wellbeing Profile, its purpose is to provide a description and assessment of the health and wellbeing needs of the local population to inform local decision-making in all sectors.

2. The last publication, covering 2011, was a very comprehensive and lengthy document, and was jointly produced with Hackney. This was to reflect the shared PCT budgets that covered the City and Hackney.

3. City and Hackney Clinical Commissioning Group (CCG) require an up-to-date version of the JSNA to undertake their authorisation process, which is currently underway. In order to achieve this, the CCG asked for a refresh of the key JSNA dataset, to update the current Health and Wellbeing Profile with new data for 2012.

Current position

4. This data refresh means that City and Hackney will have fulfilled the minimum statutory requirements for having an up-to-date JSNA document; however, much of the data contained within the refresh is aggregated "City and Hackney" data, which doesn't distinguish between City residents and Hackney residents.

5. As the resident profiles of Hackney and the City are very different (for example, Hackney has a very young population, the City has a relatively old resident population), some City-specific issues are likely to be masked within the greater size of the Hackney population.

6. From April 2013, the City of London will be responsible for local public health services, and so City-specific data will be required on an on-going basis, to inform commissioning decisions.

7. A separate City-specific JSNA was considered; however, it posed the following risks:

    - The process will take a long time and will require a large amount of input from the public, wider stakeholders, and the Health and Wellbeing Board.

    - The JSNA structure may need to be overhauled again once the new public health and CCG system has bedded-in, to reflect the ways in which the system is actually working in practice.

    - A separate JSNA document for the CCG to consider may result in the City's needs being overshadowed by Hackney.

    - JSNA will detail both residents' needs and workers' needs – the CCG is only currently funded to meet the needs of residents, so may object to having an additional document to consider, alongside Hackney's JSNA, that only covers 7,400 funded individuals.

8. In their meeting on September 5th, the City of London's shadow Health and Wellbeing Board agreed that an additional data supplement should be produced, dealing with the health and wellbeing of the City, with updated data on residents and new sections on workers. This supplement recognises that City and Hackney still shares a CCG, so will continue to share any health services; however, the production of a separate City-specific document will provide a much clearer sense of place than the joint Health and Wellbeing Profile.

9. Much of the new information required for this supplement has already been generated, through the City workers' health research and subsequent post hoc analysis; the Alcohol Academy research; and local assessment of

residents' health needs using NHS data conducted by NHS ELC's Health Intelligence Unit, as well as mapping of City health services commissioned by the CCG. This means that the supplement will be relatively straightforward to produce.

10. Little public engagement will be required, as the previous format has been agreed extensively with stakeholders and the public.

Conclusion

11. Although the JSNA data refresh represents the bare minimum that the City is required to do to meet its statutory obligations, the production of an additional supplement relating to the City alone will serve as a useful tool for local commissioners, as well as providing a much clearer sense of place than the joint Health and Wellbeing Profile.

Background Papers:

JSNA and City Workers Research Update, 23rd November 2011 (Health and Social Care Scrutiny Subcommittee)

Health and Wellbeing Profile 2011 (JSNA), 17th February 2012 (Health and Social Care Scrutiny Subcommittee)

Contact:

Farrah Hart | farrah.hart@cityoflondon.gov.uk | 020 7332 1907

This page is intentionally left blank

Committee(s):	Date(s):
Community and Children's Services Port Health and Environmental Services Health and Social Care Scrutiny Sub-Committee Energy and Sustainability Sub Committee	8th November 2012 13th November 2012 20th November 3rd December 2012
Subject: Joint Health and Wellbeing Strategy	Public
Report of: Director of Community and Children's Services	For Information
Ward (if appropriate): All	

Summary

This report outlines the development of the draft City of London Joint Health and Wellbeing Strategy, which is required of local authorities by the Health and Social Care Act 2012

The draft strategy sets out the City of London shadow Health and Wellbeing Board's commitment to improving the health of City residents The proposed priorities are;

- More people with mental health issues can find effective, joined up help
- More people in the City are socially connected and know where to go for help
- More rough sleepers can get health care, including primary care, when they need it
- More people in the City take advantage of Public Health preventative interventions, with a particular focus on at-risk groups (includes the 3 following areas of focus)
    - People in the City are screened for cancer at the national minimum rate
    - Children in the City are fully vaccinated
    - Older people in the City receive regular health checks
- More people in the City are warm in the winter months
- More people in the City have jobs: more children grow up with economic resources
- City air is healthier to breathe
- More people in the City are physically active
- There is less noise in the City

The draft strategy also makes a commitment to improve the health and wellbeing of City workers and proposes some additional priorities. However, it recognises that until the City's case for additional funding to meet these priories has been determined only limited progress can be made in addressing them.

Recommendations

- That the Committee notes the content of this report and comments on the draft Joint Health and Wellbeing Strategy

Main Report

Background

1. The Health and Social Care Act 2012 transfers the NHS's public health functions to local authorities, and gives local authorities the duty to advance the health and wellbeing of people who live or work in that area. It also requires local authorities to set up Health and Wellbeing Boards, and for those Health and Wellbeing Boards to produce an annual Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS). The City of London already has a JSNA in place; however, this is the first time that a JHWS has been produced for the City of London.

2. The public health budget allocation for the City of London was indicated to be £1.422 million for 2012/13. This was based on historical public health spend for City and Hackney PCT; however, this sum is expected to decrease on a year-on-year basis , once the final new allocation formula has been determined by the Department of Health. The new budget allocation will be determined on a per-head of resident population basis, and does not take City workers into account; however, the City of London Corporation has made it clear to the Department of Health that the Corporation would welcome the opportunity to make a positive contribution to the health of its workers, many of whom spend the majority of their waking hours inside the square mile, and who access many of their health services from within it.

3. The Department of Health has released a number of Outcomes frameworks. Health and Wellbeing Boards will have their success measured according to The Public Health Outcomes Framework.

4. Although local authorities will be required to provide certain mandated public health functions under the Act, such as the National Child Measurement Programme (NCMP), the majority of public health functions are non-mandated, and levels of provision must be determined locally, according to need.

5. The City of London's Joint Strategic Needs Assessment has already identified priority areas of need, based on a comprehensive review of the available data for the City, local intelligence and consultation. Priorities were identified according to the following criteria:
    - Are there significant unmet needs amenable to intervention?

- Is this an issue which affects a significant proportion of the population (directly or indirectly)
- Is this issue a significant contributor to inequalities in health and wellbeing?
- Is this an issue which significantly affects vulnerable groups?
- Is this a national/London priority?

Current Position

6. The City's shadow Health and Wellbeing Board, which includes representation from the Chairman of the Community and Children's Services Committee; the Director of Community and Children's Services; the Port Health and Public Protection Director; the Director of Public Health for City and Hackney; City and Hackney Clinical Commissioning Group; the City of London Local Involvement Network (LINk); and the City of London Police, has determined the scope, format and content of the draft JHWS.

7. As the shadow Health and Wellbeing Board is not yet a committee of the City of London, the draft JHWS must be signed off by the three bodies which will be represented on the City's Health and Wellbeing Board from April 2013. These are:

    - Community and Children's Services Committee
    - Energy and Sustainability Sub Committee
    - Port Health and Environmental Services Committee

Proposals

8. The JHWS is intended to cover the three year period from 2012/13 to 2015/16. The strategy will be refreshed annually to reflect the changes that have taken place over the year, and to ensure the City is compliant with its statutory obligations. Formal public consultation will be undertaken from the period November 2012 to January 2013.

9. The strategy identifies the need to manage the public health transition smoothly; to improve joint working and integration; and to address key health and wellbeing challenges. These are identified as:

    - More people with mental health issues can find effective, joined up help
    - More people in the City are socially connected and know where to go for help
    - More rough sleepers can get health care, including primary care, when they need it

- More people in the City take advantage of Public Health preventative interventions, with a particular focus on at-risk groups (includes the 3 following areas of focus)
    - People in the City are screened for cancer at the national minimum rate
    - Children in the City are fully vaccinated
    - Older people in the City receive regular health checks
- More people in the City are warm in the winter months
- More people in the City have jobs: more children grow up with economic resources
- City air is healthier to breathe
- More people in the City are physically active
- There is less noise in the City

10. These priorities align to the City's JSNA priorities, and are also expected to contribute both directly and indirectly to improving outcomes on the Public Health Outcomes Framework, as well as the Adult Social Care Outcomes Framework and the NHS Outcomes Framework.

11. As local authorities also have a duty to advance the health and wellbeing of people who live or work in that area, the draft JHWS identifies three key areas for improving worker health and wellbeing. The evidence for these priorities comes chiefly from two pieces of research commissioned by the City of London Corporation: *The Public Health and Primary Healthcare Needs of City Workers (2012)* and *Insight into City Drinkers: alcohol use, attitudes, and options for addressing alcohol misuse in the City of London (2012)*. The priorities for City workers are:

    - Fewer City workers live with stress, anxiety or depression
    - More City workers have healthy attitudes to alcohol and City drinking
    - More City workers quit or cut down smoking

12. The extent to which these priorities can be met will depend upon whether the City of London receives additional funding, from the Department of Health, for the public health of workers. The research report *The Public Health and Primary Healthcare Needs of City Workers* found that there was widespread demand for public health services (e.g. smoking cessation) to be provided within the Square Mile at times that were convenient for workers. This research was used to lobby the Department of Health to allocate additional funding to the City for the public health of workers.

13. When the draft budget allocation was announced, the Department of Health acknowledged that it did not contain any allowance for non-resident populations. Final budgets will be announced in December 2012.

Corporate & Strategic Implications

14. Once the JHWS is signed off, it will contribute to the priorities of the Corporate Plan by:

    - Improving the health of City residents, and tackling health disadvantage in our most vulnerable groups
    - Ensuring that excellent public health services continue to be provided in the City of London
    - Ensuring that the City workforce is healthy, productive, and protected from public health threats

Implications

15. The JHWS prioritises particular public health functions, and provides a framework for the City of London it to allocate the discretionary element of its public health budget.

16. The strategy includes a number of priorities for workers; however, if no funding is available from DH to improve public health provision for City of London workers, it would not be appropriate to fund these activities from a budget allocated to residents.

Conclusion

17. The Joint Health and Wellbeing Strategy represents an opportunity for the City of London to demonstrate its commitment to meeting its new public health responsibilities, whilst responding to local need. Once signed off, it will provide a valuable framework for improving the health of both residents and workers in the City of London.

Background Papers:

Health and Wellbeing Profile 2011 (JSNA) – *Community and Children's Services*, *February 2012* and *Health and Social Care Scrutiny Subcommittee, March 2012*

Research into City Worker Health and Healthcare Needs – *Community and Children's Services, May 2012*

The Public Health and Primary Healthcare Needs of City Workers (2012) City of London Research Report.

Appendices

Draft City of London Joint Health and Wellbeing Strategy

Contact:
Farrah Hart, Healthy City Development Manager | farrah.hart@cityoflondon.gov.uk | 020 7332 1907

This page is intentionally left blank

Strategy

"The aim of the joint health and wellbeing strategy is to jointly agree what the greatest issues are for the local community based on evidence in JSNAs, what can be done to address them; and what outcomes are intended to be achieved."

Department of Health, 2012

Introduction

The City of London is a unique area – it contains several populations in one space, with different needs and health issues. As well as around 11,000 people who live in the City as residents, there are over 360,000 people who travel into the City every day to work, as well as students, visitors and rough sleepers.

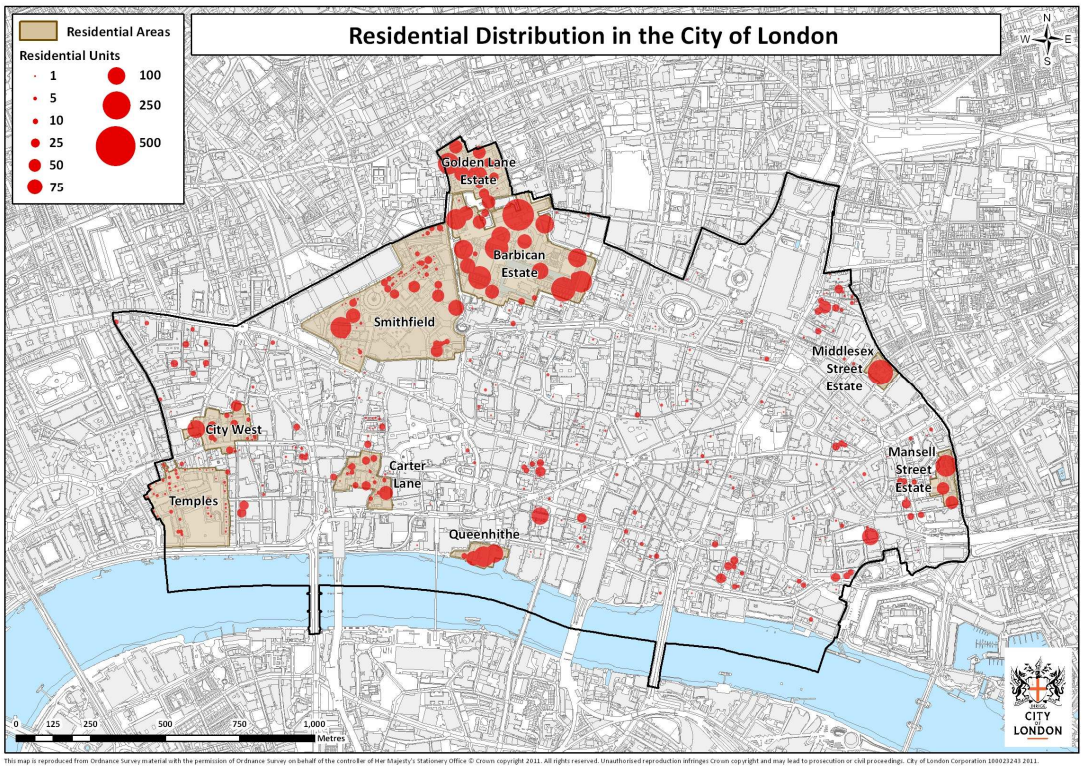


Figure 1: Residential Distribution, based on residential units (COL Planning Department)

The City of London has the highest daytime population density of any local authority in the UK, with over 380,000 people packed into just over a square mile of space, which is urban and highly developed.

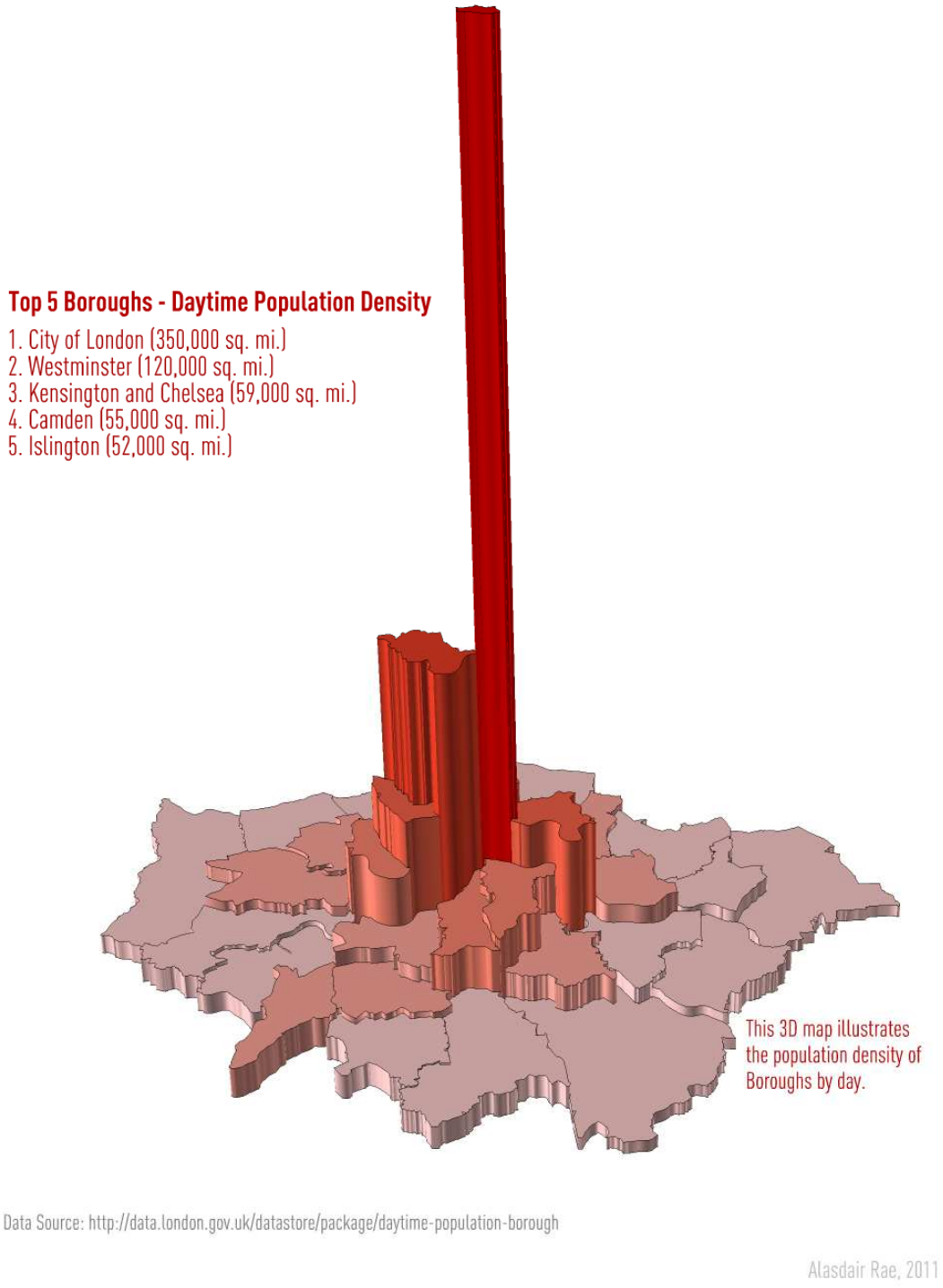


Figure 2: London's daytime population

The City of London Corporation is responsible for local government and policing within the Square Mile. It also has a role beyond the Square Mile, as a port health authority; a sponsor of schools; and the manager of many housing estates and green spaces across London.

When public health responsibilities transition to local authorities in April 2013, the Health and Wellbeing Board of the City of London Corporation will take over the

statutory responsibility for undertaking the annual Joint Strategic Needs Assessment (JSNA) exploring local health needs and Joint Health and Wellbeing Strategy.

This is the first Health and Wellbeing Strategy produced by the City of London, and it will be refreshed annually, to reflect the changing public health landscape and responsibilities, both during and after the transition. The full transition plan can be found as appendix 1.

Approach

The Health and Wellbeing Board, through the joint Health and Wellbeing Strategy, aims to align the City's approach to the NHS Outcomes Framework, the Adult Social Care Outcomes Framework and the Public Health Outcomes Framework, through improving the integration of services, particularly between the NHS and local authority. A National Children and Young People's Outcome Framework is currently in development. The Department of Health has identified the Health and Wellbeing Board as the place that brings the three outcomes frameworks together and takes a lead in tackling health inequalities and the wider determinants of health.

The full list of outcomes that the board will be judged against is included as appendix 2.

Who we are

The City's shadow Health and Wellbeing Board involves representation from the following partners:

- Elected members of the City of London Corporation*
- Officers of the City of London Corporation, including the Director of Community and Children's Services* and the Director of Environmental Health and Public Protection
- The Director of Public Health for City and Hackney, NHS East London and the City*
- City and Hackney Clinical Commissioning Group*
- The City Local Involvement Network (City LINk – to be replaced by HealthWatch in April 2013)
- The City of London Police*

The Shadow Board will become fully operational in April 2013, and the partners marked with an asterisk will become statutory partners, who will be responsible for implementing this strategy.

Timeline

This strategy is intended to cover the three year period from 2012/13 to 2015/16. As we are in a time of transition, we intend to refresh this strategy annually to reflect the changes that have taken place.

Table 1. Timeline

October	First draft strategy published for consultation
November - January	Public engagement and consultation
January	Consultation period finishes
February	Final strategy published
April 2013	The Health and Wellbeing Board takes on statutory footing
Summer 2014	First strategy refresh
Summer 2015	Second strategy refresh

A strategy for health and wellbeing in the City of London

Although we already spend a lot of time protecting people from threats to their health, we want the City to be more than just a safe place. The Health and Social Care Act presents us with an opportunity to positively influence the health of everyone who lives and works in the City, enabling them to live healthily, preventing ill health developing, and promoting strong and empowered groups of individuals who are motivated to drive positive change within their communities and businesses.

Wellbeing: a positive physical, social and mental state, is more than just an absence of illness. When a person feels well, they are more likely to value their health and make positive decisions about the way they live. Good mental wellbeing can lead to reduced risk-taking behaviour (such as excessive alcohol intake or smoking), and may improve educational attainment and work productivity.

We know what it takes for people to live healthily. Workers and residents can take their own steps to improve health, and we know that big improvements in health can result from the following[1]:

1. Not smoking or breathing others' smoke
2. Eating a healthy diet
3. Being physically active
4. Achieving and maintaining a healthy weight
5. Moderating alcohol intake
6. Preventing harmful levels of sun exposure
7. Practicing safer sex
8. Attending cancer screening
9. Being safe on the roads
10. Managing stress

However, we also know that health and wellbeing is bigger than just asking individuals to take steps to improve their own health: we also need to ensure that no-one is disproportionately disadvantaged by their circumstances and environment, preventing them from living as healthily as they might like to.

[1] Adapted from The Chief Medical Officer's Ten Tips For Better Health (Department of Health, 2004)

We know that the health of our residents and workers is influenced by social, cultural, economic, psychological and environmental factors, and that these factors can have a cumulative effect throughout a person's life[2]. If we are to improve the health of the whole community, rather than just those who find it easy to adopt healthy behaviours, we need to look at the broader context of people's lives – their income and education; their friends and social networks; the place where they live; the air that they breathe; the beliefs they have about their own health and their ability to make changes; and the individual biological factors that may influence their health. These are "the causes of the causes".

This means that often the best way to help a person's health lies outside what the NHS can do – for example, helping someone to find employment can provide them with a higher income, to buy better quality food for themselves and their families; they will be in a better position to find decent housing and be able to afford to heat it. By meeting new people at work, they can gain new friends and build up social networks, which can help to improve their mental health. Additionally, the routine of working, the sense of identity, and the ability to provide can all have a positive effect on a person's mental wellbeing.

As well as employment, we know that there are several other key priority areas that have a huge impact on people's lives and their health. These were identified by Professor Sir Michael Marmot as:

1. Give every child the best start in life.
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill health prevention.

Local authorities are therefore ideally placed to work with health services and other local partners to make a real impact on health and wellbeing. We know there are communities in the City, who find it harder to access services; who are less connected with others; and whose life circumstances make it very difficult for them to make positive changes.

Through the health and wellbeing board, we want this strategy to encourage services, organisations and individuals to work together to prevent where we can; and intervene early when problems do develop; and take steps to reduce the harms arising from behaviours or actions that we cannot prevent.

Within the City, the small size of the resident population presents a number of challenges to strategic planning. It is often difficult for us to get meaningful data about health needs and service provision. Many national statistics are based on

[2] Marmot M (2010) *Fair Society, Healthy Lives.* University College London

taking a “percentage sample” of the population, and using this sample to extrapolate to the whole population, but in the City, this means that they will only have spoken to a handful of people, who may or may not be representative of the City’s wider resident population. Additionally, some health conditions only affect a very small number of City residents each year – it is difficult for us to use these numbers to identify trends that are more than just random variation.

For this reason, it is even more vital that we use a combination of quantitative evidence from the JSNA and other health needs assessments, combined with local and community intelligence, to determine our priorities.

Conversely, we also have a huge number of commuters entering the City every day, about whom very little information is collected. The Office of National Statistics collects information about how many people work in the City and in what sectors, but if we want to find out about their health and wellbeing needs, we have to commission this research ourselves.

Strategic Principles

We want our health and wellbeing strategy to influence the Public Health, NHS and Social Care Outcomes, and the Children and Young People’s Outcomes, that will make the most difference to the lives of people in the City. We want to acknowledge and support good work we are already undertaking, whilst helping us meet up-coming challenges, including an ageing population, a reduction in household income for many families in the area, and an uncertain economic outlook.

Our priorities are determined through:

- The numbers of people affected
- The severity or impact of the issue
- Can we do anything about it – are there cost-effective, evidence based steps we can take to tackle the issue?
- Does it tie into the objectives of the City’s Corporate Plan, which aims to support businesses and communities?
- Will the City be a better place to live and work if we tackle this issue?
- Is there a current gap in provision or service that we have identified?
- Do we have the resources to tackle this (or are there resources that we can get)?
- Was this identified as a priority in the JSNA, or is there strong consensus that this is an issue for local people?

What we understand from the evidence contained in the JSNA.

Although small, the City is by no means homogeneous. Lots of different kinds of people live here, ranging from professionals who work in the City’s firms who live

alone and in couples, to a growing community of retired people many of whom live alone, as well as whole communities who struggle to make ends meet. The number of rough sleepers in London in growing, and many find their way into the City of London at night, because it is a safe and relatively quiet place to sleep. Although people in the City are diverse, there is also a strong sense of community, and the vast majority who live and work here say they are satisfied with the area. The City has a strong infrastructure of services and agencies, as well as grass-roots organisations and committed individuals who help to make this place thrive.

City JSNA 2011/12

The City is mostly a business district, with some areas of high-density housing. As well as the office workers who come into the City in the daytime, the City's bars and restaurants are increasingly popular with visitors in the evenings. The City has an increasingly international worker and resident community, and an ageing resident population. The City borders onto five London boroughs, and residents often have to access services that are delivered outside the Square Mile. The City shares NHS services with Hackney, and the new Clinical Commissioning Group will cover City and Hackney. The catchment area of the City's only GP practice does not cover the whole City, so residents in the east access GP services from Tower Hamlets.

In surveys, the City scores highly as a place to live and work, and it has excellent transport links and cultural services. The City is an urban area, and suffers from poor air quality. Particulate matter and nitrogen dioxide levels are both very high, and there were also 706 noise complaints last year. There are very few open spaces in the City; however there has been a slight increase this year.

Despite being such a small geographical area, the City of London has the fifth highest number of rough sleepers in London. Most rough sleepers are white, older males, with problems relating to alcohol and mental health.

There are few figures relating to resident employment; however the City provides jobs for around 360,000 people, with around 60% of these in the banking, finance and insurance sectors. Around 75% of City workers are professionals, managers or associate professionals, with the remaining quarter in other occupations, including administrative and sales roles. Unemployment benefits claimants rates are low for the City overall, but worklessness is concentrated into particular geographical areas and housing estates.

The housing in the City is different from in other areas: 90% of flats are 2-bed or smaller. Fuel poverty amongst City residents is stable at 6.4%, but the last census showed that many pensioners live alone in the City. There has been improvement in the City's deprivation ranking in recent years, however huge gaps remain between the areas of Portsoken (40% most deprived) and Barbican (10% least deprived), with 41% of Portsoken children still living in poverty. A local survey showed that 40% of working age lead tenants on the Golden Lane Estate and Middlesex St Estate were

not in work, and it is thought that welfare reforms may have a serious impact upon some City residents.

There has been a recent increase in the numbers of bars and restaurants that are staying open late and at weekends, but this is not without its disadvantages. There is a high rate of alcohol related crime, which accounts for 25% of total crime, and is patterned according to "city drinking hours". However, in the past year, there have been drops in reported crime for drug offences, violence, burglary and criminal damage.

There is a high smoking rate amongst workers, which is reported to be linked to stress; however, City smoking cessation services have a quit rate of 39%. There are no reliable figures about smoking rates in City residents, but we know that smoking is the single biggest contributor to health inequalities in the UK. Alcohol-related deaths and hospital admissions are very low for City residents; however, there are no figures that relate to the many non-residents who drink in the City's licensed premises.

We have no data on obesity or healthy eating in the City; however, it is known that there is a low rate of physical activity amongst residents, especially amongst adult women (45% inactive). It can be difficult to exercise in the City, as there is limited green space, and most private gyms in the Square Mile are very expensive.

Most babies born to City mothers are born outside the City, with the majority in Camden (at University College Hospital) or Tower Hamlets (in the Royal London Hospital). The numbers relating to NEETS, teenage pregnancies, pregnant smokers, infant deaths and low birth weight babies are so tiny that they often cannot be disclosed (i.e. there are fewer than five cases of each per year). Data on childhood obesity in the City is unreliable, because we have very few children, but there is 100% participation in PE, and a good range of sports and physical activity projects for young people. Data show that vaccination rates for MMR (measles, mumps and rubella, also known as German measles) are below average compared to both the UK and London, but that the 5-in-1 vaccine, which confers protection against diphtheria, tetanus, whooping cough, polio and bacterial meningitis, has rates that are above average.

Life expectancy in the City is still the highest in the country (82.2 years for men and 89.2 years for women). There is, however, a lack of data around key medical conditions that may affect the City's resident population. One in six older people in the City receive care packages, and there are thought to be a number of carers in the City, who are generally old (average age 64) and have been caring for a long time (average duration 14 years). Local survey data tell us that older people living on the Golden Lane Estate and Middlesex Street Estate have high rates of disability and poor health.

As well as the JSNA, the City of London Corporation and NHS East London and the City recently commissioned a piece of research to look at the public health and

primary healthcare needs of City workers – this research uncovered that a very hard-working and generally healthy group of people work in the City, but that they take risks with alcohol; smoke at a higher than average rate; and many report feeling very stressed. We believe there is potential to tackle some of these issues amongst City workers, which will prevent them storing up health problems for later in life, as well as making them happier and more productive employees right now.

Proposed priorities

We have identified three key areas for the Health and Wellbeing Board to focus upon over the next three years. These are as follows:

1. Bedding-in the new system – maximising opportunities for promoting public health amongst the worker population, and taking on broader responsibilities for health.
    - Ensuring that the transition does not create gaps or deficiencies
    - Identifying areas of priority action; watching brief; and business as usual
    - Creating staffing and commissioning structures that can identify and meet the needs of the population
    - Maintaining and improving public health intelligence, to build up a clearer picture of our needs and resources in the City.
    - Finding out more about particular issues – drugs, sexual health, sex workers, primary care access.

2. Improving joint working and integration, to provide better value
    - Reaching a mutually beneficial agreement, and maintaining a stable relationship between the London Borough of Hackney and the City of London for the delivery of public health, including some shared services, from April 2013
    - Defining the City's role in relation to other CCGs and local authorities, especially Tower Hamlets – key areas include referrals and discharges; tripartite funding; rehabilitation services; district nursing; and community psychiatric nurses.
    - The membership of the Health and Wellbeing Board and named individuals will ensure harmonisation between plans and strategies within and outside the City (See list of other plans and strategies below)

3. Addressing key health and wellbeing challenges – see table below

Key health and wellbeing challenges

1. Residents
Ensuring that all City residents are able to live healthily, and improving access to health services.

2. Rough Sleepers
Working with health and outreach services to ensure rough sleepers are given the range of support they need.

Table 2. Key health and wellbeing challenges for residents and rough sleepers

	Particularly vulnerable groups	Evidence base	Assets	JSNA priority	Framework		
					PH	SC	NHS
More people with mental health issues can find effective, joined up help	Rough sleepers Older people with dementia Carers	JSNA Service Mapping Residents' accounts of unsatisfactory experiences	GPs City Advice, Information and Advocacy Services Housing Service	Mental health Homelessness	1.6 1.7 1.8 2.23 4.9 4.16	1F 1H	1.5 2.5 2.6 4.7
More people in the City are socially connected and know where to go for help	Older people Carers Rough sleepers	Census Pensions data Evidence of the health impacts of social isolation	Older people's groups Community Engagement Worker Carers' service City Advice, Information and Advocacy Services GPs	Social isolation Fuel poverty Mental Health	**1.18** 2.23 4.13	1A 1D	2.4
More rough sleepers can get health	Rough sleepers	CHAIN database	Homelessness	Homelessness			

care, including primary care, when they need it			Outreach Service Homeless Health Provision	Mental health			
More people in the City take advantage of Public Health preventative interventions, with a particular focus on at-risk groups (includes the 3 following areas of focus)							
• People in the City are screened for cancer at the national minimum rate	Portsoken residents; BME residents; People on care packages; Older people	JSNA. Evidence that cancer screening can improve healthy life expectancy.	GPs Community Groups Community Engagement Worker	Cancer prevention	**2.19** **2.20** **4.5**		1.4
• Children in the City are fully vaccinated	Children	JSNA	GPs Community Engagement Worker	Childhood immunisations	**3.3**		
• Older people in the City receive regular health checks	Older people Carers People on care packages	JASNA Evidence on carers' health	GPs Community Groups Community Engagement Worker	Cardiovascular disease	**2.22** 4.4		1.1
More people in the City are warm in the winter months	Priority groups as identified by JSNA	JSNA	Housing Service Community Groups City Libraries	Fuel poverty	**1.17** 4.15		
More people in the City have jobs: more children grow up with economic resources	People in deprived areas Children	JSNA	Jobcentre Plus Apprenticeships Adult Learning	Worklessness Child poverty Fuel poverty	**1.1** 1.5 1.8	1E 1F	2.2 2.5

	NEETs Young carers		Service City STEP Community Engagement Worker Portsoken Community Centre City Libraries Planning Department	Mental health Homelessness Welfare reforms			
City air is healthier to breathe	People with particular health conditions (COPD, asthma); Children; Older people	JSNA	Environmental Health, City Air Strategy Police	Air quality	**3.1**		
More people in the City are physically active	Residents who find it difficult to access leisure facilities Older people	JSNA	Golden Lane Leisure Centre City Sports Development team Community Engagement Worker Transport Planning Police	Cardiovascular disease Social isolation	1.9 2.12 **2.13**		(1.1)
The City is a less noisy place	People with mental health issues	JSNA	Environmental Health City of London Police City Noise Strategy Antisocial behaviour protocols	Mental health			

Children and YP priorities	*Placeholder, in case we need to include something from the new outcomes framework in the autumn*						

3. Workers

Working with City employers and City workers to prevent ill health, reduce sick days and improve the productivity of City businesses.

Table 3. Key health and wellbeing challenges for City workers

			Assets		Framework		
					PH	SC	NHS
Fewer City workers live with stress, anxiety or depression	Low-paid workers	City worker health research	City businesses, HSE standards, Livery Companies Environmental Health,	Mental health Smoking Alcohol Cardiovascular disease	1.9 **2.23**		
More City workers have healthy attitudes to alcohol and City drinking	Younger workers	City worker health research	Substance Misuse Partnership City of London Police Safety Thirst London Ambulance Service DH alcohol strategy	Alcohol Cardiovascular disease Cancer	1.9 **2.18**		(1.3)
More City workers quit or cut down smoking	Low-paid workers	City worker health research	Pharmacists GPs Employers City Street Cleansing Team	Smoking Cardiovascular disease Cancer	1.9 **2.14** (2.1) (2.3)		(1.1) (1.2) (1.4) (1.6)

What are the other plans which influence health and wellbeing in the City?

Plan/Strategy	Shadow HWB member responsible for harmonisation
Corporate plan	Assistant Town Clerk
Children and Young People's plan	Director of Community and Children's Services
Safer City Partnership	Director of Environmental Health and Public Protection
Substance misuse partnership	Assistant Town Clerk
Planning and transport strategies	
Environmental health	Director of Environmental Health and Public Protection
DCCS Business Plan	Director of Community and Children's Services
Annual reports of the Adults and the Children's Safeguarding Boards	Director of Community and Children's Services
Cultural Strategy	Assistant Town Clerk
CCG Commissioning Strategy	City and Hackney Clinical Commissioning Group

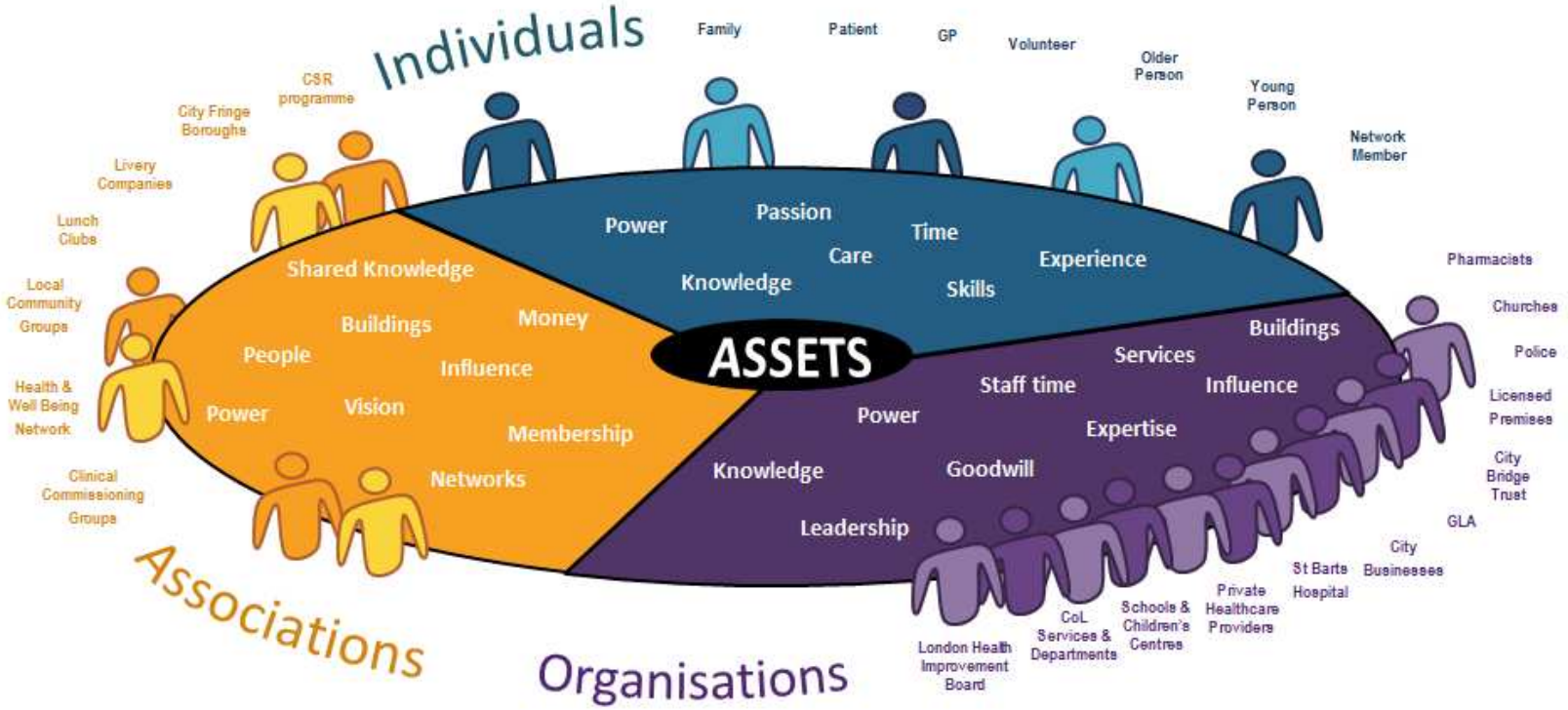
Figure 3. The Planning Cycle at the City of London – The Golden Thread

Resources and assets

The estimated public health allocation for the City of London was given in February 2012 as £1.355m. The estimated allocation for 2012/13 is £1.422m. These are based on historic PCT spend and future public health responsibilities.

The Department of Health has stated that it would not expect the local authority public health ring-fenced grants to fall in real terms from these values. The Department of Health has not yet considered resource allocation to meet the public health needs of the non-resident population – this may have an impact if the City worker population is factored in.

As well as financial resources, the Health and Wellbeing Board will need to call on the resources and assets across partners and the wider community if it is to deliver this strategy. The following diagram illustrates the organisations, groups and individuals who we will work with.



Appendices

1. Transition plan
2. Full list of Outcomes Framework indicators
3. What we are already doing around each of our priorities
4. Action plan
5. Engagement and communications plan
6. CCG commissioning intentions

Appendices are not included in this draft – please contact Farrah Hart if you require them.

Farrah.hart@cityoflondon.gov.uk
020 7332 1907

This page is intentionally left blank

Committee(s):	Date(s):
Health Scrutiny Committee	20 November 2012
Subject: Substance Misuse Partnership	Public
Report of: Director of Community and Children's Services	For Information

Summary

On 12 November 2012 the Substance Misuse Partnership (SMP) moved from the Town Clerk's Department to the Department of Community and Children's' Services (DCCS). The SMP will initially form part of the People's Directorate and there will be no change to its structure or function. However, this will be reviewed as part of the Commissioning and Partnerships Division consultation to ensure it is more closely aligned with the priorities of the Health and Wellbeing Board. It is envisaged that any further changes will be implemented from April 2013 as part of the review of Commissioning and Partnerships which is currently underway.

The SMP covers a wide range of services and issues regarding substance misuse that are cross-cutting and this is reflected in the breadth of representation on both the strategic and operational groups. The partnership with DCCS has always been a particularly important link and it is hoped that the move of the SMP will strengthen these further to enable the City of London to more effectively address Public Health and Wellbeing.

Recommendations

- Members are asked to note this report

Main Report

Background

1. The City of London Substance Misuse Partnership (CoL SMP) is a multi-agency partnership tasked with implementing national drug and alcohol strategies at a local level. The work of the partnership covers:

    - Interventions to disrupt the supply of illegal drugs – this is led by the City of London Police.
    - Treatment – The partnership is responsible for the commissioning of drug and alcohol treatment for City residents.
    - The cross cutting agenda – Drugs and alcohol cut across a wide range of agendas such as the night-time economy, housing, training & employment, criminal justice and public health. The partnership brings these agendas together to help co-ordinate a consistent approach

within the City by coordinating approaches of colleagues from Partnership.

- Children, young people and families – to help ensure that the relevant organisations are taking full account of substance misuse issues in their strategies, planning and service delivery.
- Community Liaison – the Partnership works with communities and families experiencing problems with drugs.

2. Because of the nature of the City with its small number of residents and large daytime population the SMP also covers substance misuse issues which affect businesses and their employees. Resources are limited, so the SMP have been restricted in the amount of work they have been able to do with City businesses; but this is an area for future development depending on the levels of public health funding allocated to the City.

Staffing

3. The SMP is supported by a small support team which consists of the Substance Misuse Manager, a Development Officer and an Administrative Support Officer. This team co-ordinates the partnership, manages meetings, carries out research, writes plans and strategies, represents the Partnership at a variety of meetings and manages the Arrest Referral and Outreach Team of substance misuse workers.

4. The Arrest Referral and Outreach Team provide services directly to residents, workers and visitors to the City of London. The team consists of; a Senior Arrest Referral Worker, a Restrictions on Bail/Arrest Referral Worker and an Outreach/Arrest Referral Worker. This team provide a range of services within the criminal justice system including: triage assessment, harm minimisation, advice, signposting, and utilisation of a range of tools such as motivational interviewing and brief interventions, to help people think differently about their substance misuse (including alcohol, illegal drugs, prescribed medication and tobacco). In addition to this, the team also provide client support to improve their overall health and wellbeing.

5. In addition to the staff who are directly employed, the SMP also commission a Care Manager who sits within the Adult's Social Care team and a Specialist Substance Misuse Nurse who is part of the NHS. The Substance Misuse Manager also works in collaboration with NHS East London and the City to commission the Specialist Addiction Unit (drugs) and the Grove Alcohol Recovery Centre.

Governance

6. The Partnership is currently a stand-alone organisation in terms of governance in that it doesn't fully fit into the structures of any of its partners. The support team are hosted by the CoLC so procurement and HR are governed by this organisation. The work of the partnership is monitored by the National Treatment Agency for Substance Misuse (NTA). From April 2012 the NTA's responsibilities will be transferred to Public Health England.

7. The partnership is governed by two boards; the decision-making board is called the Strategy Group. This group has responsibility for deciding on the strategic direction of the Partnership and high level monitoring of activity. This group meets twice a year. The group passes actions down to the Operational Group who decide how to take forward the actions and have responsibility for detailed performance monitoring. This group meets four times a year.

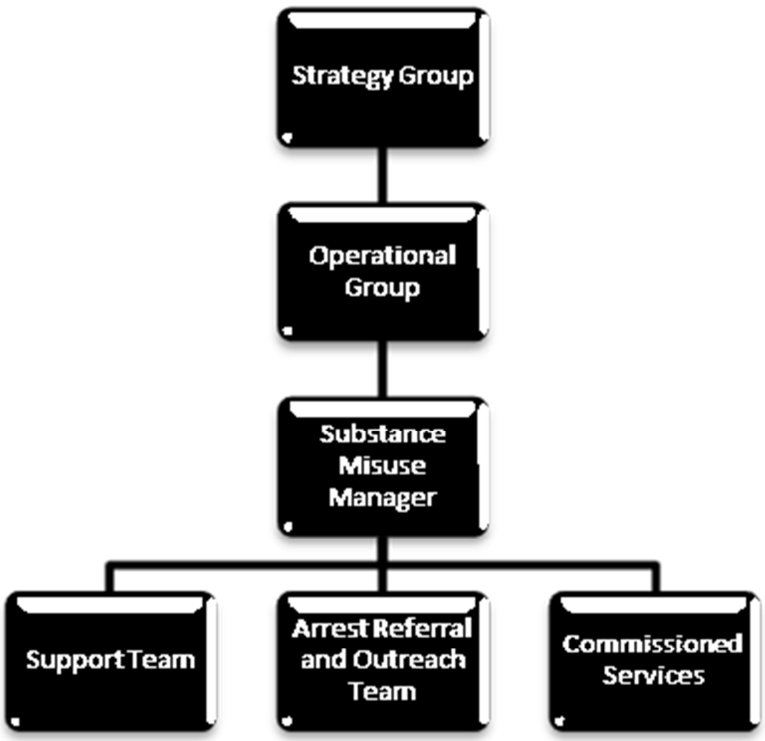
8. Memberships of the boards:

Strategy Group

— Department of Community and Chidren's Services (CoLC)
— City of London Police
— East London NHS Foundation Trust
— NHS East London and the City
— London Probation Trust
— London Drug and Alcohol Policy Forum
— Economic Development Office (CoLC)

Operational Group

— Adult Services (DCCS, CoLC)
— Children's Services (DCCS, CoLC)
— Homelessness and Housing Options (DCCS, CoLC)
— Commissioning (DCCS, CoLC)
— Housing (DCCS, CoLC)
— Safer City Partnership (CoLC)
— Economic Development (CoLC)
— NHS East London and the City
— City of London Police
— London Probation Trust



9. There are no formal targets set by external agencies so it is up to the Partnership to decide how services should be monitored and what the expected performance level is. Currently the partnership closely monitors successful completions from drug treatment as this measure directly relates to the levels of funding received.

Current Position

10. The overarching priority is: make the most of the synergies with the public health agenda, and to exploit the potential for greater collaboration with the Corporation's Health and Wellbeing function.

11. This priority is supported by four more specific priorities:
    - Develop a needs assessment process to inform design of future service provision
    - Sustain and develop a good quality substance misuse service for the resident population
    - Develop a wider service approach to both the daytime and night-time populations
    - Seek to inform the commissioning decisions of the corporate sector in the City.

Funding

12. The SMP is currently funded via several streams as detailed below. However, from April 2013 the SMP will no longer receive this funding directly, but it will form part of the Public Health funding allocation to

the City of London. This is with the exception of one-third of the Drug Interventions Programme Grant which will be allocated to the Police Committee.

Pooled Treatment Budget: This funds community drug treatment and drug detox places. The majority is spent on the Clinical Nurse Specialist for Substance Misuse.
Drug Interventions Programme Grant: This budget is to support the running of the Drug Intervention Programme within the City. The grant covers the salaries of the three arrest referral workers, the Development Officer and the Administrative Support Officer.
Care Manager Grant: This grant is specifically to contribute to the cost of the Care Manager for Substance Misuse post.
Alcohol Treatment: This grant funds alcohol detox placements and other client related costs such as, training, education and contingency management.
Partnership Support Grant: This grant is held by the Safer City Partnership and is a contribution to the cost of the Substance Misuse Manager post.
Young People's Pooled Treatment Budget: This grant is held to cover the cost of drug treatment for young people.

13. NHS East London and the City directly commission the Specialist Addiction Unit (for drug treatment) and The Grove Alcohol Recovery Centre. Both services are available to residents of Hackney and The City.

Options

14. In order to integrate the work of the partnership and the team more closely with the Public Health Agenda, Officers are currently considering the structure of the team and the services it commissions as part of the review of Commissioning and Partnerships that is taking place in the Department of Community and Children's Services.

15. When that is complete a further report will be prepared for the Health and Wellbeing Board, Safer City Partnership and Health and Social Care Scrutiny Sub Committee to consider the future governance arrangements for the partnership.

Contact:
Leiann Bolton-Clarke | leiann.bolton-clarke@cityoflondon.gov.uk | 020 7332 3971

This page is intentionally left blank

Committee(s):	Date(s):
Health and Social Care Scrutiny Sub-Committee	20 November 2012
Subject: Tobacco Control Alliance Update	Public
Report of: Director of Community and Children's Services	For Information
Ward (if appropriate): All	

Summary

Smoking creates major health, economic and social burdens within the City of London. Comprehensive tobacco control efforts can impact on health inequalities, reduce the economic burden on society and reduce the death, disease and disability caused by smoking. Effective tobacco control needs to be driven by local priorities, local action and local leadership.

In September 2011 The City Tobacco Control Alliance was set up to work towards an agreed set of outcomes for tobacco control. The membership consists of a range of partners and is chaired by the Assistant Director Commissioning and Partnerships. During the past year the work programme of the Alliance has focused on three main themes:

- Smoking cessation
- Reducing smoking related litter
- Young people and smoking prevention

The Alliance has developed continued strong leadership which has resulted in a systematic approach to delivering an effective and comprehensive tobacco control programme. However, there is opportunity to expand the current work programme to take advantage of the successful first year of the Alliance and to ensure fully sustained partnership working.

Internal capacity at Alliance level is essential for the sustainability, efficacy and efficiency of the tobacco control work programme. The innovative initiatives within the proposed work programme would classify the City of London Corporation as one of the leaders in tobacco control at a regional level.

Recommendations

The Health and Social Care Scrutiny Sub-Committee is asked to:

- Consider and appraise the work of the Tobacco Control Alliance over the past year
- Consider and endorse the program of work proposed under Section 9 ('Options')

Main Report

Background

1. Nationally, smoking prevalence has declined over the past decade though in the last three years of recorded data, 2007 to 2010, this decline has stopped, for both men and women. In 2010, 21% of men and 20% of women in England smoked. An assessment of local prevalence in the Health Survey for England put smoking prevalence in Hackney and the City in 2006-08 at 32%.This puts Hackney and the City at the top of the prevalence table in London.

2. Although data is not available on smoking prevalence among the residents of the City of London. In 2009, a study commissioned by NHS City and Hackney to investigate City workers' smoking habits and their views of the stop smoking services revealed that 54% of City workers smoked. This gave an estimated 170,000 smokers. However, a 2012 report, commissioned by the City Corporation and NHS North East London and the City of the health behaviours and needs of City workers, shows a smoking prevalence of 24.7%. This is significantly higher than the national average of 20% and London average of 17%. However, it needs to be remembered that this is a specific demographic that is concentrated in the City only during business hours.

3. Smoking is a major public health concern: both nationally and within the City. It is the biggest single preventable cause of death and disease in the UK. Up to 15% of deaths in the City are related to smoking. Smoking not only causes premature death but impacts on people's wellbeing and hinders their ability to be economically active. The 2009 study found that a key correlate of smoking is stress - 34% of respondents gave this as the reason for smoking. 44% of respondents said they smoked mainly at work and, of these respondents, 37% smoke because of stress and 22% to help with keeping alert. Only 15% of respondents smoke mainly because they enjoy it. A reduction in the number of smokers in the workforce would result in employees who are more motivated and free from the illnesses associated with smoking. This in turn would help to reduce unplanned absenteeism and increase productivity, morale and staff retention. In

London, the estimated cost of lost productivity from smoking related sick days is £356 million and the estimated output lost from early deaths is £583million.

4. The City of London Corporation's Department of Built Environment (formerly, Department of Environmental Services) spend around £4m per annum (as shown in the previous report of 2011) in the provision of street cleansing services and smoking related litter (SRL) represents the most significant litter problem in the City.

5. In February 2011 Officers from the City of London Corporation and NHS North East London and the City produced a proposal for a City of London Tobacco Control Alliance (TCA) to the Health and Adult Social Care Scrutiny Sub Committee. Members agreed with the proposal and a bid for start-up funding was submitted to the Local Area Agreement reward grant body. Unfortunately the bid was unsuccessful but Officers agreed to set up the TCA in any case.

6. Following from member agreement, the first meeting of the TCA was on 21st September 2011. Currently the TCA is chaired by the Assistant Director Commissioning and Partnerships. The full membership of the TCA is:

- City and Hackney Tobacco Control Team
- CoLC Environmental Health Services
- CoLC Cleansing Services
- Boots Pharmacies
- CoLC Public Relations Office
- CoLC Housing
- CoLC Substance Misuse Partnership
- Genmed

Current Position

7. During the past year the TCA work programme has focused on three main themes:

- Smoking Cessation
- Reducing smoking related litter
- Young people and smoking prevention

Smoking Cessation

8. In 2011/12 a total of 1391 people accessed the smoking cessation services across the City and 641 went on to successfully quit (quit at four weeks).

A network of services is available to support smokers wanting to give up; all Boots stores have a fully trained Stop Smoking Advisor in house, four drop in clinics also run across the City at the Guildhall, Barbican, Clifton House and Portsoken Health Centre. The Service has also provided workplace clinics in 9 different local businesses.

9. The majority of those accessing quitting services were City workers, rather than residents, of whom most were in managerial or professional roles. However quit rates were slightly higher among the smaller numbers of people in intermediate and routine and manual professions. Quit rates were lower among Black and Asian smokers and among those not working.

10. A very successful New Year price promotion is run across all Boots stores throughout the month of January. This initiative allows clients to access the smoking cessation medication for free, as well as the usual free support provided. This is a very popular promotion due to the number of smokers' New Year resolutions to quit smoking and this presents itself at the ideal time. In 2011/12 60% of those who accessed the Boots service did so in quarter 4 and 60% of the total number of four week quitters from Boots was achieved in quarter 4.

11. 'Stoptober' was the first Department of Health mass quitting campaign in October 2012. The main communication message was to challenge smokers to quit for 28 days as research shows that people who stop for 28 days are five times more likely to remain smokefree. All Boots stores were given posters and leaflets to advertise the campaign and the Alliance worked with the City of London Cleansing department to utilise the recently installed Renew on-street recycling bins, which have incorporated within them, digital display screens. At the time of the campaign there were around eighty five (85) of these units located in high foot fall areas to gain maximum exposure to passers-by. Each of the units has two screens giving one hundred and seventy (170) viewing locations. The Stoptober branding was displayed every 2 minutes from 12:00-16:59 from 21st September to 30th October. (See Appendix).

12. The Tobacco Control Team are running a series of brief intervention training sessions with the City of London Corporation staff. This enables attendees to bring up the subject of smoking with clients and how to refer smokers to local smoking cessation services. Initially this has begun with Street Environment Officers within Cleansing Services and Housing Officers, but will be extended to other staff.

Reducing Smoking Related Litter

13. The Tobacco Control Team have attended various residents and housing meetings to discuss smoking on estates, smokefree homes and cars and any issues of nearby employees from large business smoking near estates.

14. Below is a table showing the actions taken by the City's Cleansing Services, Street Environment Team for the period, July 2011 to October 2012. It can be seen that the approach adopted is that of educational information and warnings in the first instance and enforcement as a last resort.

Street Environment Team actions July 2011 - October 2012	Red Cards warnings	Stubbies/ portable ashtray	FPN's
	1070	1121	90

Young People and Smoking Prevention

15. There are two initiatives which can be offered to schools and youth services to encourage young people not to start smoking:

- **Cut Films** –a short film competition for young people to engage them on the issue of smoking using the creative and interactive medium of film making. It's a competition to create their own 2 minute film to persuade their friends not to smoke. The winning film wins a workshop with a leading UK film director, equipment for their school or youth club, and national publicity.

- **Operation Smoke Storm** - an innovative online tool aimed at helping teachers/youth workers to effectively educate young people on key issues to do with smoking and the tobacco industry. It comprises of 3 separate 50 minute sessions which can be delivered separately or consecutively.

16. The City of London School for Girls and Skyway (interim provider of Youth Services in the City) have been approached to promote these initiatives.

Options

17. The TCA has grown in its infancy as more partners and stakeholders are understanding the impact of tobacco at a societal, not just medical, level. There are a number of TCA initiatives planned over the coming months and year:

Expansion of Training Programme

The TCA proposes to expand the current brief intervention training programme to Fusion staff at Golden Lane Sports and Fitness, substance misuse partnership staff and the new youth service providers who will be announced in February 2013.

Clean City Awards Scheme

Working with Cleansing Services, there have been initial discussions to incorporate more tobacco control related questions in the Clean City Awards Scheme application form. Currently businesses are asked about initiatives to reduce smoking related litter. The TCA propose to include details around smokefree policies and helping employees to quit. These new questions will be incorporated into the 2013 application process.

City Corporation Smokefree Policy

The TCA proposes to update the Corporation's Smokefree Policy to include information and details of local smoking cessation services, allowing staff time off to attend these services, prohibiting smoking within 5 meters of Corporation buildings, encouraging staff not to smoke wearing their ID badges and protecting staff who visit clients' homes from second-hand smoke by asking the client not to smoke up to one hour before the scheduled visit. The Town Clerk's Summit Group has endorsed this proposal.

Smokefree Homes and Cars

The TCA proposes to pilot a campaign, which has been successful in Hackney, to encourage residents to pledge to keep their home and/or car smokefree to protect their family, friends and pets from the dangers of secondhand smoke.

Smokefree Zones in Estates

The TCA proposes to pilot smokefree zones in Golden Lane estate in partnership with residents and housing officers.

Further Proposals

18. The Sub-Committee may wish to consider acting as an advocate for the work of the Tobacco Control Alliance. This might take on a range of responsibilities from endorsing high–profile campaigns to effectively communicating the work of the Tobacco Control Alliance to other members representing the City of London Corporation. The Sub-

Committee may wish to take on this role collectively or nominate an individual/individuals to carry out this work on their behalf.

19. The Tobacco Control Alliance is very keen to hear suggestions, amendments or comments to the program of work going forward.

Corporate & Strategic Implications

20. The Tobacco Control Alliance Update to the Health and Social Care Scrutiny Sub-Committee has strategic fit with the City of London Corporation's 2012-16 Corporate Plan in the following ways:

    a. Aligning to Key Policy Priority 2: *"Seeking to maintain the quality of our public services whilst reducing our expenditure and improving our efficiency"*

        i. In widening the breadth of scope and delegating the responsibility for Tobacco Control across the City of London Corporation, the work of the Tobacco Control Alliance will become much more effective and efficient. The impact of tobacco is at a societal level, not just medical, and so by supporting the prevention agenda, particularly amongst young people; by reducing litter and the environmental impact of tobacco; and by supporting those who are ready to stop smoking, the Sub Committee will be supporting the Tobacco Control Alliance to deliver on one of the City's key policy priorities.

    b. Aligning to Key Policy Priority 3: *"Engaging with London and national government on key issues of concern to our communities including police reform, economic crime and changes to the NHS":*

        i. The NHS is currently undertaking a number of challenging tasks including vast structural change (as laid out in the Health and Social Care Act 2012) and a £20billion saving target (known as the 'Nicholson Challenge'). It is critical that residents (including those commuting to the City for work) continue to receive high-quality health services in-line with the commitments given under the NHS Constitution 2012.

        ii. One aspect of the structural change is the move of the Public Health function from the NHS into 'local authorities'. Within Public Health, the Tobacco Control agenda is a key element. In endorsing the proposals (as

laid out in Section 10) the Sub Committee will be supporting and ensuring this key element of Public Health is successful incorporated and transferred into the business of the City of London.

iii. Further, by endorsing the proposals the Sub-Committee will be reflecting current attitudes amongst residents of the City of London.

Implications

21. The implications for the Health and Social Care Scrutiny Sub-Committee are as follows:

a. The Sub-Committee should bear in mind that whilst there are a very significant number of smokers amongst the working population, the current proposed public health funding settlement allows for only the needs of the resident population to be served. There is huge scope for fully meeting the needs of the working population however, unless the final public health funding settlement for 2013/4 includes an allowance for City workers this would require a significant recalibration of resources.

b. The overriding risks to the Tobacco Control Alliance program of work are:

iv. The transfer of the Public Health function into the City of London Corporation: The transition is a very complex programme. Depending on the management of it and the model adopted by the Corporation, the work of the Tobacco Control Alliance could dissipate and become unfocused. *The risk is low and should be mitigated by clear, responsible leadership.*

v. Lack of corporate leadership: The Tobacco Control Alliance has received excellent corporate ownership and backing. However much of this is down to key personnel. Should the attention and leadership currently being afforded to the Tobacco Control agenda be dispelled, a great deal of the momentum behind the Tobacco Control Alliance would be lost. *The risk is low as there are no known significant movements of key personnel.*

c. No other risks or implications for the Sub-Committee have been identified at this time.

Conclusion

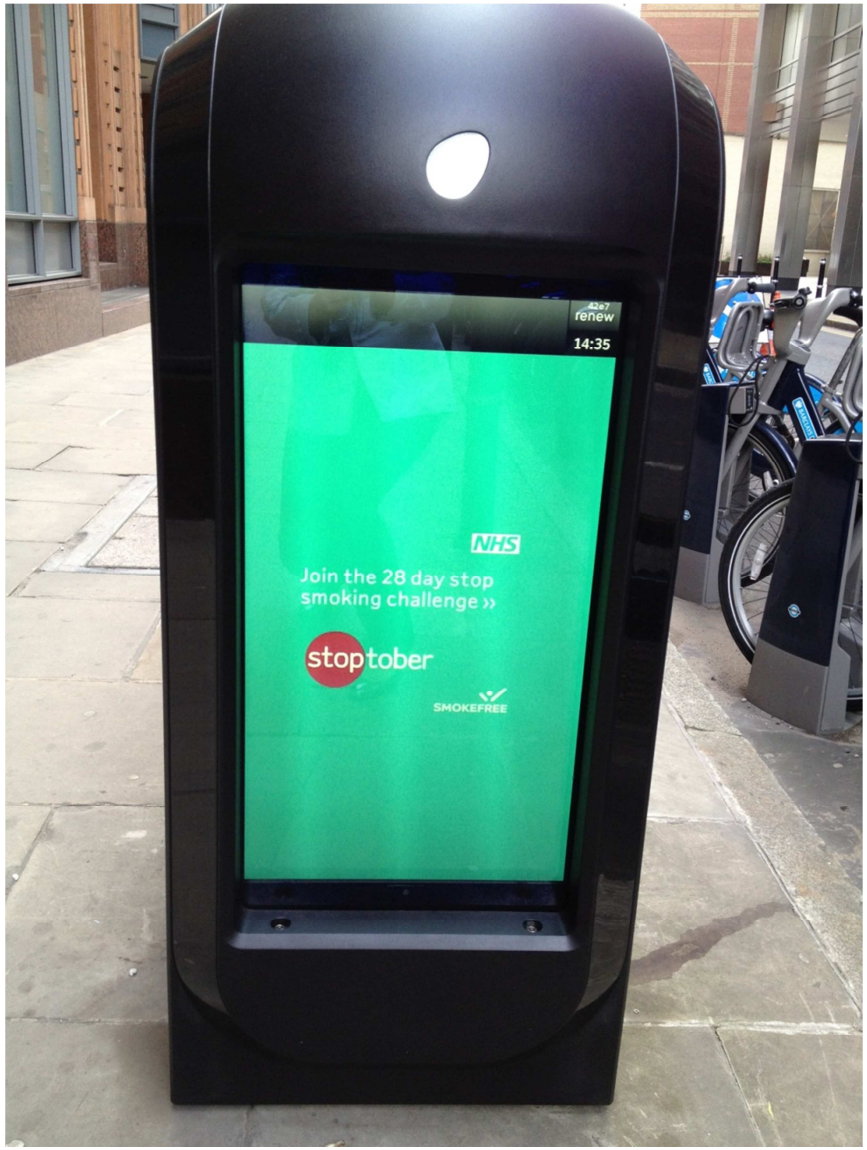
22. The Sub-Committee has heard that the responsibilities associated with the Tobacco Control agenda do not simply rest with the NHS. Tobacco's impact on litter, the environment and young people require a partnership approach with access to a range of different policy levers. It is therefore appropriate that the City of London Corporation take ownership of this agenda to ensure a whole-systems approach to Tobacco Control.

23. With a broad suite of areas to action over the coming year, the work plan for the Tobacco Control Alliance is ambitious yet deliverable. With the Sub-Committee as its chief advocate, the Tobacco Control Alliance can be the vehicle that forges the Corporation's new Public Health responsibilities and crafts a partnership that is effective, efficient and an exemplar for best practice.

Contact:
Gillian Robinson. Tobacco Control Alliance Coordinator, City and Hackney Public Health Team | gillian.robinson@elc.nhs.uk | 020 7683 4038

Appendix 1

Stoptober Campaign displayed on ReNew bins



Document is Restricted

This page is intentionally left blank