2. The City's geography[CH]

Lower Super Output Areas (LSOAs) are statistical regions with an average population of 1,500 that are used for local area statistics. The City comprises six LSOAs. Unlike most local authorities, the City's electoral wards (shown below in red) are smaller than its LSOAs.
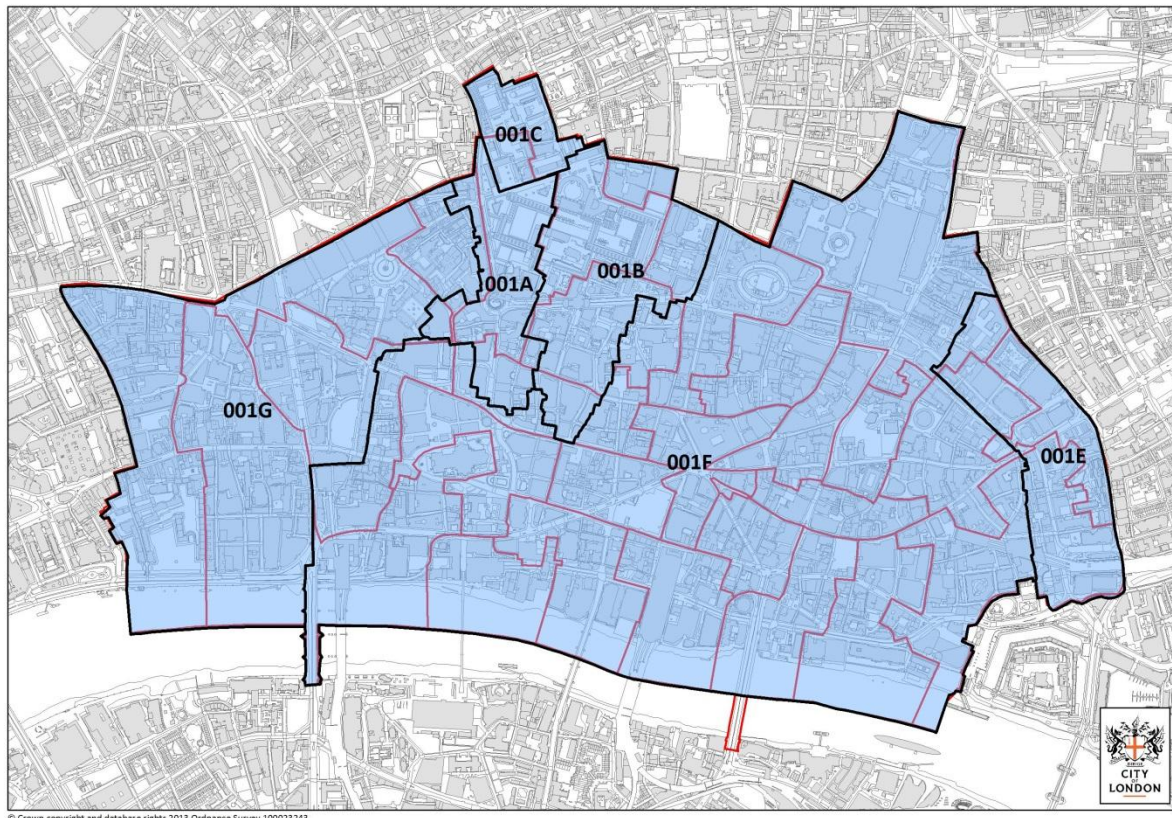

Figure 2.1. Map of the City of London showing LSOAs in black and ward boundaries in red

Four of the City's LSOAs broadly correspond to particular residential populations in the Barbican, Golden Lane and Portsoken Estates, while the other two represent a slightly more dispersed population (see Figure 2.1).

LSOA	Broad electoral ward	Major populations
001A	Aldersgate	Barbican West
001B	Cripplegate, south	Barbican East
001C	Cripplegate, north	Golden Lane Estate
001E	Portsoken	Mansell Street and Middlesex Street Estates
001F	Rest of City	Queenhithe and Carter Lane
001G	East Farringdon and Castle Banyard	City West and the Temples

3. The City's population[CH]

The first step in a needs assessment is to define the population under investigation.

Understanding the structure of the population and the way demographics change – including such characteristics as age, gender, disability and ethnicity – forms the basic intelligence on which many commissioning decisions are made.

In the City there are three populations with distinct health needs: the residents, City workers and rough sleepers.

> *Look for subtitles marked 'City workers' or 'Rough sleepers' throughout the report, where more in-depth evidence or data exists for further analysis.*

[C]Key findings

[D]Residents

- The City has a small population, which is projected to grow slowly in the coming decades.
- Those aged 65 and over are projected to contribute the most to this growth, with their numbers increasing rapidly in the next decade. (For more information on the health needs of this group, see Chapter 7, 'Later life'.)
- Almost 40% of City residents are migrants.
- The City's residents are predominantly white and speak English as their main language.
- There are relatively few children in the City.

[D]City workers

- The workday population in the City is 56 times higher than the resident population.
- City workers have a male-dominant and younger age profile (20 to 50 years old).
- City workers are a transient population and about one-third are migrants.
- Most City workers perceive themselves to be in 'very good health'. However, independent reports suggest that alcohol, smoking and mental health remain major risk factors.
- Low-paid migrant workers are at greater risk of poor health due to decreased access to care and increased care costs.

[D]Rough sleepers

- The City has the sixth highest number of rough sleepers in London.
- Rough sleepers in the City are predominantly male and the majority are aged between 20 and 50.
- About half the rough sleepers are British nationals and the remainder come from Eastern Europe.
- Over half the rough sleepers have alcohol problems, around half have mental health problems, and almost one-third have drug problems.

[C]Recommendations

- Commissioners and strategy leads will want to be confident that all new and existing strategies and commissioning decisions take account of the changes in the City's

demographics anticipated over the next 10 years. New and existing services will need to adapt to meet the needs of our changing population.

[C]Questions for commissioners

- How can the City plan its services to meet the health and other needs of the rapidly expanding older population?
- What is being done to tackle the alcohol, smoking and mental health risk factors facing City workers?
- How can commissioners tackle the risks of poor health to low-paid migrant workers?
- How can commissioners progress integrated health and housing care for rough sleepers?

[B+]Residents

[A]Population size and age profile

The City's resident population is growing slowly. The 2012 mid-year estimate in the City was 7,604, an increase of 3.1% from the figure in 2011.

Table 3.1 presents the population in five-year age bands, with population pyramids for the area in Figure .1. There are a particularly small proportion of children in the City.

The geographical spread of age groups in the population is shown in Figure 3.2. School age children are located in the most easterly part of the City, Portsoken. The working age population is generally spread throughout the City, except in the north and eastern parts. Populations of older people are more heterogeneous, with particular concentrations in the northern and eastern parts of the City.

Table 3.1. Estimated population of the City of London by five-year age group (Office for National Statistics (ONS) 2012 mid-year estimate)

Age	Population
0–4	297
5–9	205
10–14	165
15–19	231
20–24	495
25–29	949
30–34	826
35–39	622
40–44	663
45–49	598
50–54	504
55–59	470
60–64	473

65–69	363
70–74	263
75–79	192
80–84	155
85–89	86
90+	47
All ages	7,604

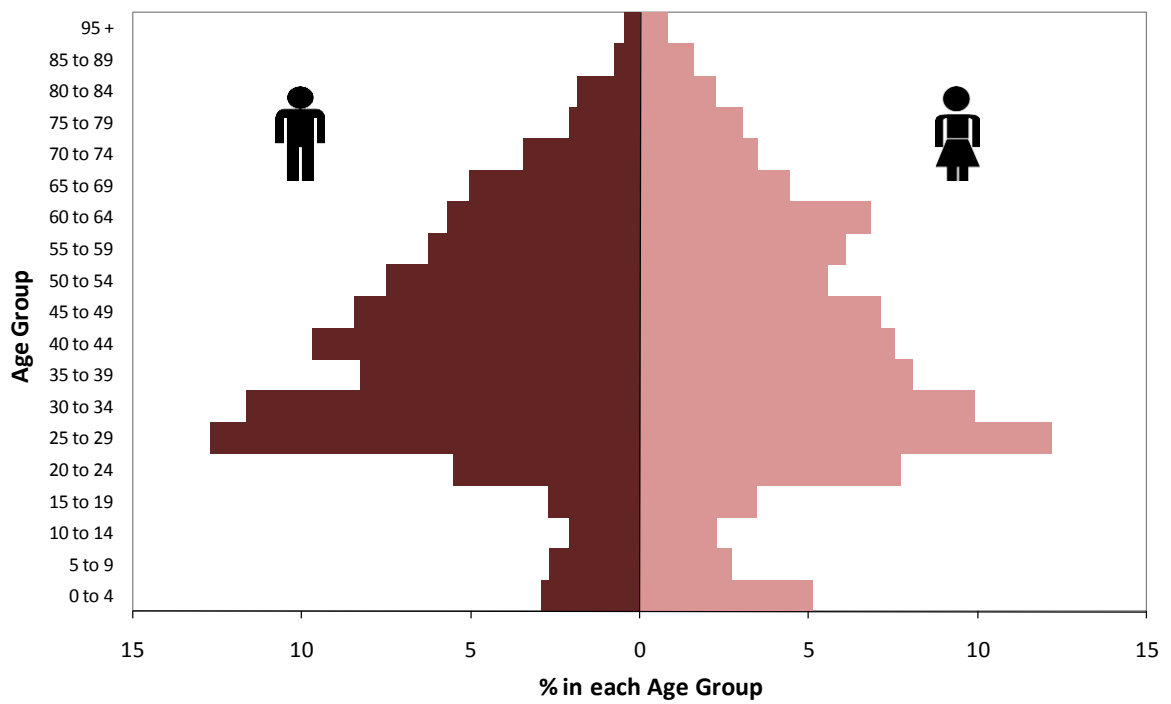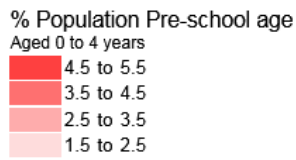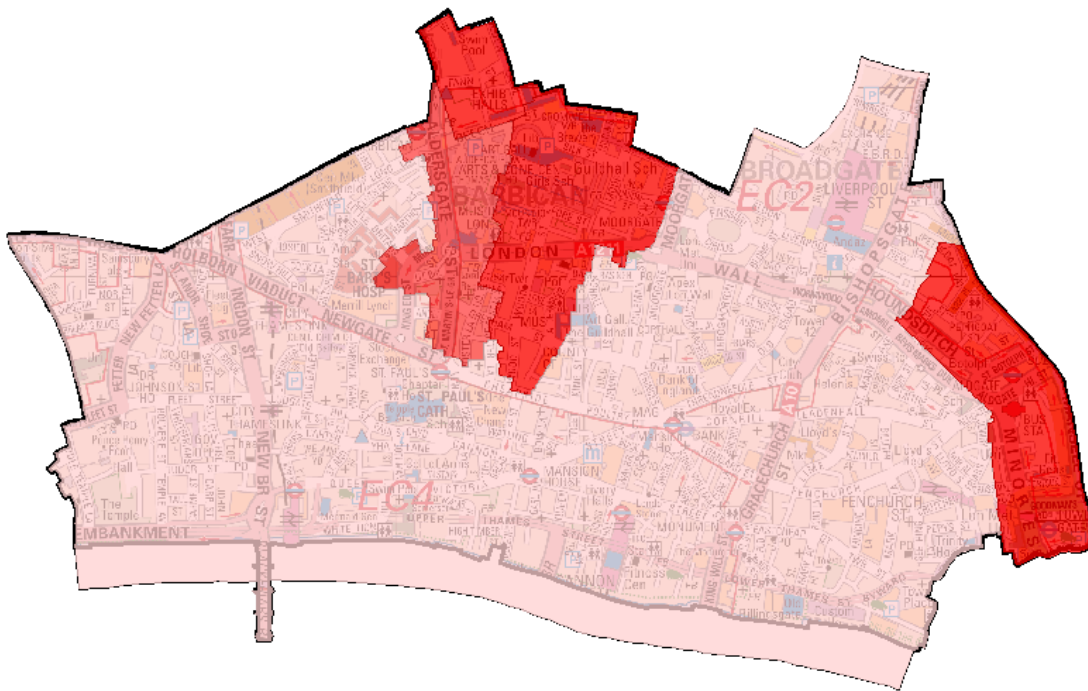**Figure 3.1. Population of the City of London by five-year age group and gender (ONS 2012 mid-year estimate)**
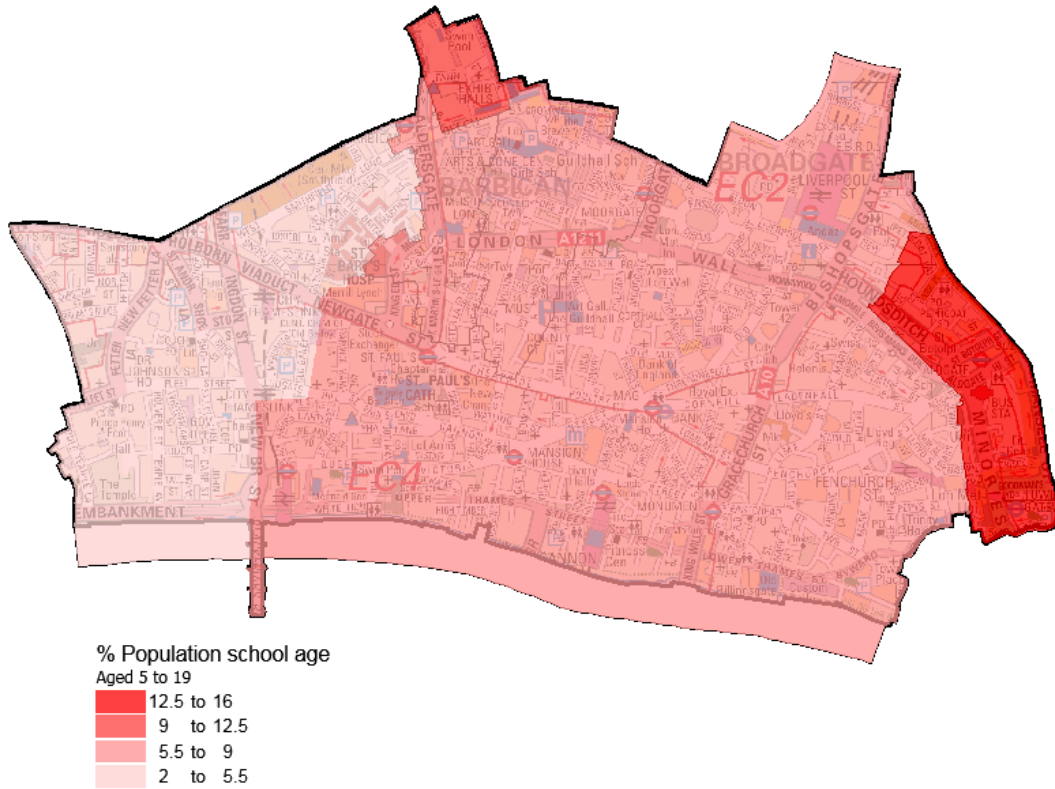

Figure 3.2. Geographical age structure: percentage aged 0-4

% Population Pre-school age
Aged 0 to 4 years

- 4.5 to 5.5
- 3.5 to 4.5
- 2.5 to 3.5
- 1.5 to 2.5

Figure 3.3. Geographical age structure: percentage aged 5-19

% Population school age
Aged 5 to 19

■ (red)	12.5 to 16
■	9 to 12.5
■	5.5 to 9
■ (light)	2 to 5.5

Figure 3.4. Geographical age structure: percentage aged 20-65

% Population Working Age
Aged 20 to 65

- 84 to 90
- 78 to 84
- 72 to 78
- 66 to 72

Source: ONS 2012 mid-year estimates
This product includes mapping data licensed from Ordnance Survey with the permission of HMSO.
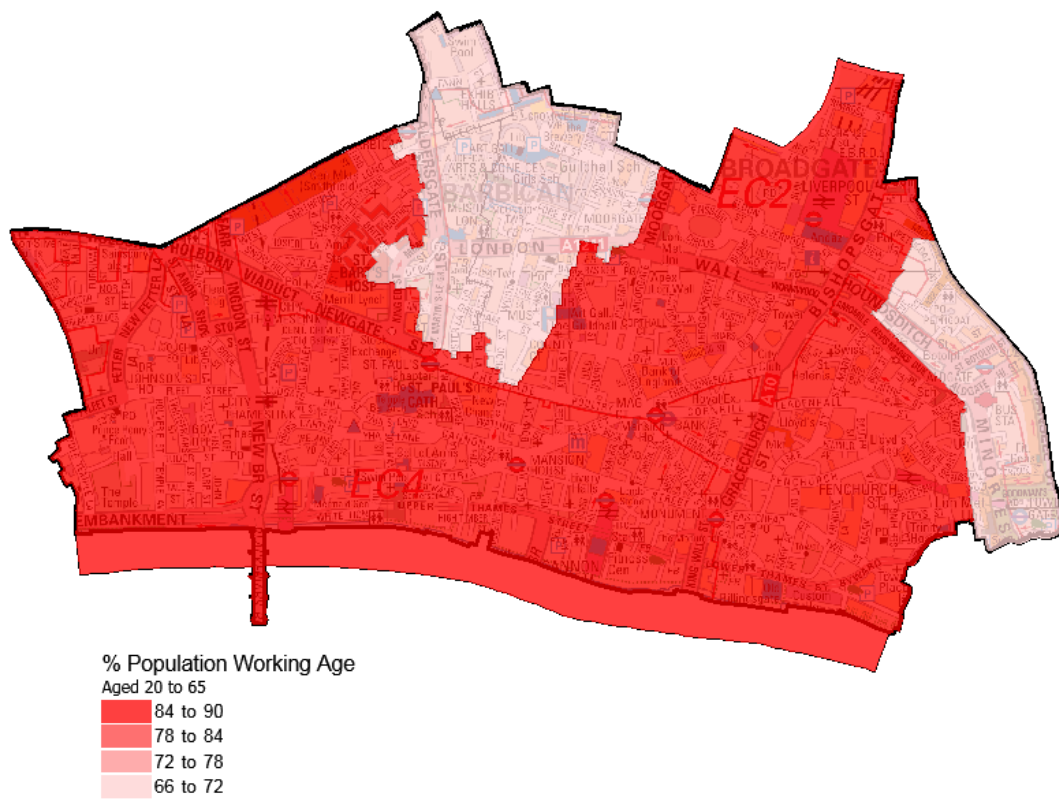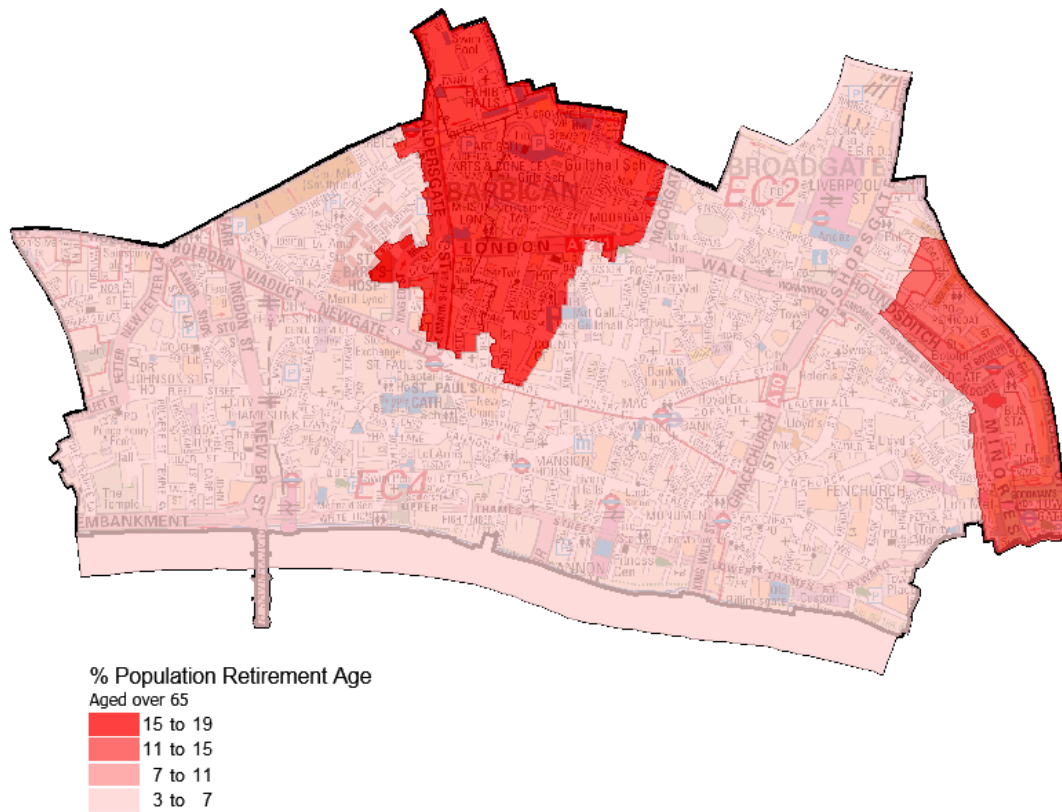© Crown copyright 2013. All rights reserved. Licence number 100019635. 2013.
© Bartholomew Ltd. Reproduced by permission, HarperCollins 2012.

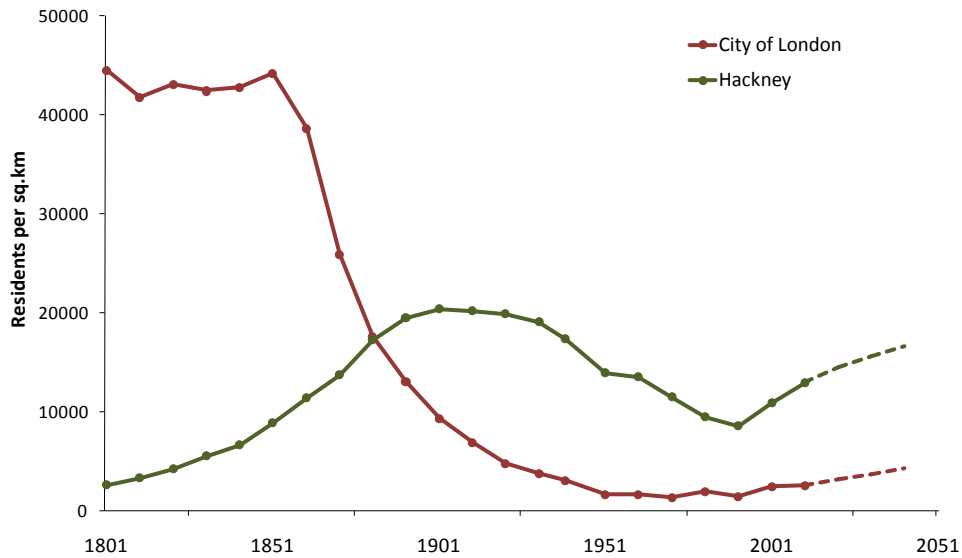**Figure 3.5. Geographical age structure: percentage aged over 65**

% Population Retirement Age
Aged over 65

- 15 to 19
- 11 to 15
- 7 to 11
- 3 to 7

[B]Population density

Figure 3.6. Historical and projected population density in the City of London

50000

40000

Residents per sq.km

30000

20000

10000

0

City of London
Hackney
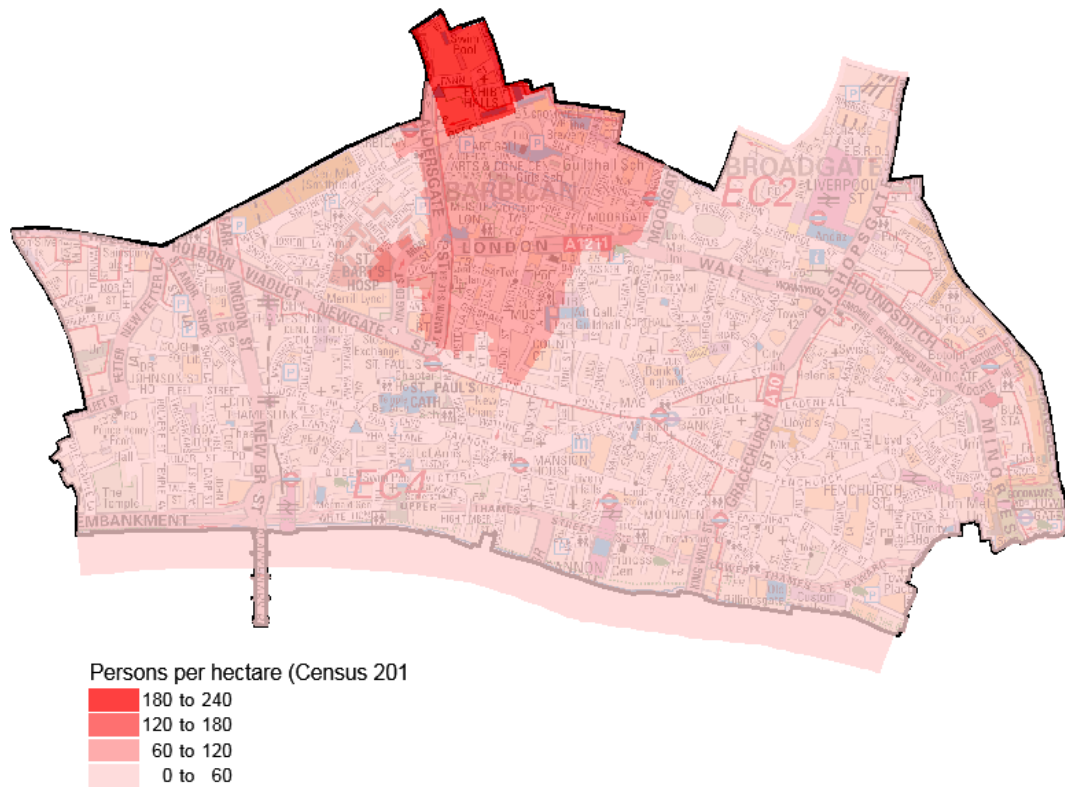
1801   1851   1901   1951   2001   2051

Source: Greater London Authority (GLA)

The Census 2011 estimates the City of London's population density to be 2,552 residents per km^2. This figure remains historically low, although the current trend is rising (Figure 3.6). However, the population density is greater than this when residents occupying a second home in the City are included. The Census 2011 estimates that there are 1,370 people resident elsewhere in the UK as well as in the City. Including these people increases the population density to 3,024 residents per km^2.

The majority of the City's land is in office use, with housing occupying only a small proportion of land. Therefore residential densities in the City, as seen in the north (Figure 3.7) are very high, as the majority of housing schemes are multi-storey with little or no outdoor space or car parking.[1] However, density measured by the number of people per household remains low (Figure 3.8).
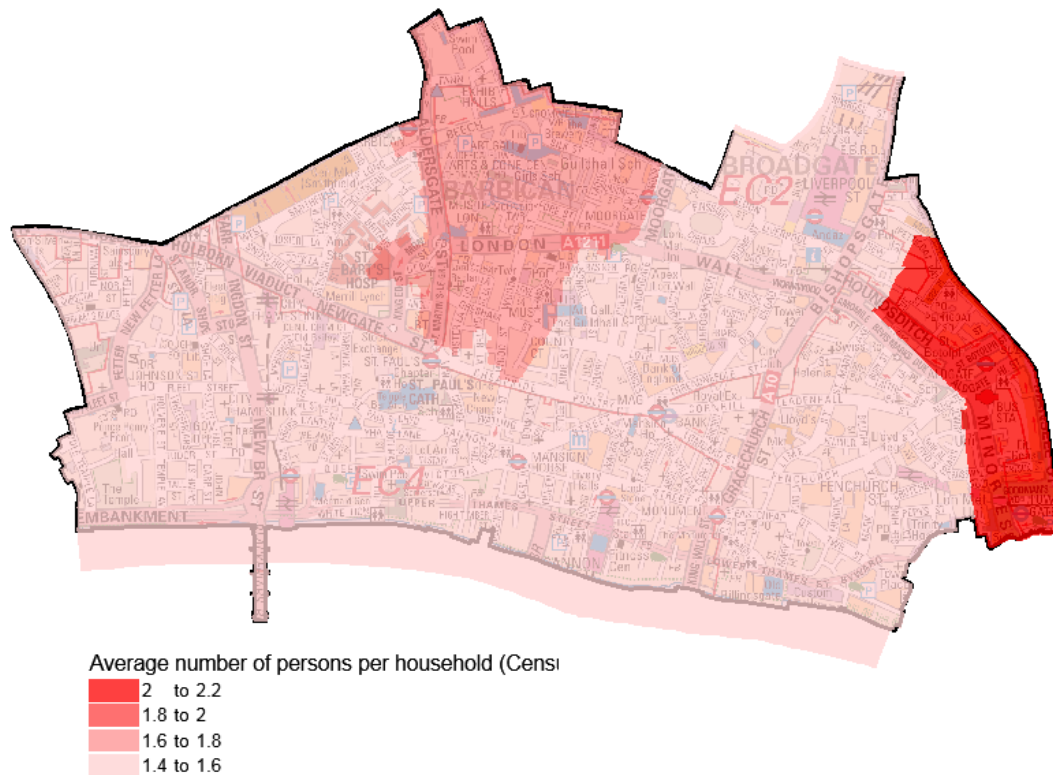
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[1] *City of London Local Development Framework. Core Strategy: Delivering a World Class City* (2010)

Figure 3.7. Population density: number of people per hectare

Persons per hectare (Census 201
- 180 to 240
- 120 to 180
- 60 to 120
- 0 to 60

Figure 3.8. Population density: number of people per household

Average number of persons per household (Censu

Colour	Range
(red)	2 to 2.2
	1.8 to 2
	1.6 to 1.8
	1.4 to 1.6

[B]Population change and migration

ONS estimates show that the City's population is growing slowly. It is subject to migration from within the UK and internationally, with large numbers of migrants moving in and out of the City. This is likely to reflect the people of working age who come to the City of London for a specific job or employer. ONS estimates are rounded to the nearest 100, which is not entirely helpful in the City context. In future JSNA publications, it is envisaged that more accurate data for births and deaths will be available.

GLA estimates expect the City's population to grow from 7,600 in 2012 to 9,200 in 2037. The majority of growth will be in the working age and ageing populations; however, the number of older people is projected to increase more rapidly in the near future. For more detailed population estimates and projections, see **Error! Reference source not found.**.

Table 3.2. Components of change in population estimates for the City, 2011-12 (numbers rounded to nearest 100)

	Number	%
Mid-2011 population estimate	7,400	

Natural change		
Live births	+100	+0.8
Deaths	−0	−0.5
Net natural change	+0	+0.3
Migration		
International migration: in	+700	+9.4
International migration: out	−500	−6.6
UK internal migration: in	+900	+11.5
UK internal migration: out	−900	−12.1
Net migration	+200	+2.3
Mid-2012 population estimate	7,600	

Source: ONS

Of the Census 2011 population, 2,700 (37%) were born abroad, with 44% of these resident in the City for 10 or more years. The main countries of origin are recorded in Table 3.3.3.

Table 3.3. Top 20 countries of birth for residents of the City born outside the UK

Country of birth	% of population
United States	2.8
France	2.0
Australia	1.9
Germany	1.6
Ireland	1.5
India	1.4
Italy	1.4
Bangladesh	1.3
China	1.3
New Zealand	1.1
Hong Kong	1.0
South Africa	1.0
Spain	1.0
Canada	0.9
Japan	0.7

Greece	0.7
Malaysia	0.7
Russia	0.7
Colombia	0.7
Poland	0.6

Source: Census 2011

There was a decrease in new GP registrations for people previously living abroad. This indicator captures most migrants and their dependants, but excludes those who do not register with a GP, such as short-term economic migrants and those who have access to private health services.

Figure 1.9. New GP registrations for people previously living abroad per 1,000 population, 2003-12
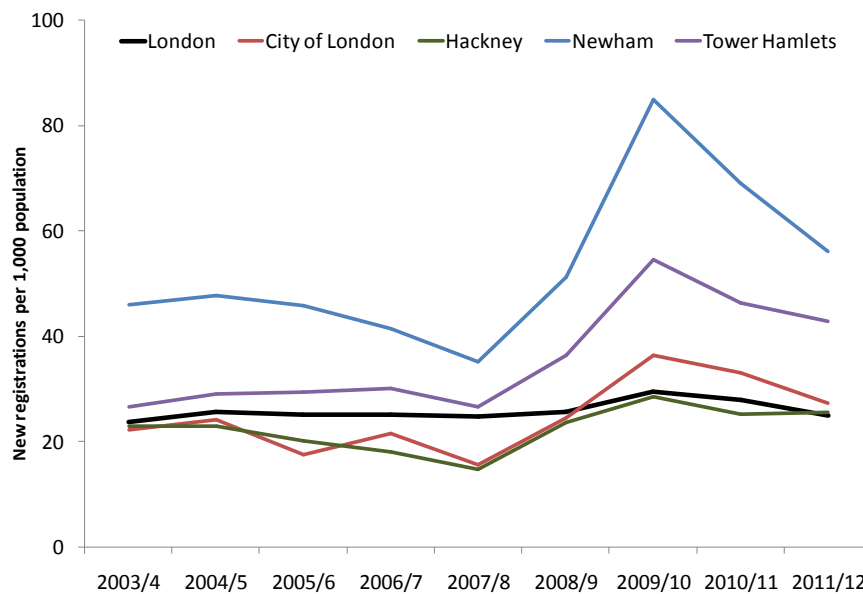
Source: ONS

[A]Ethnicity

White populations are particularly concentrated in the City. There are concentrations of people of Asian ethnicity in the east of the City, but overall very few black people and people who identify as mixed origin.

Table 3.4. Proportions of population of the City in broad ethnic groups

Ethnicity	% of population
White	78.6
Black	2.6
Asian	12.7
Mixed/multiple	3.9
Other	2.1

Source: Census 2011

Table 3.5. Proportions of population of the City in main (>1%) narrow ethnic groups

Ethnicity	% of population
White British	57.5
Black African	1.3
Black Caribbean	0.6
Turkish/Turkish Cypriot	0.2
Asian Indian	2.9
Asian Bangladeshi	3.1
White Irish	2.4
Asian Chinese	3.6
White Polish	0.5

Source: Census 2011

See **Error! Reference source not found.'**, for more information.

[A]Religion

The City is a diverse area, with a wider range of religious identities than England as a whole (Table 3.6).

In the City, 45.3% of residents identify as Christian, with 34.2% having no religion. The next largest religion is Islam, with 5.5% of residents, followed by 2.3% who are Jewish and 2.0% who are Hindus. Buddhists make up 1.2% of City residents and Sikhs 0.2%.

Since the previous Census, the proportion of the population identifying as Christian has fallen by around 10%, while the proportion identifying as having no religion has increased by roughly the same amount.

See **Error! Reference source not found.**', for more information.

Table 3.6. Proportions of population by religious identification in the City, London and England

Religion	City % of population	London % of population	England % of population
Christian	45.3	48.4	59.4
No religion	34.2	20.7	24.7
Muslim	5.5	12.4	5.0
Not stated	8.8	8.5	7.2
Jewish	2.3	1.8	0.5
Buddhist	1.2	1.0	0.5
Sikh	0.2	1.5	0.8
Hindu	2.0	5.0	1.5
Other religions	0.4	0.6	0.4

Source: Census 2011

[A]Languages

In the City, most residents speak English as their main language (82.9%), with most others speaking different European languages (11.2%). South Asian languages are spoken by 2.1% of residents and East Asian languages by 2.5% (Table 3.7).

Most of those who do not speak English as their main language speak English well or very well (15.8% in the City), which is higher than the national figure (6.1%). In the City, 1.4% stated that they do not speak English well or at all, which is the same as the national figure.

The main individual languages spoken in the City are shown in Table 3.8.

Table 3.7. Proportion of respondents' main language groups in the population of the City

Language	% of population
English	82.9
Other European languages	11.2
East Asian languages	2.5
South Asian languages	2.1
Other languages	1.3

Source: Census 2011

Table 3.8. Proportion of respondents' main languages widely spoken (>1%) in the population of the City

Language	% of population
English	82.9
French	2.2
Spanish	1.8
Bengali	1.6
German	1.2
Italian	1.1

Source: Census 2011

See **Error! Reference source not found.**', for more information.

[A]Overall health

Most City residents consider themselves to be in good or very good health (88% of all residents). However, around one in eight households contains someone with a disability or long-term health

problem. This figure is lower than in London or elsewhere nationally, but there are variations in health between neighbourhoods, reflecting the patterns of relative social and economic deprivation in the City. Poor health is more prevalent in the Portsoken and Golden Lane areas, where ill health and disability affect around 20% of households. Many of the people affected have a physical disability, are frail or elderly, or suffer with mental health problems. They are most likely to require specialist forms of housing or adaptations and support services to help them remain living independently in their homes.

[B]Students

The Census 2011 was carried out on 27 March 2011. On this date, 400 (6.2%) of those in the City reported that they were full-time students aged over 18. This is lower than the London figure (8.1%) and close to the England figure of 5.4% (see Figure 3.10). It should be noted that students are a particularly mobile population, and this figure will vary widely across the academic year.

Figure 3.10. Proportion of students in the population of London by borough (Census 2011)
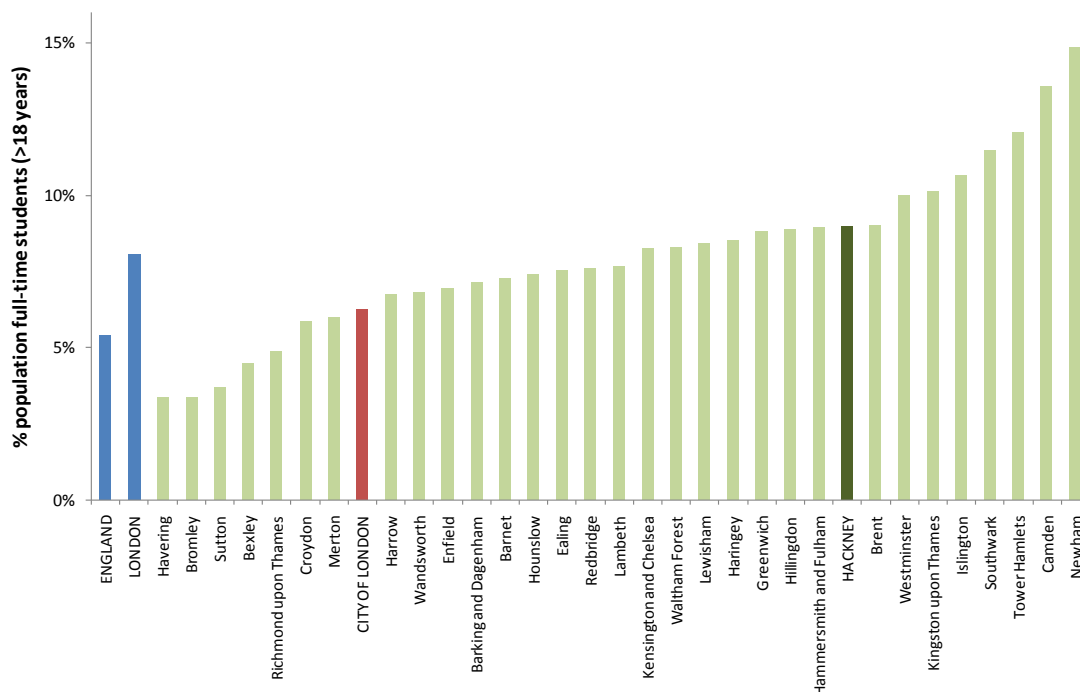
[B]Carers

See Chapter 6, 'Working age', for detailed information on carers.

[B]Travellers and Gypsies

The Census 2011 records that fewer than five residents of the City of London described themselves as Gypsies or Irish Travellers.

[B+]City workers

Overall, the findings from the Census 2011 are consistent with previous independent reports. New insights for City workers not previously available are the age and sex profile by year, religion, housing tenure (see 'Housing' in Chapter 4), education, residency and passport designation.

[A]Population density

Population density in the City is 3,024 per km^2 for the usual residents and 12,426,000 per km^2 for the workday population. A total of 360,075 people surveyed by the Census 2011 gave a workday location within the City, of whom 359,455 were aged 16 or older.

[A]Age and sex

City workers are mainly aged between 20 and 50. Most women working in the City are in their mid-20s to mid-30s, while most men are in their mid-20s to mid-40s. There are over one-third more male (220,265) than female (139,813) daytime City workers, which is the reverse trend to that seen across London as a whole (Figure 3.11).

The younger age and male-dominated profile of City workers is consistent with findings from previous independent reports, and is most likely influenced by the male-dominated finance and insurance industries representing a large portion of the workforce.[2,3] City workers tend to be healthier because they are younger than the general adult population. Health from this point forward is largely determined by factors related to their lifestyle, such as smoking, alcohol consumption, levels of physical activity and diet.[4]

Although female workers in the City are proportionately fewer in number than male workers, their health needs should not be overlooked and may be unique. For example, *Insights into City Drinkers* found that both female and male City workers drink higher amounts than the national average, suggesting that women in the City may in part drink more because they have been influenced by a wider 'social norm' of heavy drinking.[5] This may also apply to other health needs affecting female City workers surrounded by a predominantly male working population.
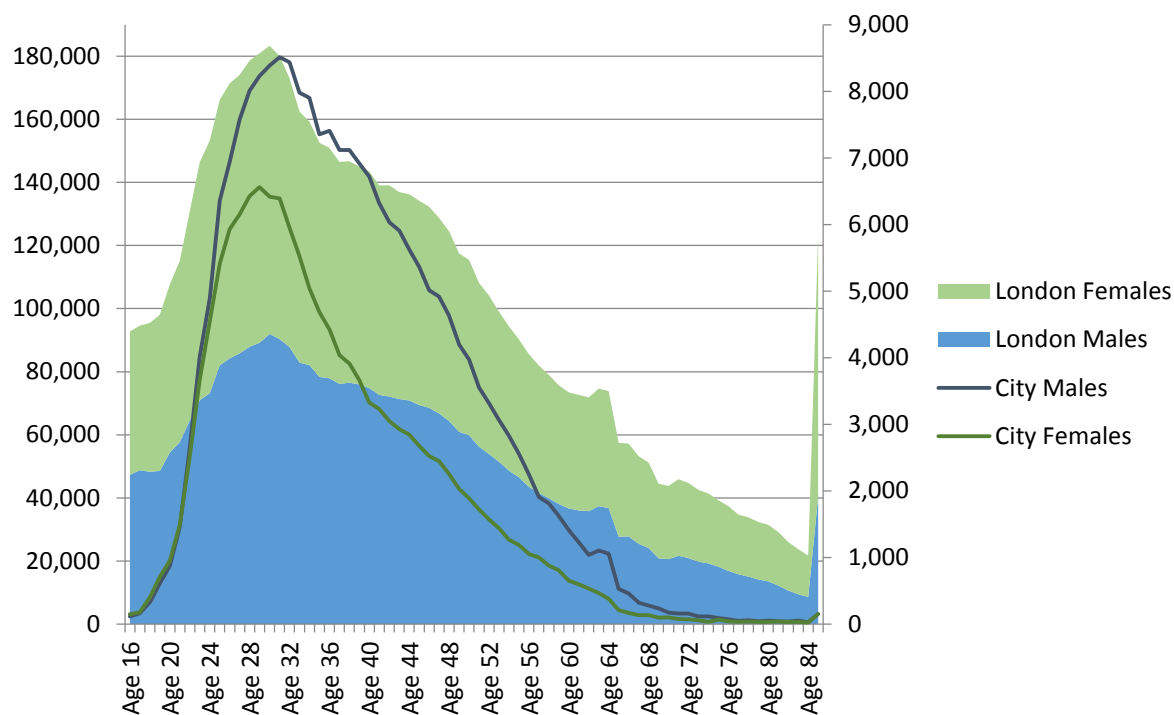
Figure 3.11. Profile of City and London workers by sex and age

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[2] ibid
[3] *The Public Health and Primary Healthcare Needs of City Workers* (2012)
[4] ibid
[5] *Insight into City Drinkers* (2012)

[A]Ethnicity

The ethnic profile of City workers overall reflects the London profile (see Figure 3.12). The majority are white (79%), a relatively large proportion are Asian of Indian origin (6%) and the remaining Asians represent another 6%. A total of 5% are black, 3% are of mixed origin and less than 1% are of Arab origin. These figures are consistent with previous independent reports on City workers.[67]

[6] *The Public Health and Primary Healthcare Needs of City Workers* (2012)
[7] *Insight into City Drinkers* (2012)

Figure 3.12. Ethnic profile of City workers
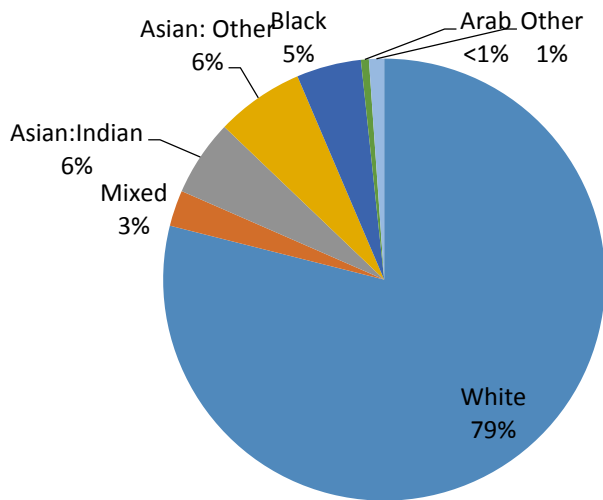
[A]Religion

The religious profile of City workers is broadly representative of that across London and England. Half of City workers are Christians, while another third have no religion. A total of 4% are Hindus, 3% are Muslims and 2% are Jewish. Sikhs and Buddhists represent 1% each. Nationally, there is a greater proportion of Christians (59%), and across London there are more Muslims (12%) than among City workers.

**Figure 3.13. Religious affiliation of City workers**
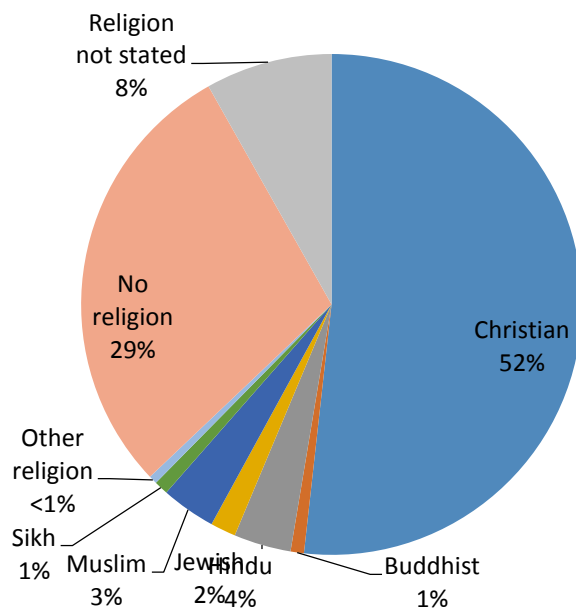
[A]Residency

The majority of City workers were either born in the UK or are short-term residents; both these figures are slightly higher than the London average. 68% of City workers are UK-born and 17% are short-term residents who have been in the UK less than 10 years. Taken together, one-third of all City workers are migrants.

Most migrants are young and healthy. The risk factors most relevant to migrant City workers' health include language and cultural differences, stigma, discrimination, social exclusion, separation from family and sociocultural norms, administrative hurdles and legal status.

Migrants tend to travel with health profiles, values and beliefs that reflect their community of origin. Such profiles and beliefs may have an impact on the health of, and usage of health services by, migrants.[8]

Figure 3.14. Residency profile of City workers
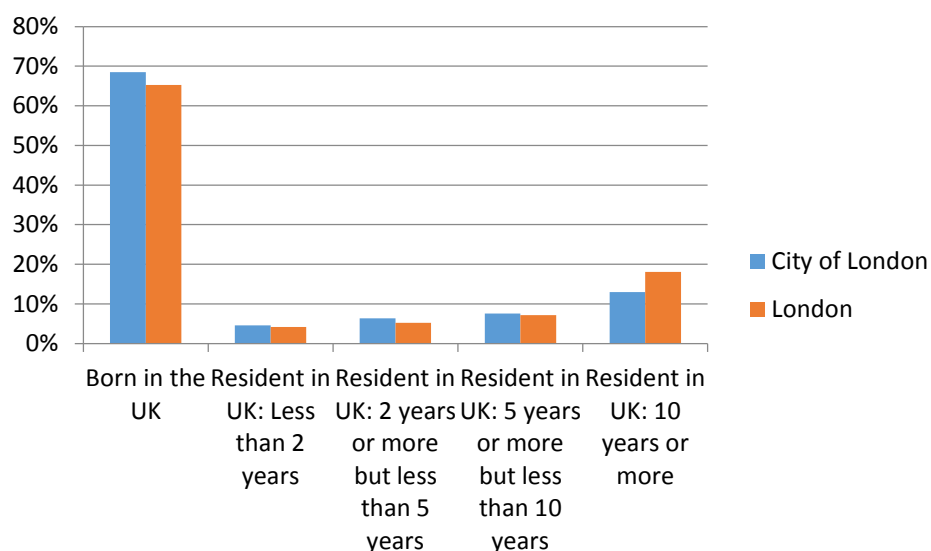
Passport designation and access to healthcare

In total, 78% of City workers have UK passports (see Figure 3.15). Of those with non-UK passports, one-third are from countries that were EU members in March 2001 (Germany, France, Italy, Portugal, Spain and others) and 10% are from countries that joined the EU between April 2001 and March 2011 (Lithuania, Poland and Romania). Another 9% come from each of South Asia, Ireland and Australasia, and 7% are from North America.

Access and entitlement to free NHS treatment are dependent on the length and purpose of residence in the UK, not on nationality. In addition to the common health risks for migrants described above, non-UK nationals encounter some reduced social security and health protection, even as UK residents. For both UK and non-UK citizens, NHS hospital treatment is free and accessible at the point of need, for example in Accident and Emergency (A&E) departments. However, charges

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[8] World Health Organization (2010) *Health of Migrants - The Way Forward*

apply to non-UK citizens where subsequent treatments are necessary and the patient is admitted to hospital.

There is some discrepancy among non-UK citizens regarding access to a GP, as GP practices are not legally bound to accept non-UK citizens.[9] The decision is ultimately at the discretion of the practice, which may prove a barrier to access. Even when registered with a GP, non-UK citizens must pay for dental treatments and prescription drugs.[10] Therefore non-UK citizens face some extra administrative barriers and fees compared with UK nationals.

It is worth noting that a considerable number of City employers offer private healthcare, which may fill some of these gaps in protection. However, those most at risk are the low-paid migrant workers who are not covered by private healthcare, and the low-paid UK workers who are entitled to free NHS treatment but cannot access these services due to long or inconvenient work hours.[11] (For more information see Chapter 8, 'Healthy Life'.)

Figure 3.15. Passport designation of City workers
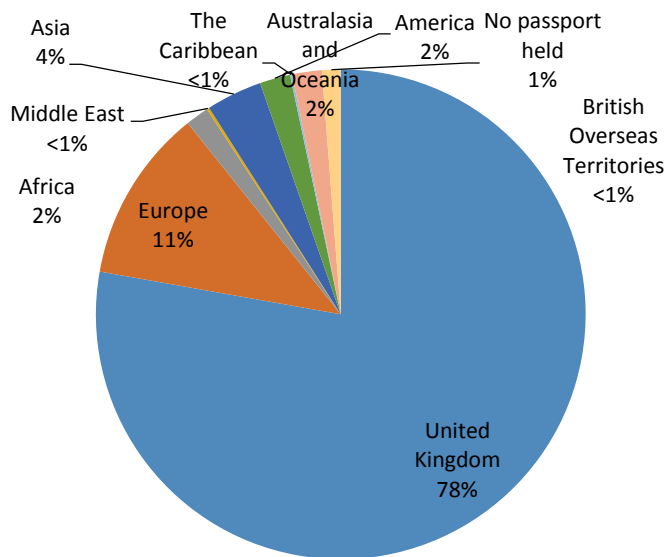
[A]Overall health

Most City workers (62%) perceive themselves as having 'very good health' (Figure 3.16), which is a higher figure than the London average of 51%. This perception is consistent with the findings from the 2012 independent survey *The public health and primary healthcare needs of City workers*.[12] It is most likely related to City workers' age and particular migrant profile, coupled with selection effects (i.e. the City offers demanding jobs that tend to attract healthy people).[13] In addition, the combination of being highly educated and earning a higher income is associated with better health outcomes.

[9] Citizens Advice Bureau (2013) *NHS charges for people from abroad*
[10] ibid
[11] *The Public Health and Primary Healthcare Needs of City Workers* (2012)
[12] ibid
[13] ibid

Despite this, there is strong evidence of a culture of long working hours and regularly feeling stressed among City workers, which – coupled with heavy alcohol consumption and smoking – may lead to future health problems.[14] For more information, see the sections 'Lifestyle and behaviours' and 'Mental health' in Chapter 6, 'Working age'.

Figure 3.16. Self-perceived overall health of City workers
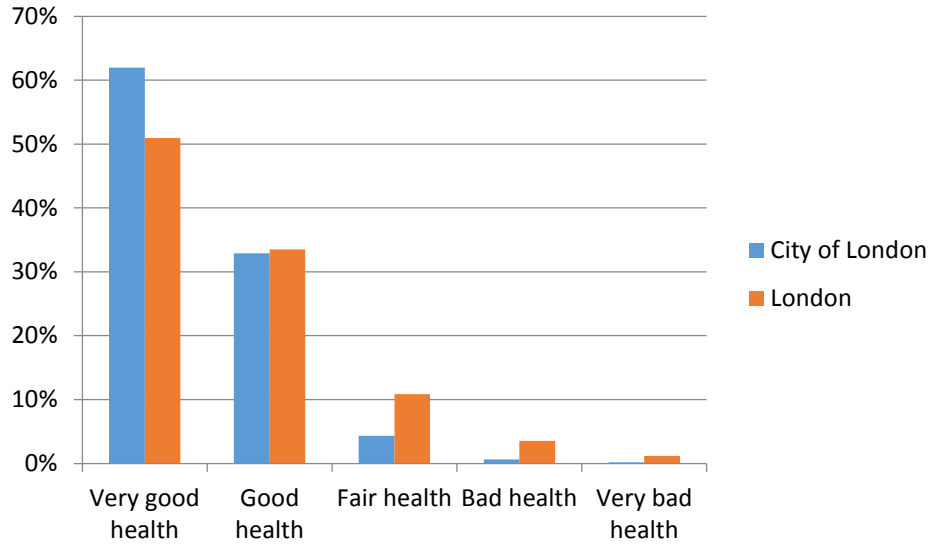
Source: Census 2011

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[14] ibid

[B+]Rough sleepers

Rough sleeping is the most acute and visible form of homelessness, and an issue that remains a challenge within the City of London. Those that find themselves homeless on the streets are intensely vulnerable to crime, drugs and alcohol, and at high risk of physical and mental illness and premature death. Many people come to the streets with complex personal issues, some have limited entitlement to services – often because their connections are to an area far from where they are sleeping rough – and some are resistant to and refuse the support that is available to them. For those that remain sleeping rough, the aim of returning to a stable life in their own home becomes harder to achieve the longer they call the streets their home.

[A]Population size

On average, approximately 20–25 people sleep on the streets of the City of London every night. The City has the sixth highest number of rough sleepers in London, after Westminster, Camden, Lambeth, Southwark and Tower Hamlets.[15]

In 2012/13, a total of 284 people were seen sleeping rough in the City by outreach teams.[16] Of these, 112 (39%) were new to the streets, another 112 (39%) were longer-term rough sleepers who had been seen both in the reported year and in the year before, and 60 (21%) had returned to the streets after a period away.

[A]Sex, age and ethnic origin

The rough sleeper population in the City is overwhelmingly male – 94% of those seen in 2012/13 were men – and 85% were aged between 26 and 55, with a further 11% aged over 55. The majority of those seen (57%) were British nationals, with the bulk of the remainder coming from Europe (predominantly Eastern European countries; see Figure 3.17).

[A]Overall health

Rough sleepers have high needs relating to alcohol, drugs and mental health. In 2012/13, 46% of rough sleepers in contact with services in the City had alcohol problems, 30% had drug problems and 45% had mental health problems. Many had more than one of these problems. For more information, see the sections on rough sleepers in Chapter 8, 'Healthy life'.

Rough sleepers are generally in much worse health than other homeless people.[17] National estimates show that the homeless population uses acute hospital services about four times more than the general population, costing at least £85m per year.[18] Rough sleepers access A&E seven times more than the general population, and are more likely to be admitted to hospital in an emergency, which costs four times more than treating an elective in-patient.[19]

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[15] Broadway (2013) *CHAIN Street to Home Annual Report 2012/13*
[16] Broadway (2013) *CHAIN Annual Report for City of London 2012/13*
[17] Bines W (1994) *The health of single homeless people*. York: Centre for Housing Policy. For full references on the health of rough sleepers see NHS City and Hackney (2010) *Health and Housing in Hackney and the City*
[18] Brodie et al (2013). *Rough sleepers: Health and healthcare*. London: NHS North West London
[19] ibid

Rough sleepers have an increased prevalence of health issues, including chronic chest problems, tuberculosis, skin complaints and mental ill health. These are often compounded by substance misuse. Rough sleeping is linked with premature death, with rough sleepers having an average life expectancy of 43.

Despite this, rough sleepers can face barriers to accessing services due to attitudes, service models, inability to register with a GP, lack of knowledge of services, lack of continuity of care, transiency, lack of local connection and cost.

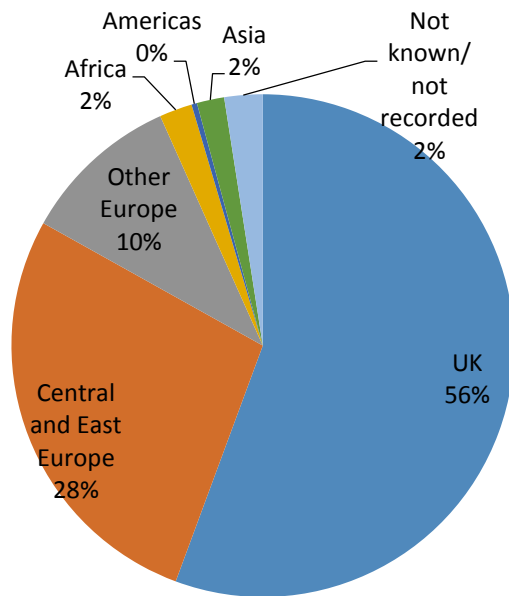**Figure 3.17. Nationality of rough sleepers in the City of London, 2012/13 (Broadway)**

Figure 3.18. People seen sleeping rough by age, 2012/13