Public Document Pack

Health and Wellbeing Board

Date: THURSDAY, 4 JULY 2013

Time: 1.45pm

Venue: COMMITTEE ROOMS, WEST WING, GUILDHALL.

Members:
Revd Dr Martin Dudley (Chairman)
Deputy Joyce Nash (Deputy Chairman)
Ade Adetosoye
Jon Averns
Dr Sohail Bhatti
Superintendent Norma Collicott
Vivienne Littlechild
Sam Mauger
Dr Gary Marlowe
Gareth Moore
Simon Murrells
Angela Starling
Deputy John Tomlinson

Enquiries: **Natasha Dogra tel.no.: 020 7332 1434**
Natasha.Dogra@cityoflondon.gov.uk

Lunch will be served in the Guildhall Club at 1pm

John Barradell
Town Clerk and Chief Executive

AGENDA

1. **WELCOME AND INTRODUCTIONS**

2. **APOLOGIES FOR ABSENCE**

3. **DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**

4. **PUBLIC MINUTES AND ACTIONS FROM THE MEETING OF THE HEALTH & WELLBEING BOARD**
   To agree the minutes of the meeting held on 7th May 2013

   For Decision
   (Pages 1 - 6)

5. **THE IMPORTANCE OF ROAD DANGER REDUCTION IN THE CONTEXT OF HEALTH AND WELLBEING**
   To receive a presentation from Officers

   For Information

6. **20MPH BENEFITS AND DIS-BENEFITS INVESTIGATION REPORT**
   Report of the Director of Built Environment

   For Decision
   (Pages 7 - 38)

7. **WORKPLACE HEALTH REPORT**
   Report from James Williams, Interim Public Health Consultant, City and Hackney Public Health Team

   For Decision
   (Pages 39 - 52)

8. **MINIMUM ALCOHOL PRICING**
   Report of the Director of Community and Children's Services

   For Decision
   (Pages 53 - 56)

9. **TOBACCO CONTROL ALLIANCE PROJECT PLAN**
   Report of the Director of Community and Children's Services

   For Information
   (Pages 57 - 64)

10. **UPDATE REPORT**
Report of the Director of Community and Children’s Services

For Information
(Pages 65 - 72)

11. **DEVELOPMENT DAYS ARRANGEMENTS**
Report of the Director of Community and Children's Services

For Decision
(Pages 73 - 74)

12. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
To consider any public questions

13. **ANY OTHER BUSINESS**
To consider any other public business of the Health & Wellbeing Board

14. **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.

For Decision

Non Public Agenda

15. **NON-PUBLIC MINUTES OF THE HEALTH & WELLBEING BOARD MEETING**
To agree the non-public minutes of the meeting held on 7th May 2013.

For Decision
(Pages 75 - 76)

16. **BOARD EVENT**
To discuss arrangements for the Board dinner

For Decision

17. **NON PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
To consider any non-public questions

18. **ANY OTHER BUSINESS**
To consider any other non-public business of the Health & Wellbeing Board

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HEALTH AND WELLBEING BOARD

Tuesday, 7 May 2013

Minutes of the meeting of the Health and Wellbeing Board held at Committee Room 4 on Tuesday, 7 May 2013 at 1.45pm

Present

Members:
Revd Dr Martin Dudley (Chairman)
Deputy Joyce Nash (Deputy Chairman)
Jon Averns
Superintendent Norma Collicott
Dr Gary Marlowe
Simon Murrells
Ade Adetosoye
Angela Starling
Vivienne Littlechild
Gareth Moore
Deputy John Tomlinson
Dr Sohail Bhatti
Sam Mauger

Officers:

Natasha Dogra	-	Town Clerk's Department
Ignacio Falcon	-	Town Clerk's Department
Neal Hounsell	-	Community and Children's Services
Chris Pelham	-	Community and Children's Services
Farrah Hart	-	Community and Children's Services
Sarah Greenwood	-	Community and Children's Services

1. **WELCOME AND INTRODUCTIONS**
   It was proposed that the most Senior Member present be elected Chairman for items 1 – 5 until a Chairman of the Board was elected. This was seconded, and Deputy Joyce Nash took the chair. All Members of the Health and Wellbeing Board introduced themselves.

2. **APOLOGIES FOR ABSENCE**
   There were no apologies for absence.

3. **DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
   There were no declarations of interest by Board Members.

4. **ORDERS OF THE COURT OF COMMON COUNCIL**
   RECEIVED

5. **ELECTION OF CHAIRMAN**

The Committee proceeded to elect a Chairman in accordance with Standing Order No. 29. A list of Members eligible to stand was read and Dr Martin Dudley being the only Member expressing a willingness to serve was declared to have been elected as Chairman of the Health and Wellbeing Board for the ensuing year.

The Chairman welcomed those Members who had just joined the Board and also recorded his thanks to those Members who had left the Board, namely Vicky Hobart and Joy Hollister.

6. **ELECTION OF DEPUTY CHAIRMAN**

The Committee proceeded to elect a Deputy Chairman in accordance with Standing Order No. 30. A list of Members eligible to stand was read and Deputy Joyce Nash being the only Member expressing a willingness to serve was declared to have been elected as Deputy Chairman of the Health and Wellbeing Board for the ensuing year.

7. **PUBLIC MINUTES AND ACTIONS FROM THE MEETING OF THE SHADOW HEALTH & WELLBEING BOARD**

The Director of Community and Children's Services informed the Board that Dr Sohail Bhatti had been appointed as the Interim Joint Director of Public Health, and interviews for a permanent position would take place in the next few months.

RESOLVED – That the minutes of the Shadow Health and Wellbeing Board meeting of 4th March 2013 be agreed as an accurate record.

8. **FINAL JOINT HEALTH AND WELLBEING STRATEGY**

Officers informed the Board that the NHS's public health functions were transferred to local authorities by the Health and Social Care Act 2012 on 1st April, 2012. This gave local authorities the duty to advance the health and wellbeing of people who live or work in their area. It also required 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 had a JSNA in place; however, this was the first time that a JHWS has been produced for the City of London.

The Board was informed that the Department of Health had also released a number of Outcomes frameworks. A key measure of success for Health and Wellbeing Boards would be their ability to influence improvements measured according to The Public Health Outcomes Framework (nationally there are over 60 Public Health outcomes).

Members were reminded that the Shadow Board had previously discussed the outcome frameworks and another paper being considered today asks the Board to formally identify their priority outcome indicators for 2013/14.

In response to a query from Members, officers said that although local authorities were now required to provide certain mandated public health functions under the Act, such as support to the Clinical Commissioning Group, sexual health services and the National Child Measurement Programme (NCMP), the majority of public health functions were not mandatory, and levels of provision must be determined locally, according to need. Members also asked Officers to investigate the possibility of creating a cross-directorate approach to boosting the health and wellbeing of City workers.

RESOLVED – that the Joint Health and Wellbeing Strategy be adopted.

9. **JOINT HEALTH AND WELLBEING STRATEGY CONSULTATION**

The Board were presented with a summary of the responses to the consultation about the Joint Health and Wellbeing Strategy. Officers informed Members of the Board that the City Of London Corporation organised a health day, titled "Love Health" on the 14th February in the Livery Hall, aimed at City workers (including City of London staff), employers, residents and Members with extended opening hours available to Members following the Court of Common Council meeting that day.

Invitations and posters were extensively used, and during the day there were also consultation presentations with an interactive survey as well as other interactive stands and displays from health providers including advice. The online survey and event responses were collated, together with written responses.

In response to a query from Members, officers said there were a total of 79 responses received, 54 from the "Love Health" event and 25 survey responses.

RECEIVED

10. **HEALTH AND WELLBEING BOARD PERFORMANCE INDICATORS**

Officers presented the Board with a report asking Members to consider the key outcome indicators which will be used to monitor the effectiveness of the Health and Wellbeing Strategy, the on-going monitoring mechanisms for those and the approval of two Public Health indicators for inclusion within the departmental business plan.

Members were reminded that Health and Wellbeing Board (HWB) Members had discussed the three outcomes frameworks (NHS, Adult Social Care and Public Health) as part of recent health and wellbeing board development days. The recommended indicators would be used by the Board to monitor progress against the health and wellbeing strategy on an annual basis, and it was recommended that the Board receives exception reports for indicators.

In response to a query from Members, officers stated that the outcome frameworks were already monitored by existing groups and a number of children's specific indicators are monitored by the Children's Executive Board as part of its ongoing monitoring responsibility. Officers informed Members that the Department of Community and Children's services had the responsibility for the delivery of the public health function going forward and a number of associated actions within the business plan.

RESOLVED - that:

1. the key outcome indicators for the HWB and the Health and Wellbeing Strategy be agreed, and:
2. the Executive Board would recommend children's indicators for the children's 'placeholder section' of the HWB;
3. the proposed indicators for inclusion within the Department of Community and Children's Services business plan be reviewed, and;
4. the proposed annual monitoring of all the key indicators as part of the health and wellbeing strategy update, and exception reporting where performance is either poor or significantly above target be agreed.

11. **UPDATE REPORT**

The Board received a verbal update from the Director of Community and Children's Services. In his update, the Director informed Members that a number of consultations had been received from various organisations. These would be collated by the Town Clerk and Members would be consulted in due course.

RECEIVED

12. **FUTURE DATES FOR 2013/14 HEALTH & WELLBEING BOARD MEETINGS**

RESOLVED – that the 2013 dates for Health and Wellbeing Board meetings be agreed as follows:

4th July 2013
5th September 2013
6th November 2013

All meetings would begin at 1:45pm.

13. **ANY OTHER BUSINESS**

In response to a question from a Member regarding the price increase by Fusion, Officers said that the Young at Heart service has always been a subsidised service. The level of subsidy depends on the amount of external funding that can be raised to support the programme. However, in order to ensure that prices would never increase to Fusion standard rates the original annual service plan set out agreed maximum annual prices.

In 2012 Fusion was able to secure sufficient additional external funding to hold Young at Heart prices at previous levels. However for 2013 membership levels increased and external funding decreased making it regrettable but inevitable that registration prices had to increase. Members were informed that the Young

at Heart programme offered over 20 hours a week of activity which were free but if participants wanted to come at any other off peak time then Fusion make a maximum charge of £1.50 per session.

14. **EXCLUSION OF THE PUBLIC**
MOTION – It was agreed 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.

15. **NON-PUBLIC MINUTES OF THE SHADOW HEALTH & WELLBEING BOARD MEETING**
RESOLVED – That the non-public minutes of the meeting held on 4th March 2013 be agreed as an accurate record.

16. **ANY OTHER BUSINESS**
There was no other non-public business of the Board.

The meeting ended at 3.07pm

Chairman

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Natasha.Dogra@cityoflondon.gov.uk

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Committees:	Dates:
Planning and Transportation Committee Policy and Resources Committee Health and Wellbeing Board Court of Common Council	25 June 2013 27 June 2013 2 July 2013 18 July 2013
Subject: 20mph Speed Limit Benefits and Disbenefits Investigation	**Public**
Report of: The Director of the Built Environment	**For Decision**

Summary

This report advocates the adoption of a 20mph speed limit in all City streets, including those managed by Transport for London. It is in two main parts: this report, which deals directly with the main points, and then two appendices, the first of which amplifies those points, and the second which provides some standard responses to what we expect will be frequently asked questions (FAQs).

Casualty figures in the City have shown a steady increase over the last three years with some 423 casualties in 2012 including 57 killed or seriously injured (KSI). This is despite continuation of our traditional programme of road safety measures. The reason for the increase is that the nature of the usage of City streets is changing. There has been a dramatic rise in the numbers of cyclists and pedestrians, and with the advent of Crossrail increasing the number of pedestrians and the encouragement of cycling generally, these numbers can only increase. Compared with the rest of London, in the City these groups are disproportionately highly represented in the casualty statistics. The situation can therefore only get worse unless we do something different.

Our strategy to reverse the rising casualty numbers is the recently adopted Road Danger Reduction Plan (RDRP). This sets out a whole range of measures to be undertaken between now and 2020. All of these have different cost to benefit ratios. We are already doing the more straightforward things, with an innovative education, training and publicity programme (ETP); minor junction improvements; driver behaviour and vehicle improvement programmes; and even some major junction improvements, like at Holborn Circus, where we are spending £3M on what is our worst casualty location. We have also delivered schemes like Cheapside, where there has been an average speed reduction of over 4 mph (and no collisions resulting in casualties), through narrowing the carriageway. But measures like these take time and to achieve City-wide results would be prohibitively expensive. This is why, in the Plan, it was also agreed that the pros and cons of

introducing a reduction in the speed limit across the City should be examined.

This report looks at whether and how such a limit would make a difference. The findings are that it would, with predicted casualty savings of between 8–9%, i.e., around 30–40 casualties per annum, which would be a significant step towards our published target of 30% by 2020. The report also estimates implementation costs at £100k–£150k which, with the achievement of predicted casualty savings, would make this approach highly cost effective. The other main findings of the study include:

- Traffic speeds would be reduced by the introduction of a 20mph limit

- The often-quoted low average speeds within the City mask both streets where average speeds are over 20mph and also peak traffic speeds at various times such as evenings and weekends. Secondary benefits such as reduced pollution and health improvements through modal shift to cycling are likely to occur.

- There is little or no disbenefit to introducing a 20mph speed limit and in particular journey-time increases would be minimal given the size of the City (typically the journey time for the longest route through the City, i.e., from Victoria Embankment to Byward Street, is not expected to exceed 1 minute even during free flow conditions).

- Transport for London (TfL), City of London Police (CoLP) and the World Health Organization (WHO) support the introduction.

The report goes on to discuss how a limit might be introduced and signed, without the need for traffic calming measures.

Recommendation

It is recommended that Members agree the following:

1. Subject to the agreement of the Court of Common Council, public notice of the City's intention to make an order prohibiting the driving of motor vehicles on all streets in the City of London for which the City is the local traffic authority at more than 20mph be given

2. That any objections that are made to the making of that order be reported to your Planning and Transportation Committee for consideration

3. That the costs of implementing a 20mph limit be met through Local Implementation Programme funding with approval being sought to

utilise the ‘on street parking reserve’ in the event of any shortfall.

Main Report

Background

1. Over the last three years, the usage of City streets has changed. There are now 3 times the number of cyclists that there were 10 years ago, and pedestrian numbers are rising and with Crossrail on the horizon are set to go on rising. Vehicular traffic has remained steady, and with congestion charging now established, few people now drive to the City, other than taxis or to make deliveries, although the Transport for London (TfL) routes are still busy with through traffic.

2. The City has continued with all the road safety measures it has traditionally used. For example, we have a comprehensive package of road safety education for cyclists and in schools and we have improved junctions, both large (like at Mansion House Station) and small (as with courtesy crossings). We have introduced two-way cycling in 50 one-way streets as a measure to help encourage cyclists off the main streets. And yet our casualty figures continue to rise.

3. A reflection of the change in the street usage mix has been that the City has a disproportionately high number of cyclists and pedestrians involved in collisions, compared to the Inner London boroughs. The objective, for London and nationally, is the reduction of casualties where people are killed or seriously injured (KSI). Within London, the vulnerable user groups of pedestrians, cyclists and powered two wheel riders comprise 76% of the KSI total, which is high by national standards. Within the City, the percentage is even higher: 93% of those killed or seriously injured in 2012 were vulnerable road users.

4. The road safety activity over the last decade has made the streets safer for most users but there has been an increase in casualties over the last few years. There is, therefore, a need to change perceptions, expectations and behaviours if the target reduction in casualties is to be met. Put very simply, by 2020, the annual number of casualties within the City needs to be reduced by 165 from the 2012 figure if we are to meet our Local Implementation Plan (LIP) targets.

5. The *Road Danger Reduction Plan* sets out targets and a range of actions to address the City’s road safety issues and to meet the requirements under the Mayor’s Transport Strategy. Introduction of a 20mph limit would be a significant step forward in the implementation of the plan.

6. The Mayor of London has set out his in principle support of reducing speed limits to 20mph in London in his Road Safety Action Plan for London entitled Safe Streets for London (the Mayor’s Action Plan). Published in June 2013

the document says there are now more than 400 20mph zones in London. It states that approximately 9% of KSI collisions are speed related and that TfL will seek to support the installation of new zones and limits through LIPs.

Investigation

7. Officers have:

- Conducted a literature search including reviewing experience with 20mph environments from elsewhere in the United Kingdom and overseas;
- Commissioned a specific air quality impacts study from Imperial College London;
- Obtained average spot speed data for the City based on a study of 59 City streets;
- Had regard to the Department for Transport's recently introduced speed limit appraisal tool;
- Scoped the infrastructure required to implement a 20mph limit; and
- Assessed the predicted impacts.

8. The data collected and used in this investigation and a thorough analysis of the impacts are **attached** as Appendix 1 to this report.

Current Speeds

9. Members will be aware that the often-quoted speed for City traffic is about 8mph. This is the "space mean speed" and is calculated by conducting surveys of cars moving between two points along specific streets during the morning, lunchtime and evening peak periods, on a week day.

10. So to measure the typical speed of vehicles in free-flowing traffic the speed of vehicles at a midway point along a number of streets was collected. These data are referred to as the "spot mean speed". Data were gathered for all vehicles passing a specific point for two weeks and for 24 hours a day. This is the standard data collection technique recommended by the Department for Transport.

11. The average spot mean speed throughout the City is 22mph. The average at Upper Thames Street is 28mph, on Aldersgate Street it is 22mph and on the recently narrowed Cheapside it is 16mph.

12. Clearly there is a variation in speed throughout the day and night and also a variation between weekdays and weekends, but any street where vehicles travel in excess of 20mph has the potential to deliver speed reduction, and therefore casualty reduction.

Journey Times

13. Maximum increased journey times during the free-flow conditions of the small hours of the morning have been independently assessed as being no more than 1 minute across the City (Victoria Embankment–Byward Street), provided that speed limits are not exceeded. This is, however, not representative of the majority of journeys across the City which have an origin or destination in the City where increased journey times over a representative 1.6 mile-journey would be 25 seconds on average.

Current Casualties

14. The Department for Transport (DfT) indicate that a reduction of 6% of casualties can be achieved for each 1 mph reduction in average speed. These data have been gathered from locations throughout the country where 20 mph speed limits have been introduced.

15. Total casualties in the City in 2012 were 423. Of these, 57 were in the killed and seriously injured (KSI) category. The numbers continue to increase for the third year in a row. These figures include casualties that occur on Transport for London roads within the City.

16. From analysis of casualties in the City it can be shown that 87% of all pedestrian injuries and approximately 80% of all cyclist injuries resulted from collisions with motor vehicles.

17. Overall 93% of the KSI casualties in 2012 were vulnerable users: pedestrians, cyclists and powered two wheelers. Speed is not recorded as a factor for most of the collisions within the City but then the Police do not record speed as a contributory factor if the vehicle was travelling at less than the prevailing speed limit (i.e., 30mph).

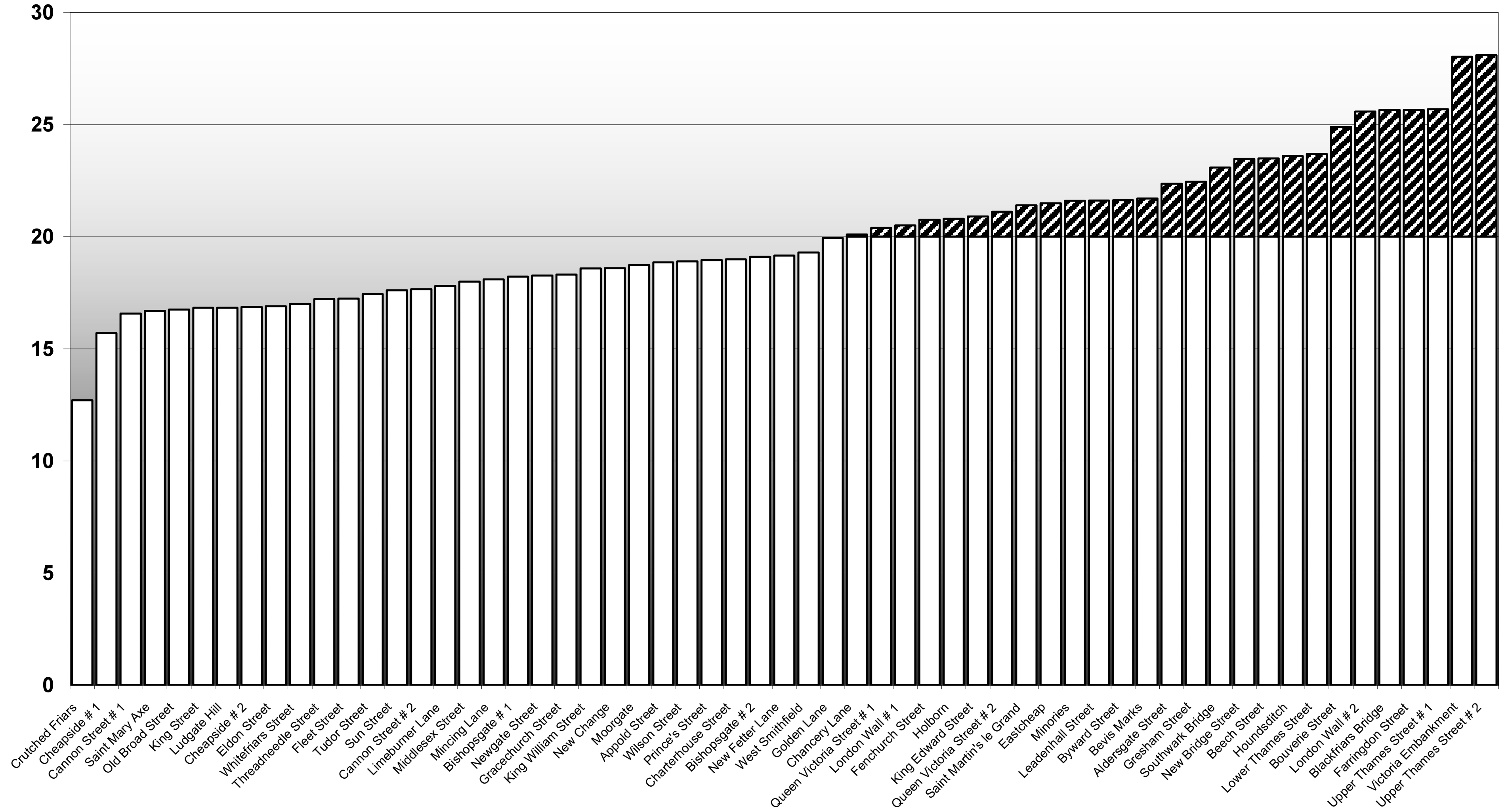
18. Officers have used the DfT analysis to estimate a reduction in casualties in the City as result of a 20mph speed limit. This produces an estimated reduction in casualties of 35 per annum. Casualties on those streets where the spot mean speed is already at or below 20mph have been discounted. Where the spot mean speed is above 20mph, a casualty reduction of 6% is predicted for each mile per hour above 20mph, up to a maximum reduction of 4mph. (The evidence used for the DfT's Circular also indicates that 4mph is the maximum reduction in average speed that can expected from a 20mph speed limit without a significant increase in enforcement activity).

19. As a result, casualty reductions are likely to be greatest on those streets where the spot mean speeds are at least 24mph.

20. This is of course an estimate based on national experience, but we have local evidence to support this. Several years ago, Transport for London introduced a 20mph limit on Upper Thames Street between Swan Lane and Queen Street to facilitate the refurbishment of Walbrook Wharf. There was a dramatic reduction in casualties. The three-year casualty total before the

speed-limit reduction was nine and the total for the three years of the 20mph limit was nil.

21. In addition, as well as reducing the number of casualties, a 20mph speed limit would be likely to reduce the severity of casualties.


OVERALL AVERAGE CITY OF LONDON SPOT MEAN SPEEDS (MPH)
30
25
20
15
10
5
0
Crutched Friars
Cheapside # 1
Cannon Street # 1
Saint Mary Axe
Old Broad Street
King Street
Ludgate Hill
Cheapside # 2
Eldon Street
Whitefriars Street
Threadneedle Street
Fleet Street
Tudor Street
Sun Street
Cannon Street # 2
Limeburner Lane
Middlesex Street
Mincing Lane
Bishopsgate # 1
Newgate Street
Gracechurch Street
King William Street
New Change
Moorgate
Appold Street
Wilson Street
Prince's Street
Charterhouse Street
Bishopsgate # 2
New Fetter Lane
West Smithfield
Golden Lane
Chancery Lane
Queen Victoria Street # 1
London Wall # 1
Fenchurch Street
Holborn
King Edward Street
Queen Victoria Street # 2
Saint Martin's le Grand
Eastcheap
Minories
Leadenhall Street
Byward Street
Bevis Marks
Aldersgate Street
Gresham Street
Southwark Bridge
New Bridge Street
Beech Street
Houndsditch
Lower Thames Street
Bouverie Street
London Wall # 2
Blackfriars Bridge
Farringdon Street
Upper Thames Street # 1
Victoria Embankment
Upper Thames Street # 2

Traffic Calming

22. Department for Transport guidance for an authority like the City, with an average speed of 22mph, is that a speed limit on its own will be substantially self-enforcing and does not require physical speed reducing features along a street such as chicanes or speed humps.

What Are Others Doing?

23. On 6 June the Mayor of London published his *Safe Streets for London* strategy document. In it he sets out his support for 20mph speed limits in appropriate locations and advises that there are now some 400 20mph zones across London covering 19% of the total London road network.

24. Transport for London has indicated that, in principle, they support the introduction of a 20mph speed limit for all of their streets within the City of London. Therefore it is proposed that the limit would cover all streets within the City.

25. All boroughs surrounding the City, with the exception of the City of Westminster, have adopted 20mph for all, or most, of their area.

26. Internationally, New York, Paris and Tokyo have, or plan to, introduce substantial speed-reduction initiatives in at least part of those cities.

27. The City has already introduced 20mph for several minor streets:

    - Watling Street;
    - Baltic Street West;
    - Golden Lane; and
    - Chiswell Street.

Enforcement

28. The City of London Police support the introduction of a 20mph speed limit for the City and the Association of Chief Police Officers (ACPO) have recently made clear their support for appropriately introduced urban 20mph speed limits. In reviewing the practicalities of implementation, the Commissioner has noted that the existing speed cameras in the City are not suitable for the enforcement of 20mph speed restrictions and therefore that, if any 20mph speed limit is not successful in being self enforcing, there may be a need for additional enforcement resources (for new speed cameras and additional back-office penalty charge notice processing). The provision of resources to address this issue is a specific action for TfL set out in the recent Mayor's *Safe Streets for London* action plan.

Health and Wellbeing

29. The World Health Organization has stated that “One of the most effective ways to improve pedestrian safety is to reduce the speed of vehicles” and lists area-wide lower speed limits (e.g., 30km/h or 20mph limits) as an intervention of proven effectiveness in improving pedestrian safety.

30. Modal shift to cycling as a result of better conditions for cycling, resulting from a 20mph speed limit, would assist in improving public health. Similarly public health benefits would also result from modal shift to walking, although these benefits are likely to be less as the potential for modal shift to walking is less.

Air Pollution Effects

31. The likely air pollution effects resulting from a 20mph speed limit have been studied by Imperial College London under a commission from the City. The likely effects are complex and are different for petrol vehicles and for diesel vehicles, and for larger vehicles (e.g., goods vehicles) and smaller vehicles (e.g., cars). The composition of the vehicle fleet using the City’s streets is therefore a key determinant of the likely air quality effects. In general terms however, the study concludes that:

The effects of a 20mph speed restriction … were shown to be mixed, with particular benefit seen for emissions of particulate matter and for diesel vehicles. The methodology was validated by consideration of real-world tailpipe emissions test data. It was therefore concluded that air quality is unlikely to be made worse as a result of 20mph speed limits on streets in London.

Practicalities

32. The project should cost £100k–£150k. The Mayor of London has stated in his Safe Streets for London action plan that he will support the installation of 20mph limits through LIP funding. It is proposed a specific bid be made for this purpose and that approval be sought to utilise the ‘on-street parking reserve’ in the event of any shortfall.

33. The speed limit should be largely self-enforcing. The police are expected to carry on as existing although final enforcement requirements have not yet been quantified.

34. TfL will be requested to alter the traffic signal “green wave” to reinforce a maximum 20mph transit speed which should result in reduced delays due tored signals.

Conclusion

35. The changing usage of the City’s streets means that radical action on reducing road danger is necessary. Introducing a 20mph limit City-wide is a cost-efficient and practical way of making such a radical change quickly. The evidence is that it will be effective in reducing both the number and severity of

collisions; be largely self-enforcing; have no adverse impacts on air quality; and be seen to be contributing towards healthier lifestyles. It would fit with international, national and local moves in the same direction. The drawbacks are few: increased journey times when roads are quiet; and a cost of between £100k and £150k.

36. Its introduction cannot be a complete answer to a reduction of casualties and changed behaviours, and it would (if introduced) remain a part, albeit a significant part, of the City's holistic approach to road safety as set out in the *Road Danger Reduction Plan*.

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APPENDIX 1: ANALYSES AND TECHNICAL INFORMATION

AVERAGE TRAFFIC SPEEDS IN THE CITY OF LONDON

1. In February–March 2013 the City commissioned from MHC Traffic Ltd comprehensive monitoring of the average spot mean speeds on the City's streets (including the Transport for London road network in the City). At each of the 59 sites data were collected 24 hours per day for around a fortnight.

2. The average spot mean speed across all 59 surveyed sites across the City was 21.9mph.

3. This result of an average City traffic speed (across the whole 24 hours of the day) of 21.9mph contrasts with the usual average traffic speeds in the City of around 8–10mph that are usually quoted and reported to your committees. There are two reasons for this: differing survey methodologies and differing survey periods.

Survey Methodologies

4. The standard City traffic survey is conducted biannually, in the relatively neutral months of April and October. It measures what traffic engineers refer to as "**space mean speed**". This is the average speed of all of the motor vehicles travelling along a defined length of street over a defined period. For the standard City traffic survey this is usually a street, a section of a longer street or a short run of a number of short streets forming a clear route, from junction to junction (often traffic signal-controlled ones), which are referred to as surveyed "links". On such a link in the City motor vehicles will typically start from a stopped position in the traffic queue at the junction, accelerate to the maximum speed achievable by the traffic conditions, and then brake to a stop for the next junction. Some runs are undertaken without this pattern, with green lights allowing continuous running and lighter traffic conditions allowing speeds to approach or be at or above the speed limit. Each link is driven 30 times for each survey to avoid unusual events skewing the data. The speed data recorded by the standard City survey are therefore the average speeds over the whole of each link, including the time spent at low speeds or stopped at junctions and for other interruptions such as pedestrian crossings and street works and roadworks.

5. The survey conducted in February and March by MHC Traffic Ltd instead measured what traffic engineers refer to as "**time mean speed**" (rather than

the standard City survey's "space mean speed"). Time mean speed is the average speed of all of the motor vehicles passing a defined point over a defined period. This point is usually set where motor vehicles are likely to be at their maximum speed on that link, i.e., the point at which vehicles are likely to have finished accelerating away from the previous junction but have not yet started braking for the next junction. Such speed data are often called "spot mean speeds", being average speed data obtained at a particular individual spot (rather than over a link). As time mean speed surveys are capturing speeds at or near to vehicles' maximum speeds, the average speeds obtained by these surveys are invariably higher than the average speeds obtained by "space mean speed" surveys, when the whole range of vehicle speeds are being captured and averaged.

6. Spot mean speeds (the data obtained from time mean speed surveys) are what are required to analyse and set appropriate speed limits, as it is motor vehicles' maximum (or near maximum) speeds that are of relevance to speed limits. This is in accordance with national guidance and traffic management industry best practice.

Survey Periods

7. In addition, as the standard biannual City traffic survey (space mean speed survey) is primarily concerned with measuring and analysing the changes in journey times caused by peak-period disruption from street works, roadworks and other changes to the street environment, it is conducted during peak periods only, with surveys conducted 10 times during 3 time periods (starting at 7 a.m., 12 p.m. and 4 p.m.), making 30 runs in total for each link of each survey.

8. With the 20mph investigation however, as the speed limit would be applicable 24 hours per day, 24-hour data are required, and the time mean speed survey conducted by MHC Traffic Ltd was therefore continuous around the clock, with several hundred hours of data per site. As the standard City traffic surveys have traditionally sought to demonstrate the scale of the congestion problem in the City and the change over time these surveys have collected congested peak-period data only. In contrast the MHC Traffic survey was 24 hour, the spot mean speeds obtained by the later survey are significantly higher than the average speeds of the standard survey.

ASSESSMENT OF THE PRINCIPAL BENEFITS AND DISBENEFITS OF A CITY-WIDE 20MPH ENVIRONMENT

9. There are several key areas that need to be investigated to assess all of the likely principal benefits and disbenefits of a 20mph environment in the City. These are:—

    - the likely changes in the frequency of road traffic collisions and the severity of road traffic casualties;
    - the likely changes to average journey times for all road user classes (including buses);
    - the likely changes to the environments for walking and cycling/modal shift to or from walking and cycling;
    - the likely changes in the emissions of air pollutants and greenhouse gases from road vehicle exhausts, including as a result of modal shifts;
    - the likely changes in the emissions of air pollutants from road vehicle brake and tyre wear, including as a result of modal shifts;
    - the likely changes in noise pollutants and excessive vibration from road traffic, including as a result of modal shifts; and
    - the likely impact on public health as a result of modal shifts.

10. The conclusions in respect of these principal benefits and disbenefits are set out in the *following* sections.

LIKELY CHANGES IN THE FREQUENCY OF ROAD TRAFFIC COLLISIONS AND THE SEVERITY OF ROAD TRAFFIC CASUALTIES

Theoretical Maximum Range of Changes in Collisions and Casualties

11. In theory, a change to a 20mph environment could *increase* the number of road traffic collisions and/or the number and/or severity of road traffic casualties. It has been suggested that this could occur through the slower vehicle speeds and resulting more relaxed environment causing greater inattention among road users (whether they be drivers, vulnerable road users such as pedestrians and cyclists, or both).

12. At the other end of the scale, a change to a 20mph environment could, in theory (if such a scheme was totally effective in reducing road dangers), reduce the numbers of collisions and casualties to none.

Realistic Range of Changes in Collisions and Casualties

13. The 30mph speed limit is longstanding, having been the default speed limit on British highways since 18 March 1935[1]. There seems to be no evidence that road user inattention correlates significantly with average traffic speeds. The possibility of an increase in the number of road traffic collisions and/or severity of casualties as a result of a change to a 20mph environment is therefore discounted for the purposes of this report.

14. At the other end of the scale, a reduction in casualties to nil as a result of a change to a 20mph environment seems extremely unlikely because many road traffic collisions are caused by factors other than excessive speed and because if a collision does occur with a vulnerable road user at 20mph a slight casualty is still the most likely result.

15. Circular 01/2013, *Setting Local Speed Limits*, advises that "Research shows that on urban roads with low average traffic speeds any 1 mph reduction in average speed can reduce the collision frequency by around 6%"[2]; and that "If the mean speed is already at or below 24mph on a road, introducing a 20mph speed limit through signing alone is likely to lead to general compliance with the new speed limit"[3]. Of the 59 surveyed sites across the City, spot mean speeds were below 24mph at 52 of them (i.e., at 88% of them) and below 20mph at 32 of them (i.e., at 54% of them).

16. Officers have looked at all of the road traffic casualties that occurred in the City over the last three years and have made two assumptions in predicting the likely reductions in casualties that would occur with the implementation of a 20mph environment in the City, using the research behind and advice contained within Circular 01/2013.

17. Firstly, that where a casualty occurred in a location where the City's speed survey indicates that the spot mean speed was 20mph or less[4], there would be no impact on casualties, and the same number of casualties in these locations would occur with a 20mph environment. Secondly, that where a casualty occurred in a location where the City's speed survey indicates that

[1] as a result of the coming into force of the Road Traffic Act 1934
[2] paragraph 82
[3] paragraph 95
[4] Where speeds were not surveyed on the relevant street or section of street, spot mean speed data from the most comparable street or street section were used instead.

the average spot mean speed was more than 20mph, the number of casualties in these locations would be reduced by 6% per 1 mile per hour above 20mph, up to a maximum of 24% (i.e., as a result of the maximum realistic reduction in traffic speeds of 4 mph). For example, at a location where the spot mean speed was 22mph, casualties would be reduced by 12% (22mph – 20mph = 2mph, multiplied by 6% per 1mph); and at a location where the spot mean speed was 25mph, casualties would be reduced by 24% (4mph multiplied by 6% per 1mph).

18. Having undertaken this analysis, a reduction in casualties of 8.6% is predicted. Over three years[5] this represents a reduction in casualties from 1,228 to 1,122.5, i.e., a reduction of 105.5 casualties.

19. This predicted 8.6% reduction in casualties compares to the targeted 12.5% reduction in casualties by 2013 and 30% reduction in casualties in the City by 2020, from the baseline of the 2004–2008 average, as set out in the Local Implementation Plan and the Road Danger Reduction Plan.[6]

LIKELY CHANGES TO AVERAGE JOURNEY TIMES FOR ALL ROAD USER CLASSES (INCLUDING BUSES)

Theoretical Maximum Range of Changes in Average Journey Times

20. In theory, a change to a 20mph environment could *decrease* average City journey times by smoothing traffic flow and thereby letting more traffic through some junctions in some conditions. Better traffic flow at lower speeds is a well understood traffic phenomenon. Lower speeds allow reduced following distances, in turn allowing more vehicles to travel safely in the same amount of space. Managed speed reduction is regularly made use of in active traffic management, for example when the Highways Agency reduces the speed limit on motorways in high flow conditions below the standard 70mph motorway speed limit in order to improve traffic flow and thereby decrease average journey times for all users. However, no evidence could be found as to exactly how much additional throughput of traffic could potentially occur in lower speed (congested) traffic conditions such as habitually occurs in the City during the working day.

[5] Three years is the standard road traffic casualty reporting period, in order to reduce the impact of any anomalous results.

[6] However, these predictions need to be seen in the context of significant increases in the total number of persons injured in road traffic collisions in the City since the Local Implementation Plan target baseline period of 2004–2008 (inclusive).

21. At the other end of the scale, the maximum change in average journey times that could result from the implementation of a 20mph environment in the City is, theoretically, a 50% increase. This would occur when traffic is entirely free flowing and uninterrupted and motor vehicles can travel at the speed limit for their entire journey, i.e., when there is no traffic congestion and no delays caused by the need to slow down for or give way at junctions (as a result of traffic signals, stop signs etc.). Over the longest direct journey that it is sensible to make by motor vehicle entirely within the City, along the A3211 (Upper and Lower Thames Street) from Temple Place to Trinity Square[7], which is a journey of approximately 1.6 miles, this would represent an increase from 3 minutes 12 seconds to 4 minutes 48 seconds, i.e., an increase of 1 minute 36 seconds (staying within speed limits).

22. However to do this journey without having to stop is unlikely, even in the early hours of the morning. (One of our staff tried it several times at that time of day and found the increased average journey time to be 1 minute 5 seconds, from 3 minutes 35 seconds to 4 minutes 40 seconds). An increase in total journey time from Temple Place to Trinity Square of 1 minute 36 seconds is therefore not a realistic estimate of the likely maximum increase in average journey times resulting from a change to a 20mph environment. This is particularly so as a journey along the whole of the City part of the A3211 is not representative of journeys within the City. It is a through-traffic journey, whereas most motor vehicle journeys within the City have (thanks to the traffic and environment zone and the congestion charging zone along with the successful implementation of other policies such as parking supply restraint) an origin and/or a destination within the City.

23. As a result, an alternative approach to the likely change in average journey times resulting from a change to a 20mph environment is adopted in this report. The City's monitoring of spot mean speeds indicates that the highest average speed along the City part of the A3211 was 28.1mph. A 20mph scheme would likely reduce this average to around 24mph. This would represent an increase in average journey times of 35 seconds (i.e., an increase from 3 minutes 25 seconds to 4 minutes, which is an increase of 17%). If a 20mph scheme was successful in lowering the average speed along the City part of the A3211 to 20mph, this would represent in an increase in average journey times of 1 minute 23 seconds (i.e., an increase from 3 minutes 25 seconds to 4 minutes 48 seconds, which is an increase of 41%).

[7] Victoria Embankment–Blackfriars Underpass–Upper Thames Street–Lower Thames Street–Byward Street

Most Likely Change in Average Journey Times

24. As discussed *above*, a journey along the whole of the City part of the A3211 is not representative of the majority of journeys within the City. The City's monitoring of spot mean speeds indicates that the average across all 59 surveyed sites was 21.9mph. A successful 20mph environment scheme would reduce this average to a little below 20mph.[8] (for simplicity, 20mph is adopted for the purpose of this calculation). If we then took a cautionary approach and assumed that the average journey length within the City is 1.6 miles (i.e., the same as the A3211 from City boundary to boundary) then the average journey times would increase by 25 seconds (i.e., an increase from 4 minutes 23 seconds to 4 minutes 48 seconds, which is an increase of 10%).

Bus Journey Times

25. Given that buses must inevitably stop often to pick up and set down passengers, especially in a dense urban environment such as the City, the *above* analysis about journey times in general is true of buses; and, to the extent that there are journey-time factors that are specific to buses, this will mean that a 20mph environment would have less effect on buses than on other motor vehicle traffic, as buses will less often reach a maximum speed greater than 20mph.

LIKELY CHANGES TO THE ENVIRONMENTS FOR WALKING AND CYCLING/MODAL SHIFT TO OR FROM WALKING AND CYCLING

26. A 20mph environment in the City would have a positive impact on the quality of the environment for journeys made by walking and by cycling. In the absence of large-scale opinion surveys, it is not possible to adequately quantify such subjective improvements in journey quality, but the effects in terms of producing a more relaxed City street environment, in which both walking and cycling were less stressful and more enjoyable, would likely be highly significant. Indeed, these subjective but very positive effects rank along with casualty reductions as among the most important potential benefits of a 20mph environment for the City.

27. Walking is already popular, so no change is anticipated there. With cycling however, given the relatively low existing modal share, the picture is different.

[8] It will not be exactly 20 mph as some average speeds are already, and would remain, below 20 mph, so if the upper limit of the sampled average speeds is reduced to closer to 20 mph by the introduction of a 20 mph speed limit, the average of the averages will be below 20 mph.

28. In attempting to quantify this potential, in the absence of robust local data, your officers have looked at the results obtained where 20mph or 30km/h environments have been implemented elsewhere. These examples show a wide range of changes in cycling modal share. There is rarely a definitive causal link that can be established between changes in motor vehicle speeds and changes in cycling modal share; nevertheless, in virtually all examples examined cycling increased, and therefore it seems reasonable to assume that lower motor vehicle speeds result in improved conditions for cycling and in an increased modal share for cycling, even if the precise increase cannot be predicted with much certainty. An increased modal share for cycling as a result of the implementation of a 20mph environment in the City therefore seems a reasonable assumption and is supported by the evidence.

29. Examples at the higher end of reported changes of the noted range of changes in modal share for cycling as a result of the implementation of 20mph/30km/h environments: in Germany the national research programme reported a doubling of bicycle use over a four-year period; in central Berlin's Moabit district following the establishment of 30km/h zones an increase in cycling of 50% was reported; and in Buxtehude (in metropolitan Hamburg)[9] an increase in cycling of 27% was reported following the introduction of similar zones.

30. Here in England, two 20mph zones that were implemented in Bristol in 2009 without traffic calming features were reported as increasing the number of people cycling by between 4% and 36% (depending on the survey location); and, in opinion surveys conducted in the two zones, 11% of respondents in one zone and 16% of respondents in the other zone reported that they cycled more often since the 20mph zones were introduced.

LIKELY CHANGES IN THE EMISSIONS OF AIR POLLUTANTS AND GREENHOUSE GASES FROM ROAD VEHICLE EXHAUSTS, INCLUDING AS A RESULT OF MODAL SHIFTS

Likely Changes in the Emissions of Air Pollutants and Greenhouse Gases

31. Most previous research on exhaust emissions at differing vehicle speeds has shown that emissions are higher at 20mph than at 30mph. This is a function of the research usually comparing continuous driving at 20mph with continuous driving at 30mph. Continuous driving at the higher speed

[9] part of the national traffic calming demonstration project

covers the same distance for less fuel use, meaning that fewer emissions are created. Most modern internal combustion engines, both petrol and diesel, tend to work more efficiently when propelling vehicles at 30mph than at 20mph, partly because of operating at higher temperatures at the higher speed.

32. However, this comparison very poorly represents actual driving conditions in a congested, high density urban environment. Such environments typically involve much more stop/start driving than the free-flow continuous driving that most studies have analysed. In such conditions idling, accelerating and decelerating become significant, often very significant, factors and the relative emissions resulting can differ substantially from those of continuous driving at different speeds. In particular, the reduced range of speeds between idling (i.e., 0mph) and maximum (i.e., 20mph) in a 20mph environment (i.e., a range of 20 mph) compared to the 30mph range of speeds in a 30mph environment means that acceleration and deceleration is reduced in time and usually also in magnitude. In other words, drivers in a higher-speed environment not only take longer to reach their maximum speed or slow down to a halt, but they also accelerate and decelerate faster in order to reduce the amount of time spent moving between idling and maximum speed. As acceleration is particularly significant for exhaust emissions, as this is when a vehicle's power demand is greatest, and as acceleration and deceleration (which encompasses braking) is particularly significant for brake and tyre wear, the reduced amount of time spent accelerating and decelerating and the reduced magnitude of acceleration and deceleration in lower-speed environments is likely to be significant for emissions performance when vehicles speeds often need to be modified, as is the case in high density urban environments.

33. To look into the actual emissions impacts of driving in 20mph environments and driving in 30mph environments in Central London the Central London sub-regional transport partnership (which includes the City and which is directed by Central London Forward) commissioned Imperial College London to undertake a comprehensive emissions study of driving in Central London. The resulting study[10] was published on 10 April 2013. It includes estimations of the emissions of fine particles (PM_{10}) and oxides of nitrogen (NO_x) (air pollutants that have significant adverse impacts on human health) and of carbon dioxide (CO_2) (a greenhouse gas that is involved in the regulation of the earth's climate) from vehicle exhausts in Central London 20mph and 30mph environments. (It also estimates (using

[10] *An Evaluation of the Air Quality Impacts of a 20mph Speed Restriction in Central London*, Transport and Environmental Analysis Group, Centre for Transport Studies, Imperial College London, April 2013

other data) the likely emissions of brake and tyre wear for driving the same test routes.)

34. The study concludes that:

The effects of a 20mph restriction ... were shown to be mixed, with particular benefit seen for emissions of particulate matter and for diesel vehicles. The methodology was validated by consideration of real-world tailpipe emissions test data. It was therefore concluded that air quality is unlikely to be made worse as a result of 20mph speed limits on streets in London.[11]

Likely Changes in Emissions as a Result of Modal Shifts

35. As discussed *above*, this report assumes no modal shift to walking, because of the existing very high levels of walking in the City, but a significant (although unquantified) modal shift to cycling as a result of the implementation of a 20mph environment in the City. However, this is unlikely to have much impact on air quality as most new cyclists in the City will be switching from public transport rather than from cars.

LIKELY CHANGES IN THE EMISSIONS OF AIR POLLUTANTS FROM ROAD VEHICLE BRAKE AND TYRE WEAR, INCLUDING AS A RESULT OF MODAL SHIFTS

Likely Changes in the Emissions of Air Pollutants

36. The 2004 European Commission study *Particulates—Characterisation of Exhaust Particulate Emissions from Road Vehicles: (8) Measurement of non-exhaust particulate matter* demonstrated the relationship whereby when average speeds are lower, brake and tyre emissions are also lower. This is because lower average speeds reduce the proportion of time that vehicles spend accelerating and decelerating compared to moving at their cruising speed.

37. The Imperial College London study[12] confirmed that this result from the European Commission study is true in the real-world driving conditions of Central London.

[11] Executive Summary, Project Findings, p. 8

[12] *An Evaluation of the Air Quality Impacts of a 20mph Speed Restriction in Central London*, Transport and Environmental Analysis Group, Centre for Transport Studies, Imperial College London, April 2013

Likely Changes in Emissions as a Result of Modal Shifts

38. Changes in the emissions of air pollutants from road vehicle brake and tyre wear are also likely to occur as a result of modal shifts. As discussed *above*, this report assumes no modal shift to walking, because of the existing very high levels of walking in the City, but a significant (although unquantified) modal shift to cycling as a result of the implementation of a 20mph environment in the City. However, this is unlikely to have much impact on air quality as most new cyclists in the City will be switching from public transport rather than from cars.

LIKELY CHANGES IN NOISE POLLUTANTS AND EXCESSIVE VIBRATION FROM ROAD TRAFFIC, INCLUDING AS A RESULT OF MODAL SHIFTS

39. In *The Speed Limit Appraisal Tool: User Guidance*[13], which was published by the Department for Transport alongside Circular 01/2013, *Setting Local Speed Limits*, it is observed that "even in the most extreme cases, the change in noise levels as a result of speed limit changes is likely to be negligible (<1dBA)"[14]. As a result, your officers have concluded that it would not be good value for money to attempt to quantify likely changes in noise pollutants and vibration from road traffic (including as a result of modal shifts) and this report therefore assumes that there will be no significant changes in noise or vibration as a result of a change to a 20mph environment in the City.

[13] Department for Transport, January 2013
[14] Annex A: Development of Relationships, paragraph A.58, p. 92

SUMMARY OF PREDICTED IMPACTS

40. Tables 1 and 2 *below* summarise the predicted impacts set out in the sections *above* for ease of reference.

Table 1: Categorisation of Non-Quantifiable Impacts

Categorisation of Likely Impacts	Depiction
unquantified but strongly positive	+ +
unquantified but significant and positive	+
unquantified but insignificant or neutral	——
unquantified but significant and negative	–
unquantified but strongly negative	– –

Table 2: Summary of Predicted Impacts

Factor	Likely Impact
casualties	a reduction in road traffic casualties of 8.6% (i.e., a reduction from 1 228 to 1 122.5 over three years)
average journey times	up to a 10% increase in average journey times
walking environment	+ +
cycling environment	+ +
modal shift to walking	——
modal shift to cycling	+ +
air pollution (exhaust emissions)	——
greenhouse gas emissions	——
air pollution (brake and tyre wear)	+
emissions—modal shift to walking	——
emissions—modal shift to cycling	——
noise pollution and vibration	——

SPEED LIMIT APPRAISAL TOOL

41. Along with Circular 01/2013, *Setting Local Speed Limits*, the Department for Transport has published a speed limit appraisal tool[15] to assist traffic authorities in assessing the costs and benefits of proposed local speed limit schemes. Your officers have downloaded and run this speed limit appraisal tool using City and Transport for London data; the outputs from this use of the tool confirm that the benefits of a City-wide 20mph environment would significantly outweigh the costs. However, the figures and results that this report sets out are not the outputs from the speed limit appraisal tool. The speed limit appraisal tool is designed for use nationally, to estimate the costs and benefits of virtually any change in speed limit (e.g., increasing the speed limit on a rural dual carriageway to 70mph) and it does not seem to cope particularly well with realistically estimating the costs and benefits in congested urban conditions such as the City. In particular, your officers consider that, in the City's context, the speed limit appraisal tool overstates the likely casualty savings from implementation of a 20mph environment, and have therefore included more conservative casualty saving figures in this report; but that the tool incorrectly estimates a negative impact on air quality and emissions of greenhouse gases, whereas the London-specific research by Imperial College London demonstrates that a neutral impact on emissions from exhausts and a positive reduction in emissions from brake and tyre wear is much more likely.

42. To summarise, the figures and results that this report sets out do not derive from use of the Department for Transport's speed limit appraisal tool; nevertheless, the tool has been run using local data and the outputs confirm that the benefits of a City-wide 20mph environment would significantly outweigh the costs.

TRANSPORT FOR LONDON ROAD NETWORK

43. In accordance with the brief for this investigation contained within the Local Implementation Plan, Transport for London has been consulted about the possibility of including some or all of the streets in the City for which that authority is the local traffic authority ("the Transport for London road network") in any City 20mph environment. On 8 April 2013 Transport for London formally responded to say that it is, in principle, supportive of *all* of the Transport for London road network in the City being included within any City 20mph environment.

[15] https://www.gov.uk/government/publications/speed-limit-appraisal-tool

44. In particular, Transport for London's response notes that:—

TfL recognises the evidence that speed is a factor in road danger and 20mph limits can contribute to reducing collisions and the severity of casualties. As such TfL is supportive of the City's proposals. The recently published Mayor's Cycling Vision states:

"We will take a case-by-case approach to the use of 20mph limits on the TLRN and we will reduce the speed limit to 20mph at several locations on the TLRN where cycle improvements are planned."

45. The Transport for London response notes one caveat, which is that the Mayor of London's proposal for a West London–Barking "Crossrail for the bike", which is to run along the A3211[16], may or may not be suitable for inclusion within a City 20mph environment, depending on the level of segregation of cyclists from motor vehicles that is achieved by the detailed design of this proposed new major cycling facility. The Mayor's *Vision for Cycling* notes that "We will segregate where possible, though elsewhere we will seek other ways to deliver safe and attractive cycle routes"[17]. In other words, if the A3211 cycle facilities are fully segregated, Transport for London may not be supportive of a 20mph speed limit on this route, as the road danger reduction benefits would be partially achieved in other ways. However, this caveat relates only to the A3211, and the in principle support for all of the Transport for London road network in the City being included within any City 20mph environment would be unchanged by this outcome of the detailed design of the Mayor's "Crossrail for the bike" proposal.

46. As Transport for London is the local traffic authority for the whole of Victoria Embankment (within both the City of London and the City of Westminster), that authority could set a consistent speed environment for the whole of the A3211[18] (whether that is 20mph or 30mph) without any incongruous change in speed environment at the City's western boundary.

SPEED LIMITS OF NEIGHBOURING AREAS IN THE LONDON BOROUGHS

47. There is a variety of speed limits in the areas immediately surrounding the City, but the majority of adjoining areas are either already a 20mph

[16] In the City the A3211 is Victoria Embankment–Blackfriars Underpass–Upper Thames Street–Lower Thames Street–Byward Street.

[17] *The Mayor's Vision for Cycling in London: An Olympic Legacy for all Londoners*, "A Tube Network for the Bike", p. 10

[18] Victoria Embankment–Blackfriars Underpass–Upper Thames Street–Lower Thames Street–Byward Street–Tower Hill

environment or are the subject of a resolution by the relevant London borough that the speed limit should be 20mph.

48. The **City of Westminster** is principally a 30mph speed limit area.

49. Many of the streets in the **London Borough of Camden** adjoining the City (e.g., Hatton Garden and Saffron Hill) are 20mph. The borough is currently consulting publicly on converting all of its streets to 20mph.

50. The majority of streets in the **London Borough of Islington**, including the majority adjacent to the City, are subject to a 20mph speed limit or are part of a 20mph zone. The borough is in the process of converting the main roads in its control (such as City Road, Finsbury Pavement and Goswell Road) to a 20mph speed limit; once this is complete, all streets for which the London Borough of Islington is the local traffic authority will be 20mph.

51. The majority of streets in the **London Borough of Hackney**, including the majority adjacent to the City, are 20mph, with a few main roads excepted.

52. The majority of the Spitalfields and Whitechapel districts of the **London Borough of Tower Hamlets** are 20mph, although currently the streets between the boundary with the City and Commercial Street/Leman Street are 30 mph. Commercial Street and Leman Street form parts of the London inner ring road and a natural north–south boundary within Spitalfields and Whitechapel. If the City was to change to a 20mph environment the London Borough of Tower Hamlets would likely take the opportunity to review the speed limit of this remaining small 30mph area between the City boundary and the inner ring road to ensure a consistent speed environment within Spitalfields and Whitechapel.

53. Many of the streets in the **London Borough of Southwark** close to the City (e.g., Tower Bridge Road and Upper Ground) are 20mph. The borough has recently adopted a policy that all of the streets for which it is the local traffic authority will be converted to 20mph (where they are not already).

INTERNATIONAL EXAMPLES

54. It is instructive to observe what is happening in London's international peer cities in relation to inner-city 20mph or 30km/h speed limits. **New York** has been instituting 20mph zones in residential areas for some time, and is now expanding this programme to some inner city areas, including on

Manhattan (e.g., Inwood), with Mayor Michael Bloomberg and Transportation Commissioner Janette Sadik-Khan announcing in July 2012 the creation of a further 13 "safe zones", an initiative that includes reducing the speed limit from 30mph to 20mph. **Paris** is significantly expanding the number, size and reach of 30km/h zones within the Boulevard Périphérique (roughly equivalent to the North and South Circulars in London terms). In **Tokyo** the default speed limit on main streets is 40km/h (24.9mph) and on side streets 30km/h (18.6mph).

WORLD HEALTH ORGANIZATION ENDORSEMENT

55. The World Health Organization has recently published its good practice manual *Pedestrian Safety: A Road Safety Manual for Decision-Makers and Practitioners*[19] (Geneva, Switzerland: World Health Organization, 2013). The manual is endorsed by the FIA Foundation for the Automobile and Society, the Global Road Safety Partnership and the World Bank.

56. The manual sets out that "One of the most effective ways to improve pedestrian safety is to reduce the speed of vehicles…. … speed is a key risk factor for pedestrian traffic injury" (p. 75) and categorises the intervention of "Implement area-wide lower speed limit programmes, for example, 30km/h" [20mph] as "Proven" in its effectiveness in reducing fatalities and injuries (pp. 63–64).

57. Modal shifting to cycling and walking would result in public health benefits, which are particularly relevant to the City now that the public health duty rests with local authorities.

ENFORCEMENT AND POLICING

58. During the 2012 calendar year 2 145 drivers of motor vehicles were identified as having committed an offence by driving in excess of the speed limit on a City street. Of these, 2 049 offences were detected by the Gatso speed cameras on Upper Thames Street and Lower Thames Street and 96 offences were identified on other City streets.

59. The City of London Police support the introduction of a 20mph speed limit for the City. In reviewing the practicalities of implementation, the Commissioner of Police has noted that the existing speed cameras in the City (on Upper Thames Street and Lower Thames Street) are not suitable for the enforcement of 20mph speed restrictions and therefore that, if any

[19] http://apps.who.int/iris/bitstream/10665/79753/1/9789241505352_eng.pdf

20mph speed limit is not successful in being self enforcing, there may be a need for additional enforcement resources (for new speed cameras on the A3211 and, potentially, additional back-office penalty charge notice processing). The provision of resources to address the need for new speed cameras is a specific action for Transport for London set out in the recent Mayor's *Safe Streets for London* action plan.

EDUCATION AND BEHAVIOUR CHANGE

60. It would seem appropriate that any 20mph environment that may be introduced be accompanied by an extensive behaviour change (publicity) campaign to increase compliance with the new speed limit and to maximise the scheme's benefits. Road users are more likely to comply with a speed limit when they understand the reasons for it and the benefits of doing so.

20MPH SPEED LIMITS AND 20MPH ZONES

61. **20mph speed limits** are prohibitions on driving motor vehicles at more than 20mph made by order under the Road Traffic Regulation Act 1984. They must be signed with terminal signs (signs placed to indicate the beginning of the speed limit) and at least one repeater sign along each street that is subject to the 20mph speed limit[20] unless it is shorter than 200 metres[21]. Traffic authorities must ensure that there are sufficient repeater signs within the area of the 20mph speed limit to inform road users of the limit.

62. Traffic calming features may be used within 20mph speed limits to help to achieve compliance with the limit, but they are optional. *Setting Local Speed Limits* notes that "If the mean speed is already at or below 24mph on a road, introducing a 20mph speed limit through signing alone is likely to lead to general compliance with the new speed limit"[22], i.e., traffic calming features are unlikely to be necessary where mean speeds are already at or below 24mph.

63. **20mph zones** are zones that are subject to prohibitions on driving motor vehicles at more than 20mph made by order under the Road Traffic Regulation Act 1984. They must be signed with signs indicating the

[20] Direction 11(2) of the Traffic Signs General Directions 2002, as amended by Direction 8(3) of the Traffic Signs (Amendment) (No. 2) General Directions 2011
[21] Direction 11(2E)(a) of the Traffic Signs General Directions 2002, as amended by Direction 8(4) of the Traffic Signs (Amendment) (No. 2) General Directions 2011
[22] paragraph 95

20mph zone at each entrance for vehicular traffic[23], and, with the exception of culs-de-sac less than 80 metres long, no point within the zone must be further than 50 metres from a 20mph sign or a 20mph road marking or a traffic calming feature[24].

64. Although there is a general expectation that 20mph zones will contain traffic calming features and 20mph speed limits will not, in fact the government's reforms in 2011 introduced very significant flexibility and now both 20mph options can be introduced using only traffic signs (including road markings). However, 20mph speed limits and 20mph zones may both contain traffic calming features if the traffic authority wishes to introduce them to help to achieve compliance but in both options traffic calming features are optional. The only remaining necessary distinction between 20mph speed limits and 20mph zones is the different terminal (entrance) signs.

OPTIONAL TRAFFIC CALMING FEATURES

65. Traffic calming features are optional in both 20mph speed limits and 20mph zones.

66. Traffic calming features do not have to be road humps; they can also include:

- refuges for pedestrians that are so constructed as to encourage a reduction in the speed of traffic using the carriageway;

- variations of the relative widths of the carriageway and any footway that has the effect of reducing the width of the carriageway and is carried out for the purpose of encouraging a reduction in the speed of traffic using the carriageway;

- horizontal bends in the carriageway through which all vehicular traffic has to change direction by no less than 70 degrees within a distance of 32 metres as measured at the inner kerb radius; and

[23] Direction 11(3)(a) of the Traffic Signs General Directions 2002, as amended by Direction 8(5) of the Traffic Signs (Amendment) (No. 2) General Directions 2011
[24] The Secretary of State for Transport's Special Direction 2 of 17 October 2011

- other traffic calming works such as build-outs, chicanes, gateways, islands, overrun areas, pinch points, rumble devices or any combination of such works[25].

67. The City already has very many pedestrian refuges, islands, carriageway and footway width variations and horizontal bends in its streets. Any possible consideration of traffic calming features therefore need not involve any road humps or any other particular features; and all traffic calming features are in any event optional and are not required for either a 20mph speed limit or a 20mph zone.

[25] Direction (16)(2) of the Traffic Signs General Directions 2002 and Regulation 3 of the Highways (Traffic Calming) Regulations 1999

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APPENDIX 2

20MPH SPEED LIMIT—FREQUENTLY ASKED QUESTIONS (FAQS)

Doesn't traffic in the City only go about 8mph anyway? In which case, what's the point?

The average speed of traffic in the City of London during the peak periods of the working day was recorded at 8.2mph in the City's April 2013 traffic-speed survey. However, this survey measures speeds during the most congested periods of the day. This is to demonstrate likely impacts upon journey times during the working day. Surveys are conducted starting at 7 a.m., 12 noon and 4 p.m. from Monday to Friday. The survey output is average speeds of vehicles over the course of the day, including the considerable times spent stationary at traffic lights, pedestrian crossings, in traffic queues etc. This averaging means that the speeds at the top and bottom of the speed range are incorporated to the average. Hence, whilst the average speed may be only 8mph during the working day speeds in the evening and at weekends can be considerably more.

Surely speed is the cause of only a tiny number of collisions? In which case, why target speeding?

Speed is usually only recorded as a contributory factor to a collision when one or more vehicles were likely to have been exceeding the speed limit. As the existing speed limit throughout most of the City is 30mph, road traffic collision reports that identify speed as a primary causal factor do not provide a useful indicator of the reduction in casualties that may result from a 20mph speed limit.

Analysis of the existing average spot speeds in the City estimates that a 20mph speed limit would reduce City road traffic casualties by 35 casualties per annum. Also, reduced speed is important in reducing injury severity.

Wouldn't people just ignore a 20mph limit as the police won't enforce it?

The City of London Police actively enforce speed limits in the City. In 2012 they dealt with 2145 drivers committing speeding offences. The City of London Police support the proposed speed reduction because of its potential for reducing casualty occurrence and severity, and will enforce the 20mph limit.

Wouldn't a 20mph speed limit result in a forest of signs across the City, distracting drivers and detracting from the City's high quality streetscape?

The main determinant of the number of traffic signs that would be required to implement a 20mph speed limit across the City is whether or not the streets for which Transport for London is the local traffic authority (the red routes) are also 20mph. If those streets remained at 30mph there would need to be signs indicating the change in speed limit at every junction between a City street and a Transport for London street.

Transport for London have, however, stated that they support the introduction of a City-wide 20mph speed limit because of its potential for reducing casualty occurrence and casualty severity and would, in principle, be prepared to change the speed limit on all of their streets within the City to 20mph. As a result, relatively few speed limit signs would be required to implement a 20mph speed limit across the City. We expect that across the whole City there will only need to be around 50 signs and a further 50 road markings.

Why should the limit apply 24 hours a day? Surely most collisions occur when people are here during the day?

During the last three years approximately one third of accidents have happened between 6pm and 7am. Therefore we believe retaining the speed limit day and night is important.

Variable speed limits are legally possible. However, they require electrically illuminated signage. Around the country these signs have only been used for single locations such as on motorways and for small areas of temporarily altered speeds such as outside schools. Use of such complicated signs across a whole local authority area would be very expensive to install, run and maintain.

Committee(s):	Date(s):
Health and Wellbeing Board	4th July 2013
Subject: Workplace Health	**Public**
Report of: Director of Community and Children's Services	**For Discussion**

Summary

Workplace health has been highlighted as a national priority by Public Health England. The Director of Public Health is developing an emerging work stream on workplace health. This will aim to improve practice on a Corporation and City-wide basis and influence others at a national level.

It is important that the City develops its own workplace health policies and practice, in order to ensure that our efforts to improve practice across the City are perceived positively.

Within the City of London Corporation, a number of measures have been identified that could contribute to improved healthy working practices. Additionally, it is hoped that offering support to local business and national profile-raising activities will help the City of London Corporation to advance this agenda at a broader level.

Recommendation(s)

It is recommended that the Health and Wellbeing Board:

- Consider the option of signing up to the National Public Health Responsibility Deal.
- Consider which pledges (over and above workplace health) the City of London Corporation might commit to.
- Consider a staff health survey to inform the delivery of the workplace health initiative.
- Consider establishing a time-limited task and finish group (with agreed terms of reference) comprising officers of the City of London Corporation to oversee the research and if necessary, commission a bespoke workplace health programme that will address the issues identified in the staff survey.
- Note that the Director of Public Health has written to selected City businesses, explaining the City's new role in promoting public health, and setting out reasons for businesses to engage with workplace health.
- Note that the Town Clerk has asked the Director of Community and Children's Services to organise a conference on workplace health.
- Note that The City of London Corporation is also commissioning a piece of research on best practice in workplace health.

Main Report

Background

1. Improving the health of adults of working age is a national public health priority. Workplace health is an essential component of the UK government strategy to tackle health inequalities and increase healthy life expectancy ([i]).

2. Working age ill-health is estimated to cost the UK economy over £100 billion a year. Those most at risk of high work sickness absence rates are routine and manual workers: this high risk group represents a large health inequality ([ii]). In 2011, a total of 131 million days were lost because of sickness absence in the UK ([iii]).

3. The City of London Corporation is committed to supporting and promoting The City as the world leader in international finance and business services. The City of London Corporation, has set out its intent to establish the City as the world's foremost 'healthy workplace setting' for the circa 350,000 people who commute into the City on a daily basis. The current evidence suggests public health interventions in the workplace can deliver considerable benefits to the City itself and the wider health and social care economy.

4. Benefits include:

- Improved employee physical health and mental wellbeing
- Improved workplace productivity and output
- Better staff retention and recruitment
- Reduced sickness absenteeism

Current position

5. Workplace health has been highlighted as a national priority by Public Health England. The Director of Public Health is developing an emerging work stream on workplace health. This will aim to improve practice on a corporation-wide, City-wide and national basis.

6. A three-tiered approach has been identified:

   - Improving workplace health within the City of London Corporation
   - Improving healthy working practices amongst businesses in the Square Mile
   - Establishing the City of London as a leader in workplace health, nationally and beyond

Improving workplace health within the City of London Corporation

7. In 2012/13, the City of London Corporation had an average staffing component of 3000 full time equivalent employees. There were 20,640 sick days attributed to these staff in the year ending 31 March 2013 ([xiv]).

8. The Corporation has prioritised reducing both long and short-term sickness absence, and there are already a number of specific initiatives in place to support staff and address underlying issues in departments with the highest rates.

9. There is good evidence to suggest that innovative public health focussed workplace interventions could help further reduce the rate of sickness absence across the Corporation, given that a large proportion of the causes of sickness absences are attributable to minor ailments such as upper respiratory tract infections, musculo-skeletal problems and back pain. It may also be the case that developing targeted workplace interventions to address lifestyle related factors, will help to improve the coping mechanisms of staff and help them manage other underlying wellbeing causes of sickness absence i.e. stress and anxiety.

10. Stress is particularly common in the public and non-profit sectors. Those most at risk of high work sickness absence rates are routine and manual workers. This high risk group represents a large health inequality ([iv]). Initial evidence would suggest that Departments within the Corporation of London with a greater proportion of manual workers have higher rates of sickness.

11. The City of London Corporation has prioritised tackling negative lifestyle behaviours and supporting staff that are more susceptible to sickness absence. Work is currently underway to review and revise There is a need to support manual workers; staff with long term health conditions; and those in demanding roles who may be more prone to succumb to sickness absence.

The way forward

12. The Government's strategy for public health, *'Healthy Lives, Healthy People'* proposed a Public Health Responsibility Deal as a way of harnessing the contribution of businesses and other organisations to improve public health and tackle health inequalities, through their influence over food, physical activity, alcohol and health in the workplace.

13. The five core commitments to the Deal are:

    - We recognise that we have a vital role to play in improving people's health.
    - We will encourage and enable people to adopt a healthier diet.
    - We will foster a culture of responsible drinking, which will help people to drink within guidelines.
    - We will encourage and assist people to become more physically active.
    - We will actively support our workforce to lead healthier lives.

14. There is a public health responsibility deal toolkit that contains a menu of tools that organisations can use to improve the health and wellbeing of their employees or customers (see appendices).

15. Adopting the public health responsibility deal 'Health at Work' pledge and producing our own local menus of action would demonstrate the Corporations commitment to addressing these issues for our own staff. Carrying out a staff survey to inform a workplace health intervention programme will enable us to ensure that our actions are addressing the key issues and setting up a time-limited task and finish group (with agreed terms of reference) comprising officers of the City of London Corporation to oversee the process will ensure that all the relevant partners are involved. The Health and Wellbeing Board are asked to consider these proposals and how they should be agreed corporately.

Improving healthy working practices amongst businesses in the Square Mile

16. For City businesses public health interventions that address behavioural risk factors (for example, poor diet, excessive alcohol consumption, physical inactivity and smoking) can play a significant role in reducing premature mortality and morbidity and promoting self-care. Self-care is a concept that empowers people living with chronic long terms conditions to take action to better manage the impact of their disease or condition on their health. For working age adults in employment living with a long term condition, better self-management of their condition should lead to fewer sick days ([v],[vi]).

17. The research report 'The Public Health and Primary Healthcare Needs of City Workers' identified the key behavioural risk factors for City Workers as Alcohol, Smoking and Mental Health. The following sections explore the potential benefits that could arise from supporting public health interventions that address certain lifestyle factors.

Alcohol

18. Moderate alcohol consumption for adults of legal age is not normally a major issue; but alcohol misuse or harmful drinking patterns can lead to significant problems for the individual; their family; work colleagues; and society as a whole. Alcohol attributable absenteeism, is estimated to cost the UK £1.7 billion each year ([vii]). Alcohol plays a significant role in incidents of domestic abuse and violent crime. It has a major impact on productivity for employers and teams. Supporting staff that have issues with alcohol within an overall workplace policy framework, is central to the success of any workplace alcohol intervention.

Mental Health

19. Recent research published by MIND (the mental health charity) suggests 1 in 6 workers is currently suffering from a mental health problem such as anxiety, depression or stress ([viii]). Mind also found:

- One in five (19 per cent) of workers take a day off sick because of stress, but 90 per cent of those people cited a different reason for their absence.
- One in ten (9 per cent) resigned from a job due to stress and one in four (25 per cent) have considered resigning due to work pressure.
- One in five (19 per cent) felt they couldn't tell their boss if they were overly stressed.
- Of the 22 per cent who have a diagnosed mental health problem, fewer than half (10 per cent) had actually told their boss about their diagnosis.
- Over half of managers (56 per cent) said they would like to do more to improve staff mental wellbeing but they needed more training and/ or guidance; 46 per cent said they would like to do more but it is not a priority in their organisation.

Physical Activity

20. On average, an inactive person spends 38% more days in hospital than an active person and has 5.5% more GP visits ([ix]). Being physically active has a positive effect on reducing a person's risk of suffering from over 25 clinical conditions. Physical inactivity costs the NHS approximately £1.8bn per annum ([x]).

21. Adults who are physically active have 20-30% reduced risk of premature death, and up to 50% reduced risk of developing major chronic diseases such as coronary heart disease, stroke, diabetes and cancer ([xi]). The risks to health of being physically inactive are recognised by NICE, who advise that physical inactivity is one of the major causes of preventable ill-health ([xii]).

22. Physical activity plays an important role in the management of long term conditions. In particular, in supporting physical function in older people. It is estimated that 50% of all functional decline among older people can be attributed to physical inactivity ([xiii]). Given the changes to UK retirement law, it is important for employers to support older workers who will feature more prominently in the future workforce.

The way forward

23. The Director of Public Health has written to selected City businesses, explaining the City's new role in promoting public health, and setting out reasons for businesses to engage with workplace health. The letter also offers support for businesses to tackle a wide range of issues, ranging from smoking cessation, healthy eating and exercise to addiction and sexual health promotion.

24. The mailing list for this letter has come from colleagues in EDO and the environmental health team, and represents large businesses who the City already has a productive working relationship with.

25. It is hoped that some of the businesses who agree to take up this offer will also agree to being involved in a workplace health steering group.

Establishing the City of London as a leader in workplace health, nationally and beyond

26. The Town Clerk has asked the Director of Community and Children's Services to organise a conference on workplace health. This conference will bring together key decision makers from the business world including chief executives, chairmen, non-executive directors and finance directors for major companies in the City and beyond, together with workplace health practitioners. The purpose of the conference will be

- To start a dialogue about how to shift workplace health from a "health and safety" focus to holistic wellbeing, including tackling stress and mental health in modern workplaces
- To improve awareness of the link between healthy workplaces and improved business productivity
- To establish the City of London as a leader in taking forward the workplace health agenda

27. Suggested titles for the conference include:
- Work Spaces fit for the 21st Century Worker
- Working to Thrive
- Healthy Businesses
- Healthy Working City

28. It is hoped that Duncan Selbie (Chief Executive of Public Health England) and Dame Carol Black (Advisor on Work and Health and the Department of Health) will be able to speak at the event.

29. The City of London Corporation is also commissioning a piece of research on best practice in workplace health, looking at national and international examples, which will further be used to promote the City as a thought leader in this field.

Conclusions

30. The different strands of workplace health activity should help the City of London Corporation to ensure that its own internal practice is of a suitably high standard; that it is providing local support and added value to the businesses in the Square Mile; and that it is providing national and international leadership on this important issue.

Appendices

Appendix 1: Public Health Responsibility Deal Commitments and Pledges

Appendix 2: Public Health Responsibility Deal: Examples of Local Menus of Action

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Appendices

Appendix 1: Public Health Responsibility Deal Commitments and Pledges

1. Food Pledges

We will promote and enable people to adopt a healthier diet”

F1. Out of home calorie labelling – We will provide calorie information for food and non-alcoholic drink for our customers in out of home settings from 1 September 2011 in accordance with the principles for calorie labelling agreed by the Responsibility Deal.

F2. Salt reduction – We commit to the salt targets for the end of 2012 agreed by the Responsibility Deal, which collectively will deliver a further 15% reduction on 2010 targets. For some products this will require acceptable technical solutions which we are working to achieve. These targets will give a total salt reduction of nearly 1g per person per day compared to 2007 levels in food. We recognise that achieving the public health goal of consuming no more than 6g of salt per person per day will necessitate action across the whole industry, Government, NGOs and individuals.

F3. Artificial trans fats removal – We have already removed, or will remove, artificial trans fats from our products by the end of 20115.

2. Alcohol Pledges

“We will foster a culture of responsible drinking, which will help people to drink within guidelines”

A1. Alcohol labelling – We will ensure that over 80% of products on shelf (by December 2013) will have labels with clear unit content, NHS guidelines and a warning about drinking when pregnant

A2. Awareness of Alcohol Units in the On-trade – We will provide simple and consistent information in the on-trade (e.g. pubs and clubs), to raise awareness of the unit content of alcoholic drinks, and we will also explore together with health bodies how messages around drinking guidelines and the associated health harms might be communicated.

A3. Awareness of Alcohol Units, Calories & Other Information in the Off-trade – We will provide simple and consistent information as appropriate in the off-trade (supermarkets and off-licences) as well as other marketing channels (e.g. in-store magazines), to raise awareness of the units, calorie content of alcoholic drinks, NHS drinking guidelines, and the health harms associated with exceeding guidelines.

A4. Tackling Under-Age Alcohol Sales – We commit to ensuring effective action is taken in all premises to reduce and prevent under-age sales of alcohol (primarily through rigorous application of Challenge 21 and Challenge 25).

A5. Support for Drinkaware – We commit to maintaining the levels of financial support and in-kind funding for Drinkaware and the "Why Let Good Times Go Bad?" campaign as set out in the Memoranda of Understanding between Industry, Government and Drinkaware.

A6. Advertising & Marketing Alcohol – We commit to further action on advertising and marketing, namely the development of a new sponsorship code requiring the promotion of responsible drinking, not putting alcohol adverts on outdoor poster sites within 100m of schools, and adhering to the Drinkaware brand guidelines to ensure clear and consistent usage.

A7. Community Actions to Tackle Alcohol Harms – In local communities we will provide support for schemes appropriate for local areas that wish to use them to address issues around social and health harms, and will act together to improve joined up working between such schemes operating in local areas as:

- Best Bar None and Pubwatch, which set standards for on-trade premises
- Purple Flag which make awards to safe, consumer friendly areas
- Community Alcohol Partnerships, which currently support local partnership working to address issues such as under-age sales and alcohol related crime, are to be
  extended to work with health and education partners in local Government
- Business Improvement Districts, which can improve the local commercial environment

3. Physical Activity Pledges

"We will encourage and assist people to become more physically active"

P1. Physical activity: Community – We will use our local presence to get more children and adults more active, more often including engaging communities in planning and delivery.

P2. Physical activity guidelines – We will contribute to the communication and promotion of the Chief Medical Officer's revised physical activity guidelines.

P3. Active travel – We will promote and support more active travel (walking and cycling). We will set measurable targets for this health enhancing behaviour.

P4. Physical activity in the workplace – We will increase physical activity in the workplace, for example through modifying the environment, promoting workplace champions and removing barriers to physical activity during the working day.

P5. Physical activity: Inclusion – We will tackle the barriers to participation in physical activity faced by some of the most inactive groups in society.

4. Health at Work Pledges

"We will actively support our workforce to lead healthier lives"

H1. Chronic conditions guide – We will embed the principles of the chronic conditions guides (developed through the Responsibility Deal's health at work network) within our HR procedures to ensure that those with chronic conditions at work are managed in the best way possible with the necessary flexibilities and workplace adjustments.

H2. Occupational health standards – We will use only occupational health services which meet the new occupational health standards and aim to be accredited by 2013/14.

H3. Health & wellbeing report – We will include a section on the health and wellbeing of employees within annual reports and/or websites. This will include staff sickness absence rates.

H4. Healthier staff restaurants – We will implement some basic measures for encouraging healthier staff restaurants/vending outlets/buffets, including:

- Ensuring the availability of healthier foods and beverages in all available channels to employees
- Working with caterers to reformulate recipes to provide lower fat, salt, artificial trans fatty acids and energy meals
- Provision of responsibly sized portions of foods within food outlets
- Provision and promotion of the consumption of fruit and vegetables through availability and price promotion
- Provision of calories and/or Guideline Daily Amounts on menus per portion as a minimum (further nutrients optional)
- Water is visible and freely available

Appendix 2

Public Health Responsibility Deal: Examples of Local Menus of Action

L1. Actions for all small and medium-sized enterprises (SMEs) on employee health and wellbeing

Do you want to make your business more productive and competitive? The key is to have a healthier workforce. Healthier staff means fewer sick days, less inconvenience and getting more work done. Businesses can make simple low or sometimes zero cost changes to improve the health and well-being of their staff. This menu sets out some of these simple actions.

We will help employees to improve their health and wellbeing, which includes eating a healthy diet, drinking within NHS guidelines, being more physically active and not smoking, by doing one or more of the following:

L1a) Signing up to Change4Life as a local supporter and using the Change4Life Employers Guide to promote healthy living behaviours to your workforce using the free, ready-to-use Change4Life materials.

L1b) Using the Health for Work advice line to provide free advice and information for your organisation on all health issues affecting your employees and/or, if applicable, using an accredited occupational health provider.

L1c) Providing information on free, local Stop Smoking support and Quit Clubs and encouraging staff to access these, where possible during work time without loss of pay.

L1d) Encouraging participation in regular physical activity by employees as a means of improving and maintaining good physical and mental health and wellbeing. For example, through:

- promoting the health benefits of regular physical activity, with a focus on achieving the Chief Medical Officers' recommended weekly amount for adults (at least 150 minutes of moderate intensity activity per week for adults) and avoiding sitting for extended periods;
- using Change4Life materials and NHS Choices web-based resources;
- creating workplace physical activity challenges for staff or appointing workplace 'wellbeing champions' who can encourage others to be more active;
- signposting employees to local opportunities to be physically active such as local health and fitness clubs, sport clubs, walking or cycling groups etc. Spogo, the sports and physical activity finder, is a good resource for this;
- and/or promoting use of the stairs over the lift within the workplace.

L1e) Promoting active travel – walking, cycling and running – for example, by:

- providing or improving secure cycle storage, changing and showering facilities
- promoting the Cycle to Work Scheme
- Promoting Bikeability training; and/or
- using the 'ways2work' toolkit to reduce travel and ensure it is sustainable;

L1f) Where food and drinks are available for our staff (including through vending machines), ensuring there are healthier choices. For example, by working with caterers or suppliers to provide and promote one or more of:

- meals or snacks which are lower in fat, salt, and energy and which do not contain:
- artificial trans fats;
- responsibly sized portions;
- fruit and vegetables;
- information on calories and/or Guideline Daily Amounts on menus per portion;
- and/or visible and freely available water.

L1g) Encouraging employees and any people that you entertain to drink within

guidelines. For example by:

- promoting awareness of the CMO lower risk guidelines; and/or
- offering lower and no alcohol options at workplace functions as the default.

L1h) Working with the local health community and local authority to encourage staff to access existing provision of free healthchecks, where possible during work time without loss of pay. These include:

- the 5 yearly NHS Health Check for people aged 40 -74 (who haven't already been diagnosed with or had a stroke, heart disease, diabetes or kidney disease) when invited;
- online tools such as LifeCheck; and
- NHS screening programmes when invited.

To become a local partner in the national Responsibility Deal, businesses must undertake at least one of the actions from this menu.

This menu of actions aligns with and complements the Workplace Wellbeing Charter, a locally led initiative which aims to provide a comprehensive framework for organisations' health, work and wellbeing policy (including health and safety). Personalised support is available in some areas of England. The more detailed standards in the Charter may provide the prompts and guidance to go further and faster in these areas.

L3. Actions for licensed catering establishments

We will help our customers to eat a healthier diet and drink within guidelines by doing at least one of the following actions:

L3a) Tackling under-age alcohol sales by joining the Challenge 21 and Challenge 25 schemes

L3b) Making it easier for customers to drink fewer units (not necessarily fewer drinks) by:

– Improving availability, marketing and promotion of products with less alcohol, including:

- beers with less than 3.0% ABV or "lighter" wine products (around 5.5% ABV);
- 12% or lower ABV wines (compared to 13% or 14% ABV wines), including making this the default for house wines;
- 4.0% or lower ABV premium beers or lagers (compared to 5.0% premium beers or lagers); and/or alcohol-free beers or wines;
- and/or offering and promoting smaller measures such as: the new 2/3 pint "schooner" glass, including as a default for beer over 5.2%;
- increasing the use of 125ml glasses for wine, making 175ml servings of wine the default (and not offering 250ml glasses unless requested); and/or making

a 25ml or 35ml measure of spirits the default (and not offering a double unless requested).

L3c) Providing information on drinking guidelines and unit content (materials available from the British Beer and Pub Association).

L3d) Participating in and supporting local alcohol partnership schemes such as Community Alcohol Partnerships (CAP), Best Bar None, or National Business Improvement Districts (BIDs) Advisory Service.

L3e) We will help our customers to eat a healthier diet by following the guidance relevant

to our business:

- Chinese restaurants or takeaways
- Chip shops or outlets which sell a lot of fried foods
- Sandwich shops

Restaurants or takeaways not covered by sector specific guidance, e.g. cafes, pubs, Mexican restaurants, etc

- Indian restaurants or takeaways
- Italian restaurants or takeaways
- Pizza restaurants or takeaways

To become a local partner in the national Responsibility Deal, businesses must undertake at least actions L3a) and L3b) on alcohol and/or at least half of the tips in the relevant piece of healthier catering guidance. It may be the case that not all tips are relevant to a business (e.g. because they do not deep fry food), in which case, the business must achieve at least half of the tips that are relevant.

Businesses must also be meeting minimum food hygiene standards (a minimum of level 3 in the Food Hygiene Rating Scheme).

Committee(s):	Date(s):
Health and Wellbeing Board	4th July 2013
Subject: Alcohol minimum unit pricing	**Public**
Report of: Director of Community and Children's Services	**For Discussion**

Summary

Minimum pricing per unit has been proposed as a way of reducing harmful drinking and alcohol-related harm. The Government is yet to announce its position in relation to minimum pricing; however, some health leaders have called for local minimum unit pricing schemes to be implemented.

Although alcohol-related health harm, as well as crime and anti-social behaviour are a key issue for the City of London, it is not clear whether introducing a minimum unit price for alcohol would have any impact upon City drinking, as most alcohol served in pubs and bars in the City is already priced above 50p per unit.

However it is possible that introducing a minimum unit price may reduce alcohol purchases by problem drinkers with limited means, such as rough sleepers. Adopting a minimum unit price for alcohol may also send a powerful message that the City is in solidarity with local authorities who wish to introduce this measure in areas where it will have a more significant impact.

Recommendation(s)

Members are asked to consider this report and how to take any recommendation forward.

Main Report

Background

1. High levels of drinking have a negative effect on public health and public order. One proposed mechanism for reducing excessive alcohol consumption is minimum pricing.

2. In public debate the term "minimum pricing" has been used generically to refer to two different policies. The first is to set a *minimum price per unit* of alcohol. The second is to ban the sale of alcohol *below cost price*.

3. In June 2010 NICE (the National Institute for Health and Clinical Excellence) called for alcohol to be made less affordable by introducing a minimum price per unit; this price, they argued, should be regularly reviewed so that alcohol does not become more affordable over time.

4. The Government's *Alcohol Strategy* (March 2012) included a commitment to introduce a minimum unit price for alcohol. There would be consultation on the actual price but, once introduced, it would be illegal for alcohol to be sold for less than the set price.

5. In November 2012, the Home Office published *A consultation on delivering the Government's policies to cut alcohol fuelled crime and anti-social behaviour*. This recommended a minimum unit price of 45p, to be introduced through primary legislation. The paper claimed that a unit price of 45p would lead to an estimated reduction in consumption across all product types of 3.3%, a reduction in crime of 5,240 per year, a reduction in 24,600 alcohol-related hospital admissions and 714 fewer deaths per year after ten years.

6. Alcohol Concern has been campaigning for a minimum price per unit of alcohol; its preferred option is a price of 50p.

7. The Scottish Parliament passed the *Alcohol (Minimum Pricing)(Scotland) Bill* in May 2012, paving the way for a minimum price per unit of 50p. The Scottish Whisky Association (SWA) believes minimum unit pricing is contrary to EU law and in July 2012 filed a petition for judicial review with the Scottish Court of Session. In a ruling of 3 May 2013, the Court refused the SWA's petition. The SWA has said it will appeal.

8. There was no announcement in the Queen's speech relating to minimum alcohol pricing. The Prime Minister has pledged to deliver a 'package of measures' to deal with cheap alcohol; however, the government is yet to confirm its decision on minimum unit pricing, as a result of "powerful arguments on both sides".

9. The Director of Public Health in Blackpool, Dr Arif Rajpura wants councils in the North West of England to join together to order a lowest price of 50p-per-unit. The Wine and Spirit Trade Association has questioned whether setting a local minimum unit price for alcohol would be legal.

Current position

10. The cost of alcohol misuse in England is estimated to be around £21bn per year made up of the following[1]:
    - NHS costs, at about £3.5bn per year at 2009-10 costs
    - Alcohol-related crime, at £11bn per year at 2010-11 costs
    - Lost productivity due to alcohol, at about £7.3bn per year at 2009-10 costs (UK estimate).

11. The impact of alcohol on health is a significant issue. Over the last ten years health harms have continued to grow. Alcohol-attributable deaths in England rose by 7%, from 14,000 in 2001 to 15,000 in 2010. In contrast, deaths from all causes in England fell by 7% over this period. Over the same period, alcohol-specific deaths rose by 30%. The rate of liver deaths in the UK has nearly quadrupled over 40 years, a very different trend from most other European countries. Approximately 60% of people with liver disease in England have alcoholic liver disease, which accounts for 84% of liver deaths. In addition, the rate of alcohol-related hospital admissions has also continued to rise by an average of 4% each year over the eight years 2002-03 to 2010-11. Alcohol is now one the three biggest lifestyle risk factors for disease and death in the United Kingdom, after smoking and obesity.

12. There is also a strong link between alcohol and crime, particularly violent crime. In 2010/11, there were around 930,000 (44%) violent incidents in England and Wales where the victim believed the offender to be under the influence of alcohol, this rose to 58% in instances of stranger violence.

13. Although alcohol-related health harm, as well as crime and anti-social behaviour are a key issue for the City of London, it is not clear whether introducing a minimum unit price for alcohol would have any impact upon City drinking. Minimum pricing affects those who drink the cheapest and the strongest alcohol. This is unlikely to impact upon the majority of City drinkers, as drinks purchased in City establishments are unlikely to be below the 50p minimum per unit.

14. Introducing minimum pricing to the City may impact upon “off sales” (meaning alcohol that is sold for consumption off the premises) of, for example, strong cider and “own brand” spirits sold in City supermarkets and off licences. This may have a preventative effect upon harmful drinking amongst rough sleepers in the City.

15. A two litre plastic bottle of strong cider (15 units) currently sells for around £3-£4. Under the proposed minimum pricing scheme of 50p per unit, it could not be sold for less than £7.50 (15 units x 50p = £7.50). A supermarket ‘own

[1] Home Office (2012) A Minimum Unit Price for Alcohol. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/157763/ia-minimum-unit-pricing.pdf

brand' whisky or vodka currently sells for between £8 and £12. This would become £14.00 as a minimum price (28 units x 50p).

Considerations

16. Although a minimum unit price is likely to help reduce alcohol-attributable harm amongst the majority of City drinkers, it may have an impact upon alcohol consumption amongst rough sleepers. However, unless neighbouring boroughs also adopted a minimum pricing policy, it would be impossible to prevent this group from purchasing their alcohol from outside the City.

17. Adopting a minimum price per unit would, however, show solidarity with other local authorities where minimum alcohol unit pricing is likely to have a much more dramatic effect upon harmful drinking, alcohol-related crime and anti-social behaviour.

Appendices
none

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Committee(s):	Date(s):
Health and Wellbeing Board	4th July 2013
Subject: Tobacco Control Alliance Project Plan	Public
Report of: Director of Community and Children's Services	For Information

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. The Health and Wellbeing Board has recognised the importance of Tobacco Control at a local level by identifying it as a key priority.

The City Tobacco Control Alliance has developed continued strong leadership which has resulted in a systematic approach to delivering an effective and comprehensive tobacco control programme.

The key projects for this year, as agreed by the Alliance members, which will impact upon our residents and workers include:

- Healthy Workplace Offer
- CoL Smokefree Policy
- Smokefree Outdoor Areas
- Smokefree Homes and Cars
- Fixed Penalty Notice Referral Incentive Initiative

These projects will be implemented during scheduled, staggered times of the year to ensure capacity to deliver is not compromised. Internal capacity at Alliance level is essential for the sustainability and efficacy of the tobacco control work programme.

Recommendations

The Board is asked to note the smoking cessation performance for 2012/13 and the key projects for 2013/14

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. Nationally, 21% of men and 20% of women in England smoked. In London, 18.9% of men and women smoke.

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 18.9%. 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 in the provision of street cleansing services. Smoking related litter (SRL) represents the most significant litter problem in the City.

Current Position

5. In 2012/13 a total of 1170 people accessed the smoking cessation services across the City and 611 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, three drop in clinics also run across the City at the Guildhall, Barbican and Portsoken Health Centre. The Service has also provided workplace clinics in 9 different local businesses.

6. All services should be achieving a Department of Health minimum recommended quit rate of 35%. In 2012/13, Pharmacies and Level III Service achieved a very high success rate of 51% and 61% respectively. The Neaman Practice however, only achieved a 20% quit rate. (See Appendix 1).

7. 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 2012/13 41% of those who accessed the Boots service did so in quarter 4 and 42% of the total number of four week quitters from Boots was achieved in quarter 4.

8. '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 advertised 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 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 viewing locations. The Stoptober branding was displayed every 2 minutes from 12:00-16:59 from 21st September to 30th October.

9. The Tobacco Control Team has delivered 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 to refer smokers to local smoking cessation services. The Team also trained staff from the Substance Misuse Partnership to 'Level II' to provide them with the necessary skills to support clients through a quit attempt.

10. The Tobacco Control Team has presented at the Environmental Best Practice Meeting, part of the Clean City Awards Scheme, to engage with businesses in order to reduce their smoking related litter and encourage a healthier workforce by supporting employees who want to quit smoking.

Options

11. The TCA has grown in its infancy as more partners and stakeholders understand the impact of tobacco at a societal and medical level. The key projects the Alliance will be delivering this year will benefit our residents and workforce and ensure that the City of London is a leader in Tobacco Control.

Workforce

12. Healthy Workplace Offer

Key strategic leads will work with the Director of Public Health to coordinate and deliver the offer to businesses set out in the report on Workplace Health, also on this agenda. Offers will be made through the Clean City Awards applicants, Health and Safety and enforcement links. A limited number of businesses will be approached to gauge demand and capacity. If the offer proves popular, capacity will need to be evaluated to ensure continued delivery.

13. CoL Smokefree Policy

The Alliance will work with Corporate HR to develop and implement a comprehensive and robust Smokefree Policy. This will help to demonstrate

the Corporations commitment to adopting the public health responsibility deal 'Health at Work' pledge set out in the report on Workplace Health. The Policy will build on existing smokefree legislation and will have clear benefits to the Corporation:

- a healthier workforce
- reduction in unplanned absenteeism
- increased productivity
- reduction in smoking related litter
- reduced fire risks
- increased compliance with health and safety responsibilities

The policy will include information and details of local stop smoking 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 Corporation's Smokefree Policy will become an exemplar policy to local businesses.

Residents

14. Smokefree Outdoor Areas

Smokefree children's play areas:

Many areas nationally are creating smokefree playgrounds using voluntary codes and some are considering whether seeking local regulatory powers would be practicable. The benefits of stopping smoking in playgrounds will:

- Support the de-normalisation of smoking
- Reduce the risk of exposure to second-hand smoke
- Reduce smoking related litter and threat of cigarette butts
- Reduce the risk of fire

The Alliance will identify gardens and estates in the City where children's play areas are present and seek to make these spaces smokefree. Residents, users and stakeholders will be consulted and included in the process.

Smokefree outdoor sporting areas:

Introducing smokefree outdoor sporting areas will have similar benefits to smokefree playgrounds. The Alliance will work with local stakeholders to implement a voluntary smokefree code in designated areas for sporting activity in the City.

15. Smokefree Homes and Cars

The national smokefree homes and cars campaign is in its second year and is highlighting the harmful effects of smoking in the home and car. Implementing a local campaign will further strengthen the messages. The campaign will be implemented in partnership with estates and residents to encourage residents to pledge to keep their home and/or car smokefree to

protect their family, friends and pets from the dangers of second-hand smoke.

16. Fixed Penalty Notice (FPN) Referral Initiative

The Alliance will explore the possibility of introducing an FPN referral initiative to smokers who drop cigarette butts on the street. Those smokers who are fined will be offered the opportunity to have their fine reduced or withdrawn by attending a local stop smoking service. This would raise awareness of local stop smoking services to the public, increase referrals into these services as well as broker good relations between the public, businesses and the street enforcers.

Conclusion

17. The Health and Wellbeing Board already recognises the harm caused by tobacco, evidenced by identifying tobacco control as one of its key priority areas. The work plan for 2013/14 is ambitious yet deliverable and uses a whole-systems approach which has solid evidence base in reducing the harm caused by tobacco.

Contact:

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Appendix 1

Stop Smoking Services Targets and Performance Data 2012/13

City and Hackney target – 2220 four week quitters
Corporation of London target – 610 four week quitters

	Annual Target*	2011-12 Performance				Projected Targets 2012-13				Quarter 1		Quarter 2			Quarter 3			Quarter 4			SQD Grand Total	Quitter Grand Total	% Achieved	Quit Rate %
		Qt 1	Qt 2	Qt 3	Qt 4	Qt 1	Qt 2	Qt 3	Qt 4	Setting a quit date	Successfully Quitting	Reprofiled Target	Setting a Quit Date	Successfully Quitting	Reprofiled Target	Setting a Quit Date	Successfully Quitting	Reprofiled Target	Setting a Quit Date	Successfully Quitting				
Community City	**100**	35	33	37	25	25	25	25	25	50	**34**	16	49	**30**	11	43	**27**	9	35	**17**	**177**	**108**	**108%**	61%
Pharmacy (City)	**500**	70	82	52	308	100	100	100	200	127	**64**	136	144	**72**	164	109	**54**	310	588	**308**	**968**	**498**	**100%**	51%
Primary Care City	**10**	1	0	0	0	3	3	3	3	8	**2**	3	5	**0**	6	7	**2**	6	5	**1**	**25**	**5**	**50%**	20%
Total	610	106	115	89	333	128	153	128	228	185	100	**155**	198	102	**181**	159	83	**325**	628	326	1170	611	100%	52%
CoL Target	610									153	-53	153	-51	-104	153	-70	-174	153	173	-1				

"Community" – Level III Specialist Service
"Pharmacy" - 15 Boots stores and 1 independent pharmacy in the City
"Primary Care" – the Neaman Practice

Appendix 2

2012/13 Action Plan

Actions	Lead Officer	Partners	Milestones	Timescales
Healthy Workplace Offer	Health and Wellbeing Policy Development Manager	Tobacco Control Team Substance Misuse Development Officer	Development of Offer Presented to X no. of businesses	August 2013 October 2013
CoL Smokefree Policy	Acting Tobacco Control Programme Manager	Assistant Director of Community and Children's Services Department Corporate HR Tobacco Control Team	Corporate HR to include in programme of reviewing/revising policies Draft policy written Consultation Policy launch	July 2013 July 2013 September 2013 October 2013
Smokefree Children's Play Areas	Acting Tobacco Control Programme Manager	Tobacco Control Team Head of Barbican and Estates	Development of campaign Appropriate signs assembled Campaign launch	October 2013 November 2013 November 2013
Smokefree Outdoor Sporting Areas	Acting Tobacco Control Programme Manager	Tobacco Control Team Open Spaces Department Fusion Leisure Centre	Development of campaign Appropriate signs assembled Campaign launch	October 2013 November 2013 November 2013
Smokefree Homes and Cars	Acting Tobacco Control Programme Manager	Tobacco Control Team Head of Barbican and Estates	Development of campaign Joint promotional event	November 2013 February 2014

Fixed Penalty Notice Referral Initiative	Assistant Director – Street Scene and Strategy	Tobacco Control Team	Exploration of procedures Launch (dependent on discussions)	July 2013 November 2013

Committee(s):	Date(s):
Health and Wellbeing Board	4th July 2013
Subject: Information report	**Public**
Report of: Director of Community and Children's Services	**For Information**

Summary

This report is intended to give Health and Wellbeing Board Members an overview of key updates to subjects of interest to the Board where a full report is not necessary. Details on where Members can find further information, or contact details for the relevant officer is detailed within each section as appropriate.

Within this report there are updates on:

- Health in all Policies
- Health intelligence and outcomes update
- Winterbourne View Concordat and review
- Social Prescribing
- HIV figures
- Public Health England (PHE) priorities
- Integrated care: our shared commitment
- Children and Young People's Health Outcomes Forum: Recommendations to improve children and young people's health results
- Statutory Guidance on JSNA and JHWS

Recommendation

Members are asked to:

- Note the update report, which is for information

Main Report

Background

1. In order to update Members on key developments and policy, information items which do not require a decision have been included within this highlight report. Details on where Members can find further information, or contact details for the relevant officer is detailed within each section as appropriate

Health in all Policies

2. The 8th Global Conference on Health Promotion ran in June 2013 in Finland. As part of this event, the Ministry of Social Affairs and Health of Finland in collaboration with the National Institute for Health and Welfare of Finland (THL), the European Observatory on Health Systems and Policies, and the UN Research Institute for Social Development, have published Health in all Policies, which takes a global view of on improving health and health equity through decision-making and implementation.

3. Health in all Policies is an approach to public policies across sectors, that takes into account the health and health system implications of decisions, to prevent negative health impacts. As the determinants of people's health lie largely outside the healthcare system, social, physical and economic policies can have a substantial impact upon health. The book looks at ways in which health perspectives can be incorporated into public policies in practice. The following chapters are useful further reading for Health and Wellbeing Board members:

- Chapter 1 – Introduction to health in all policies and the analytical framework of the book;
- Chapter 10 – Tobacco or Health;
- Chapter 11 – Alcohol; and
- Chapter 15 – Lessons for policy-makers

4. Link: http://www.euro.who.int/en/who-we-are/partners/observatory/studies/health-in-all-policies-seizing-opportunities,-implementing-policies (iPad users are recommended to download into iBook application)
The contact officer is Farrah Hart (020 7332 1907)

Health intelligence and outcomes update

5. The Children's Executive Board (CEB) has agreed a new performance framework for monitoring and reporting children's outcomes. The sub committees (Health Outcomes, Early Intervention and Prevention, Youth Engagement Sub (YES) Group, City and Hackney Safeguarding Children Board are each responsible for a number of relevant CEB indicators and will report a summary of activity and performance to the CEB on a quarterly basis.

6. The framework has revised timings for the CEB and its sub committees to enable an improved information flow which in future will allow the CEB to report key issues to the Health and Wellbeing Board. As part of the framework, a number of key performance indicators and outcomes have been or are in the process of being agreed for the sub committees.

7. A health outcomes sub committee has been formed to review indicators for adults and children, across the NHS and public health outcomes frameworks.

The group is in the process of collating national indicators and frameworks, with a view to identifying where local indicators can be developed for priority areas.

8. New Information Governance guidance that has been recently released requires all data that contains personal identifiable information to be stored and analysed inside “safe havens”, and anonymised outside of these havens. The CCG and CSU both wish to become authorised as safe havens, and this process is underway. However, in the meantime, this means that we are unable to produce disaggregated secondary care data for the City of London, as postcodes have been deemed to be personally identifiable information, and have been removed.

9. The contact officer is Sarah Greenwood (020 7332 3594)

Winterbourne View Concordat and review

10. The Winterbourne View Concordat was the joint response of agencies including the LGA and the NHS to the Department of Health Transforming Care report arising from the significant failings at Winterbourne View. The Concordat sets out the commitment to transform health and care services and improve the quality of the care offered to children, young people and adults with learning disabilities or autism who have mental health conditions or behaviour that challenges.

11. Norman Lamb, Minister of State for Care Services, has recently written to Chairs of Health and Wellbeing Boards (HWBs) to emphasise the leadership role that HWBs can play influencing CCG and local authority joint commissioning plans, as well as agreeing when pooled budgets should be established to provide person-centred care.

12. The Concordat contains a number of specific commitments that will lead to all individuals receiving personalised care and support in community settings. Local authorities have been asked to “stocktake” their progress against the commitments, and identify areas for improvement. This stocktake is currently underway within the City of London, and once the process is complete, it will be signed off by both the Chairman of the Health and Wellbeing Board and the Town Clerk.

13. Link: http://www.local.gov.uk/web/guest/adult-social-care/-/journal_content/56/10171/4013688/ARTICLE-TEMPLATE
The contact officer is Chris Pelham (020 7332 1636)

Social Prescribing

14. City & Hackney Health & Social Care Forum has been awarded £50K to become a pilot site to develop a collaborative project, working with the CCG, LBH, COL and the local voluntary and community organisations and social enterprise sector, to develop a system for social prescribing. City and

Hackney CCG has committed a budget of £250K 2013/14 to test out referral models in primary care.

15. Social prescribing is a process whereby GPs refer patients with social, economic, emotional, practical and well-being concerns (whether or not they have identified physical or medical issues as well) to a range of local support services, e.g. Volunteers, welfare advice, befrienders, walking clubs, arts, exercise. It is sometimes called "community referral" as activities and services take place locally and are mostly provided by the voluntary, community and social enterprise sector.

16. The benefits of social prescribing are:
    - individuals feel more in control, with self-reported improved health and well-being, improved self-esteem and confidence
    - improvements in a sense of community well-being, through mutual support
    - reduced social exclusion
    - referrals are usually quicker than for "medical" interventions
    - GPs and their teams become more aware of what's happening in the community and vice versa
    - patients may require fewer visits to the GP and hospital

17. Social prescribing generally works in the following fashion (although the exact local model is still being determined):
    - referral/prescription from GPs (directly to local groups or to co-ordinator)
    - co-ordinator assesses and plans with individual and refers to local activities
    - individual support to access services provided if required
    - patient follow up and review with GP

18. The pilot will go live in October 2013, initially with 3 consortia of GPs from City and Hackney CCG. The Neaman Practice has already expressed interest in this scheme, through its patient participation group (PPG). If the Neaman practice's consortium (south west) submits an Expression of Interest and is chosen as one of the initial pilot areas, it may begin social prescribing from October 2013.

19. The contact officer is Farrah Hart (020 7332 1907)

HIV epidemiology in London

20. Public Health England has released new figures for HIV epidemiology in London, based on 2011 figures. The report shows that London-wide, there has been a steady decrease in new HIV diagnoses since 2004, which is thought to be partly attributable to changing migration patterns. Sex between men accounts for 54% of new diagnoses in London, and 100% of new diagnoses in the City of London.

21. The report shows somewhat alarming figures for the City of London, as having the third highest diagnosed prevalence rate of HIV in those aged 15-59 years old in London; however, on closer inspection, it appears that this rate has been calculated on the basis of 6 new cases.

22. Additionally, the report shows a 35% increase in the number of people living with HIV in the City of London. This is based on 57 people (age 15 to 57 years) living with diagnosed HIV in the LA out of a population of 5,300 (rounded to the nearest 100) people aged 15 to 57 years (ONS mid-year population estimates for 2011).

23. Rates for City of London are likely to be higher in 2011 than any published previously for earlier years because the 2011 Census showed that population projections based on the 2001 Census had been considerably overestimating the population of the City of London; however, agencies are unlikely to go back and revise past years' figures based on the more accurate estimates available now.

24. Link: http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317138999825
The contact officer is Farrah Hart (020 7332 1907)

Public Health England Priorities

25. Public Health England is an executive agency of the Department of Health, established formally in April 2013.

26. Public Health England has published five high-level priorities that will inform its programme of work:

- Helping people to live longer and more healthy lives by reducing preventable deaths and the burden of ill health associated with smoking, high blood pressure, obesity, poor diet, poor mental health, insufficient exercise, and alcohol

- Reducing the burden of disease and disability in life by focusing on preventing and recovering from the conditions with the greatest impact, including dementia, anxiety, depression and drug dependency.

- Protecting the country from infectious diseases and environmental hazards, including the growing problem of infections that resist treatment with antibiotics

- Supporting families to give children and young people the best start in life, through working with health visiting and school nursing, family nurse partnerships and the Troubled Families programme

- Improving health in the workplace by encouraging employers to support their staff, and those moving into and out of the workforce, to lead healthier lives

27. Public Health England intends to take a prevention and early intervention approach to tackling these issues, and will be developing a detailed three year plan over the course of the year.

28. Link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192676/Our_priorities_final.pdf

Integrated Care: our shared commitment

29. This framework document on integration, signed by 12 national partners, sets out how local areas can use existing structures such as health and wellbeing boards to bring together local authorities, the NHS, care and support providers, education, housing services, public health and others to make further steps towards integration.

30. A review of integrated intermediate care has recently been carried out across City and Hackney by the research consultancy Tricordant. The Adult Social Care Team is currently in the process of developing models for integrated intermediate care that will work within the context of the City of London. Updates on the new model will be made to the Health and Wellbeing Board as it develops.

31. Link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198748/DEFINITIVE_FINAL_VERSION_Integrated_Care_and_Support_-_Our_Shared_Commitment_2013-05-13.pdf
The contact officer is Chris Pelham (020 7332 1636)

Children and Young People's Health Outcomes Forum: Recommendations to improve children and young people's health results

32. Contact a Family published this report following a survey of parent carer forums, asking about their work with health services and their involvement with clinical commissioning groups, health and wellbeing boards and Healthwatch.

33. Link: https://www.gov.uk/government/publications/independent-experts-set-out-recommendations-to-improve-children-and-young-people-s-health-results

Statutory Guidance on JSNA and JHWS

34. Following the Shadow Health and Wellbeing Board's response to DH's consultation, the final statutory guidance on JSNA and JHWS has been published. The updated guidance provides clarification on a number of points.

- The aim of health and wellbeing boards is to bring together leaders across health and social care to work together to reduce inequalities. Boards do not have direct duties relating to health inequalities, unlike CCGs and the NHS CB. This is because the board itself is not a commissioner or provider so does not have direct influence over health inequalities.

- Through their public health function, local authorities do have a duty to improve the health of their population. In using the public health grant provided to local authorities to discharge their new public heath responsibilities, local authorities must have regard to the need to reduce inequalities between the people in its area.
- As committees of the local authority with non - executive functions, constituted under section 101(2) of the Local Authority 1972 Act, health and wellbeing boards are subject to local authority scrutiny arrangements.
- Health and wellbeing boards should be clear about their timing cycles to allow their partners and the local community to participate in the process.

35. Link: http://healthandcare.dh.gov.uk/jsnas-jhwss-guidance-published/

Appendices

None

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Committee(s):	Date(s):
Health and Wellbeing Board	4th July 2013
Subject: Health and Wellbeing Board Development Days	**Public**
Report of: Director of Community and Children's Services	**For Decision**

Summary

This report reminds Members of the history of shadow Health and Wellbeing Board development days, proposes a further Development day for the new Board and sets out some dates in September when it can take place.

Recommendations

Members are asked to:

- Agree to hold a Health and Wellbeing Board Development Day in September 2013
- Agree a date as the most suitable for the majority of Board Members

Main Report

Background

1. Development days were originally introduced as a way of helping shadow Health and Wellbeing Boards to take on their new roles and responsibilities. They helped to develop the new ways of working and relationships necessary for being a mixed group of officers, political members and partner organisations with the powers of a grand committee.
2. To assist in this process external consultants (Fiona Reed Associates) were commissioned to co-ordinate and facilitate six development day sessions. Five of these sessions took place in 2012/13 while the Board was still in shadow form.

Current Position

3. While the shadow board found the facilitated sessions very helpful, the final session on May 17th did not take place because of the other commitments of new Board members, who had not been involved in setting the date and the

change in both Director of Community and Children's Services and Director of Public Health.

4. Board members had already begun to discuss the need for development days for the full board, whether they should be facilitated and whether they should focus more on public health issues rather than roles and responsibilities and ways of working but these discussions were not completed

Options

5. The Health and Wellbeing Board could decide to close the programme of Development Days or ask Officers to draw up a programme of future Development Days but as Fiona Reed Associates have already been commissioned to facilitate one more day as part of their original contract it seems a better option to let Board members use this day to reach these decisions themselves.

Proposals

6. Therefore the proposal is to run one more development day where Fiona Reed Associates can help the Board to review the progress made in Board development over the last year and identify any outstanding relationship and governance issues. The Board could also use the day to look at how it might discuss public health issues in more depth in these less formal meetings and decide how it wants to take the development day programme forward

7. As the full Board membership is much larger (13) than the shadow board (8) it will be more difficult to find whole days that all Board members can attend. Therefore three dates in September are being proposed which Fiona Reed Associates and the Chairman can attend and the Board are asked to agree which of the three dates is suitable for the majority of other members.

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Agenda Item 15

By virtue of paragraph(s) 1 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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