



## Health and Wellbeing Board

**Date:** THURSDAY, 3 OCTOBER 2019  
**Time:** 9.30 am  
**Venue:** COMMITTEE ROOMS - 2ND FLOOR WEST WING, GUILDHALL

**Members:**

|                                                                             |                                                                     |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------|
| Marianne Fredericks, Court of Common Council (Chairman)                     | Gail Beer, Healthwatch                                              |
| Deputy Joyce Nash, Court of Common Council (Deputy Chairman)                | David Maher, NHS City and Hackney CCG                               |
| Randall Anderson, Chairman of Community and Children's Services Committee   | Dr Susan Milner, Director of Public Health                          |
| Jon Averbs, Markets & Consumer Protection Department                        | Mary Durcan, Court of Common Council                                |
| Matthew Bell, Policy and Resources Committee                                | Detective Chief Superintendent Glenn Maleary, City of London Police |
| Andrew Carter, Director of Community and Children's Services                |                                                                     |
| Dr Gary Marlowe, Clinical Commissioning Group (CCG)                         |                                                                     |
| Jeremy Simons, Chairman of Port Health and Environmental Services Committee |                                                                     |

**Enquiries:** Julie Mayer  
julie.mayer@cityoflondon.gov.uk  
tel: 0207 3321410

**Lunch will be served in Guildhall Club at the rising of the Committee**  
**NB: Part of this meeting could be the subject of audio or video recording**

**John Barradell**  
**Town Clerk and Chief Executive**

# **AGENDA**

## **Part 1 - Public Reports**

1. **APOLOGIES FOR ABSENCE**

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

3. **MINUTES**

To agree the minutes of the previous meeting.

**For Decision**  
(Pages 1 - 8)

4. **NORTH EAST LONDON STRATEGY DELIVERY PLAN - DEVELOPING OUR LOCAL RESPONSE TO THE NHS LONG TERM PLAN**

A Presentation from the East London Health and Care Partnership.

**For Information**

5. **THE CITY AND HACKNEY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2018/19**

Report of the Director of Community and Children's Services.

**For Information**  
(Pages 9 – 78)

6. **AIR QUALITY STRATEGY 2019-24**

Report of the Director of Markets and Consumer Protection.

**For Information**  
(Pages 79 - 174)

7. **ADULT SOCIAL CARE SURVEY FINDINGS 2018/19 AND CARERS SURVEY 2018/19 INDICATIVE FINDINGS**

Report of the Director of Community and Children's Services.

**For Information**  
(Pages 175 - 180)

8. **HEALTH AND WELLBEING BOARD UPDATE REPORT**

Report of the Director of Community and Children's Services.

**For Information**  
(Pages 181 - 186)

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

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

11. **EXCLUSION OF 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**

## **Part 2 - Non Public Reports**

12. **NON PUBLIC MINUTES**

To agree the minutes of the previous meeting.

**For Decision**  
(Pages 187 - 188)

13. **NON PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**

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

This page is intentionally left blank

## **HEALTH AND WELLBEING BOARD**

**Friday, 14 June 2019**

### **Minutes of the meeting of the Health and Wellbeing Board held at Guildhall at 11.30 am**

#### **Present**

##### **Members:**

Marianne Fredericks (Chairman)  
Deputy Joyce Nash (Deputy Chairman)  
Randall Anderson – Chairman, Community and Children’s Services Committee  
Jon Averbs – Director of Markets and Consumer Protection  
Matthew Bell – Chair of Policy and Resources Committee’s representative  
Andrew Carter – Director of Community and Children’s Services  
Dan Burningham – NHS City and Hackney  
Jeremy Simons – Chairman of Port Health and Environmental Services Committee  
Gail Beer – Healthwatch

#### **In Attendance**

Mary Durcan – Ward Member for Cripplegate

##### **Officers:**

|                       |                                                 |
|-----------------------|-------------------------------------------------|
| Andrew Carter         | - Director of Community and Children’s Services |
| Chris Pelham          | - Community and Children’s Services             |
| Claire Giraud         | - Community and Children’s Services             |
| Zoe Dhami             | - Community and Children’s Services             |
| Adrian Kelly          | - Sexual Health London                          |
| Amy Harmsworth        | - City and Hackney Public Health Team           |
| Jordann Birch         | - Community and Children’s Services             |
| Greg Knight           | - Community and Children’s Services             |
| Marcus Roberts        | - Community and Children’s Services             |
| Jon Williams          | - Community and Children’s Services             |
| Farrah Hart           | - Community and Children's Services             |
| Julie Mayer           | - Town Clerk’s                                  |
| Chandni Tanna         | - Town Clerk’s, Communications Team             |
| Natasha Brady         | - City of London Police                         |
| Det. Supt. Pete Digby | - City of London Police                         |

#### **1. APOLOGIES FOR ABSENCE**

Apologies were received from Dr Susan Milner, Dr Gary Marlow and Mr David Maher. Mr Dan Burningham was in attendance on behalf of NHS City and Hackney in order to present and take questions on the report on the Mental Health Strategy at agenda item 5.

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

There were no declarations.

3. **MINUTES**

The public minutes and non-public summary of the meeting held on 26 April 2019 were approved.

4. **DRAFT HOMELESSNESS STRATEGY 2019-23**

Members received a report of the Director of Community and Children's Services, which presented the City of London Corporation's Draft Homelessness Strategy for endorsement, ahead of it being presented to the Chief Officer's Summit Group and the Community and Children's Services Committee, for decision.

Members noted that the Homelessness and Rough Sleeping Sub Committee had commissioned an Options Appraisal, to be produced in the early Autumn, which would consider our existing offer and resources and the wider issues beyond the City Corporation. The Chairman advised that this work would inform the Strategy. Finally, the Chairman reminded Members of the all-Member Breakfast Briefing on Tuesday, 18<sup>th</sup> June between 8.30 and 10 am.

RESOLVED, That – the report be noted.

5. **CITY AND HACKNEY DRAFT MENTAL HEALTH STRATEGY 2019-23**

Members received a report of the Director of Community and Children's Services, which presented the draft City and Hackney Mental Health Strategy, which was being developed in partnership with Hackney CCG and the London Borough of Hackney; working with service providers and users.

Members noted that the governance of the Strategy was complex, given the various partners involved. Furthermore, the Integrated Commissioning Board, which had met the previous day, had deferred the report pending further consideration by the London Borough of Hackney. At this stage, Members comments were welcomed and, if there was time within the Committee cycle, the final version would come back to the Health and Wellbeing Board, in addition to the Community and Children's Services Committee.

During the discussion the following points were noted:

- Personal health budgets could only be used for health and social care, were decided by a panel and monitored closely.
- Centralised teams would link into GPs to ensure reconnection when clients move into and out of an area.
- Virtual support was very well developed in other countries; i.e. Washington in the USA.
- It was accepted that some clients would need to be at an advanced point in their recovery to make choices and this was encouraged as they recovered.

- Members noted the work of the Corporate Performance and Strategy Team in respect of a business healthy culture and '*Leaders of Tomorrow*'. The Head of Corporate Performance and Strategy agreed to meet with the report author to share this research.

RESOLVED, That – the report be noted.

**6. RECOMMISSIONING OF THE INTEGRATED DRUG AND ALCOHOL SERVICE**

Members considered a report of the Director of Community and Children's Services in respect of recommissioning of the Integrated Drug and Alcohol Service.

RESOLVED, That – the decision to allow the London Borough of Hackney to commission an integrated adult drug and alcohol treatment system across the London Borough of Hackney and the City of London, replacing the current separate commissioning arrangements, be approved.

**7. DRAFT HEALTHWATCH CITY OF LONDON ANNUAL REPORT 2018-19**

Members received a report of the Director of Community and Children's Services which presented the draft Healthwatch City of London Annual Report. Healthwatch advised that they were very pleased with their new City base and would continue to strive to provide the best service for all users, holding the City Corporation and NHS to account when appropriate.

RESOLVED, That – the report be noted.

**8. PUBLIC HEALTH CONTRACTS**

Members considered a report of the Director of Community and Children's Services which presented the commissioning intentions for the City of London Corporation's Public Health Contracts for 2019/20. Members noted a number of appendices at agenda item 17 and agreed that appendices 1, 2 and 4 could be made public on the City Corporation's website. Members were reminded that smoking cessation services applied to pharmacies within the Square Mile. In response to a question about the low performance on some key performance indicators (KPIs), officers advised that business engagement had been challenging in respect of drug and alcohol issues and research was underway into providing a different model.

RESOLVED, That –

1. The budget of £488,409.39 for the 2019/20 public health SLA with the London Borough of Hackney be approved;
2. The variation of the public health SLA be improved, to include the procurement of a new drug and alcohol service for the City of London Corporation, from October 2020 to 2025 and beyond, if the optional 2 plus 2-year extensions were to be awarded;

3. The proposal to scope an alternative delivery model for the business engagement function for the City of London drug and alcohol service be approved;
4. The proposed direct award of the level two smoking cessation service to Boots UK from October 2020 to September 2023 be approved and beyond, if the optional 2 plus 2-year extensions were to be awarded;
5. If deemed feasible, the variation of the public health SLA with the London Borough of Hackney be improved, to include City of London residents, for level three smoking cessation service and smoking cessation training (levels one and two), from October 2020 to 2022 and beyond, if the optional 2-year extensions were to be awarded;
6. The variation of the public health SLA with the London Borough of Hackney be approved, to include NHS health checks, delivered from the Neaman Practice, to be managed by the Hackney and City GP confederation, from October 2019 until 2020;
7. The proposal to decommission outreach community health checks be approved, on the basis of limited evidence of effectiveness;
8. The proposed variation of the existing Golden Lane sport and fitness centre leisure management contract with Fusion Lifestyle be approved; to include the delivery of the exercise on referral programme from September 2019 until December 2022. NB: This will include the provision of healthy eating and weight management advice; and
9. The proposal to decommission standalone healthy weight management be approved, on the basis of limited evidence of effectiveness.

9. **SUICIDE PREVENTION IN THE CITY OF LONDON**

Members received a report of the Director of Community and Children's Services which presented the Suicide Prevention Action Plan for the City of London Corporation.

During the discussion and questions on this item, the following points were noted.

- Family Liaison Officers did not generally have the resources to counsel bereaved families. However, effect from April 2019, a Third Sector Bereavement Charity was in place in the City of London Corporation. Officers had been working with the Coroner to ensure families were aware of their services.
- In respect of the 90 Barbers trained in 'safe talk' mental health first aid, Members noted that the client was required to engage first. Members commended this innovation and it was suggested that the trained barbers and Dragon Café could be a valuable resource in helping the City Corporation to identify patterns.

- It was noted that suicide levels in the 1980s had dropped when electric ovens replaced gas, which evidenced the importance of 'designing-out' suicide. Members noted agenda item 18 in the non-public part of the agenda, which provided more information and noted that the Bridge Patrol Strategy which was reviewed daily.

RESOLVED, That – the report be noted.

**10. PROGRESS UPDATE ON LONDON'S SEXUAL HEALTH E-SERVICE**

Members received a report of the Director of Public Health which asked the Health and Wellbeing Board to consider the progress made in the provision of a 'self- sampling' sexual health service for Londoners. Members commended the approach, which would also identify triggers for concern in respect of child sexual exploitation. Officers advised that recent improvements in gender identity had been recognised as best in class.

RESOLVED, That – the report be noted.

**11. BI-ANNUAL PERFORMANCE REPORT**

Members received a report of the Director of Community and Children's Services which presented performance data for 2018/19 across a range of agreed key performance indicators (KPIs). Members were concerned about delayed transfer to care and the Integrated Commissioning Board has also found this figure unacceptable.

RESOLVED, That – the report be noted.

**12. HEALTH AND WELLBEING BOARD UPDATE REPORT**

Members received a report of the Director of Community and Children's Services which provided an overview of local developments and policy issues related to the work of the Board. Officers agreed to investigate whether the JSNA could be hosted on the City Corporation's website. The Chairman of the Digital Services Sub Committee was in attendance, as a Member of this Board, and endorsed this request.

RESOLVED, That – the report be noted.

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

There were no questions.

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

The Chairman had agreed to accept an item of urgent business in respect of the City Corporation's Dock-less Cycles and had invited the 2 service providers; Beryl and Freebike, to deliver presentations.

**Freebike (electric bikes) – Katharine Butler, Director**

Members noted that Freebike sought to resolve some of the more common issues associated with bike shares to the benefit of both users and non-users, as follows:

- Users must find a station at the end of the rental period, or pay an additional fee.
- Freebike staff patrolled the streets looking for bikes 'out of station' and checking batteries, lights, tyres and general maintenance. The bikes sent out an alert if they fell over.
- They were priced very competitively, with a 20% discount to City Corporation residents and the bikes were of a very high spec.
- Electric bikes still provided exercise, along with a full set of data on calories burnt, energy output etc.
- The bikes were very safe, capped at 15 mph and designed in bright colours. They could not be ridden outside of the square mile.

#### **Beryl (non-electric bikes) – Andrew Hill, Director**

- There would be 150 electric and 150 non-electric bikes for a 6 month trial period. The Beryl bikes were now available and Free-bikes would be available in July.
- Very stringent SLAs had been imposed by the City, particularly in respect of cluttering and dockless bikes.

Members welcomed the City Corporation's opportunity to showcase such an innovative approach to dock-less cycles. Leaflets were available for Members, showing how the scheme aligned with the Corporate Plan's aspirations in respect of health and pollution.

#### **Other items**

The Chairman advised of the recent resignation of Tom Anderson, from the Court of Common Council, and thanked him for membership of the Health and Wellbeing Board over the past 2 years.

Members noted that this would be Public Health Consultant, Farrah Hart's last meeting before taking up a new post in Southwark. The Chairman, immediate past Chairman and Members thanked Farrah for sterling work in facilitating joint working and the achievements of the Health and Wellbeing Board. Farrah had been with the HWB since its inception and had noted a very positive culture change in the City Corporation during that time towards the health and wellbeing of the City's residents and workers.

Members noted that the next meeting would move from 20<sup>th</sup> September to 3<sup>rd</sup> October at 9.30 am.

#### **15. EXCLUSION OF PUBLIC**

Resolved, that – under section 100(a) 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 1 (schedule 12a) of the local government act.

|               |            |
|---------------|------------|
| Item no       | para no(s) |
| 17 (Appx 3,5) | 3          |

**16. NON PUBLIC MINUTES**

RESOLVED, that the non-public minutes of the meeting held on 26<sup>th</sup> April 2019 be approved.

**17. PUBLIC HEALTH CONTRACTS - APPENDIX**

Members received a non-public appendix in respect of the item for decision at item 8 on this agenda. Offices agreed that, whilst appendices 3 and 5 were exempt under paragraph 3 of the Local Government Act, as set out above, appendices 1, 2 and 4 could go onto the public website.

**18. RIVER CAMERAS PROJECT UPDATE**

Members received a report of the Commissioner, City of London Police

**19. NON PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**

There were no items.

**20. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE BOARD AGREES SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

There were no questions

**The meeting ended at 1.10pm**

-----  
Chairman

**Contact Officer: Julie Mayer**

This page is intentionally left blank

|                                                                                            |                                                     |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Committee(s):</b><br>Health and Wellbeing Board<br>City of London Grand Committee       | <b>Date(s):</b><br>3 October 2019<br>9 October 2019 |
| <b>Subject:</b><br>The City and Hackney Safeguarding Adults Board<br>Annual Report 2018/19 | <b>Public</b>                                       |
| <b>Report of:</b><br>Andrew Carter, Director of Community and Children's Services          | <b>For Information</b>                              |
| <b>Report author:</b><br>Raynor Griffiths, City and Hackney Safeguarding Adults Board      |                                                     |

## Summary

The City and Hackney Safeguarding Adults Board (the Board) is a statutory board required under s43 of the Care Act 2014. One of the statutory duties of the Board is to complete an annual report outlining what it has achieved in respect of adult safeguarding in the previous year. This report outlines the key achievements of the Board, areas for further development as well as what the Board will prioritise in the forthcoming year. An overview of the safeguarding data for the City of London Corporation is also included for reference.

## Recommendation(s)

Members are asked to:

- Note the report.

## Main Report

### Background

1.1 The City and Hackney Safeguarding Adults Board is a multi-agency partnership, represented by statutory and non-statutory stakeholders. The role of the Board is to assure itself that robust safeguarding procedures are in place across the City and Hackney to protect adults at risk of abuse and neglect. Where abuse and neglect does occur the Board and its partners are committed to tackling this and promoting person centred care for all adults experiencing abuse or neglect. The Board's annual report sets out an appraisal of safeguarding adults' activity across the City of London and Hackney in 2018/19.

1.2 The Care Act 2014 sets out a clear statutory framework for how local authorities and other key partners, such as care providers, health services, housing providers and criminal justice agencies, should work together to protect an adult's right to live in safety, free from abuse and neglect. It introduced new safeguarding duties for local authorities, including: leading a multi-agency local adult

safeguarding system; making or causing enquiries to be made where there is a safeguarding concern; carrying out Safeguarding Adults Reviews; arranging for the provision of independent advocates; and hosting Safeguarding Adults Boards.

- 1.1 In setting out a statutory requirement for Safeguarding Adults Boards for the first time, the Care Act 2014 established three core duties for those Boards. The Board must:
- a) Publish a strategic plan for each financial year that sets out how it will meet its main objectives and what the members will do to achieve this.
  - b) Conduct any Safeguarding Adults Reviews as may be required.
  - c) Publish an annual report detailing what the SAB has done during the year to achieve our main objectives and implement its strategic plan.

This annual report is provided in line with this requirement.

## **Current Position**

### Key achievements 2018/19

2.1 In line with its strategy, the key achievements for the Board in 2018/19 include:

- 1) Prioritising co-production and engagement with service users and residents by setting up a task and finish group to plan how to obtain their views on safeguarding related matters. The task and finish group produced a service user newsletter and also co-produced posters on a financial abuse awareness campaign. The Board received positive feedback from those that co-produced the work, who were happy to see that the Board had implemented their suggestions
- 2) Published two Safeguarding Adults Reviews (SARs) regarding Hackney residents, helping us identify what we need to do better to support adults at risk of abuse and neglect in the community
- 3) Held a staff forum to help us understand where staff have improved their safeguarding and what further actions they need the CHSAB to take to support us
- 4) Asked our partners to audit their safeguarding performance internally. A total of 26 organisations across the City and Hackney completed an audit and the findings were used to help the Board identify our priorities for 2019/20
- 5) Ensured that relevant actions from SARs are included in the health and social care transformation agenda and neighbourhood model in City and Hackney
- 6) In the City, the No First Night Out project, shared with Hackney and Tower Hamlets, achieved over 190 prevention outcomes, exceeding its funding targets
- 7) There was also the development of the community builders' initiative in the City, to help build community resilience, with completion of a successful pilot on the Golden Lane estate. The pilot is now being rolled out to other estates.

- 8) The Modern-Day Slavery Statement was created on November 2018, which sets out what the City will do to tackle modern slavery. A multi-agency modern slavery group has now been created and meets bi-monthly to drive work around this area.

#### Areas for further development

2.2 The Board will continue to progress work around the following actions that were initiated in 2018/19:

- 1) Efforts were made to hear directly from people who have experienced safeguarding services, unfortunately we were not been successful in achieving this
- 2) Work to provide assurance to the Board that processes are in place to safeguard people who have care and support needs and are homeless, this was carried forward into 2019/20

#### Data sets for 2018/19

2.3 The key data was collected in relation to safeguarding for the City of London:

- There were 39 concerns raised, of which 13 were repeat concerns, this is an increase on previous years
- There were 22 concerns that led to a s42 enquiry
- Of the 22 concluded cases, 13 expressed their desired outcomes. There were 11 people who had their desired outcomes fully achieved and 2 partially achieved. Where a desired outcome was not expressed this was because the person being unable to express their desires.

#### Priorities for 2019/20

2.4 The Board has set itself the following strategic priorities for 2019/20:

- 1) To ensure that Making Safeguarding Personal is embedded in practice and the culture of all partner organisations
- 2) To assure itself that the Mental Capacity Act is applied appropriately by all partner organisations
- 3) To build upon awareness of safeguarding issues amongst residents of the City and Hackney
- 4) To ensure that professionals across the Board's partnership are supported to work effectively to support and protect people in need
- 5) To work to develop the Board's Strategy for 2020 – 2025
- 6) To ensure that adults at risk of abuse and neglect are offered advocacy
- 7) To work with partners to address safeguarding issues affecting people who are homeless or sleep rough
- 8) To develop overarching principles to support a transitional safeguarding approach for working with adolescents and young people
- 9) To continue to progress work already started in relation to modern slavery

#### **Corporate & Strategic Implications**

## 1. Safeguarding is a Corporate and Departmental priority

### Appendices

- Appendix 1 – City and Hackney Safeguarding Adults Board Annual Report 2018/19

### **Raynor Griffiths**

City and Hackney Safeguarding Adults Board Manager

T: 020 8356 1751

E: [Raynor.griffiths@hackney.gov.uk](mailto:Raynor.griffiths@hackney.gov.uk)

# CHSAB Annual Report

## 2018 – 2019

**People should be able to live a life free from harm in communities that are intolerant of abuse, work together to prevent abuse and know what to do when it happens**

# Contents

|                                                                                        |    |
|----------------------------------------------------------------------------------------|----|
| Message from the Independent Chair                                                     | 1  |
| Overview of 2018/19                                                                    | 2  |
| Our plans for 2019-20                                                                  | 3  |
| Who Are We?                                                                            | 4  |
| Our Principles                                                                         | 5  |
| Governance                                                                             | 5  |
| Subgroups and Task and Finish Groups                                                   | 7  |
| Quality Assurance (QA) Subgroup                                                        | 7  |
| Safeguarding Adults & Case Review Subgroup (SAR subgroup)                              | 7  |
| User Engagement Task and Finish Group                                                  | 7  |
| Homelessness/Rough Sleeping and Safeguarding Task and Finish group                     | 7  |
| Our Strategic Links                                                                    | 8  |
| Financial Arrangements                                                                 | 8  |
| Work of the CHSAB 2018/19                                                              | 10 |
| User Engagement in the City of London & Hackney                                        | 10 |
| Workforce Development                                                                  | 12 |
| City of London Adult Safeguarding Committee - City Specific Priorities                 | 15 |
| Safeguarding Data                                                                      | 17 |
| City of London Safeguarding Activity                                                   | 17 |
| London Borough of Hackney Safeguarding Activity                                        | 25 |
| Contributions from Partner Agencies: Case Studies                                      | 34 |
| Contributions from Partner Agencies                                                    | 39 |
| Appendix One: City and Hackney Safeguarding Adults Board Annual Strategic Plan 2019/20 | 51 |
| Appendix Two: City of London Strategic Plan 2019/20                                    | 61 |

## Message from the Independent Chair

I am very pleased to introduce the Annual Report for the City and Hackney Safeguarding Adults Board 2018/19. As the Independent Chair of the Board, I continue to be very grateful to all partners for their contributions to the Board, and their ongoing support. The partnership has continued to grow and develop, as reflected in this annual report.



We have continued to look at information about safeguarding activity to inform our priorities for improvement as well as cases where people have died and Safeguarding Adults Reviews (SARs) were done to understand what happened and what needs to change. We continue to share this learning and look at whether it is making a difference.

Raising awareness of safeguarding in City and Hackney's communities, with the help of community and voluntary groups, continues to be a priority. We have tried to respond to what people have said is important to them, and worked together to produce leaflets about financial abuse and scams (see <https://hackney.gov.uk/chsab-resources>).

This annual report is important because it shows what the Board aimed to achieve during 2018/19 and what we have been able to achieve. It shows that many of the tasks were completed during the year. The annual report provides a picture of who is safeguarded in City and Hackney, in what circumstances and why. This helps us to know what we should be focussing on for the future. It includes the Delivery Plan for 2019/20, which says what we want to achieve during the next year (see Appendix One).

There continues to be significant pressure on partners in terms of resources and capacity, so we want to thank all partners and those who have engaged in the work of the Board, for their considerable time and effort.

There is a lot that we need to do and want to do to reduce the risks of abuse and neglect in our communities and support people who are most vulnerable to these risks. This is a journey that we are all making together, and I look forward to chairing the partnership in the next year to continue this journey.

**Dr Adi Cooper OBE,  
Independent Chair City and Hackney Safeguarding Adults Board**

## Overview of 2018/19

### What the CHSAB did in 2018/19?

In the past year, the CHSAB has:

- 1) Continued to improve the information we collect about safeguarding activity, which has helped improve our understanding of what is going on in the City and Hackney so that we can ensure that the work we do reflects the needs of the community
- 2) Prioritised involving service users and residents with the CHSAB by setting up a task and finish group to plan how to obtain their views on safeguarding related issues. We have produced a service user newsletter and have co-produced posters for the CHSAB financial abuse awareness campaign (see <https://hackney.gov.uk/chsab-resources>)
- 3) Continued to raise safeguarding awareness in the community through our safeguarding champions
- 4) Held a staff forum to help us understand where staff have improved their safeguarding and what further actions they need the CHSAB to take to support them
- 5) Asked our partners to review their performance internally in relation to safeguarding activity and used the findings to help the CHSAB develop priorities for 2019/20
- 6) Worked with other Boards to make sure that where we have joint responsibilities and we are committed to working well together
- 7) Published two Safeguarding Adult Reviews (SARs) that have told us what we need to do better to support adults at risk of abuse and neglect in the community
- 8) Ensured that relevant actions from SARs are included in the health and social care transformation agenda and neighbourhood model

### What didn't we do so well?

Whilst we met many of our strategic aims, there are some aims that we need to continue working on:

- 1) Despite efforts to hear directly from people who have experienced safeguarding services, we have not been successful
- 2) We have had to carry over some work to 2019/20 such as agreeing the Modern Slavery Protocol and recording guidelines
- 3) We have set the terms of reference for a task and finish group on Homelessness and Safeguarding. Work around providing assurance to the Board that processes are in place to safeguard people who have care and support needs and are homeless will begin in 2019/20

- 4) Agree shared priorities with other Boards, the Board will continue to identify joint working opportunities with other groups and Boards.

## Comments from Service Users and Residents on the Annual Report 2017/18 and plans for 2018/19

On the co-production of financial awareness raising posters, a service user said with a broad smile “I see you have included what I suggested”

Service Users told us that they want:

- More awareness raising in the community.
- To be trained so that they can raise safeguarding awareness amongst their peers.
- To have a focus group to discuss issues related to safeguarding that are important to them.

## Our plans for 2019-20

The role of the CHSAB is to ensure that organisations across City and Hackney are meeting their obligations around adult safeguarding. This year it will:

- 1) Start work on developing the Board’s Strategy for 2020 - 25
- 2) Use qualitative and quantitative data more effectively to identify ways to prevent abuse and neglect
- 3) Continue to communicate and co-produce work with service users, via newsletters and focus groups to discuss issues related to safeguarding that are important to them.
- 4) Further explore ways in which we can hear back from people who use safeguarding services
- 5) Maintain regular contact with staff and support them with safeguarding related work
- 6) Continue to work with agencies to ensure that improvements in relation to SAR findings are made and sustained
- 7) Increase the number of Safeguarding Champions in the Community
- 8) Continue to work with other Boards to identify shared priorities, and with the partnership to improve their delivery of safeguarding activity

A full copy of the Strategic Priorities can be found at Appendix One.

## Who Are We?

The City & Hackney Safeguarding Adults Board (CHSAB) is the statutory board for the City and Hackney and is a partnership of statutory and non-statutory organisations, representing health, care, criminal justice, support providers and the people who use those services across the City of London and the London Borough of Hackney.

The work of the Board is driven by its vision, that in the City and Hackney:

**People should be able to live a life free from harm in communities that are intolerant of abuse, work together to prevent abuse and know what to do when it happens**

The main objective for the Board, to achieve this vision, is to assure itself that effective local adult safeguarding arrangements are in place and that all partners act to help and protect people with care and support needs in the City and Hackney.

The CHSAB has three core duties under the Care Act 2014 that it must fulfil:

- Develop and publish a Strategic Plan setting out how it will meet its objective and how its partners will contribute to this;
- Publish an Annual Report detailing how effective their work has been; and
- Commission Safeguarding Adults Reviews (SARs) for any cases that meet the criteria.

This Annual Report sets out:

- How effective the CHSAB has been during 2018/19;
- What we have accomplished in relation to the Board's Strategic Plan for 2018/19;
- The Board's Strategic plan for 2019/20 (See Appendix One);
- Details of the SARs that the Board has commissioned;
- How its partners have contributed to the work of the Board to promote effective adult safeguarding.

## Our Principles

Public consultation, undertaken during 2015/16, agreed that four principles should underpin our 5-year strategy. These principles are:

- + All of our learning will be shared**
- + We will promote a fair and open culture**
- + We will understand the complexity of local safeguarding needs**
- + The skill base of our staff will be continuously improving**

The CHSAB strategy will be reviewed during 2019/20.

## Governance

Dr Adi Cooper was the independent chair of the Board during 2018/19.

The CHSAB partnership consists of representation from:

- |                                                            |                                                      |
|------------------------------------------------------------|------------------------------------------------------|
| ● <b>City of London Corporation</b>                        | ● <b>London Borough of Hackney Adult Social Care</b> |
| ● <b>City and Hackney Clinical Commissioning Group</b>     | ● <b>East London NHS Foundation Trust</b>            |
| ● <b>Homerton University Hospital NHS Foundation Trust</b> | ● <b>Barts Health NHS Trust</b>                      |
| ● <b>London Ambulance Service</b>                          | ● <b>Safeguarding Children's Partnership</b>         |
| ● <b>Metropolitan Police Service (Hackney)</b>             | ● <b>City of London Police</b>                       |
| ● <b>London Fire Brigade</b>                               | ● <b>Hackney CVS</b>                                 |
| ● <b>Hackney Healthwatch</b>                               | ● <b>City of London Healthwatch</b>                  |
| ● <b>City and Hackney Public Health</b>                    | ● <b>The Advocacy Project</b>                        |
| ● <b>Community Rehabilitation Company</b>                  | ● <b>National Probation Service</b>                  |
| ● <b>Housing Providers Representative</b>                  | ● <b>Older People's Reference Group</b>              |

The full CHSAB partnership meets quarterly, and arranges extra meetings when required. The CHSAB also held a development day, which focused on homelessness during 2018/19. Our Board's attendance is:

| Partners                               | Attendance |
|----------------------------------------|------------|
| Independent Chair                      | 100%       |
| London Borough of Hackney ASC          | 100%       |
| City of London Corporation             | 100%       |
| City & Hackney CCG                     | 80%        |
| Homerton University Hospital           | 40%        |
| Barts Health NHS Trust                 | 40%        |
| East London NHS Foundation Trust       | 80%        |
| London Fire Brigade                    | 100%       |
| Metropolitan Police                    | 80%        |
| City of London Police                  | 60%        |
| Older People's Reference Group         | 60%        |
| Hackney Healthwatch                    | 60%        |
| City of London Healthwatch             | 0%         |
| City & Hackney Public Health           | 80%        |
| Hackney Council for Voluntary Services | 100%       |
| National Probation Service             | 60%        |
| Housing Providers                      | 20%        |
| Safeguarding Children's Partnership    | 20%        |
| London Ambulance Service               | 0%         |
| CHSAB Business Support                 | 100%       |

The CHSAB is supported by two core oversight groups:

- Executive Group: The Group, chaired by Dr Cooper, consists of senior managers from key partner agencies who meet quarterly to oversee the work of the Board, ensuring that it runs effectively
- City of London Adult Safeguarding Sub-Committee: This Committee focuses solely on the safeguarding related work and arrangements of agencies in the square mile. This ensures that there is a focus on City related safeguarding priorities. The Committee is also chaired by Dr Cooper.

## Subgroups



### Quality Assurance (QA) Subgroup

The QA subgroup considers both quantitative and qualitative information about safeguarding activity, which supports the Board to have a picture of what is happening in the City and Hackney. This information is then used to inform the Board's work and priorities.

### Safeguarding Adults & Case Review Subgroup (SAR subgroup)

The SAR subgroup is the means by which the CHSAB exercises its duty to arrange a SAR. A SAR occurs where someone with care and support needs has died or suffered serious harm due to abuse or neglect, and there is concern about the way agencies worked together to protect the person. The subgroup will make recommendations to the Chair when it considers that a SAR is required. The subgroup will also develop and monitor action plans to make sure learning from a SAR is embedded into all partner agencies' work.

### User Engagement Task and Finish Group

The group focuses on how the CHSAB can reach all communities in the City and Hackney. The group has specifically looked to engage with:

- people who can support the safeguarding agenda
- those who could be at risk of abuse or have been abused; and
- people who have been through the safeguarding process

### Homelessness/Rough Sleeping and Safeguarding Task and Finish group

The group is newly formed and will be working on safeguarding issues arising for people who are homeless or sleeping rough.

## Our Strategic Links

The CHSAB has links with partnerships and boards working with communities in the City of London and Hackney, including: City and Hackney Children's Safeguarding Partnership, Community Safety Partnerships; and Health and Wellbeing Boards. The Board is also a member of the Community Strategy Partnership Board.

## Financial Arrangements

This year the CHSAB received total contributions of £213,450 from partners as listed below.

| Partners                         | Income Received (£) |
|----------------------------------|---------------------|
| City of London Corporation       | (28,875)            |
| East London NHS Foundation Trust | (27,500)            |
| Homerton University Hospital     | (12,000)            |
| NHS City and Hackney CCG         | (20,000)            |
| Metropolitan Police Authority    | (5,000)             |
| Bart's and London NHS Trust      | (5,000)             |
| City of London Police            | (4,400)             |
| London Fire Brigade              | (500)               |
| City of London Corporation (FB)  | (500)               |
| LB Hackney                       | (109, 675)          |
| <b>Total income</b>              | <b>(213,450)</b>    |

Other partners were not able to make financial contributions but they have contributed with their time and commitment to the Board's work and by providing access to resources such as meeting venues, etc.

The Board spent the following in 2018/19 to achieve its aims:

| <b>CHSAB Expenditure</b>      | <b>Amount (£)</b> |
|-------------------------------|-------------------|
| Staff Related                 | (139,235)         |
| External Training             | (5,530)           |
| Independent Chair             | (18,350)          |
| Miscellaneous Expenses        | (11,045)          |
| Other Planned Expenses & SARs | (8,890)           |
| Service Overheads             | (36,207)          |
| <b>Total Income</b>           | <b>(219,257)</b>  |

The Budget retains a reserve of £96,500 carried over from 2017-18 to support unplanned expenditure, such as Safeguarding Adult Reviews.

## Work of the CHSAB 2018/19

The Board's work in 2018/19 focussed on:

- 1) Quality Assurance
- 2) User Engagement
- 3) Raising awareness in the community
- 4) Workforce development
- 5) Work within the partnership
- 6) Working in partnership with other Boards
- 7) Work with transformation agenda and the neighbourhood model
- 8) Safeguarding Adult Reviews

### Quality Assurance (QA)

1. The QA subgroup met four times throughout the year. It improved the multiagency dashboard to enable better interrogation of multi-agency safeguarding data. The dashboard includes data from health, Adult Social Care, police and fire services.
2. In response to the data, the Safeguarding Champions were asked, in 2018/19, to focus on raising awareness amongst groups where the number of concerns was proportionately low for their demographic when compared to their population in numbers in Hackney and the City.
3. The group started looking at reports about concerns that did not lead to safeguarding enquiries to understand whether prevention measures need to be implemented. Going forward into 2019/20 prevention will be a focus for the QA subgroup.
4. The Quality Assurance Framework (QAF) was developed by the QAF task and finish group to obtain qualitative information to inform the Board's decisions. The full year findings, which will be discussed at the first meeting in 2019/20, will inform further actions to be taken by the Board.

### User Engagement in the City of London & Hackney

1. During 2018/19, the CHSAB held a Financial Abuse Awareness campaign which included posters, leaflets on how to keep safe, an article in Hackney Today and a social media campaign. These are available for anyone to download and use: <https://hackney.gov.uk/chsab-resources>. The posters were co-produced with service users, who were pleased to have the opportunity to get involved in the work of the Board. Going forward, the Board will continue to ensure that we co-produce work where we are able to.

2. People who have care and support services span across many service areas. The Board set up a user engagement task and finish group to decide how best to reach these service users as well as the community more generally. The group has representatives from key agencies. We have mapped the service user groups in the City and Hackney and agreed that they will be the conduits for communicating information about safeguarding to and from their respective service users.
3. In June 2018, service user representatives told us that they want us to stay in touch with them during the year, which the Board agreed to do. We started a newsletter to provide Board updates and also met with service users to talk to them about our priorities going forward. They told us that raising awareness in the community was key to people being safe. Service users have also asked to be briefed on safeguarding so that they can share messages with peers; further briefings are being planned for 2019/20. They asked us to host a focus group to consider issues related to safeguarding that are important to them and this also is planned for 2019/20.
4. The CHSAB commissioned an external psychologist to hear directly from people who had been through the safeguarding process. Unfortunately, but not surprisingly due to the nature of safeguarding, no one came forward to take part. During 2019/20, other initiatives will be considered as the Board would like to hear people's experiences of safeguarding services. It is core practice that people who go through the safeguarding process are asked at the start of the process what outcomes they want from the safeguarding process and at the end of the processes they are asked whether these outcomes were achieved. You can find this information in our data section on page 17. This information tells the Board how well practitioners are helping service users achieve what they want from the safeguarding processes.

### **Raising awareness in the Community**

1. The Board supported the training of Safeguarding Champions in the voluntary sector to brief voluntary organisations and service users about safeguarding adults. Peer reviewers, who attended to evaluate how Hackney Adult Social Services was doing in safeguarding adults, commended this initiative. The Champions have continued to raise awareness in the community, carrying out 11 safeguarding workshops which were attended by 252 residents of Hackney. There will be more opportunities to train as a Champion in 2019/20 and residents and service users have already been approached about this. There will also be opportunities for people to be trained as safeguarding peer-to-peer supporters.
2. HCVS also worked with other voluntary organisations to use the safeguarding compliance tool commissioned by the CHSAB. This will help voluntary organisations to understand how well they have embedded safeguarding into their own organisations.

## Workforce Development

1. In 2017, the Board embarked on an intensive learning programme to inform staff about the findings from SARs and what the Board had done to address these issues. We also listened to staff who told us what support they needed to improve.
2. In 2018/19, we arranged a feedback session for staff to tell us if their situation had improved. They told us that some of the work that has been done has resulted in issues such as self-neglect, high risk cases, service refusal, no contact and fire safety becoming 'business as usual' due to policies that have been put in place and training that has been received. They said that the fact that the SARs are referenced in training sessions ensures that issues remain fresh and relevant.
3. They asked for more bespoke learning and some other policies to support their work. In response to this, the CHSAB agreed to set up a workforce learning and development process that will take these issues forward.
4. The attendees also agreed to be a reference group for the Board and the CHSAB will maintain regular contact with staff via a newsletter.

## Work within the partnership

1. During 2018/19, CHSAB partners were involved in a challenge event that supported them to delve deeper into their self-audits and identify issues that they needed to take forward in their own organisations. The events identified some shared issues for the Board to progress collectively and findings from the self-audit have informed the Board's strategic priorities for 2019/20.
2. We also carried out a review of how the partnership was doing in relation to Making Safeguarding Personal (MSP). The partnership recognised that a move to a person-centred approach will need a culture change within organisations. All partners felt that they needed more support from the Board to embed MSP in their structures and ways of working.
3. The CHSAB has offered on-going support through external training to agencies to help make this change.

## Working with other Boards

The CHSAB:

1. Worked with other boards in Hackney and the Human Trafficking Foundation to devise a Modern Slavery Strategy and protocol; the final Strategy and an action plan around this is due to go live in 2019/20. Whilst the City has its own Modern Slavery Strategy, it will be looking at what work could be done jointly with Hackney.
2. Attended an inter-board workshop on domestic violence and partners have agreed to work closely together to progress the new Violence against Women and Girls Strategy in 2019/20.

3. Arranged an Inter-Board Transitional Safeguarding workshop in response to concerns about young people's vulnerability as they reach adulthood where safeguarding services are not always available to them. The City and Hackney Children's Partnership and CHSAB agreed to develop a shared priority in their plans for 2019/20
4. Has been part of the Community Safety Partnership Board and attended related meetings

### **Work with the Transformation Agenda and Neighbourhood Model**

The CHSAB has worked with the Transformation Agenda and Neighbourhoods Model to ensure that safeguarding influences all elements of their work. Key actions taken in relation to this work include:

1. A set of Safeguarding Principles were developed to make sure that safeguarding was considered as part of core business. This has provided different workgroups a guide on how to embed safeguarding in their work so it is business as usual
2. Learning from SARs has been provided to relevant work streams to ensure that learning can be incorporated into their work
3. There is representation from the Neighbourhood Models team on the CHSAB
4. Each work stream has hosted a focused discussion on safeguarding to make sure that they are meeting commitments in relation to safeguarding
5. The Neighbourhood Models team has delivered on some of the actions within the SAR action plans

### **Safeguarding Adult Reviews (SARs)**

The CHSAB received three SAR referrals during 2018/19, two of which met the criteria for a SAR and one did not. There were two SARs published in 2018/19, Ms Q and Ms F – these are our fifth and sixth SARs respectively, since the Care Act 2014 set a duty for SABs to commission SARs.

There are currently two SARs in progress, further details of the SARs will be included in the 2019/20 Annual Report.

#### **Ms Q**

##### **Case Outline**

---

Ms Q was a woman of White British heritage aged 71 years old at the time of her death and living at home with her daughter. Ms Q was known to experience multiple health concerns including severe chronic obstructive pulmonary disease (COPD) and pressure ulcers. She was also known to experience falls, self-neglect and she had declined care services. Ms Q needed daily support to manage her personal care, continence issues and provide her with encouragement to eat and drink.

Ms Q was admitted to Homerton after being found unable to mobilise. She presented with suspected hypotension and hypoglycaemia. Unfortunately, Ms Q died at Homerton Hospital on 6 June 2016. The cause of death was recorded as '1a pneumonia 1b COPD and 2 Frailty'.

The SAR case referral identified that there were a number of agencies involved in providing care to Ms Q and that there may have been a lack of effective multi-agency working to manage identified risks to Ms Q's, including self-neglect.

### **Objective of the Review**

---

The objective of the Review was to inform multi-agency practice when working with people who are less able to engage with care and support services by identifying where relevant:

- o Repeated patterns of service provision that previous CHSAB SARs have identified
- o New learning identified in addition to the findings of previous CHSAB SARs
- o Areas where service provision has improved in relation to previous CHSAB SARs

Ms Q died before the previous 4 SARs had been published. The learning identified therefore was similar to the previous SARs. Full details of the SAR can be found: <https://hackney.gov.uk/CHSAB-sars>

### **Ms F**

#### **Case Outline**

---

Ms F was a 44 year old woman living with her younger adult son and daughter. Her son had cerebral palsy and a 24 hour live in carer. Her daughter was reported to have had a mild learning disability and recent diagnosis of multiple sclerosis.

Mrs F was confined to a profiling bed due to her reduced mobility. She was transferred via hoist and unable to sit up for long periods due to reduced head and trunk control. She required assistance with eating and drinking, managing continence, and other daily activities. Her communication was challenging due to dysarthria, which is a speaking difficulty. She had capacity to make decisions and consented to the safeguarding process and to a referral for a SAR.

The SAR Case Referral identified:

- o Ms F's mattress deflated and took 7 days to fix causing Mrs F to suffer significant harm; specifically she incurred a pressure sore and was hospitalised for a significant period of time
- o Agencies or professionals in contact with Mrs F did not recognise or respond appropriately to the risk of leaving her with a deflated mattress therefore causing harm to Mrs F

### **Objective of the Review**

---

The objective of this Review was to establish:

- o Learning from the events to ensure robust processes to prevent such a situation in the future guided by the subject of the SAR

The report found that systems did not work as well as they could together, and the SAR highlighted issues for commissioning. The review also identified that there was a need for effective responses to people's pain. The full report can be found: <https://hackney.gov.uk/CHSAB-sars>

### **City of London Adult Safeguarding Committee - City Specific Priorities**

The City of London's Safeguarding Adults Committee is made up of a range of professionals and resident representatives. It meets quarterly and considers developments in relation to the Board priorities as well as City specific priorities in the strategic plan. In 2018/19 the priorities remained:

- Homelessness and rough sleeping;
- Modern Slavery
- The on-going implementation of the Social Wellbeing Strategy, including social isolation

### **Homelessness and rough sleeping**

The assessment hub model has expanded its role, increasing from quarterly to monthly meetings, enabling staff to help more people in a more efficient manner. The Task and Action meeting was reviewed to ensure the right people come to meetings, and to streamline the agenda for the meeting so more focus can be given to each individual. This, combined with a strong commitment to following up actions, is enhancing partnership work.

The severe weather response (SWEP) utilised learning from the previous year resulting in over 30 people being assisted on over 200 occasions, each one a potentially life-saving intervention. The No First Night Out project, shared with Hackney and Tower Hamlets, achieved over 190 prevention outcomes, exceeding its funding targets. Significant amounts of learning continues to emerge from this project which is used to inform prevention and relief approaches.

## **Modern Slavery**

The City of London Corporation developed the Modern-Day Slavery Statement in November 2018. This set out the steps that the City has taken and is continuing to take to ensure that modern slavery is not taking place within the business sector, or within the supply chains. There is a multi-agency modern day slavery group which meets bi-monthly, the focus of this group is to identify referral pathways for victims of modern-day slavery, raise awareness about modern day slavery and provide training.

## **On-going implementation of the Social Wellbeing Strategy and social isolation**

Since the launch of the Strategy, a total of 30 actions have been initiated, of which 14 have been completed and 16 are in progress. Significant achievements include:

- 1) The development of the community builders initiative, to help build community resilience, with completion of a successful pilot on the Golden Lane estate. Work is underway to roll this out to other estates.
- 2) The success of inclusion groups to prevent social isolation, for example the Mansell Street Women's Group facilitated by Age Concern has supported older BAME women and "Out and About at the Barbican" has been created for older LGBT residents.
- 3) A City Guide listing details of community groups and social activities which have been made available in venues across the City of London

## **Priorities for 2019/20**

At the City Sub Committee Development Session for 2019/20, the main issues for partners were:

- Homelessness and rough sleeping
- Making Safeguarding Personal
- Embedding learning from SARs
- Service user engagement
- Workforce development
- Prevention

Full details of the City of London's key strategic priorities can be found in Appendix 2.

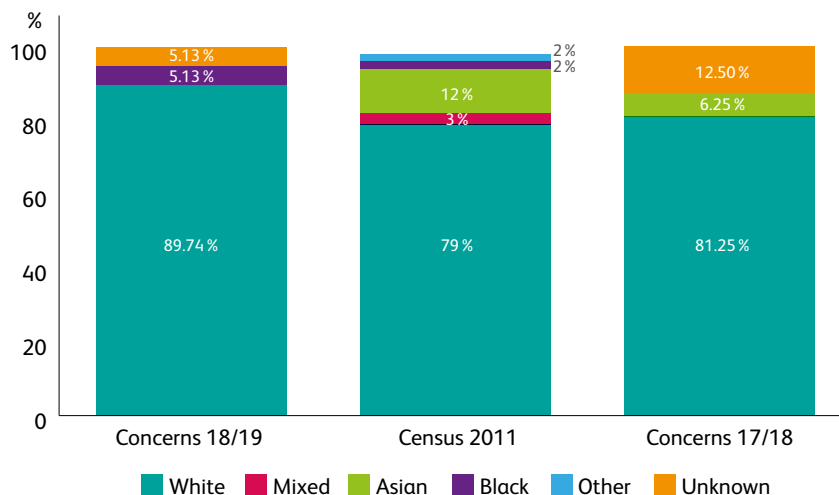
## Safeguarding Data

The safeguarding data for the year 2018/2019 is presented separately for the two authorities. City of London and Hackney submit annual statutory returns on safeguarding activity to NHS Digital, known as the Safeguarding Adults Collection, and this is included in the data below.

### City of London

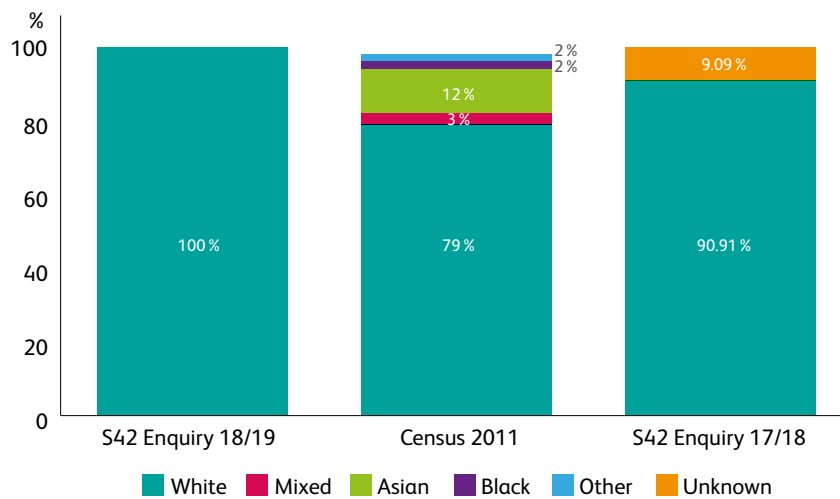
- 39 concerns were raised
- 42 led to a Section 42 Enquiry
- Of the 22 concluded cases, 13 expressed their desired outcomes. 11 people had their desired outcomes fully achieved and 2 partially achieved.
- 13 repeat concerns were raised

### Concerns by Ethnicity



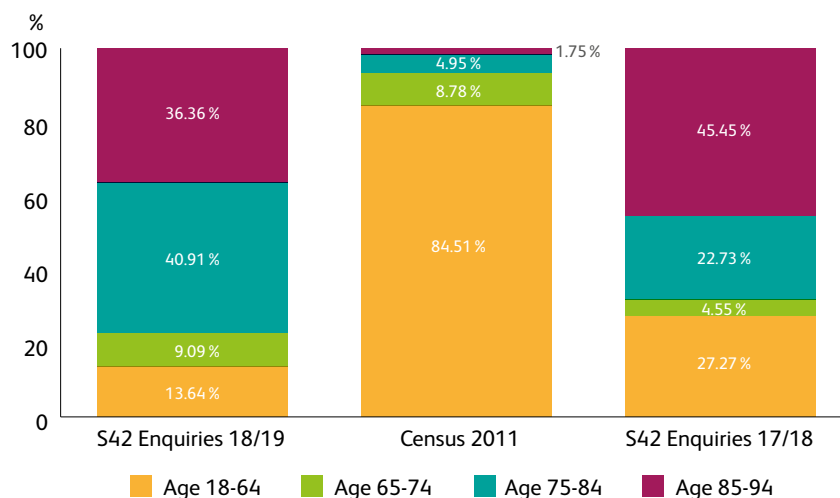
In 2018/19, most concerns were raised about people who were 'white'. This is slight over-representation based on the 2011 census. There was no representation again this year from the Asian community despite them being the second highest population in the City, although there is a possibility that their data is captured within the 'unknown' category. There was also a slightly higher representation of people from the black community, at 5% although this is consistent with the amount of referrals from the black community in previous years.

## S42 Enquiries by ethnicity



This year all safeguarding concerns reaching s42 enquiry were from people who were white. This was an unusual outcome when compared with previous years, where the data was more reflective of the 2011 census. .

## Section 42 enquiries by Age



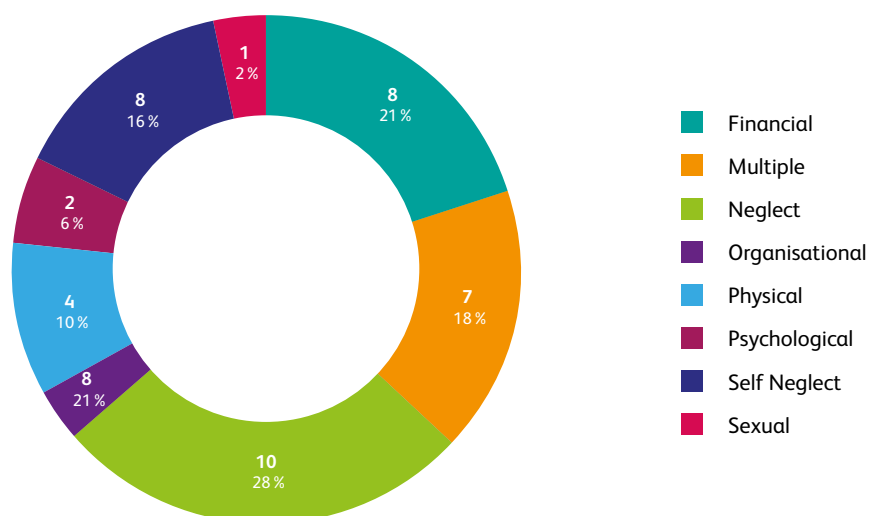
Despite only making up 4.95% of the population in the City of London, 75 - 85 year olds accounted for 40.91% of the enquiries. This is a significant increase on previous years data. Whilst there has been a decrease in people aged 85 - 94 involved in s42 enquiries, people aged over 75 years make up three quarters of the safeguarding concerns for City of London. There is an under representation from people aged 18 - 64 years old who only made up 13.64% of the safeguarding enquiries despite making up nearly 85% of the population.

## Section 42 Enquiries by Gender



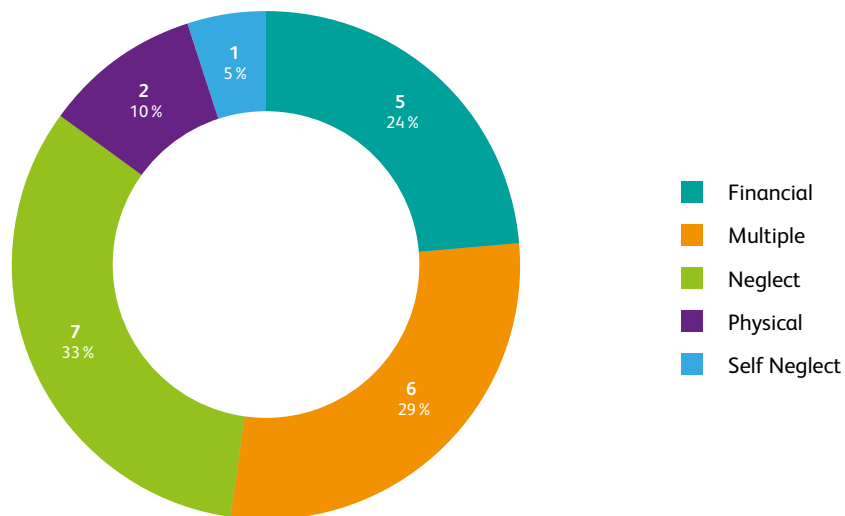
The gender breakdown for 2018/19 remains the same as 2017/18. This is reflective of the 2011 census which shows a slightly higher proportion of males living in the City of London.

## Types of Abuse - Concerns Raised



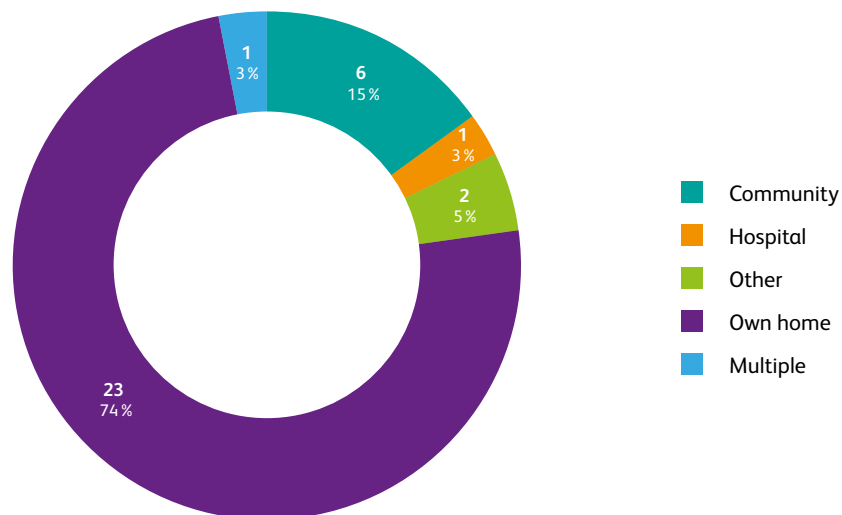
The most common forms of abuse for 2018/19 were neglect and acts of omission and financial abuse. These were also the top forms of abuse for previous years. It was noted that the majority of financial abuse was not due to scams but usually due to someone who has a personal relationship with the individual i.e. family, friend or carer.

## Type of Abuse – Section 42 Enquiries



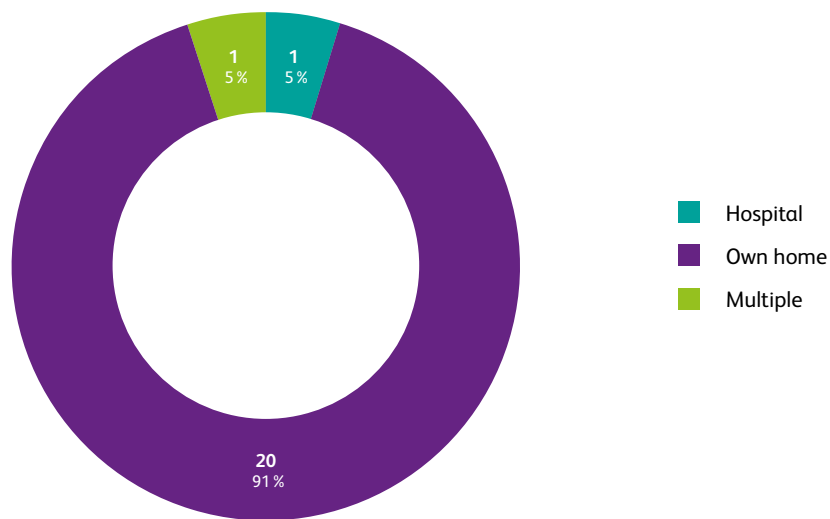
The most common forms of abuse meeting the s42 enquiry threshold were neglect and acts of omission, multiple abuses and financial abuse. Interestingly none of the concerns around sexual, organisational and psychological abuse met the threshold for a s42 enquiry.

## Location of risk



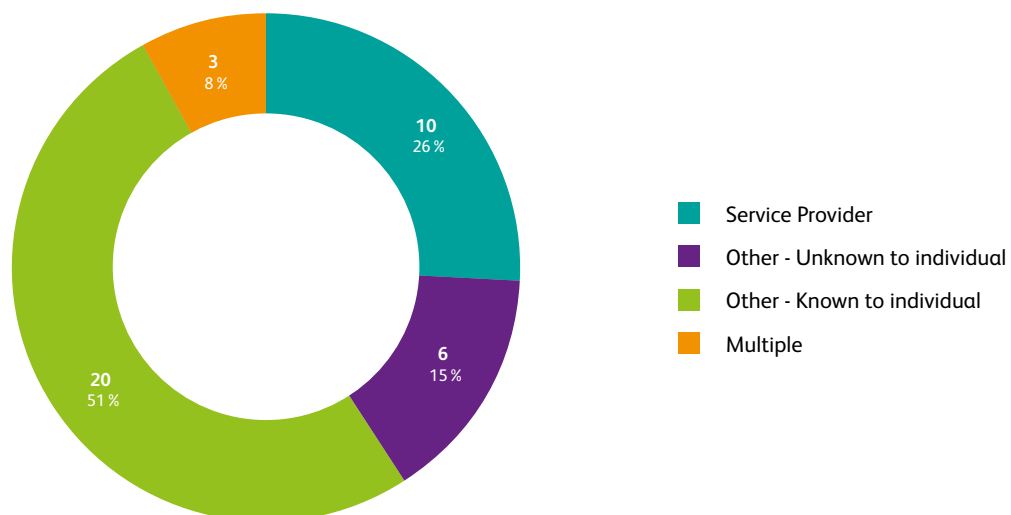
Most safeguarding concerns are alleged to have taken place in the individual's own home. This is consistent with national statistics which show that abuse typically happens in people's homes. Where abuse happened in multiple settings, this was in the home and in hospital.

## Location of Risk – Section 42 Enquiries



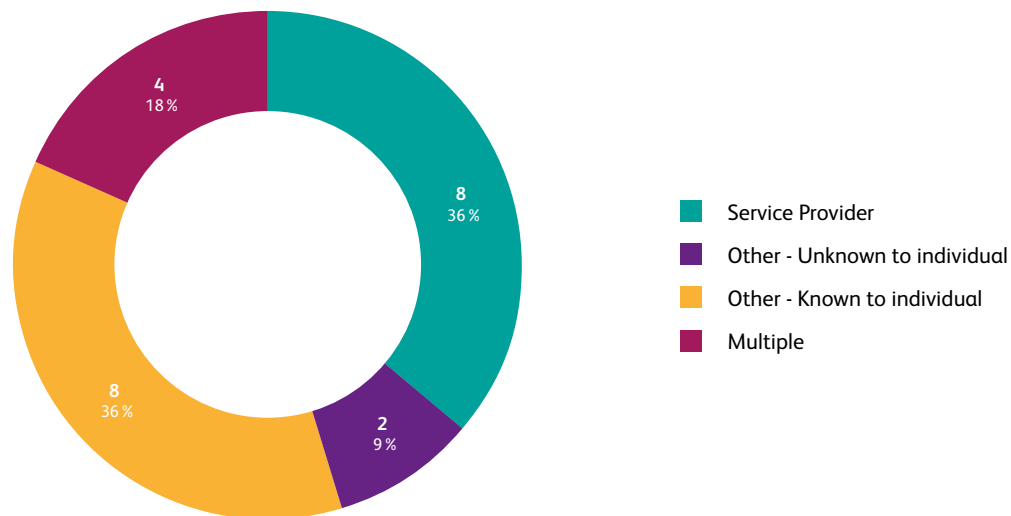
In 2018/19 nearly all the safeguarding enquiries involved individuals where the location of risk was in their own home. None of the concerns where the location of abuse was alleged to have been in the community met the criteria for a s42 enquiry.

## Source of Risk



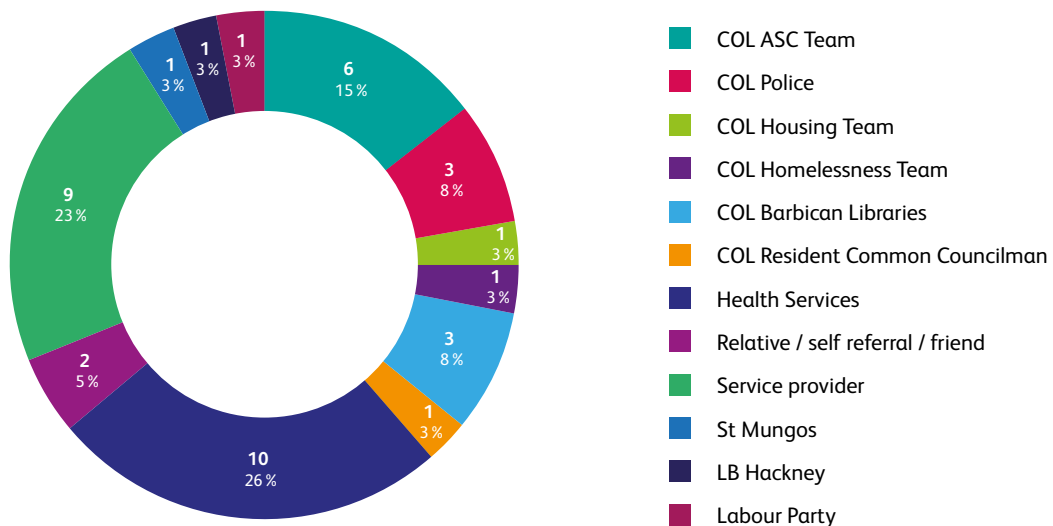
In over half of the concerns, the source of risk was a person known to the individual. This is consistent with national figures. In just over a quarter of cases the source of risk was recorded as the service provider.

## Source of Risk – Section 42 Enquiries



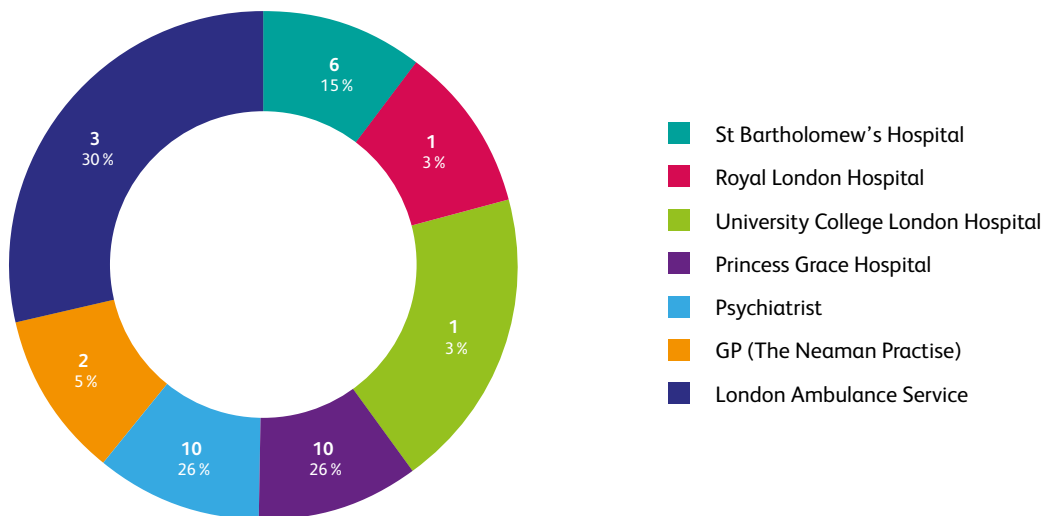
In 2018/19, both service provider and an individual known to the service provider were the most commonly recorded alleged source of risk. This is in contrast to 2017/18 where the majority of enquiries listed the service provider as the alleged source of risk. There were four cases where there was alleged to have been multiple sources of risk, these typically involved a service provider and someone known to the individual.

## Source of Referrals



It is positive to see referrals from a wider range of services for 2018/19, with referrals being made from 12 different sources. A quarter of referrals were made from someone working in the health service, this could include a GP, hospital worker or district nurse. A number of referrals were also made from service providers. In total, 12 referrals were made by employees of City of London Corporation and it is positive to see referrals being made by staff who do not work in Adult Social Care.

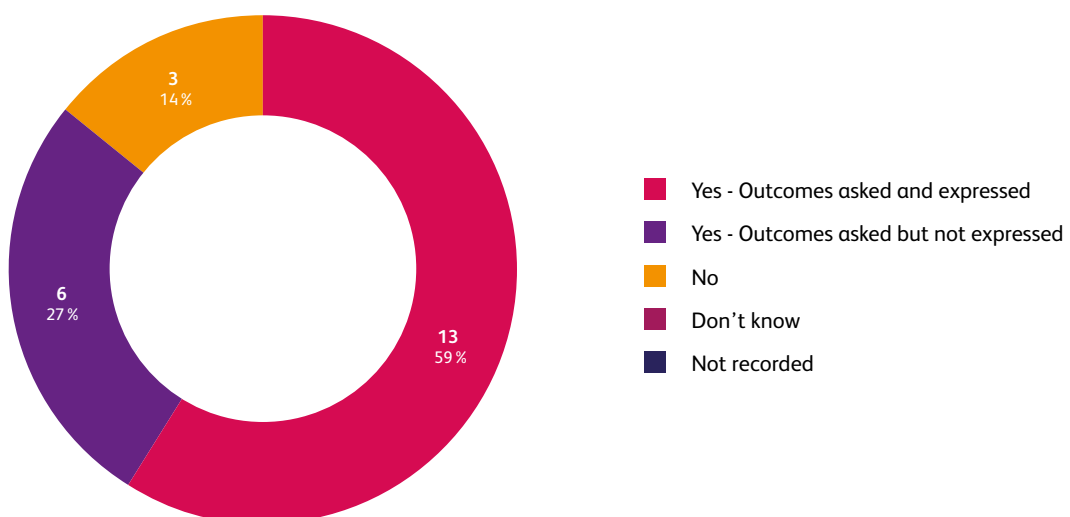
## Source of Referrals – Health Breakdown



The London Ambulance Service made the most safeguarding referrals in health, this was closely followed by University College London Hospital who made two safeguarding referrals. .

## Making Safeguarding Personal – Personal Outcomes

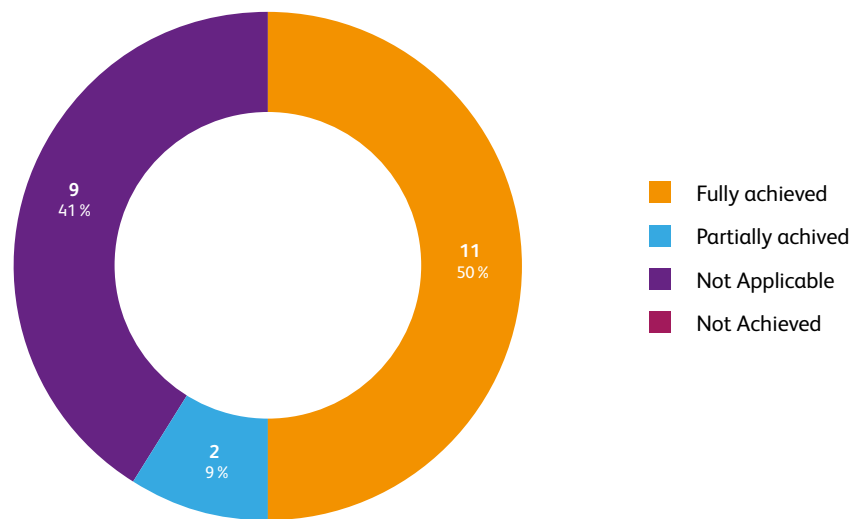
2018/19 MSP Concluded S42 Enquires Personal Outcomes (Source: SAC2018/19)



In 73% of enquiries the individual was asked about what outcomes they wanted from the safeguarding enquiry. In all six cases where outcomes were not asked this was because the people involved were not in a position where they could communicate their wishes.

## Concluded Making Safeguarding Personal Section 42 Enquiries

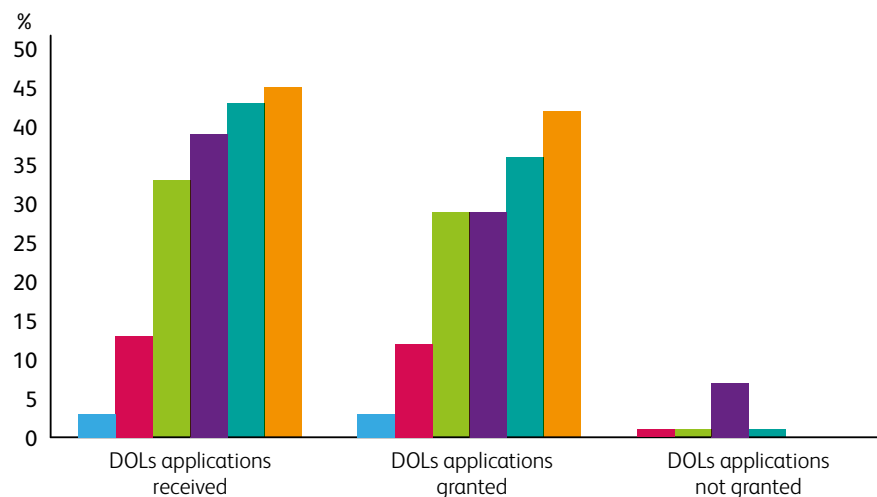
2018/19 MSP Concluded S42 Enquires Asked and Achieved (Source: SAC2018/19)



In all safeguarding enquiries where the individual was able to express their wishes they were either partially or wholly achieved.

## City of London – Deprivation of Liberty Safeguards (DoLS)

COL DoLS applications 2013/14 to 2018/19



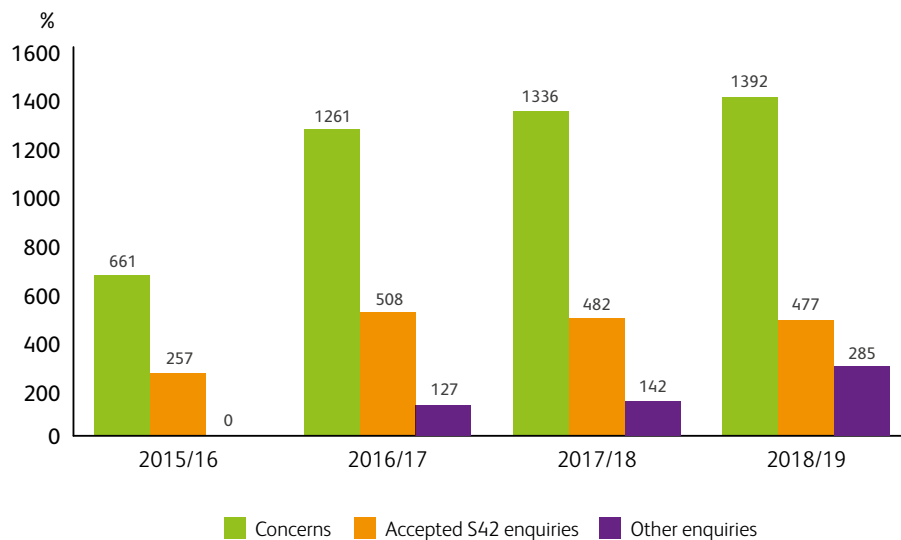
The amount of DoLS has continued to increase, with a total of 45 applications being made in 2018/19. Of these 41 applications were granted. The outstanding four were DoLS that were not completed and therefore no further action took place.

## London Borough of Hackney Safeguarding Activity

- 1,392 concerns were raised;
- 477 concerns led to a s42 enquiry and 285 an 'other' enquiry
- Of the 416 concluded cases, 311 expressed their desired outcomes. 165 people had their desired outcomes fully achieved and 120 partially achieved.

### Safeguarding Concerns /Section 42 Enquiries

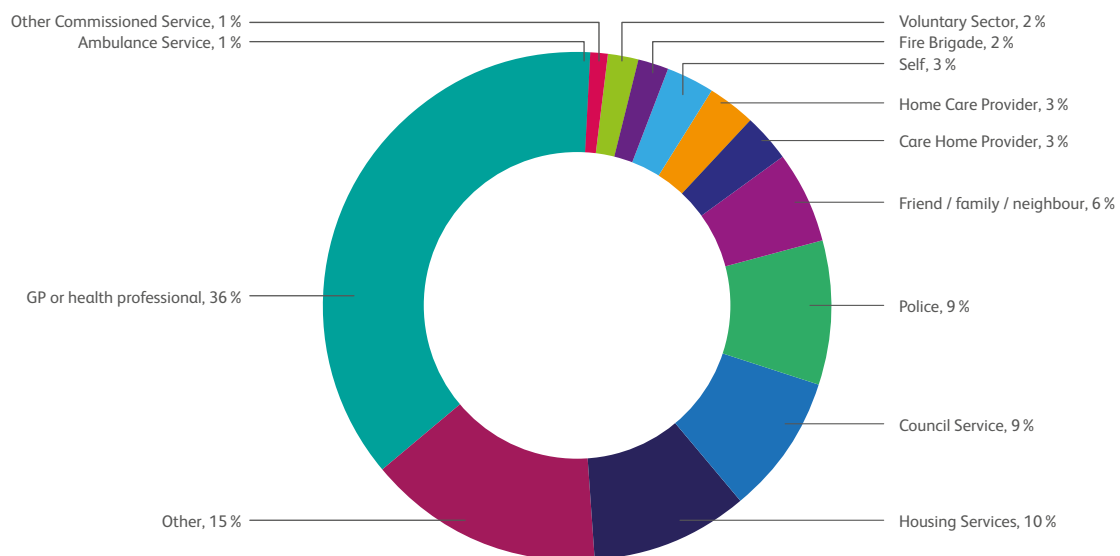
Total number of Safeguarding Concerns and Enquiries 2015 to 2019 (SG1f)



There continues to be an increase in the amount of safeguarding concerns being referred to Hackney Adult Social Care reflecting a trend that has been on-going since 2015/16. The rise in concerns being reported to Adult Social Care is welcomed and represents a greater awareness of our duty to report safeguarding concerns. It is noted that there has continued to be a decrease in concerns becoming a s42 enquiry, however there has been a significant increase in other enquiries being undertaken. The Care Act 2014 statutory guidance states that Local Authorities have the discretion to undertake an 'other' non-statutory enquiries where the individual may not have care and support needs but may be experiencing abuse or neglect. An audit was conducted reviewing the appropriateness of the other enquiries and it was found that actions taken by the local authority were proper.

## Source of Referral

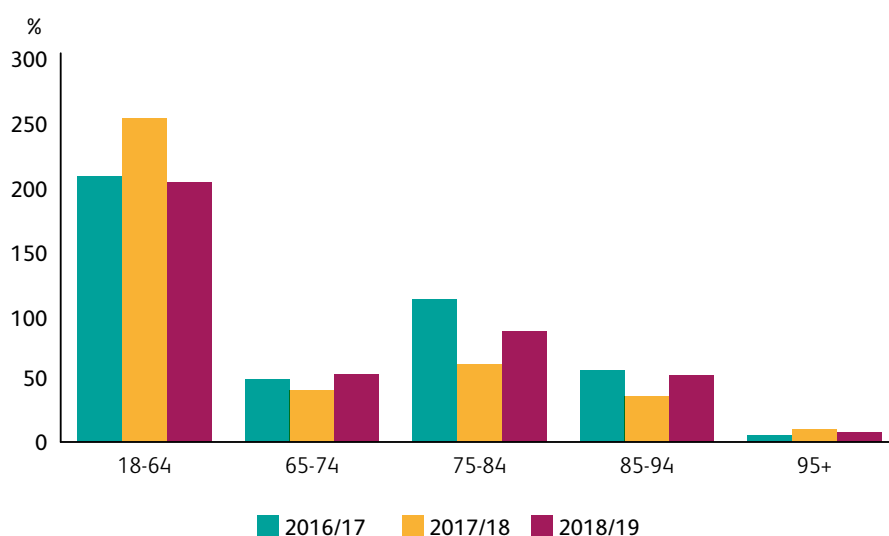
Proportion of Concerns by Source of Referral 2018/19



The health profession continues to be the biggest referrer of safeguarding concerns, making 36% of the referrals to Adult Social Care. There have been increases in the number of safeguarding referrals made from housing services, the police and people who have a relationship with the adult at risk or abuse and neglect. This demonstrates that safeguarding awareness continues to grow amongst professionals in Hackney.

## Section 42 Enquiries - Age

S42 Enquiries by age group

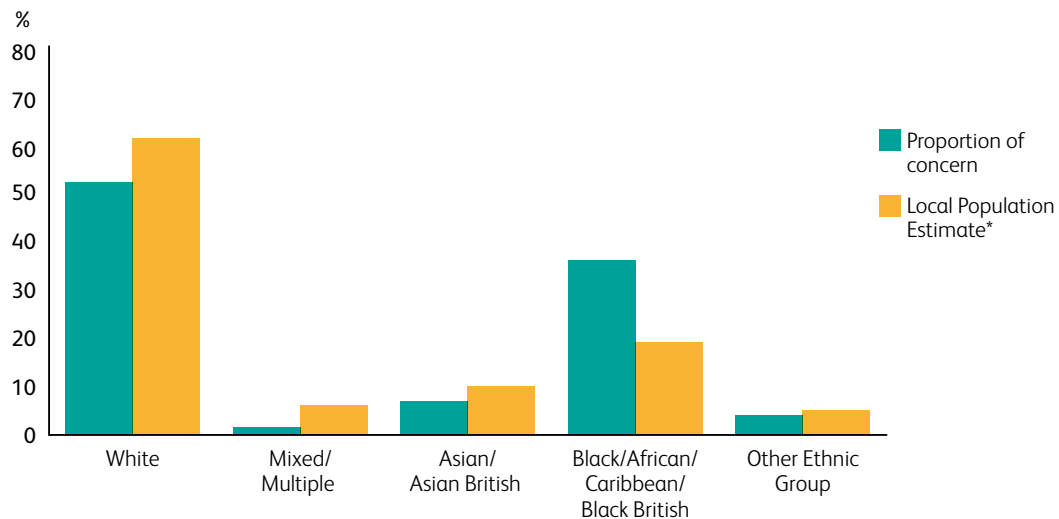


The data for 2018/19, shows that there have been slight increases in enquiries for each age category from 65 to 94, although this does not differ significantly

from previous year's data. There has been a larger decrease in safeguarding enquiries for adults aged between 18 - 64 years, this has been offset by the amount of 'other enquiries' for 18 - 64 year olds which stands at 150 enquiries.

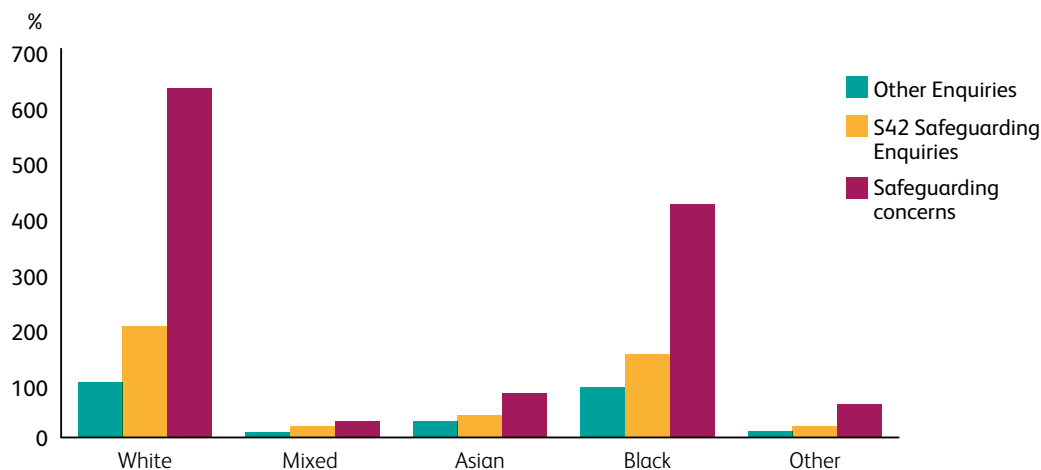
## Section 42 - Enquiries by ethnicity

Safeguarding concerns by ethnicity, compared with the local population, 2018/19



\*Local population estimates for Hackney © Greater London Authority, 2017 ("GLA 2016-based Demographic Projections, 2017")

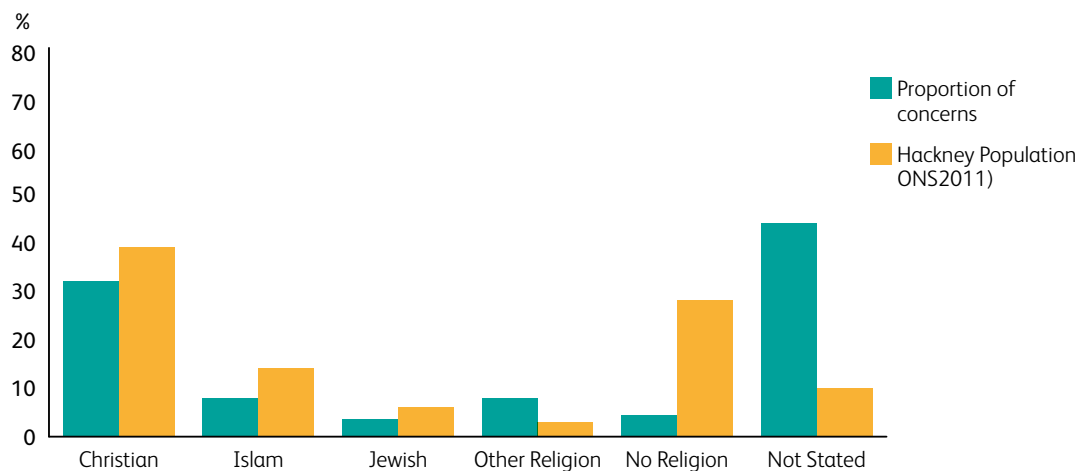
Conversion of Concerns into enquiries by age group, 2018/19



The data for 2018/19 shows that there continues to be an over-representation of safeguarding concerns raised in respect of the Black community, whilst there is also continues to be an under-representation of people from a mixed and Asian background. The gap for people from an Asian background being referred to safeguarding has reduced when compared to previous years.

## Section 42 Enquiries - Religion

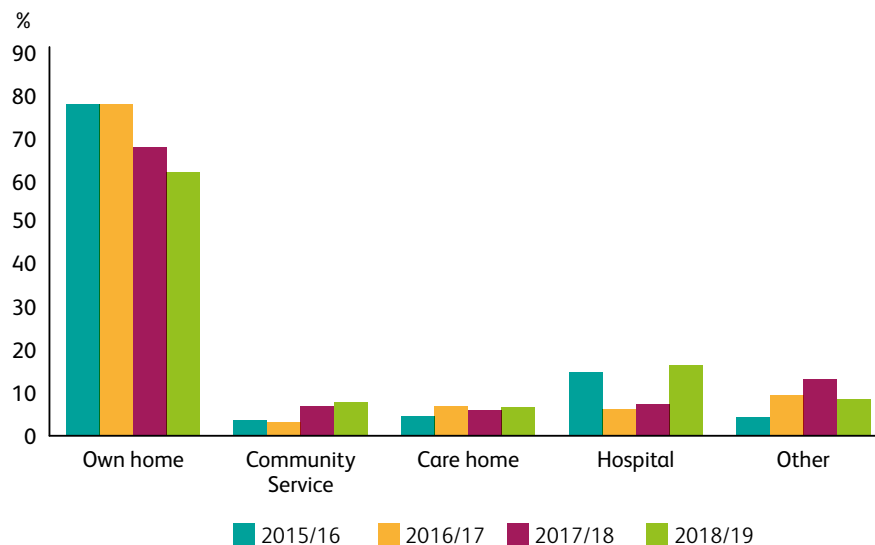
Safeguarding concerns by religion, compared with the local population, 2018/19



From initial data it appears that there is an under representation of all religions being referred to safeguarding, particularly those with no religion. However, there remains a high proportion of individuals that did not state their religion, consequently some of this under-representation may sit within the 'not stated' group.

## Section 42 Enquiries – Location of Abuse

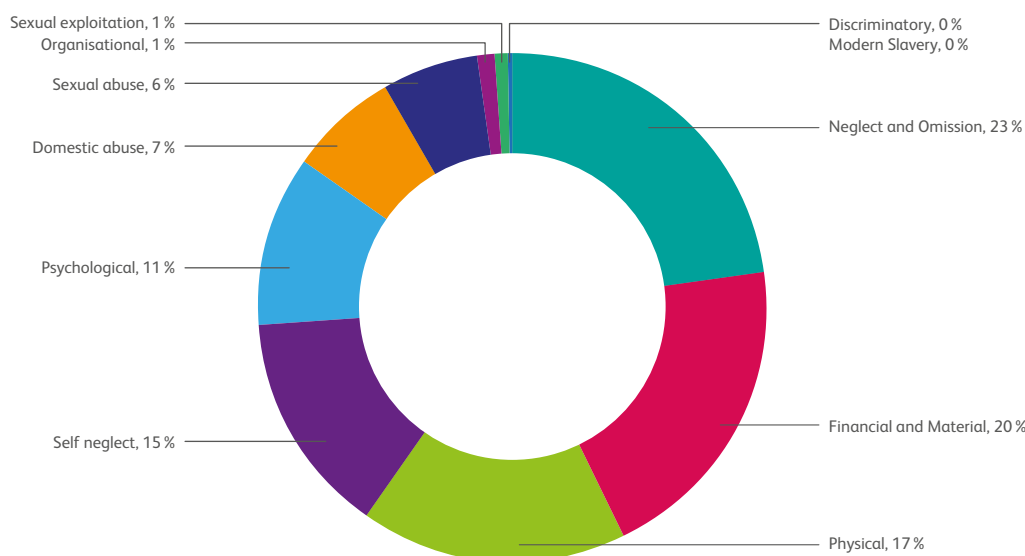
S42 Enquiries by location of abuse 2015 to 2019



The pattern of decreasing abuse within the home has continued into 2018/19. In contrast, there has been a significant increase in abuse taking place in hospitals. However, there has been more safeguarding awareness training in hospitals leading to more safeguarding incidents being reported to the local authority.

## Section 42 Enquiries – Types of Abuse

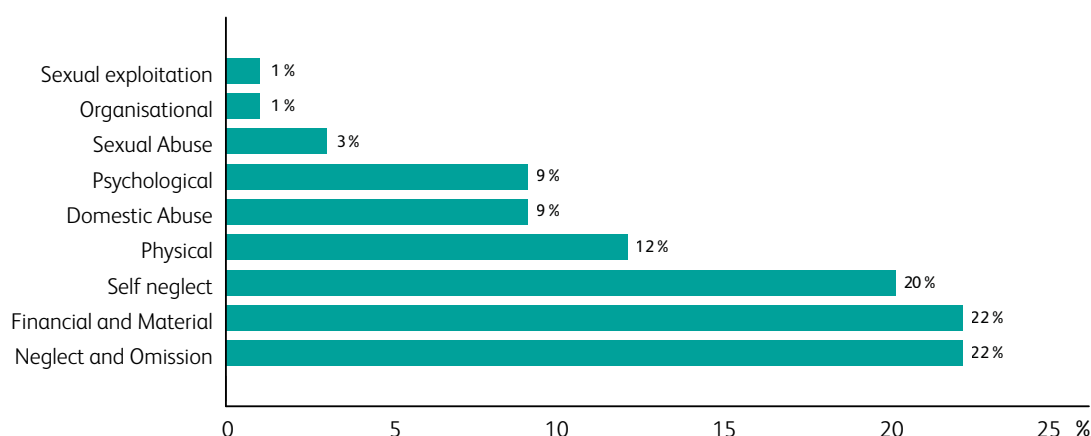
S42 by types of abuse 2018/19



Neglect and acts of omission was the main type of abuse recorded in Hackney for 2018/19, which has overtaken financial abuse. The top three forms of abuse recorded in Hackney are consistent with the national data on abuse and neglect.

## Types of Abuse in Own Home – Breakdown

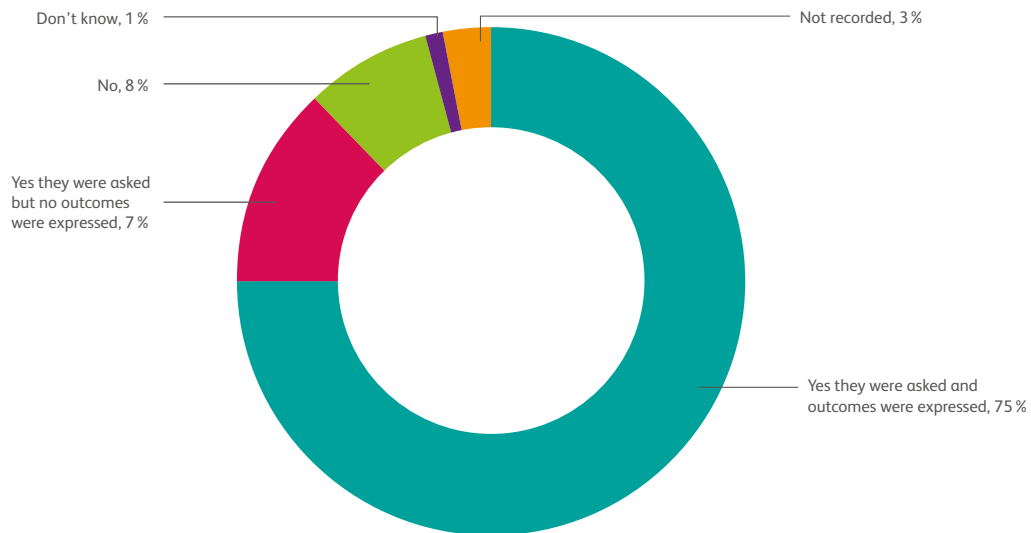
Proportion of types of abuse in own home 2018/19



The main forms of abuse in the home continue to be neglect and acts of omission and financial abuse. There has been a significant increase in self-neglect being reported, as self-neglect was only formally recognised as a form of abuse since 2015 this may be due to a better awareness of self-neglect and its indicators. The CHSAB has specifically provided training in relation to self-neglect as well as this being the focus of a number of our SARs, which has also helped raise awareness. .

## Making Safeguarding Personal – Outcomes for Concluded Section 42 Enquiries

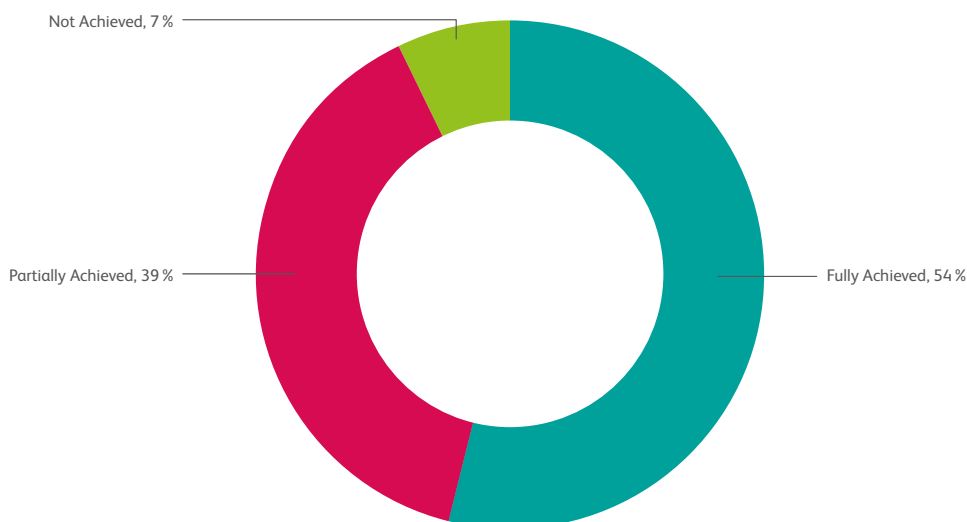
Making Safeguarding personal outcomes for concluded S42 Safeguarding enquiries



In Hackney, frontline staff are continuing to ensure that people who experience the safeguarding process are asked about the outcomes they want. This year 88% of people were asked what they wanted the outcomes to be, a 4% increase on 2018/19.

## Desired Outcomes of Concluded Section 42 Enquiries

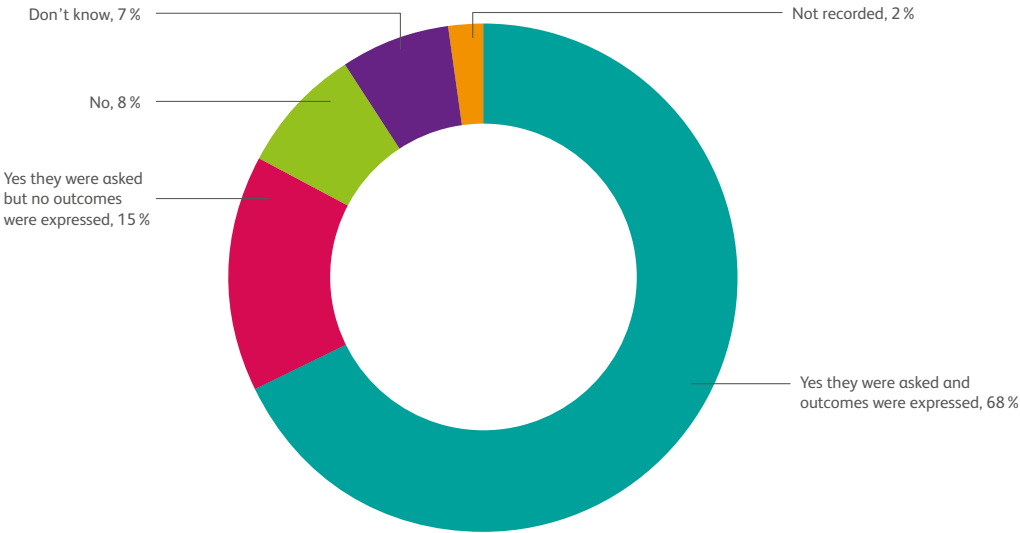
Desired outcomes of concluded S42 enquiries where outcomes were asked and achieved



Where individuals were asked what outcome they wanted in 97% of enquiries these were either fully or partially achieved. In 2018/19 there has been an 8% increase in outcomes that have been fully achieved. This represents a better understanding that, where possible, the wishes of the individual at the centre of the safeguarding should be respected.

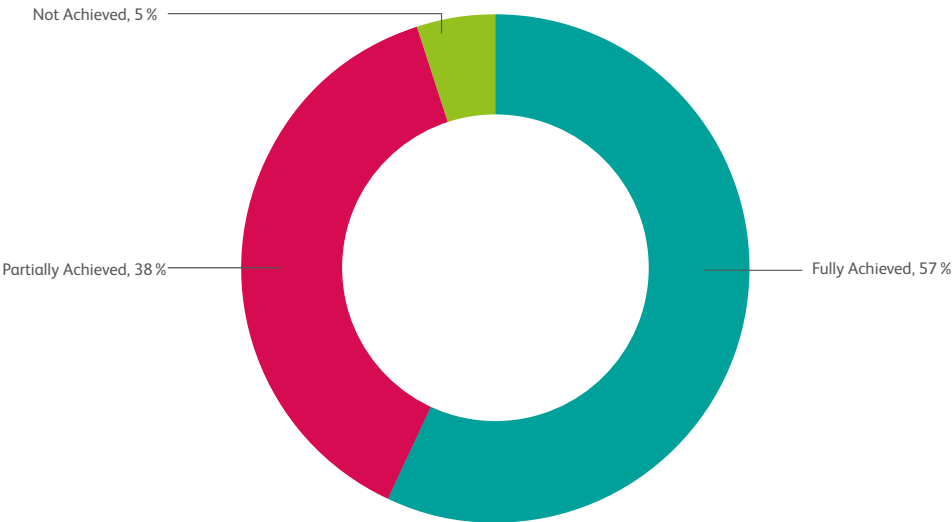
**Making Safeguarding Personal – Outcomes for other concluded safeguarding enquiries**

Making Safeguarding personal outcomes for other concluded S42 Safeguarding enquiries



**Desired Outcomes of other Concluded Enquiries**

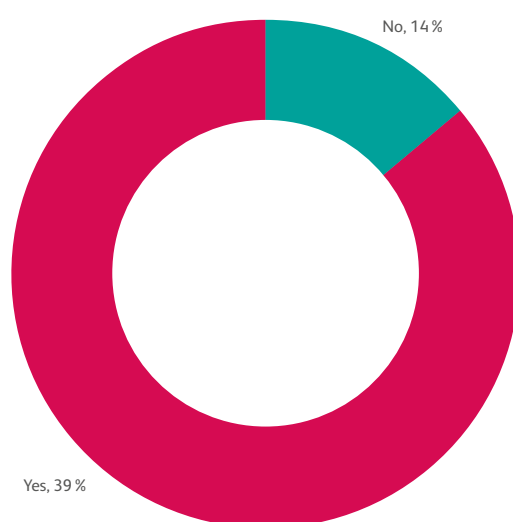
Desired outcomes of other concluded enquiries where outcomes were asked and achieved



Similarly data indicates that there is greater personalisation in ‘other enquiries’, with 83% of adults being asked what outcomes they want and of those that were asked, 95% had their desired outcomes fully or partially met.

## Feedback of Safeguarding Activity to Referrers

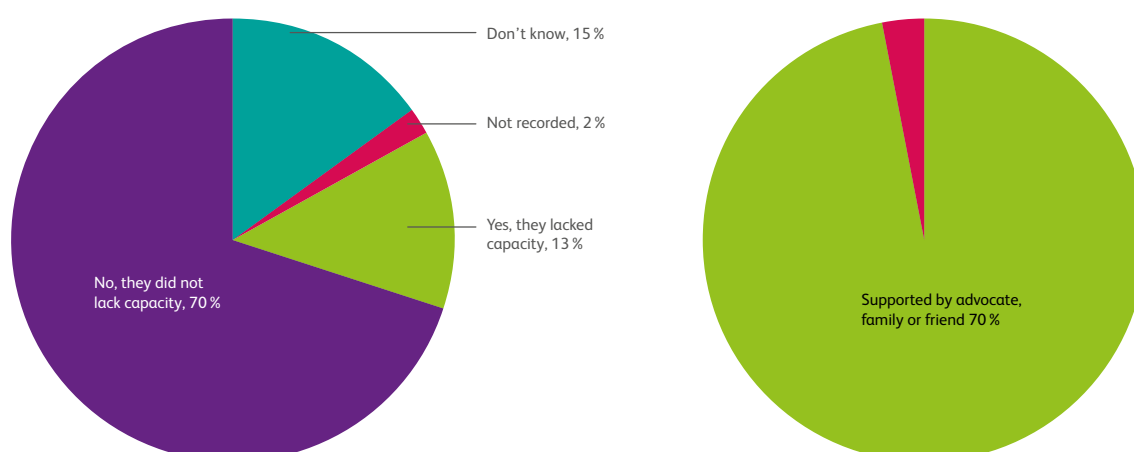
Feedback of Safeguarding activity to referrers



Feedback to referrers continues to improve in 2018/19, with a 2% increase in figures. This follows a pattern of improving engagement with referrers over the past few years.

## Mental Capacity – Subjects of Concluded Section 42 Enquiries

Mental capacity of subjects of other concluded Safeguarding enquiries



In 2018/19, 13% of people were deemed to lack capacity to make decisions about their care. Of these cases, the adult at risk of abuse or neglect was offered an advocate in 97% of cases, a 21% increase from 2016/17. The CHSAB has funded significant training around mental capacity and this is a key message from the SARs undertaken by the Board, this could have impacted the increase, as well as better recording of data.

### Deprivation of Liberty Safeguards (DoLS)

| Year    | Applications | Granted | Not Granted |
|---------|--------------|---------|-------------|
| 2018/19 | 766          | 513     | 255         |
| 2017/18 | 693          | 462     | 228         |

| Year    | Applications |
|---------|--------------|
| 2018/19 | 766          |
| 2017/18 | 693          |
| 2016/17 | 810          |
| 2015/16 | 690          |
| 2014/15 | 358          |
| 2013/14 | 24           |

The data shows that there were 766 new or renewal applications processed, an 11% increase on last year's statistics. However, there was a reduction on the number of 'unique people' subject to a DoLS which has reduced from 570 to 537 people. It was interesting to note that there has been a 12% increase in DoLS applications being refused.

## Contributions from Partner Agencies:

### Case Studies

---

#### Public Health

Nina, a vulnerable young woman with complex needs and a history of trauma, was supported by the Multiple Needs Service. Nina went through a repeated cycle of childhood abuse and spent a few years in care before returning to live with her mother. She became drug dependent after being introduced to them by her ex-partner. Nina's physical and mental health was very fragile, due to her chaotic lifestyle, the cycle of abuse she has been involved in and her self-neglect.

Nina has a son who was removed from her care at the age of five. She hasn't had face-to-face contact with her son for over six years and was advised she needs to regain stability before can see him again. In the meantime, she has been maintaining letter contact with him via his social worker. She experienced complex PTSD, compounded by the grief and loss of having her son removed from her care.

Nina was in a controlling and abusive relationship, which she was dependent on to help her manage aspects of her life. He was well aware of Nina's vulnerabilities and made his support conditional allowing him to control Nina. For example, he regularly used Nina to beg for money to fund his drug use, took control of her mobile phone, and exploited her flat for drug related purposes. He died of a heart attack, leaving Nina even more vulnerable. Following his death, Nina's suicidal thoughts became more persistent and increased in frequency.

Nina had a range of serious physical health problems. She had a liver transplant as a new-born baby, and was not complying with medical treatment around this. She presented as underweight, weak and generally unwell. Nina's financial situation also meant she turned to begging and was at risk of being evicted. She was subject to ongoing bullying and harassment from members of her family and other street users and presented with injuries which led to safeguarding concerns being raised.

Nina was not initially interested in changing her lifestyle, her engagement with services was inconsistent, increasingly chaotic and there was also evidence that she was still using drugs.

Services worked with Nina by carrying out regular street outreach visits and maintaining telephone contact with her as well as supporting her to manage her daily affairs so a relationship could be built which would allow further interventions. They advocated on Nina's behalf and negotiated flexibility with services in terms of her medical care. Nina was supported emotionally and practically, for instance with food, benefits, mobile phone credits, and reporting the abuse to the Police. Nina was supported to maintain contact with her son via her son's social worker. In addition, a referral to a hostel for vulnerable women was made and eviction plans were postponed. Nina was referred to

specialist services to help aid her recovery from addiction and introduced to a mental health professional from the Crisis Team. Teams also alerted emergency services in Homerton Hospital – Mental Health CRISIS Team and A&E – about Nina's poor physical and mental health so that she could receive flexible on-going support if required.

### **Homerton University Hospital Foundation Trust's (HUHFT)**

Mr A, a 77 year old gentleman was referred to the Adult Community Nursing Service for leg ulcer management. He presented with wet and malodorous legs, soiled clothing and was generally unkempt. The district nurses, who were concerned about this, raised a safeguarding concern for self-neglect.

Mr A continued to attend the leg ulcer clinic in soiled smelly clothes. The district nurses were concerned about his cognition and ability to self-care so they referred him to the dementia specialist nurse. During one clinic visit, Mr A informed the district nurses that he had no hot water at home. This raised the curiosity of the nurses considering that no health professional had visited him at home. After discussion, Mr A agreed for the dementia nurse and the district nurse to undertake a home visit.

During the home visit there was evidence of gross hoarding in all rooms, no heating, a soiled broken toilet, evidence of infestation and rotting food throughout the flat, piles of rubbish and general belongings everywhere. Mr A informed the nurses that he had given a friend some money to buy a new television. This raised the question of financial abuse and a safeguarding adults referral was made for financial abuse, self-neglect and hoarding. The nurses also contacted housing for an emergency repair, which was allocated as a priority.

A safeguarding meeting was held at Mr A's house attended by two social workers, dementia specialist nurse, housing officer and an administrator. A capacity assessment was completed in relation to Mr A's ability to manage his finances. Mr A was found to have capacity and spending his money on a new television rather than on clothing and food was deemed an unwise decision. Mr A expressed his wish to move closer to his cousin in another borough. The district nurses supported him to complete all the relevant paperwork. He also stated that he wanted to remain in his flat until then and accepted a carer to support him de-cluttering his flat.

The nurses were able to provide him with some clothes and food. A social worker worked with Mr A to arrange the flat to be cleaned so that repairs can be made to his property.

### **London Borough of Hackney**

Mr B was an 80 year old man who at the time of referral lived in a one-bedroomed Housing Association (HA) property, within a sheltered accommodation scheme. He had lived there for a number of years following deterioration in his functioning. It was understood that, although he had two brothers, he had lost contact with them and had no other family members involved in his care.

Mr B was referred to the Local Authority by his HA who had concerns that he was being financially and psychologically abused by an individual residing with him who identified themselves as his primary carer. The HA was worried that Mr B may be subject to duress and were concerned that the individual had begun to get more involved in the lives of other adults at risk within the scheme. The scheme manager had had some initial conversations with Mr B about the arrangement and had stressed to him that he was running a high risk of being evicted from the property as he was in breach of his tenancy.

The case was allocated to a social worker who made initial contact with the scheme manager to gain further understanding of the situation and to establish the best way to make contact with Mr B. This was important given that the potential issues of duress and the informal carer becoming unpredictable and aggressive when challenged. The scheme manager had a good relationship with Mr B and was able to arrange a meeting with him and the social worker on the same day.

Mr B appreciated the concern but stressed that he had no difficulties or concerns in relation to the arrangement. He explained, reluctantly, that he initially met the carer a few years ago. They agreed to enter into an arrangement where Mr B provided accommodation and the carer provided support for him to manage his finances and care needs, as well as company. Mr B stated that his carer was not using his money for their own means however acknowledged the arrangement had differed from what he had expected.

Mr B was clear that he did not want any action taken and began to get distressed by the conversation. The social worker was able to calm Mr B and accepted his decision, they did however check that Mr B knew what to do and who to contact if the situation changed and he did need assistance. Mr B once again became upset and the social worker agreed to call back in a few days to see if there was anything else that they could assist him with.

The social worker arranged to see him again three days later in the manager's office. Mr B attended the office having given some thought to what he wanted to happen. He stated that he required assistance to end this relationship although he stated that he was frightened of the implications for him. He stated "Please do what you have to do to stop it". With the agreement of Mr B, the social worker made contact with the Police who subsequently attended the property and arrested the carer on the basis of abusing their position and possible financial abuse. The police issued bail conditions that they should not engage with Mr B.

Mr B was extremely pleased with the outcome. The scheme manager was able to complete a risk assessment with Mr B, which included a change of lock, and consideration of a personal alarm. The social worker visited Mr B over the next few days to explore community opportunities for Mr B in order to address his sense of loss of relationship and the opportunities for him to regain control of his life.

Police are currently progressing a charge of theft and fraud.

## Multi-Agency Working

Mr F was a 50 year old single man who was understood to be living alone in a flat within a Local Authority housing block. He had lived there for a number of years. Mr F first came to the attention of mental health services via the Anti-Social Behaviour Team in 2016, due to ongoing difficulties with his neighbours. They were of the opinion that his objections were not rational and may be linked to paranoia. Mental health services attempted to engage but he was subsequently discharged from their services as he did not take up their offer of support.

The case was re-referred back to Adult Social Care (ASC) in 2018 due to erratic and anti-social behaviour towards his neighbours. A social worker attempted to make contact via letter on several occasions and making a series of announced and unannounced visits. This led to Mr F emailing the allocated social worker asking them to desist from making contact and to complain about a neighbour who he believed to be causing difficulties. He made reference to being harassed by the London Borough of Hackney.

ASC liaised with the Housing Officer to gather more information about Mr F's residency, however little was known about him. A referral was made to the multi-agency High Risk Panel due to concerns about his lack of engagement and his housing situation. This was to identify if there was anything that could be done to clarify the individual's vulnerability and secure any relevant services.

The case was presented by the allocated social worker and their manager. The Panel consisted of Adult Social Care, the Local Authority Head of Safeguarding, Housing Manager, mental health services and the fire brigade.

The agencies confirmed that Mr F was mobile, in substantial arrears for non-payment of his service charge and refusing access for a hoarding and risk assessment. London Fire Brigade had completed a visit some time ago and had made a number of suggestions to address substantial hoarding, this included installation of smoke alarms. Mr F had no known GP and there were no identified utilities in the property.

There was a query as to whether Mr F had mental health difficulties which were impacting upon his well-being or whether he had a degree of eccentricity and wanted to be "off the grid". Whilst services did not know a great deal about Mr F the main concern for the Panel was the risk to neighbours and his possible eviction due to non-payment of his service charge.

The Panel agreed that the fire brigade would make contact as he had been receptive to them in the past. Local Authority Housing would also make contact on the basis of identifying if he required financial advice regarding payment of service charge arrears. Mental health services also gave consideration to the use of formal powers in order to convene an assessment of his mental health, and therefore avoid a deterioration in his well-being.

Following the fire brigade's visit, Mr F agreed to engage further with them. He agreed to liaise with a financial adviser who was being arranged by the

housing team. It was determined that Mr F did have mental health difficulties and are supporting workers to engage with him.

### **City of London Corporation**

Ann an 88 years old woman living alone with multiple health conditions including: Osteoporosis, Atrial fibrillation, Hypertension, Diabetes type II and Bilateral Lymphoedema. Ann had two children who provided a good level of emotional support but limited practical support due to where they live.

Ann received a care package which consisted of 4 calls per day to support her to manage all her activities of daily living. She required support of someone to mobilise and the use of a hoist to get into and out of bed.

Ann was taken to hospital in January 2019 with hypothermia and dehydration. It was noted shortly after being admitted that she was suffering from moisture damage, friction burns, sores to her thighs and groin; this led to concerns that this was as a result of moving and handling.

The care agency was notified that same day of Adult Social Care receiving the safeguarding adult referral and was asked to complete their own enquiries into the concerns raised.

The allocated worker met with Ann on the ward to discuss the concerns raised. Ann was deemed to have capacity. She stated that she wanted them to make enquiries to determine whether the care that she was receiving was appropriate. She advised that she wanted to be consulted throughout the process but was also happy for her daughter to be consulted. It was also noted that Ann would attend any meeting, but consideration would need to be given to the location if a formal meeting was required.

The allocated worker met with all agencies involved in Ann's care. It was found that Ann never feels cold so will often sit in front of a fan in her living room regardless of the temperature. The enquiry recognised that whilst staff were not neglectful there were areas of improvement that could be made.

When asked, Ann stated that she wished to remain in her home and wanted to continue to use her fan. Adult Social Care put support in place to help Ann. Carers were extra vigilant in ensuring that Ann had an easily accessible drink with her between visits and she was educated on the importance of drinking water. A thermometer was purchased so that carers could check the temperature in Ann's house and raise concerns where relevant. Additional support was provided to carers looking after Ann so that they could ensure that moving and handling was undertaken appropriately.

More widely, training was provided to Occupational Therapy and Care Agency on hoisting. Training and review of hoisting and this has been completed alongside City OT and care agency. Policies were also reviewed hoisting and mobilising.

## Contributions from Partner Agencies

**This section contains short accounts from members of the CHSAB about their safeguarding adults' work during 2018/19, taken from their self-assessment audit.**

### London Borough of Hackney (Adult Social Care)

In 2018/19, London Borough of Hackney has implemented the following work which aligns with the CHSAB priorities:

- Promoted the Multi-Agency High Risk Panel which explores ways to support people with complex needs
- Supporting the newly commissioned “umbrella” advocacy service which commenced in April 2018. This features a single point of access for all advocacy, which has significantly reduced the issue of receiving inappropriate referrals.
- Progressed our “Making it Real” initiative, which engages Hackney residents to ensure truly personalised approaches to our work.
- The annual customer satisfaction survey which incorporates a “safeguarding perspective”, has indicated that 84% of people in receipt of care services, say that those services make them feel safe. The figure for Hackney is above the London average of 82%.

Adult Social Care were the subject of a Peer Review in April 2018 which focused on Adult Safeguarding using the National Adult Safeguarding Standards. The review was largely positive and acknowledged good practice in a number of areas namely:

- Multi-Agency High Risk Panel is well regarded, widely utilised and leads to better outcomes
- Evidenced examples of good multi-disciplinary and joint working arrangements
- Positive relationships were evident across the partnership
- Innovative use of the voluntary sector to raise awareness of adult safeguarding
- Service users and carers were optimistic that co-production will continue to be a priority

Adult Social Care developed an action plan to address areas of improvement identified and have achieved the following since the review:

- Implement the “3 Conversations” model, with Partners for Change, to promote strength based approaches to supporting residents. This involves a key worker supporting the person to identify what could support them to keep their independence and increase engagement within their community.

- Refining our data collection to better understand concerns being generated so that we can better direct safeguarding awareness.
- Ensured that adult safeguarding and learning from SAR's is incorporated into relevant work streams
- Strengthening the offer to Carers by creating of a Carers Partnership Forum

There remains work to do as the audit has provided an opportunity to:

- Continue to develop our preventative services, which play a significant role in enabling people to remain in the community
- We have enhanced our “front door” to incorporate initial triage of safeguarding concerns which has led to quicker coordination of responses to safeguarding concerns.

## City of London Corporation

The City has continued to work on a number of projects and has developed a number of new initiatives. The work on financial scamming with Trading Standards has continued and is embedded within practice. There remains a strong ongoing multi -agency commitment to the established Hoarding, Self-Neglect and Fire Risk Panel.

The City has continued to embed the principles of Making Safeguarding Personal across the organisation with joint training with Adults, Children's, Homelessness services and commissioned providers. The Adult Social Care team now has a full complement of permanent social workers to help deliver a consistent relationship-based approach to practice. The City will continue to prioritise MSP across the organisation in the coming year.

A review of supervision arrangements has taken place following which there will be further development of cross service peer supervision opportunities within a Think Family approach.

Following some innovative outcome focused commissioning, Age UK have been appointed to provide a Community Connections service aimed at reducing social isolation and providing a joined up early intervention approach for City residents.

The City has continued its strong commitment to learning from Safeguarding Adults Reviews. A new internal procedure has been developed and embedded to ensure all future SAR learning is appropriately distributed to commissioned providers.

Adult Social Care and the City Homeless Service have been working closely together to safeguard Rough Sleepers. A monthly meeting now takes place between City Outreach services and social workers to promote understanding of the issues facing rough sleepers and to seek to address any safeguarding and wider Care Act responsibilities.

The City of London Corporation has continued to work as part of an integrated health and care system with City and Hackney CCG and the London Borough of Hackney. As part of this, a system wide safeguarding framework has been developed embedding safeguarding considerations across the work being undertaken as part of the integration project.

## City and Hackney Clinical Commissioning Group

City and Hackney CCG have developed and strengthened Adult Safeguarding in 2018 with a number of significant achievements. In the 2017/18 annual report we identified seven key priorities for 2018-19, and we are pleased to report all of these have been actioned. Four of our key priorities have been completed whilst work on the remaining three is ongoing. Our structural highlights this year include:

- The permanent appointment of a Designated Adult Safeguarding Manager
- The successful appointment of a GP clinical lead for Adult Safeguarding with a commitment to continue this role in 2019/20
- A 75% increase in funding commitment to the CHSAB
- Publication of a new CHCCG Adult Safeguarding Policy and CHCCG Safeguarding through Commissioning Policy.
- Publication of the first Learning Disability Mortality Review report.

In support of the CHSAB priorities, the CCG achieved:

- **SAR Learning:** We successfully embedded SAR actions into the Integrated Commissioning Programme and supported the embedding of Safeguarding as a 'golden thread' running through all aspects of planning and transition within Integrated Commissioning.
- **Working Across Partnerships:** Coordination with CCG colleagues across the North East London Commissioning Alliance (NELCA) to streamline policies and strengthen partnership working.
- **Staff Competency:** Increased training and support offer to GPs including bespoke Adult Safeguarding Training Sessions for GPs, joint children and adult safeguarding reflective forums adopting a 'Think Family Approach' and innovative Adult Safeguarding training for GP practice managers and non-clinical staff.

City and Hackney CCG have established a number of key priorities for 2019/20, these include:

- 1) Enhance our mechanisms for quality assurance of care and nursing placements particularly those commissioned out of borough.
- 2) Support the CCG and our partners to manage the transitions associated with changes to the Deprivation of Liberty legislation.
- 3) Embed safeguarding in the neighbourhood model and the further integrated commissioning developments.

## City of London Police (COLP)

COLP continued to develop working practices around the 'Vulnerability' Policing priority. This has included developing an overarching 'Vulnerability Action Plan', tasks on the plan include:

- A vulnerability performance dashboard developed to provide a better picture of issues affecting the City
- A 'vulnerability risk register' has been developed to ensure specific risk relating to vulnerability and safeguarding can be assessed and escalated
- 477 officers have received vulnerability training

COLP secured funding for 2019/20 for a mental health triage nurse and Vulnerable Victim Advocate. This has led to a significant decrease in the need to apply S136 of the Mental Health Act to members of the public.

Support is offered to vulnerable victims of crime including domestic abuse, sexual violence and fraud, as well as opportunities for third party reporting to outreach services and engagement work. These services have been referenced as examples of good practice by Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services. The domestic abuse toolkit for businesses has been rolled out, to help them identify and support colleagues who may be suffering abuse.

COLP have continued work around modern slavery and human trafficking, working with building sites to raise awareness and uncover possible victims. COLP have taken part in 'Operation Aidant' – a National Crime Agency initiative tackling different aspects of modern slavery, including work with sex workers.

COLP have developed and implemented 'Op Luscombe' a multiagency initiative to work with rough sleepers, identify their vulnerabilities and offer assistance and diversion rather than prosecuting from the outset.

The Fraud Hub continue their work to identify and work with vulnerable victims of fraud, ensuring that information is passed to relevant force areas in national cases for safeguarding.

The Professional Standards Department have continued their work around 'Abuse of Position' to ensure processes are in place to identify staff that may abuse their position to take advantage of vulnerable victims or members of the public.

In the coming year COLP will be focussing on the following:

- Reviewing Domestic Abuse guidance to incorporate guidance for those whose first language is not English
- Development of a 'Vulnerability' problem profile bringing together all strands of vulnerability that affect adults, rather than separate profiles that currently exist.

## Metropolitan Police Service (MPS) Hackney

In October 2018 Tower Hamlets and Hackney boroughs merged into Central East (CE) BCU and a dedicated Safeguarding strand was created. This structural change has significantly raised the profile of safeguarding within the MPS, making it core business for all staff.

The MPS has a number of dedicated central units dealing with specific categories of abuse. Locally there are BCU-based units such as the safeguarding investigation pods, who deal with domestic abuse, hate crime and elder abuse, and since February 2019, also have responsibility for the investigation of rape and serious sexual offences. Operation Jigsaw handles safeguarding issues arising from the management of serious sexual and violent offenders.

The CE Exploitation team addresses issues around 'cuckooing', where a vulnerable person's address is taken over for the purpose of criminality, and other forms of exploitation of vulnerable adults. The team also has responsibility for missing persons and considers whether abuse or factors such as dementia have contributed to / triggered the disappearance. In the past year the MPS has introduced the 'Herbert Protocol', which involves recording details of significant people and places for vulnerable adults suffering from dementia who have previously been reported missing.

The MPS have undertaken work to strengthen links between the different units who have safeguarding responsibility. There is increased interaction between the Safeguarding Investigations teams, Exploitation team and Mental Health team, with learning being identified and shared with the wider BCU through different means. Our local Tactical Tasking and Coordination Group meeting also includes a focus on Safeguarding ensuring this is an operational priority.

There has been a significant focus on training to develop safeguarding understanding amongst officers. For example, three supplementary courses based on safeguarding were created to help safeguarding officers deal with the recently devolved investigation of rape, serious sexual assault and child abuse.

An adult's ability to make lifestyle choices, issues around vulnerability and the principles of the Mental Capacity Act has been a focus for the MPS, with Victim Care being a key strategic priority. Staff are required to take a person-centred approach to risk management and safeguarding. For example, an adult's view regarding the outcome of criminal investigations must be sought and recorded by officers. To support officers, training around Making Safeguarding Personal was developed in conjunction with Dr Adi Cooper. This includes an input around capacity and the role of other agencies. It is currently being rolled out to all local officers, up to and including Inspector level.

There has been a significant focus on audit and learning over the past year. The Partnership DI is responsible for collating learning from audits and reviews and ensuring this informs local practice. Issues have also been raised with the relevant central teams as appropriate. The MPS further holds a central list of all internal SAR, SCR and DHR recommendations, identifying patterns and trends and holding BCUs to account for completion.

## Homerton University Hospital Foundation Trust's (HUHFT)

The adult safeguarding team have worked collaboratively to ensure that safeguarding concerns are better identified. A process is in place to triangulate complaints, serious incidents, and legal claims, which enables the adult safeguarding team to be involved in screening for potential safeguarding referrals from the point at which they are reported. This has created a robust system to ensure referrals are made to Adult Social Care efficiently.

Staff knowledge and awareness around mental capacity assessments has improved as a result of the introduction of Mental Capacity Act (MCA) simulation training. The training covers the principles of the MCA assessments and ensures that assessments are correctly documented on the Electronic Patient Records system before applying for Deprivation of Liberty Safeguards (DoLS). More simulation sessions are planned to enable staff to practice skills in a safe environment.

The adult safeguarding team conducted an MCA audit to check whether staff were considering the first principle of the Mental Capacity Act of assuming capacity at all times. The clinical notes indicated that patients were presenting with considerable psychosocial complexities that called for a multidisciplinary approach and careful discharge planning. The audit indicated evidence of thoughtful and person-centred practice – with a focus on seeking consent – particularly by therapy staff.

The Trust has had a Lead Learning Disability and Adult Safeguarding Nurse Practitioner in post since April 2018, tasked with raising awareness about learning disability. Bespoke learning disability training with focus on reducing health inequalities for people with learning disabilities has been conducted across acute and community health teams and learning disability training is now incorporated into HUHFT induction. The feedback from the training has been extremely positive.

The adult safeguarding team has initiated a Learning Disability Working Group with a focus on ensuring that a culture of making reasonable adjustments is embedded and consideration is routinely given to carrying out Mental Capacity Act assessments.

There is a page on our intranet which has resources about making reasonable adjustments, to ensure that all services are accessible for people with communication problems or those for whom English is not their first language.

The trust has participated in an NHS Improvement Learning Disability Benchmarking exercise involving both patients and staff, aimed at improving the quality of service provision to people with learning disabilities nationally.

## East London Foundation Trust (ELFT)

Over the past 12 months considerable energy and attention has gone into improving the systems and processes around Safeguarding Adults in ELFT. The aims have been:

- To improve the understanding of front-line staff about Adult Safeguarding and in particular Making Safeguarding Personal
- To increase the support and advice available to staff
- To improve our recording and reporting of Adult Safeguarding concerns
- To improve the experience of service users, where safeguarding concerns are raised.

There have been a number of safeguarding achievements for ELFT during 2018/19, these include:

- We worked with London Borough of Hackney (LBH) to agree a streamlined process of reporting safeguarding adults concerns into LBH. This will help ensure the consistency of information provided to LBH.
- We worked with LBH's Head of Adult Safeguarding to develop our proportionality document, which has now been implemented on all our inpatient wards. It is intended to ensure that there is a proportionate response to the safeguarding issues that arise in an inpatient setting.
- We have increased the number of Safeguarding Adults Managers (SAM's) working across the service. There are currently 22 SAM's based in ELFT, including Inpatient Services. We have worked with the London Borough of Hackney to ensure our SAM's have regular support and refresher training.
- We have developed, tested and implemented a new Rio Safeguarding screen, which is our patient case management system. This new form has several advantages, specifically it will improve our recording and reporting in relation to Adult Safeguarding and it also has in-built prompts in relation to Making Safeguarding Personal to ensure that our staff are considering this for all patients.
- The Trust has introduced new face to face training for Adult Safeguarding Level 3 for staff which is in the process of being rolled out.

ELFT has set itself the following priorities for 2019/20:

- To complete the implementation of Rio Safeguarding Adults screen and revised Mosaic Reporting and ensure this supports staff in delivering Making Safeguarding Personal aims.
- To achieve training compliance of 90% above for Adult Safeguarding Level 2 and to ensure Level 3 training is rolled out to all front-line staff who are Band 5 or above.

### London Fire Brigade (Hackney)

The Brigade's commitment to safeguarding is evidenced at the highest level in the Integrated Risk Management Plan. Once a safeguarding risk is identified appropriate action is taken and escalation can occur as needed to protect an

individual. The approach to safeguarding in the Brigade is overseen by the Commissioner.

This year we undertook over 3,000 Home Fire Safety Visits in Hackney to ensure that adults at risk were provided with suitable education and safety equipment to avoid fires within the home.

S015 Counter Terrorism from Met Police has run three sessions on Prevent in particular for our youth/health and fire safety regulation staff. In addition, an article on Prevent/Radicalisation and what staff need to be aware of/action to be taken has been pulled together and published on our Intranet to raise everyone's awareness on the topic and related responsibilities.

The Brigade has reviewed the internal Safeguarding Adults policy and updated this in line with the London multi-agency adult safeguarding policy and procedures, to incorporate the particulars of the Care Act 2014. This has been published and is available to all staff via the internal intranet. The updated policy references the Mental Capacity Act 2005 and the Prevent strategy.

The Hoarding policy has also been reviewed to signpost the issue (hoarding) as requiring a 'self-neglect' referral to Social Services Departments. The policy outlines the immediate steps which should be taken to protect the adult and preserve the scene. The delivery of the information sharing project with the London Ambulance Service to provide Home Fire Safety Visits to high risk hoarders, has been embedded into core business.

The Brigade has developed a training package for all personnel which features the 'Making Safeguarding Personal' principle. The training also provides staff with a clear working understanding of the Mental Capacity Act. The package complies with both the Care Act and London multi-agency policy and procedures, and ensures all Brigade personnel receive initial and regular refresher safeguarding training. The universal online training module was rolled out to all staff groups in 2018-2019.

## National Probation Service

The Adult Safeguarding Lead for London's National Probation Service (NPS) moved to the Head of Public Protection in NPS London in February 2019. Stuart Webber, Head of Service, has represented NPS at the local SABs in City of London and Hackney.

The NPS continue to embed a culture where staff know their role in safeguarding and to ensure that poor practice is identified and tackled. This has been embedded by mandatory Safeguarding Adults training, the development of national partnership framework setting out responsibilities to adult safeguarding and mapping safeguarding in the mapping IT tool for staff. The NPS recognises safeguarding as integral to quality and best practice and that relevant connections are made at all levels between related issues such as dignity in care; equality; balancing choice and safety.

There have been a number of opportunities for adult safeguarding to be promoted within the NPS including Adult Safeguarding, Children Champion, Domestic Abuse, and Suicide Prevention Forums. The Metropolitan Police Service have supported NPS with providing briefings on County Lines, Modern Day Slavery and Human Trafficking. These areas are included in the Vulnerability Plan 2018/19.

NPS has made referrals to MAPPA which has enabled risk management planning for service users some of whom presented with acute personality and self-management issues. NPS has worked closely with Adult Social Care to improve access to available resources, namely social workers, accommodation, oversight of a wider range of professionals.

The NPS provides support to offenders at court stage, this is to assess whether they are a potential adult at risk or have care and support needs.

NPS London's Suicide Prevention Forum has focused on supporting prisoners at risk, raising awareness amongst staff of work being undertaken in the community and prisons for those at risk of heightened of harm. For example, service users with learning disabilities who are being financially exploited by other young people/ gangs who might use their property for parties/ deal drugs/ store weapons (county lines).

In 2019/20, NPS will continue to implement the Quality and Improvement Plan related to adult safeguarding. NPS will encourage discussion in team meetings of adult safeguarding to share learning and support staff. This is especially a focus in MAPPA and the new Four Pillars Approach to risk management.

## Hackney Community Voluntary Service

We have had a number of achievements around Safeguarding in 2018/19, these include:

- Improving safeguarding awareness amongst grant applicants
- Hosting three sessions on Making Safeguarding Personal
- Supporting the faith sector, refugee and migrant communities to keep safeguarding on their agenda
- Conducting a service user's survey to measure the extent the VCSE puts safeguarding on the board agenda.
- Maintaining our role to eliminate violence against women and girls as well as female genital mutilation by influencing understanding and action at policy level and community level
- Supporting the sector to understand the importance of supervision and whistle blowing
- Making information about adult safeguarding more accessible on our website by ensuring that there is a wider range of documents available to staff

- Developing information on equality to ensure that all demographics are supported

Over the last year Hackney CVS has continued to spread the word about safeguarding adults, particularly those most at risk. Across the community and voluntary sector we adopt a ‘friends, family and neighbours’ approach to protect adults from harm. This enables volunteer led and smaller groups to learn out of hours in their own setting. In Hackney, safeguarding champions deliver support in community-based settings through presentations, which explain safeguarding in simple terms and in a way that is relevant to their lives. We have made strides to reach parts of the sector that need awareness sessions out of business hours and we have made progress with communicating with refugee and migrant communities, organisations that work with Muslim communities and adults aged 50 plus.

In the forthcoming year, Hackney CVS aim to:

1. To ensure safeguarding adults is on the voluntary and community sector (VCS) management committee agenda
2. To respond to the learning and development needs of safeguarding leads
3. To support the new adult safeguarding champions and existing champions to jointly deliver the awareness sessions out of hours and represent the diversity of city and hackney workforce
4. To develop cross borough connections to inform the national safeguarding policy agenda and shape the safeguarding learning needs across the VCS
5. To work closely with CHSAB partners and increase roll out of mental health awareness
6. To focus on collaborative work between CHSAB partners and VCS organisations
7. To collaborate with more CHSAB partners to hold community clinics and 1-1 sessions in community setting.

## The Advocacy Project

The Advocacy Project is pleased to have joined the Board this year. We work in partnership with the voluntary and community sector and are the lead provider of advocacy across the London Borough of Hackney. As well as advocacy we undertake a range of other activities in the Borough such as peer mentoring schemes for people with lived experience of mental health and an innovative pilot project on personal health budgets.

The organisation has experience of safeguarding across all care groups in a variety of settings ranging from secure forensic units like Broadmoor Hospital, to eating disorder units, children’s hospitals like Great Ormond Street, and in community settings. We are also aware of our “transient” duty of care for citizens, residents, and volunteers.

We have made sure that safeguarding is fully established in our organisation. A robust safeguarding policy is in place, which provides clear advice on how advocates should manage safeguarding concerns. Escalation processes are in place if issues need to be reported. There is a dashboard in place to review safeguarding, complaints and whistleblowing; this information is provided to the Advocacy Project Board for oversight. The HR, Remuneration & Policy Committee maintains oversight of DBS checks and attendance at safeguarding training to ensure staff are appropriately equipped to do the role. There is also a staff survey to explore whether people feel able to speak out about concerns and the results are reported to the board.

The Advocacy Project put a strong emphasis on 'prevention is better than cure', we work closely with care and community groups to explore what local people understand by safeguarding and how to keep safe. We are applying the principles of co-production to the work. Workshops and focus groups are being scheduled in care homes across the boroughs in which we work to explore these issues. We are also holding focus groups on these same issues with people with lived experience of mental health, and also those with a dual diagnosis of learning disabilities and mental health. We hope to collaborate with CHSAB on taking this work forward and sharing the learning from it.

We have information on safeguarding that we will provide to public, this is in a range of formats including easy read and multiple languages.

## Healthwatch City of London and Healthwatch Hackney

During this annual report period Healthwatch Hackney held the contract for Healthwatch City of London, so whilst they are separate entities this is a joint report. As we are not a provider organisation we would not typically deal with as many safeguarding concerns in comparison to other organisations. Despite this we still have a strong commitment to the safeguarding agenda and in the last year we have achieved the following:

- We have continued to promote Safeguarding awareness and ensured our board, staff and volunteers are provided with training around safeguarding
- We have promoted safeguarding awareness and ensure the board engages effectively with Hackney people by advising on approaches to public involvement.
- We will continue to promote safeguarding awareness to the public and in non-safeguarding specific meetings and forums.



# Appendix A:

## **CHSAB Annual Strategic Plan 2018-2019**



## Appendix One: City and Hackney Safeguarding Adults Board Annual Strategic Plan 2019/20

The CHSAB Plan addresses the five core outcomes contained in the CHSAB's Strategy for 2015 - 2020.

| Partner                            | Lead                            |
|------------------------------------|---------------------------------|
| London Fire Brigade Hackney (LFBH) | Narinder Dail                   |
| City of London Corporation (CoL)   | Andrew Carter/ Chris Pelham     |
| Homerton Hospital (HUHFT)          | Catherine Pelley                |
| City & Hackney CCG (CHCCG)         | David Maher / Mary O'Reardon    |
| Hackney CVS (HCVS)                 | Kristine Wellington             |
| Hackney Met. Police (HMPS)         | Sue Williams                    |
| City of London Police (CoLP)       | Anna Rice                       |
| Barts Health NHS Trust (BHHNST)    | Sam Spillane                    |
| London Borough of Hackney (LBH)    | Anne Canning / Simon Galczynski |
| The Advocacy Project               | Judith Davey                    |

| Partner                                            | Lead                       |
|----------------------------------------------------|----------------------------|
| London Fire Brigade City of London (LFBCoL)        | Leo Back                   |
| London Ambulance Service (LAS)                     | tbc                        |
| East London NHS Trust (ELFT)                       | Dean Henderson             |
| Public Health (PH)                                 | Nicole Klynman             |
| Healthwatch Hackney & CoL (HWH)                    | Jon Williams               |
| National Probationary Service (NPS)                | Stuart Webber              |
| City & Hackney Safeguarding Children Board (CHSCB) | Jim Gamble / Rory McCullum |
| Housing Providers                                  | Nick Hodgskin              |
| London Community Rehabilitation Company            | Kauser Mukhtar             |

| Sub-Committee  | Chair         |
|----------------|---------------|
| City of London | Dr Adi Cooper |

| Sub-group         | Chair           |
|-------------------|-----------------|
| Quality Assurance | Jenny Singleton |
| SAR & Case Review | Chris Pelham    |

| Task & Finish Groups          | Lead                      |
|-------------------------------|---------------------------|
| Homelessness and Safeguarding | John Binding/ Ian Tweedie |
| Service User Engagement       | Adi Cooper                |
| Workforce Development         | Zak Darwood               |

| Principle 1 : Choice and Empowerment – people make informed decisions and choices, and manage the risks they take..                                      |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------|
| Priority Outcome                                                                                                                                         | Action                                                                                                  | Method                                                                                                                                                                                                                                                                                                                                                                                            | Lead                               | Target Date |
| 1. Making Safeguarding Personal (MSP) is embedded in practice and the culture of all partner organisations                                               | 1.1 Data relating to MSP will be reviewed by the Board on a quarterly basis                             | <ul style="list-style-type: none"> <li>Partners data will be analysed to ensure that the individual at the centre of the safeguarding process is involved and asked about the outcomes they want.</li> <li>The Board will undertake audits in cases where people were not satisfied with the outcome of their safeguarding enquiry or were not asked about outcomes</li> </ul>                    | QA subgroup                        |             |
|                                                                                                                                                          | 1.2 Partners demonstrate that MSP has been embedded into their organisations                            | <ul style="list-style-type: none"> <li>Partners, provide examples of specific changes or best practice that they have adopted in relation to MSP. Bespoke support should be offered to organisations who are continuing to develop in this area.</li> <li>Partners to provide evidence of person-centred work at the six monthly review of priorities and in their annual self-audits.</li> </ul> | Executive Group                    |             |
| 2. The Mental Capacity Act (MCA) is applied appropriately so that the principles and best interests process places the person at the centre of decisions | 2.1 To review Mental Capacity and Best Interest Assessments across the partnerships.                    | <ul style="list-style-type: none"> <li>Review partner data around MCA and BI assessments to assess whether these have appropriately been applied .</li> </ul>                                                                                                                                                                                                                                     | QA subgroup                        |             |
|                                                                                                                                                          | 2.2 To ensure staff are giving effective consideration to MCA principles and the Best Interest process. | <ul style="list-style-type: none"> <li>MCA and BI assessments are audited via internal, peer and multi-agency case file audits</li> </ul>                                                                                                                                                                                                                                                         | QA subgroup & Head of Safeguarding |             |

|                                                                                                                                                                                              |                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
|                                                                                                                                                                                              | 2.3 Staff are supported to build their knowledge of the complexities in implementing the Mental Capacity Act 2005.                                                                                | <ul style="list-style-type: none"> <li>Bespoke learning and development programmes are put in place across the partnership to provide on-going support to staff to undertake mental capacity assessments</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Workforce Learning Development/SA Leads       |
| <b>Principle 2: Listening and Engaging – using the views and experiences of our service users, patients, carers and staff to improve and develop services across the partnership.</b>        |                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               |
| <b>3. Build community resilience by making the public, aware of adult safeguarding issues that may affect them, particularly groups the CHSAB has had limited engagement with previously</b> | <b>3.1</b> Raise awareness of safeguarding in the community and voluntary sector, with specific focus on building safeguarding awareness for those we have had limited engagement with previously | <ul style="list-style-type: none"> <li>Partners to provide data in their QAF returns in relation to the safeguarding awareness raising that their organisations have undertaken with frontline staff and service users.</li> <li>To identify what safeguarding referral data will assist in identifying the impact that safeguarding awareness raising has had on different communities</li> <li>Create a variety written materials that can be provided to service users e.g easy read/ multi-language leaflets and newsletters for residents</li> <li>Train a second group of Safeguarding Champions so that they can build awareness of safeguarding within their own communities</li> <li>Provide awareness raising briefings to residents so that they can provide peer-to-peer support</li> </ul> | HCVS / QA subgroup/ User Engagement T&F group |
|                                                                                                                                                                                              | <b>3.2</b> Gather both qualitative and quantitative data to assist in identifying areas of focus for prevention work                                                                              | <ul style="list-style-type: none"> <li>Obtain feedback from service users regarding issues that are important to them</li> <li>Analyse concerns that did not meet the s42 threshold to identify any trends and what this means for the focus of our preventative work</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | User Engagement T&F group/QA subgroup         |
|                                                                                                                                                                                              | <b>3.3</b> The Board will identify how to effectively hear from people who have received safeguarding services                                                                                    | <ul style="list-style-type: none"> <li>Healthwatch and safeguarding leads across the partnership to identify how best to engage with those who have used safeguarding services</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | User Engagement T&F / Safeguarding Leads      |

| <b>Principle 2: Listening and Engaging – using the views and experiences of our service users, patients, carers and staff to improve and develop services across the partnership.</b>                               |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------|
| <b>Priority Outcome</b>                                                                                                                                                                                             | <b>Action</b>                                                                                                                                                                                       | <b>Method</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Lead</b>                                                                        | <b>Target Date</b> |
| <b>4. Staff are supported to work effectively to support and protect those in need</b>                                                                                                                              | 4.1 To ensure that staff have the tools and support required to enable them to work effectively within safeguarding                                                                                 | <ul style="list-style-type: none"> <li>To develop the workforce learning and development process to identify how to provide appropriate support and training opportunities to frontline and strategic staff .</li> <li>To provide a bespoke training package across the partnership and regularly evaluate training to ensure that it meets the needs of the workforce</li> <li>Arrange a multi-agency forum where staff can meet to learn and feedback their experiences to the Board so that this can influence future work streams</li> <li>Provide regular updates to staff via the staff reference group and a CHSAB newsletter for professionals</li> </ul> | Workforce Learning Development T&F                                                 |                    |
| <b>Principle 3: Standards and Accountability – people at risk of abuse or neglect using care and support agencies get safe and appropriate services that keep them safe and respect their dignity at all times.</b> |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    |                    |
| <b>5. The Board ensures the legal literacy of professionals within the City and Hackney</b>                                                                                                                         | <p>5.1 The Board will agree a framework for risk management with a focus on balancing autonomy and risk</p> <p>5.2 To ensure that partners sign up to guidance released by London ADASS and LGA</p> | <ul style="list-style-type: none"> <li>To agree shared principles that underpin assessing and managing risk, including recording and escalating arrangements and integrating MSP</li> <li>Ensure that all partners sign up to the revised pan London Policy and Procedures, and the London Information Sharing Agreement and aware of their obligations in respect of this.</li> <li>An approach on implementing LGA guidance on concerns and s42 enquiry thresholds is identified and adopted once published.</li> </ul>                                                                                                                                         | <p>Workforce Learning and Development/ Safeguarding Leads</p> <p>CHSAB Manager</p> |                    |

|                                                                                                                                                    | 5.3 The Board will provide guidance to staff regarding the management of safeguarding enquiries                                                                                              | <ul style="list-style-type: none"> <li>To develop guidance providing clarity on 1) when to close a case, 2) which cases require multi-agency working</li> </ul>                                                                                                                                                                                                                                                                                                                                                     | Safeguarding Leads                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--|
| <b>6. The Board works across partnerships and Boards and staff towards a joint commitment to support people's well-being and to keep them safe</b> | <p>6.1 The Board will work collaboratively across the partnership to ensure that adult safeguarding has an influence in all relevant initiatives across City and Hackney</p>                 | <ul style="list-style-type: none"> <li>Agree the Modern Day Slavery Strategy and Protocol with the Safeguarding Children's Board and Community Safety Partnership</li> <li>Obtain regular updates on the delivery of the VAWG Strategy at the CHSAB</li> <li>Continue to co-operate with the LBH Community Strategy by attending the CSP Board and completing work identified</li> </ul>                                                                                                                            | CHSAB Manager/<br>LBH Head of Safeguarding |  |
| <b>7. Transparency of CHSAB activity through communication, self-audit and mutual challenge</b>                                                    | <p>7.1 The core business of the Board is delivered</p>                                                                                                                                       | <ul style="list-style-type: none"> <li>Partner agencies complete the annual self-audits (SARAT)</li> <li>The Chair of the Board undergoes an appraisal of their performance</li> </ul>                                                                                                                                                                                                                                                                                                                              | Executive/<br>CHSAB Manager/ SAR subgroup  |  |
| <b>8. The Board to develop its strategy for 2020 – 2023</b>                                                                                        | <p>8.1 The CHSAB will develop its Strategy for 2020-23 identifying how it will continue to support adults at risk in Hackney and City of London and reduce the risk of neglect and abuse</p> | <ul style="list-style-type: none"> <li>The Board Strategy for 2015-20 will be evaluated to determine its effectiveness and how the Board has performed in relation to the objectives it set</li> <li>The Board will engage its partners to determine objectives and principles for the new strategy</li> <li>Identify how service users can influence the strategy with the assistance of Healthwatch</li> <li>Use qualitative and quantitative data to identify the safeguarding needs of the community</li> </ul> | All partners / CHSAB Manager / Healthwatch |  |
| <b>Progress and Impact</b>                                                                                                                         |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |  |

| Principle 4: Access and Protection – City and Hackney residents have fair and equitable access to all services across the safeguarding partnership.        |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------|
| Priority Outcome                                                                                                                                           | Action                                                                                                                                                                                                                                                                                                                                               | Method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Lead                                                                                                     | Target Date |
| 9. Advocacy is appropriately offered and provided to those people that need it                                                                             | 9.1 To ensure that advocacy is engaged where required by the law and people are offered the option to engage advocates                                                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>To raise awareness of the importance of advocacy across the partnership and with service users.</li> <li>To review data in relation to advocacy, this includes the use of IMCA, IMHA, Care Act and general advocates</li> </ul>                                                                                                                                                                                                                                                                                                    | QA subgroup/ Advocacy services                                                                           |             |
| 10. Advocacy is appropriately offered and provided to those people that need it                                                                            | <p>10.1 Promote safeguarding in the implementation of the integration model to ensure that safeguarding expertise is present throughout the transformation process</p> <p>10.2 Agree interagency arrangements for safeguarding adults with an emphasis on case coordination. This should be piloted in a quadrant of the new neighbourhood model</p> | <ul style="list-style-type: none"> <li>Ensure that copies of SARs and their learning is disseminated across the transformation process work streams</li> <li>To ensure that we obtain regular feedback from the transformation work streams</li> <li>To seek frequent updates on the delivery of the neighbourhood model across City and Hackney</li> <li>To ensure that safeguarding data is routinely shared with project leads to inform their work</li> <li>To identify ways in which adult safeguarding can influence the work of the neighbourhood model</li> </ul> | <p>All partners/ Integration representative</p> <p>All partners / Neighbourhood Model Representative</p> |             |
| 11. Ensure that the safety and well-being of homeless is central to the commissioning, delivery and assurance reporting arrangements in the City of London | 11.1 Work with partners to address safeguarding issues affecting people who are homeless or rough sleeping                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>Build upon cross borough CHSAB work that has been initiated by the Homelessness and Safeguarding T&amp;F group</li> <li>Implement learning from the four Borough SAR</li> <li>To review all deaths of rough sleepers within City of London and London Borough of Hackney</li> </ul>                                                                                                                                                                                                                                                | LBH Head of Safeguarding / CoL Service Manager                                                           |             |

| Principle 5: Prevention – people at risk of abuse or neglect are able to protect themselves from harm and help each other.                 |                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |             |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------|
| Priority Outcome                                                                                                                           | Action                                                                                                                                                                                                               | Method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Lead                                           | Target Date |
| <b>12. Developing overarching principles to support a transitional safeguarding approach for working with adolescents and young adults</b> | <b>12.1</b> Assurance to be sought that the safeguarding needs of older children and young adults is being met                                                                                                       | <ul style="list-style-type: none"> <li>Monitor and support the City of London's Early Help pilot being offered to young adults up to the age of 25 and evaluate the impact that this has</li> <li>Develop a mechanism for ensuring that all thematic safeguarding reports submitted to the CoL Sub-Committee actively consider implications for young adults</li> <li>Work with the Safeguarding Children's Board to develop joint principles in relation to transitional safeguarding</li> <li>Ensure the delivery of the actions identified at the Inter-Board Transitional Safeguarding Workshop in March 2019</li> </ul> | CoL Directorate / CHSAB Manager/ CHSCB Manager |             |
| <b>13. Support initiatives around Social Isolation and Wellbeing wider safeguarding issues within the City of London</b>                   | <b>13.1</b> Ensure all commissioning and direct delivery of services in the City of London Corporation that are addressing social isolation actively address risk of emerging and evident safeguarding and concerns. | <ul style="list-style-type: none"> <li>Updates on the delivery of the Social Wellbeing Strategy and any thematic indicators to be reported to the City Safeguarding Sub Committee</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                 | CoL Safeguarding Sub Committee                 |             |
| <b>14. Learn from SARs to prevent issues reoccurring</b>                                                                                   | <b>14.1</b> Ensure that partners have embedded learning from SARs into practice                                                                                                                                      | <ul style="list-style-type: none"> <li>Learning from SARs is widely disseminated</li> <li>Undertake deep dives and audits to review areas where improvements have been made following SAR recommendations to ascertain whether recommendation has been embedded into practice</li> <li>To identify how to ensure that previous SARs continue to influence our partners work and are conveyed to staff</li> </ul>                                                                                                                                                                                                             | SAR subgroup / QA subgroup                     |             |



# Appendix B

## CHSAB SAR Learning Event

## Appendix Two: City of London Strategic Plan 2019/20

| <b>CITY OF LONDON STRATEGIC PRIORITIES ACTION PLAN</b>                                                                  |                                                                                                                                                            |            |                 |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------|
| <b>1) Ensure that the safety and well-being of homeless is central to the commissioning, delivery and assurance</b>     |                                                                                                                                                            |            |                 |
| <b>Action</b>                                                                                                           | <b>Objective</b>                                                                                                                                           | <b>RAG</b> | <b>Comments</b> |
| 1                                                                                                                       | Build upon cross borough CHSAB work that has been initiated by the Homelessness and Safeguarding T&F group                                                 |            |                 |
| 2                                                                                                                       | Implement learning from the four Borough SAR                                                                                                               |            |                 |
| 3                                                                                                                       | To review all deaths of rough sleepers within City of London and London Borough of Hackney                                                                 |            |                 |
| <b>2) Develop overarching principles to support a transitional safeguarding approach for working with</b>               |                                                                                                                                                            |            |                 |
| 4                                                                                                                       | Monitor and support the City of London's Early Help pilot being offered to young adults up to the age of 25 and evaluate the impact that this has          |            |                 |
| 5                                                                                                                       | Develop a mechanism for ensuring that all thematic safeguarding reports submitted to the CoL Sub-Committee actively consider implications for young adults |            |                 |
| <b>3) Support initiatives around Social isolation and Wellbeing wider safeguarding issues within the City of London</b> |                                                                                                                                                            |            |                 |
| 6                                                                                                                       | Updates on the delivery of the Social Wellbeing Strategy and any thematic indicators to be reported to the City Safeguarding Sub Committee                 |            |                 |





|                                                                                                                                                                          |                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <b>Committee</b>                                                                                                                                                         | <b>Dated:</b>                                                                                                               |
| Port Health and Environmental Services Committee<br>Planning and Transportation Committee<br>Health and Social Care Scrutiny Sub Committee<br>Health and Wellbeing Board | 23 <sup>rd</sup> July 2019<br>9 <sup>th</sup> July 2019<br>16 <sup>th</sup> July 2019<br>3 <sup>rd</sup> October 2019       |
| <b>Subject:</b><br>Air Quality Strategy 2019 - 2024                                                                                                                      | <b>Public</b>                                                                                                               |
| <b>Report of:</b><br>Director of Markets and Consumer Protection                                                                                                         | <b>PHES: For Decision</b><br><b>P&amp;T: For information</b><br><b>HWB: For information</b><br><b>HSCS: For information</b> |
| <b>Report author:</b><br>Ruth Calderwood, Air Quality Manager                                                                                                            |                                                                                                                             |

## Summary

The City of London Corporation's (City Corporation's) Air Quality Strategy 2015 – 2020 was approved by the Port Health and Environmental Services Committee in July 2015. A decision was taken to publish a new strategy for consultation ahead of time following the relatively recent publication of the Government's Clean Air Strategy, the Mayor of London's Environment Strategy, the draft London Plan, City of London Corporation Transport Strategy, draft City Local Plan and City Corporation Responsible Business Strategy.

A draft Air Quality Strategy 2019 – 2024 was approved for consultation by the Port Health and Environmental Services (PHES) Committee in March 2019. The draft strategy was published for consultation for a period of 8 weeks. 73 responses to the consultation were submitted online and a further 12 by letter or email. A table detailing comments received and the response to each comment is available in the Member's Reading Room. As a result of comments received, minor changes have been made to the strategy, with a small amount of additional information added for clarification. Hard copies of the report are available in the Member's Reading Room. Individual printed copies will also be made available on request.

The draft strategy was well received. The Greater London Authority, who oversees the Corporation's statutory air quality function, said it is an *'excellent plan, with a very thorough and engaging narrative and a comprehensive range of detailed, specific and ambitious actions..... Congratulations on an excellent plan which once again demonstrates your leadership in this field'*. Clean Air London (CAL) said *'CAL considers that the CoL is doing more than any Borough in Greater London to improve air quality'*

The Air Quality Strategy fulfils the City Corporation's statutory obligation to assist the Government and Mayor of London to meet European Limit Values for nitrogen dioxide and fine particles (PM<sub>10</sub>). It also assists with the City Corporation's obligations under the Health and Social Care Act 2012 to improve the public health of its population. It

demonstrates the very wide range of work undertaken by the City Corporation and that it continues to be a leader in this field.

## **Recommendation**

Members of Port Health and Environmental Services Committee are asked to:

- Approve the content of the Air Quality Strategy 2019 – 2024 for publication, subject to the comments received at the Committee meeting.

Members of the Planning and Transportation Committee, Health and Social Care Scrutiny Sub Committee and Health and Wellbeing Board are asked to:

- Note the content of the Air Quality Strategy 2019 -2024 and continue to provide support for improving air quality and reducing the impact of poor air quality on public health.

## **Main Report**

### **Background**

1. The City Corporation has a statutory duty to assist the Mayor of London and the UK Government with action to reduce levels of air pollution so that concentrations of pollutants do not exceed set limits. The City Corporation also has a responsibility to improve public health.
2. The City Corporation's existing Air Quality Strategy 2015 – 2020 details action to fulfil its statutory responsibility for London Local Air Quality Management, and for reducing the health impact of air pollution on residents and workers.
3. A decision was taken to publish a new strategy ahead of time following the relatively recent publication of the Mayor of London's Environment Strategy, the Government's Clean Air Strategy, draft London Plan, City of London Transport Strategy, draft City Local Plan and City Corporation's Responsible Business Strategy.
4. Improving air quality is now firmly embedded into key policy areas across the organisation. This cross departmental support, together with reduction in levels of pollution measured, has enabled the Corporate risk rating to be reduced from red to amber.

### **Air Quality Strategy**

5. The aims of the Air Quality Strategy are to:
  - a. fulfil statutory obligations for London Local Air Quality Management and improving public health

- b. ensure that air quality in over 90% of the Square Mile meets the health-based Limit Values and World Health Organisation Guidelines for nitrogen dioxide by the beginning of 2025
- c. support the Mayor of London to meet World Health Organisation Guidelines for particulate matter (PM<sub>10</sub> and PM<sub>2.5</sub>) by 2030

6. The above aims will deliver three main outcomes:

- a. the Square Mile has clean air
- b. people enjoy good health, through reduced exposure to poor air quality
- c. the City Corporation is a leader for air quality policy and action and inspires collaboration across London

7. The outcomes will be achieved by action across 6 policy areas:

- air quality monitoring
- leading by example
- collaborating with others
- reducing emissions from transport
- reducing emissions from non-transport sources
- public health and raising awareness.

There are 65 actions associated with these policies, with detail on how they will be taken forward, timelines, departmental responsibility and relative costs.

8. The strategy demonstrates the strong cross departmental support for improving air quality and reducing the impact on public health. This is evidenced most strongly in the City Corporation Corporate Plan 2018 - 2023, Transport Strategy, Responsible Business Strategy, Responsible Procurement Strategy and draft City Plan.

### **Consultation Comments**

9. The draft strategy was published for consultation for a period of 8 weeks. It was placed on the City Corporation web site and sent directly to a wide range of stakeholders, including statutory consultees. 73 people or organisations completed an online survey with a further 12 people or organisations submitting comments by letter or email.

10. A table detailing comments received and the response to each comment is available in the Member's Reading Room. As a result of comments received, minor changes have been made to the strategy with a small amount of additional information added for clarification. A small amount of text has also been added to reflect changes that have taken place since the publication of the draft strategy e.g. the implementation of the Ultra-Low Emission Zone and the notification of additional Mayor's Air Quality Fund for air quality improvement projects.

11. The draft strategy received some very positive comments:

- Greater London Authority (who oversees the City Corporation's statutory obligations for air quality) said it is an *excellent plan, with a very thorough and engaging narrative and a comprehensive range of detailed, specific and ambitious actions..... Congratulations on an excellent plan which once again demonstrates your leadership in this field'*
- Clean Air London (a campaign organisation) said: *CAL considers that the CoL is doing more than any Borough in Greater London to improve air quality'*
- A City resident said: 'I would like to congratulate the team, the report is concise, well written and ambitious'
- Cross River Partnership (a non-profit partnership organisation) said *CRP congratulates the City of London Corporation on the development of a comprehensive draft Air Quality Strategy that will empower the Council and stakeholders to improve health and quality of life outcomes for those who live, work and visit the City of London.*

12. Specific questions in the online survey revealed strong support by the respondents for action across all areas of the strategy. 42 out of 70 people (60%) feel that air pollution has a significant impact on their health. A summary of the data is available in the Member's Reading room.

13. Hard copies of the final strategy are available in the Member's Reading Room. Individual printed copies will also be made available on request.

### **Corporate & Strategic Implications**

14. The Air Quality Strategy supports the following outcomes from the Corporate Plan 2018 to 2023.

- Outcome 2 'People enjoy good health and wellbeing'
- Outcome 11 'We have clean air, land and water and a thriving and sustainable natural environment'

15. The Department of Markets and Consumer Protection compiled the strategy, with the following departments providing support:

- a. Built Environment
- b. Community and Children's Services
- c. Chamberlains
- d. Town Clerks
- e. City Surveyors

## **Financial and Resourcing Implications**

16. The table of actions in Appendix 1 of the strategy includes the relative cost of each item. Many actions will be delivered using existing resources, or through the implementation of other strategies and plans such as the City Corporation Transport Strategy.
17. The Air Quality team base budget was increased this financial year by £99,000 to cover the costs of additional air quality monitoring and increasing public demand for information about air pollution in the City. The £99,000 includes funding for a post to assist with monitoring, data analysis, projects and communications.
18. An application for Priorities Investment Pot funding for £110,000 over two years has been approved for 2019/20 and 2020/21. This will be used to fund some aspects of collaboration and leadership and for air quality modelling to assess compliance with the aims of the strategy. A London Borough best practice event has already been scheduled for September 2019 using this funding.
19. In June 2019, the City Corporation received notification that it has been awarded funding from the Mayor's Air Quality Fund for projects spanning 3 years, 2019 - 2022. This includes: £500,000 for continuation of the pan London idling action project, which will now be jointly managed with the London Borough of Camden; £150,000 for the City Cluster Zero Emission Zone and £500,000 for a Clean Air Thames project, which will be managed by Cross River Partnership.
20. As part of the Markets and Consumer Protection submission to the City Corporation's Fundamental Review, an indication will be provided of how air quality in the Square Mile could be tackled more ambitiously if extra resources were provided.

## **Public Sector Equality Duty**

21. An equality analysis has been undertaken and has not indicated any potential discrimination or adverse impact on protected groups.

## **Security Implications**

22. There are no security implications.

## **Conclusion**

23. An updated Air Quality Strategy has been produced for publication. It contains a wide range of actions that will be taken to deliver the following outcomes:
  - a. the Square Mile has clean air
  - b. people enjoy good health through reduced exposure to poor air quality
  - c. the City Corporation is a leader for air quality policy and action and inspires collaboration across London

24. The Air Quality Strategy fulfils the City Corporation's statutory obligation to assist the Government and Mayor of London to meet European Limit Values for nitrogen dioxide and fine particles (PM<sub>10</sub>). It also assists with the City Corporation's obligations under the Health and Social Care Act 2012 to improve the public health of its population. It demonstrates the very wide range of work undertaken by the City Corporation and that the Corporation continues to be a leader in this field.

**Documents in the Member's Reading Room:**

Air Quality Strategy 2019 – 2024

Consultation comments

Data from online questions

**Background Papers:**

Equalities Analysis for the Air Quality Strategy

**Ruth Calderwood**

Air Quality Manager

T: 020 7332 1162

E: [ruth.calderwood@cityoflondon.gov.uk](mailto:ruth.calderwood@cityoflondon.gov.uk)

# **City of London**

# **Air Quality Strategy**

**Delivering healthy air in the City of London**

**July 2019**



For further information contact:

The Air Quality Team  
Dept of Markets and Consumer Protection  
City of London Corporation  
PO Box 270  
Guildhall  
London, EC2P 2EJ

Tel: 020 7332 3030

[cityair@cityoflondon.gov.uk](mailto:cityair@cityoflondon.gov.uk)

[www.cityoflondon.gov.uk/air](http://www.cityoflondon.gov.uk/air)

This report will be available on the City of London web site <http://www.cityoflondon.gov.uk/air>

## Foreword

Current levels of air pollution in London, particularly central London, have an impact on all of us. Improving air quality is an important issue for the City of London Corporation and I have pleasure in presenting the City of London Corporation's third Air Quality Strategy. It contains actions that we will be taking over the next few years to achieve better air quality in the Square Mile.

Our aim is for over 90% of the Square Mile to meet the health-based limits for nitrogen dioxide by the beginning of 2025. We will also support the Mayor of London to meet World Health Organisation Guidelines for particulate matter by 2030.

Our extensive network of air quality monitors show that air quality has been improving and these improvements are set to continue with the actions proposed in this Strategy. We will also benefit from the Mayor of London's Ultra-Low Emission Zone and the wide package of measures being implemented by the Greater London Authority.

Since the publication of the last Air Quality Strategy, improving air quality has been firmly embedded into our Corporate Plan, new Transport Strategy, Responsible Business Strategy and draft City Plan.

This Strategy outlines how we will improve the way we provide information to the public and make sure that robust air quality data is made available. It also details how we will work with a range of partners to deliver better air quality. We will continue to lead by example and have been moving our own fleet over to electric where possible. We will pilot new technology and require low and zero emission vehicles through our contracts. We will work with our partners to create improved powers for London local authorities to reduce the impact of boilers, generators and combined heat and power plant on local air quality.

Following the success of our award-winning achievements at Sir John Cass's Foundation Primary School we propose to develop specific action plans for City schools. We will build on our close relationships with City businesses through our CityAir engagement programme to encourage cleaner vehicles on our streets.

I hope you will support us in the delivery of this Air Quality Strategy so that we can achieve air quality that reflects the needs and aspirations of everyone who lives, works in or visits the City of London.

**Jeremy Simons CC**  
**Chair, Port Health and Environmental**  
**Services Committee**



# Air Quality Strategy 2019 – 24: Delivering healthy air in the City of London

## Our definition of healthy air:

Concentrations of nitrogen dioxide (NO<sub>2</sub>) and particulate matter (PM<sub>10</sub> and PM<sub>2.5</sub>) that meet health-based Limit Values and World Health Organisation (WHO) Guidelines.

## Why us:

The City of London Corporation has a statutory obligation to take a wide range of action to improve air quality and protect public health. Improving air quality and ensuring good health and wellbeing is an organisational priority outlined in our Corporate Plan (CP) for 2018-23, through which we aim to contribute to a flourishing society, support a thriving economy and shape outstanding environments.

## Who we will work with:

Residents, workers, schools, businesses, Barts Health NHS, the Greater London Authority, Transport for London, London Councils, London Boroughs, the Government, the Environment Agency, London's Universities, the Third Sector, Port of London Authority, Cross River Partnership.

## Our Vision

*The Square Mile has air that is healthy to breathe.*

## Our Aim

*For nitrogen dioxide to meet health-based Limit Values and WHO Guidelines in over 90% of the Square Mile by 2025 and support the Mayor of London to meet WHO Guidelines for PM<sub>10</sub> and PM<sub>2.5</sub> by 2030*

## Our Outcomes

The Square Mile has clean air

People enjoy good health through reduced exposure to poor air quality

We are a leader for air quality policy and action and inspire collaboration across London

Links to CP Outcome 11

Links to CP Outcome 2

Links to CP Outcome 11

## Our Activities

- Reduce emissions of air pollutants from our fleet, buildings and through our contracts
- Ensure new developments, transport and public realm schemes have a positive impact on local air quality
- Pilot innovative measures

- Provide robust and reliable information and data
- Make use of public health networks to disseminate information
- Develop tailored action plans for City of London schools
- Further develop the free smartphone App, CityAir

- Develop a Private Member's Bill to improve air quality
- Work closely with a wide range of stakeholders on air quality policy
- Facilitate collaboration across London's air quality community

## Demonstrating success

A measure of success for the Strategy will be consistent compliance with health-based air quality Limit Values and WHO Guidelines measured using a network of robust air quality monitoring equipment. Over the next five years we will also continue to be recognised as a leading and highly regarded authority in the field of air quality.

## Contents

|                                                                  |    |
|------------------------------------------------------------------|----|
| 1. Introduction.....                                             | 2  |
| 1.1 Source of air pollution in the City of London.....           | 5  |
| 1.2 Health impacts of air pollution .....                        | 5  |
| 2. Air Quality Monitoring .....                                  | 7  |
| 2.1 Nitrogen dioxide .....                                       | 8  |
| 2.2 Particulate matter (PM <sub>10</sub> ).....                  | 14 |
| 2.3 Particulate matter (PM <sub>2.5</sub> ).....                 | 16 |
| 3. Leading by Example .....                                      | 19 |
| 4. Collaborating with Others .....                               | 23 |
| 5. Reducing Emissions from Road Transport .....                  | 29 |
| 6. Reducing Emissions from Non-Transport Sources.....            | 40 |
| 7. Public Health and Raising Awareness.....                      | 46 |
| <br>Appendix 1: Further details on the delivery of actions ..... | 51 |
| Appendix 2: Legal Position.....                                  | 69 |
| Appendix: 3 Sources of Air Pollution .....                       | 71 |
| Appendix 4: Health Effects of Air Pollution .....                | 75 |
| Appendix: 5 Further analysis of monitoring data .....            | 76 |
| Appendix 6: Mayor of London Policies .....                       | 77 |
| Appendix 7: Air Quality Policies in the Draft City Plan.....     | 81 |
| <br>Glossary .....                                               | 84 |
| References.....                                                  | 86 |

## 1. Introduction

The City of London, also known as the Square Mile, is the historic heart of London. It is home to approximately 7,500 permanent residents and 24,000 businesses. There is a working population of over 510,000 people. This is projected to increase to 640,000 by 2036. In addition to workers and residents, each year the City of London welcomes over 10 million tourists, along-side people who visit for business. The City of London Corporation (City Corporation) is the governing body for the Square Mile. It manages a wide range of functions including 11,000 acres of open space which provide green lungs for the Capital.

Like much of central London, the City of London can experience high levels of air pollution. The pollutants of current concern are nitrogen dioxide (NO<sub>2</sub>), a colourless and odourless gas that is a product of fuel combustion, and particulate matter, of which there are a wide range of sources, including combustion. These particles are referred to as PM<sub>10</sub> and PM<sub>2.5</sub>. and are below 10 and 2.5 micrometres in diameter respectively.

The City Corporation is required by statute to measure air pollution and develop and implement an improvement plan, or action plan, if health-based air quality limits are not met. Following detailed air quality monitoring, the whole of the Square Mile was declared an Air Quality Management Area (AQMA) in January 2001 for nitrogen dioxide and PM<sub>10</sub>. This was due to levels of these pollutants being higher than the required limits. These limits were set in European Directives and transposed into domestic legislation.

The framework for air quality policy and action by London local authorities is called London Local Air Quality Management (LLAQM). It is overseen by the Mayor of London who provides templates and tools to assist with action planning and monitoring.

The City Corporation has had an air quality action plan in place since 2002. In 2011, the action plan was incorporated into an Air Quality Strategy outlining steps that would be taken to both improve local air quality and reduce the impact of air pollution on public health. The Strategy was updated in 2015, detailing further measures that would be taken through to 2020<sup>1</sup>. This Strategy builds upon previous action and details measures that will be taken to 2024. A complete table of actions, with expected outcome, is outlined in Appendix 1. The current legal framework for improving air quality is in Appendix 2.

Despite the implementation of a wide range of action by the City Corporation to improve air quality, the health-based limits for nitrogen dioxide are still not met everywhere in the Square Mile. Extensive monitoring, however, demonstrates that

---

<sup>1</sup> City of London Air Quality Strategy 2015 – 2020

levels of nitrogen dioxide are reducing year on year, particularly away from busy roads.

The limits set in European Directives for particulate matter (PM<sub>10</sub> and PM<sub>2.5</sub>) are generally met everywhere in the City of London. The only exception is adjacent to the busiest roadsides in unfavourable weather conditions. The World Health Organisation (WHO) has set its own Guidelines<sup>2</sup> for concentrations of PM<sub>10</sub> and PM<sub>2.5</sub>. These are tighter than the limits set in European Directives. Particulate pollution has health impacts even at very low concentrations. No threshold has been identified below which no damage to health is observed. Therefore, the WHO Guidelines aim to achieve the lowest concentrations of particulate matter possible. Reducing levels of air pollution to meet the tighter WHO Guidelines will therefore continue to improve health outcomes.

The aims of this Strategy are to ensure that:

- **the City Corporation fulfils its statutory obligations for London Local Air Quality Management and improving public health**
- **air quality in over 90% of the Square Mile meets the health-based Limit Values and World Health Organisation Guidelines for nitrogen dioxide by the beginning of 2025**
- **the City Corporation supports the Mayor of London to meet World Health Organisation Guidelines for particulate matter (PM<sub>10</sub> and PM<sub>2.5</sub>) by 2030**

These aims will deliver three main outcomes:

- the Square Mile has clean air
- people enjoy good health through reduced exposure to poor air quality
- the City Corporation is a leader for air quality policy and action and inspires collaboration across London

The outcomes will be met by a range of action across six areas:

---

<sup>2</sup> Air Quality Guidelines - Global Update 2005 Particulate matter, ozone, nitrogen dioxide and sulfur dioxide



### **City Corporation Corporate Plan 2018 – 23**

This Strategy supports the delivery of the City Corporation Corporate Plan 2018 - 2023. The Corporate Plan sets out the over-arching strategic direction for the organisation. It has been shaped around three areas of public value - economy, environment and society. This Air Quality Strategy supports two Corporate Plan outcomes:

- Outcome 2: People enjoy good health and wellbeing
- Outcome 11: We have clean air, land and water and a thriving and sustainable natural environment

Other Corporate strategies that support the aims of this Air Quality Strategy are:

- Health and Wellbeing Strategy and Joint Strategic Needs Assessment
- Responsible Business Strategy
- Transport Strategy
- Local Plan and City Plan (draft)
- City Tree Strategy
- Open Spaces Strategy
- Procurement Strategy (in development)
- Climate Action Strategy (in development)

## **1.1 Source of air pollution in the City of London**

The quality of the air in the City of London is influenced by a range of factors. Being at the heart of London, it is heavily influenced by emissions generated across Greater London and further afield. Over 75% of PM<sub>10</sub> and PM<sub>2.5</sub> particle pollution measured in the City of London originates from outside the City of London boundary. This is because particles can travel very long distances. This highlights the importance of London-wide and national action to support the local action being taken by the City Corporation. Under certain weather conditions particles can be brought to London from the European continent, and even from as far as Africa.

The most recent estimate of the amount of nitrogen dioxide in the City that originates from outside the Square Mile is about 40%. For sources of pollution generated within the Square Mile itself, the main contributors are stationary and mobile combustion, largely associated with buildings and road traffic.

The Greater London Authority produces an Atmospheric Emissions Inventory for London. It is known as the LAEI. It is a large database of emission sources that contribute to air pollution in the capital. Information on the source of emissions of oxides of nitrogen (NO<sub>x</sub>) and particulate matter is detailed in Appendix 3. The latest version of the inventory, issued in 2019, is referred to as the LAEI 2016. It contains emissions across London with 2016 presented as a baseline. The previous version of the inventory, the LAEI 2013 which was published in 2016, includes forecasts for 2020. The forecasts reveal that NO<sub>x</sub> emissions from buildings in the City of London will be over twice that from road transport. This is a significant change from previous inventories where traffic pollution was the dominant source. This change is due to the wide range of action being taken to reduce emissions from vehicles. Whilst the absolute values should be treated with caution, it demonstrates that action increasingly needs to focus on emissions from non-road sources of pollution as well as road transport.

Diesel vehicles, particularly taxis, buses, vans and lorries, are the dominant source of emissions from road transport in the City of London. Many of these vehicles are servicing business needs. Pollution from demolition and construction sites also impact on local air quality. Further detail can be found in Appendix 3.

## **1.2 Health impacts of air pollution**

Exposure to air pollution has a range of impacts on health. Short term exposure mainly affects people who are already classed as 'vulnerable', which means they have an existing condition which is aggravated by high levels of air pollution. Children and the elderly can also be vulnerable to short term exposure to high levels

of air pollution. Air pollution can exacerbate asthma and affect lung and heart function. There is evidence that both PM<sub>2.5</sub> and PM<sub>10</sub> cause additional hospital admissions on high pollution days for those suffering from respiratory or cardiovascular disease.

Long-term exposure to high levels of pollution affects the whole population, not just the vulnerable. This is particularly the case for long-term exposure to PM<sub>10</sub> and PM<sub>2.5</sub>.<sup>3</sup> Nitrogen dioxide has also been associated with adverse effects on hospital admissions, a decrease in lung function and growth, increase in respiratory disease and incidences of asthma. Further information, including the estimated impact on life expectancy, is outlined in Appendix 4.

---

<sup>3</sup> Fine Particulate Matter (PM<sub>2.5</sub>) in the United Kingdom 2012 Air Quality Expert Group for Defra

## 2. Air Quality Monitoring

**Commitment: The City Corporation will monitor air quality to assess compliance with Air Quality Limit Values and World Health Organisation Guidelines. Data will also be used to support research, evaluate the effectiveness of policies to improve air quality and to provide alerts when pollution levels are high.**

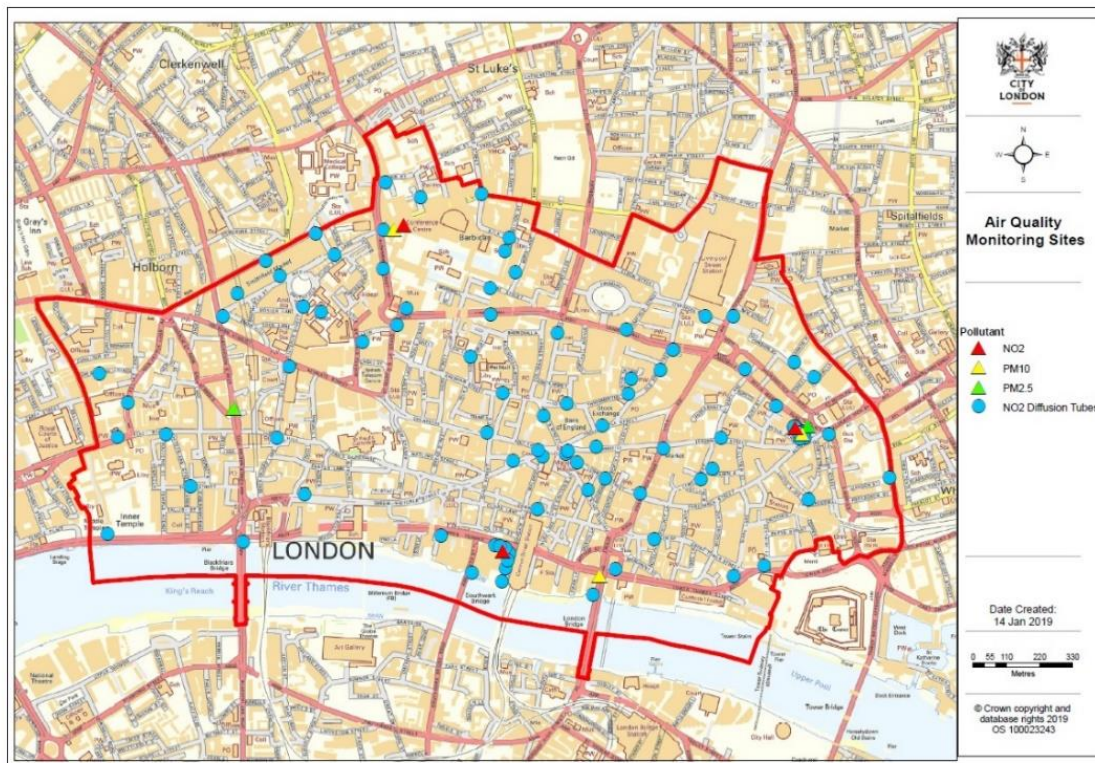
The City Corporation has been monitoring air quality for many years at a range of locations across the Square Mile. Monitoring is a vital component of air quality management and fulfils the following functions:

- to check compliance against air quality objectives, Guidelines and Limit Values, and consequently the impact on health
- to assess long term trends and the effectiveness of policies and interventions to improve air quality
- to raise awareness and provide alerts to the public when air pollution levels are high

The focus of monitoring in the City of London is to obtain reliable, accurate data for nitrogen dioxide, PM<sub>10</sub> and PM<sub>2.5</sub> as these are the pollutants of concern. Data collected shows that levels of air pollution across the City of London, particularly levels of nitrogen dioxide, are decreasing. Given the substantial interest in air pollution, and the importance placed on it by the City Corporation, the amount of monitoring has increased significantly in recent years.

The air quality monitoring requirements in the City of London are under constant review. Figure 2.1 shows locations where air quality was monitored during 2018. The triangles represent the continuous monitoring sites and the circles are where diffusion tube monitoring was carried out. In addition to the locations shown on the map, diffusion tube monitoring was carried out by the Cheapside Businesses Alliance in the Cheapside area. These sites are not represented on the map.

Figure 2.1: Continuous and diffusion tube monitoring sites in 2018



## 2.1 Nitrogen dioxide

### Measuring nitrogen dioxide

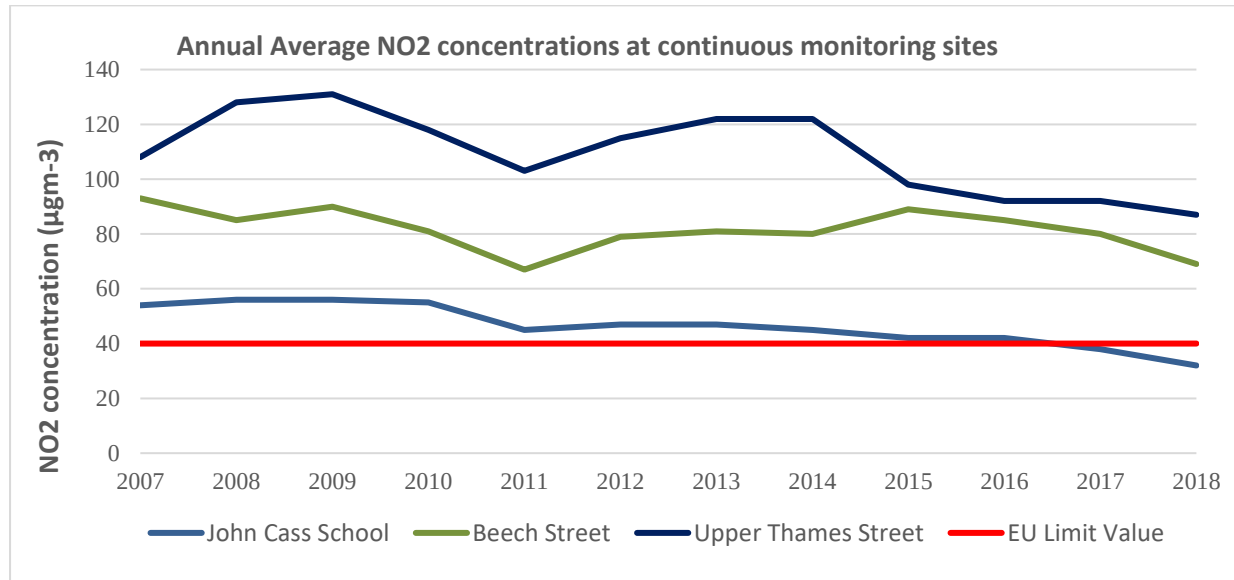
#### Continuous monitoring

Air quality monitoring is undertaken using different types of equipment depending on the purpose. One method of measuring nitrogen dioxide is with a continuous analyser. They are called continuous analysers as they take a measurement every minute. These are the most accurate instruments available and provide hourly average readings. The instruments are calibrated regularly and audited twice a year. The instruments are used to measure nitrogen dioxide in Beech Street, Upper Thames Street and Sir John Cass's Foundation Primary School. The data is subject to very detailed checks by Kings College London and made available to the public on the web site [www.londonair.org.uk](http://www.londonair.org.uk).

Figure 2.2 details the data collected at these three sites from 2007 to 2018. The high concentrations seen at Upper Thames Street and Beech Street are associated with the monitoring taking place at busy roadsides. Upper Thames Street is a 3-lane narrow road with tall buildings either side and Beech Street is a covered road. At Sir John Cass's Foundation Primary School, nitrogen dioxide is measured in the rear

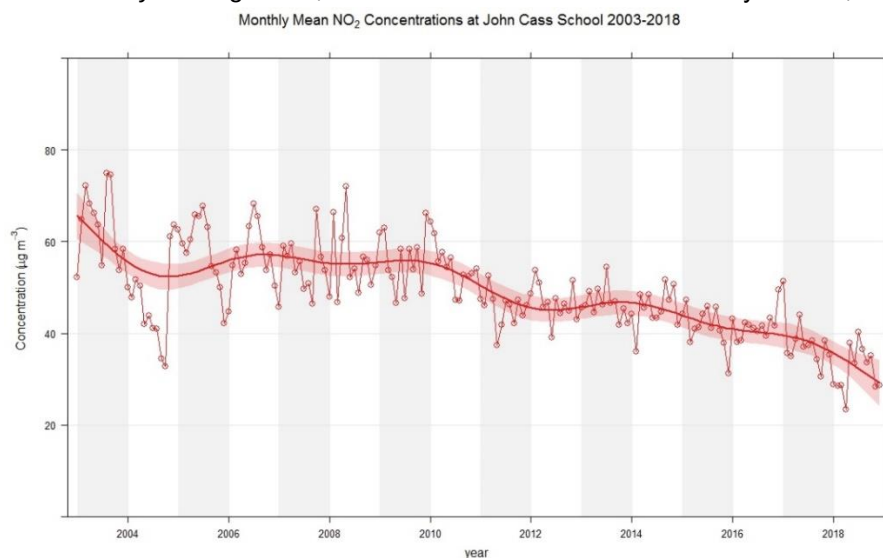
playground and the site is relatively open, so concentrations are lower. This site is classed as an 'urban background' site. The reduction in concentrations at all sites in 2011 was due to the weather conditions that year. The reduction in concentrations at Upper Thames Street from 2015 followed the installation of the cycle super highway when the lanes of traffic reduced from 4 to 3.

Figure 2.2 Annual Average NO<sub>2</sub>, 2007 to 2018



Data collected at Sir John Cass's Foundation Primary School reveals that background concentrations of nitrogen dioxide have been reducing year on year. Since 2017, concentrations have been below the annual average EU Limit Value of 40µg/m<sup>3</sup>. Figure 2.3 shows the monthly average data for Sir John Cass's Foundation Primary School from 2003 to 2018. It reveals continuous improvement over this time period.

Figure 2.3: Monthly Average NO<sub>2</sub>, Sir John Cass's Foundation Primary School, 2003 - 2018

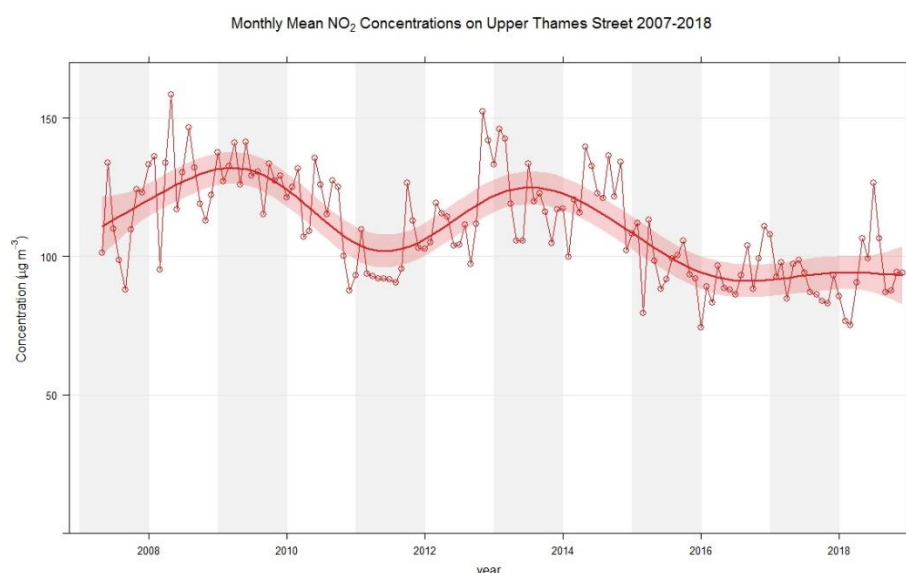


Concentrations of nitrogen dioxide at roadside are also reducing, although they remain high. Figures 2.4 shows the monthly average nitrogen dioxide in Upper Thames Street from 2007 to 2018.

The ongoing high levels of nitrogen dioxide at roadside are due to a range of factors, most significantly the failure of vehicle Euro Standards to meet the required reduction in emissions of oxides of nitrogen (NO<sub>x</sub>) in diesel vehicles. There has also been an increase in the use of diesel in the fleet, partly due to national policy to encourage lower carbon fuels.

Further charts showing the variation of pollution over different days of the week and months of the year are presented in Appendix 5.

Figure 2.4: Monthly Average NO<sub>2</sub> in Upper Thames Street, 2007- 2018.



The profile of air quality, and interest in data, has increased in recent years. As a result, there are many air quality sensors on the market that vary in terms of accuracy and reliability. Good quality data is essential to support air quality management and for people to be able to make sound choices if they want to avoid high levels of air pollution. The City Corporation will therefore support trials of new sensors to establish their accuracy. This will include working with partners to try and develop a standardised framework to improve comparability of results and ensure proper use and maintenance.

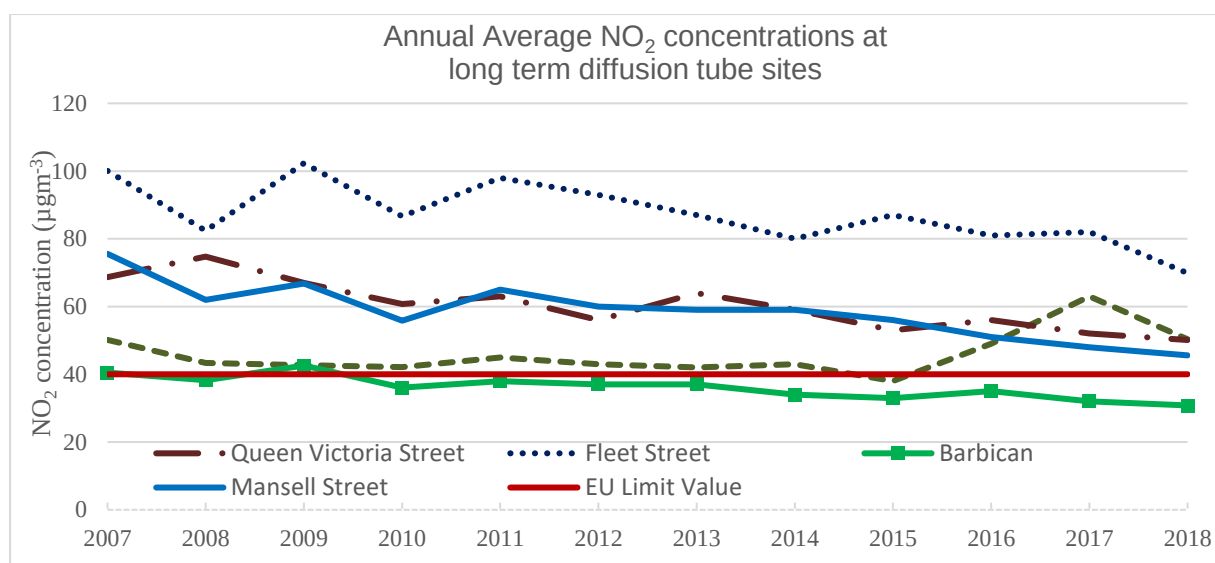
### **Non-continuous monitoring**

Data collected from continuous analysers is supplemented by data collected using diffusion tubes. Diffusion tubes are low cost, low maintenance samplers. They are less accurate than continuous analysers and their use is limited as they provide data averaged over a month. The data is very useful however for comparing levels to the annual mean Limit Value, revealing long term trends and detecting hot spots. Due to

the increased interest and concern about air pollution, diffusion tubes are currently in place at approximately 100 locations across the Square Mile.

Concentrations of nitrogen dioxide measured over 12 years at five sites using diffusion tubes are presented in Figure 2.5. A similar pattern to that in Figure 2.2 is observed. Roadside sites have the highest concentrations and the overall trend is downwards. A significant increase in concentrations was measured at St. Bartholomew's Hospital in 2016 due to an energy centre being introduced down wind of the equipment.

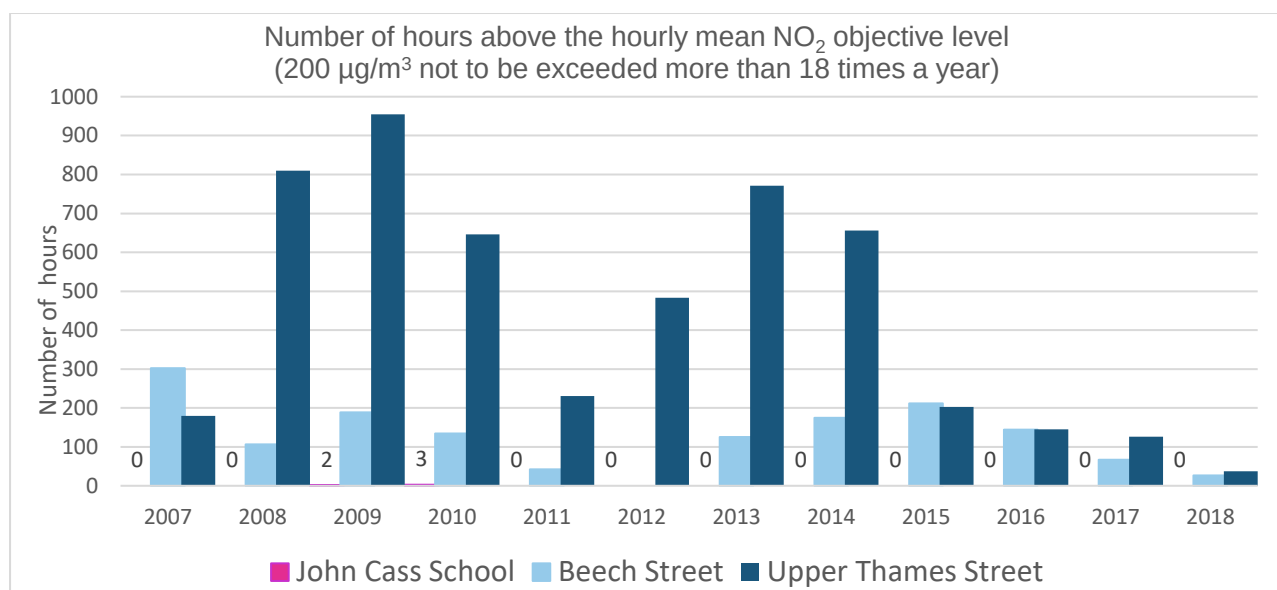
Figure 2.5: Annual Average NO<sub>2</sub> Measured with Diffusion Tubes, 2007 to 2018



### Hourly average concentrations of nitrogen dioxide

In addition to an annual average limit for nitrogen dioxide, there is also an hourly average that should not be breached. This hourly limit is 200 µg/m<sup>3</sup>. Eighteen breaches of this limit are acceptable in a year to allow for unusual weather conditions. This can only be evaluated using continuous analysers although it is assumed that if the annual average nitrogen dioxide is above 60 µg/m<sup>3</sup> the hourly average may be breached. This 18-hour limit is breached every year at Upper Thames Street and Beech Street. It is also likely to be breached in Fleet Street given the very high annual average concentration. The number of hours above 200 µg/m<sup>3</sup> has dropped significantly since 2015 at the Upper Thames Street monitoring site, see Figure 2.6.

Figure 2.6: Breaches of the hourly average NO<sub>2</sub>, 2007 to 2018



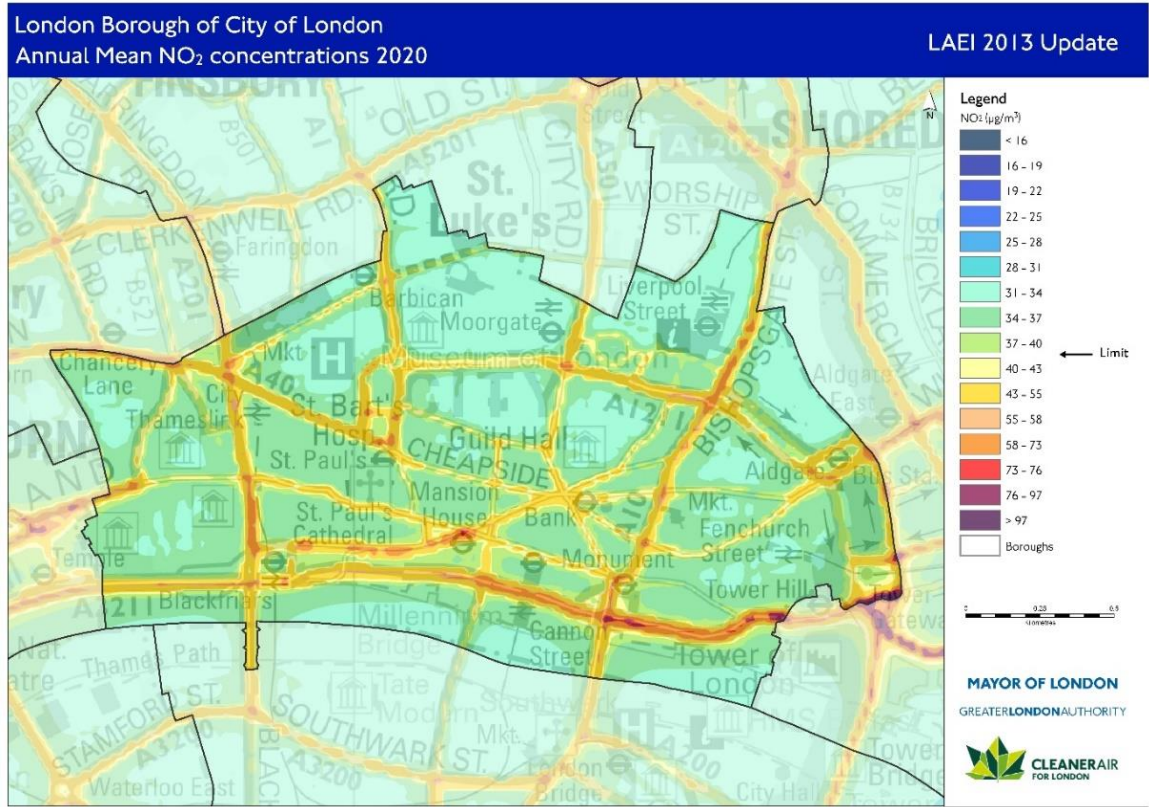
Note: the number of hours above 200µg/m<sup>3</sup> at Sir John Cass's Foundation Primary School are shown numerically.

### Computer modelling

Air quality monitoring provides data for specific locations. This data is supplemented by computer modelling. Modelling is also used to predict future concentrations of air pollution. Computer model maps, particularly forecast maps, should not be viewed as an accurate representation of concentrations. Instead they are used as a tool to establish where air pollution may be a problem or may continue to be a problem in the future.

Figure 2.7 shows computer modelled concentrations of annual average nitrogen dioxide for 2020 using data from the 2013 London Atmospheric Emissions Inventory. The computer model predicts that the Limit Value for annual average nitrogen dioxide, 40µg/m<sup>3</sup>, will continue to be breached along all main roads. Monitoring data supports this assumption.

Figure 2.7: Modelled concentrations of annual average nitrogen dioxide forecast for 2020

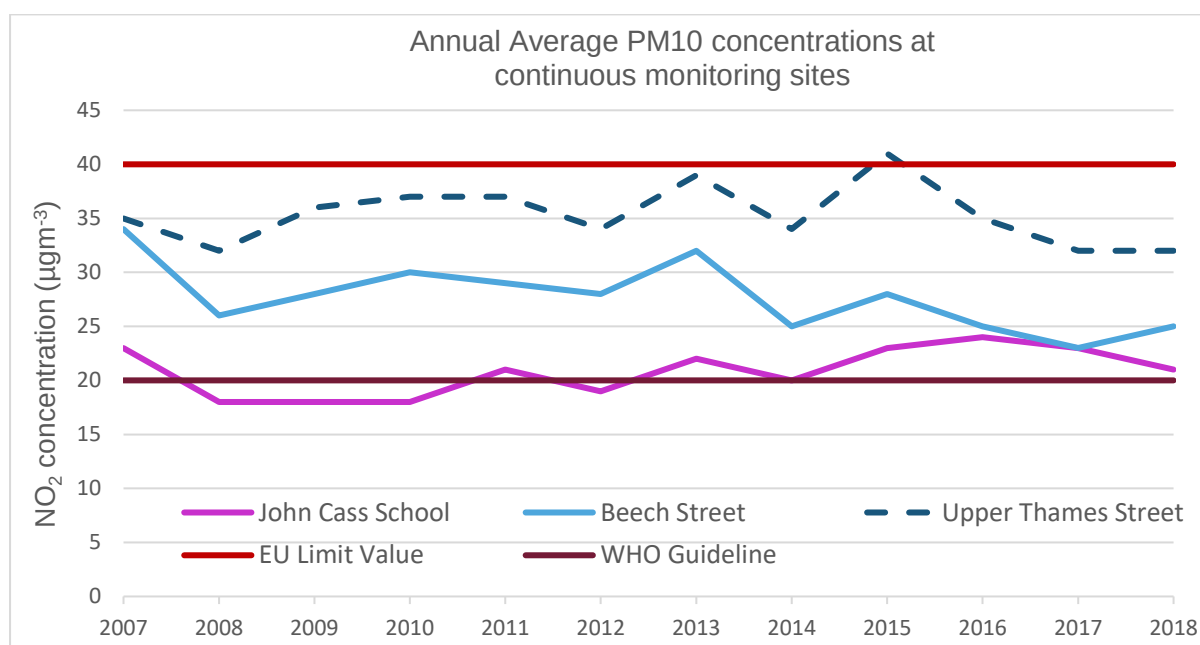


## 2.2 Particulate Matter (PM<sub>10</sub>)

Particulate matter (PM<sub>10</sub>) is measured using continuous analysers in Upper Thames Street, Beech Street and at Sir John Cass's Foundation Primary School. The data is available on the web site [londonair.org.uk](http://londonair.org.uk)

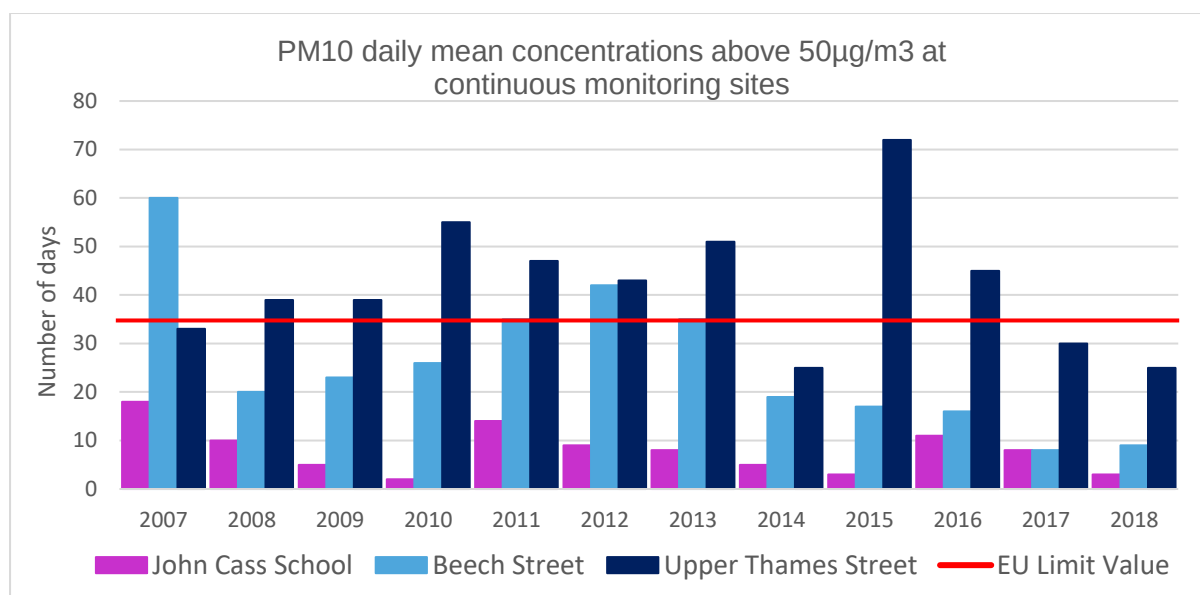
Annual average concentrations of PM<sub>10</sub> meet the Limit Value of 40 µg/m<sup>3</sup> at all monitoring sites. Since 2007, the Limit Value has only been breached once in Upper Thames Street. This is thought to be associated with the construction of the cycle superhighway. Although the Limit Value is met, the World Health Organisation Guideline for PM<sub>10</sub> level of 20 µg/m<sup>3</sup> as an annual average is breached at all sites.

Figure 2.8: Annual Average PM<sub>10</sub>, 2007 to 2018



The Limit Value for daily average PM<sub>10</sub> is 50 µg/m<sup>3</sup>. PM<sub>10</sub> is made up of a range of materials including metals, carbon, minerals, sulphates, nitrates and ammonia. Concentrations are highly influenced by the weather and sources outside the Square Mile. Little can be done locally and in isolation that will have a measurable impact on this pollutant. This highlights the need for collaborative action. The regulations allow the daily Limit Value to be breached up to 35 days in any given year. This tends to happen in Upper Thames Street. Beech Street has met the daily Limit Value since 2013. Daily average PM<sub>10</sub> at Sir John Cass's Foundation Primary School has never breached the Limit Value.

Figure 2.9: Number of days the Daily Average PM<sub>10</sub> was breached, 2007 to 2018



When compared to nitrogen dioxide, there is less variation in modelled annual mean concentrations of PM<sub>10</sub> as there are a greater range of sources that contribute to the problem, not just road traffic.

Figure 2.10 shows the modelled concentrations of annual average PM<sub>10</sub> for 2020. The limit is set at 40 µg/m<sup>3</sup>. The map suggests that this could be breached in just a small area along Byward Street and Tower Hill.

Figure 2.10: Modelled concentrations of annual average PM<sub>10</sub>, forecast for 2020

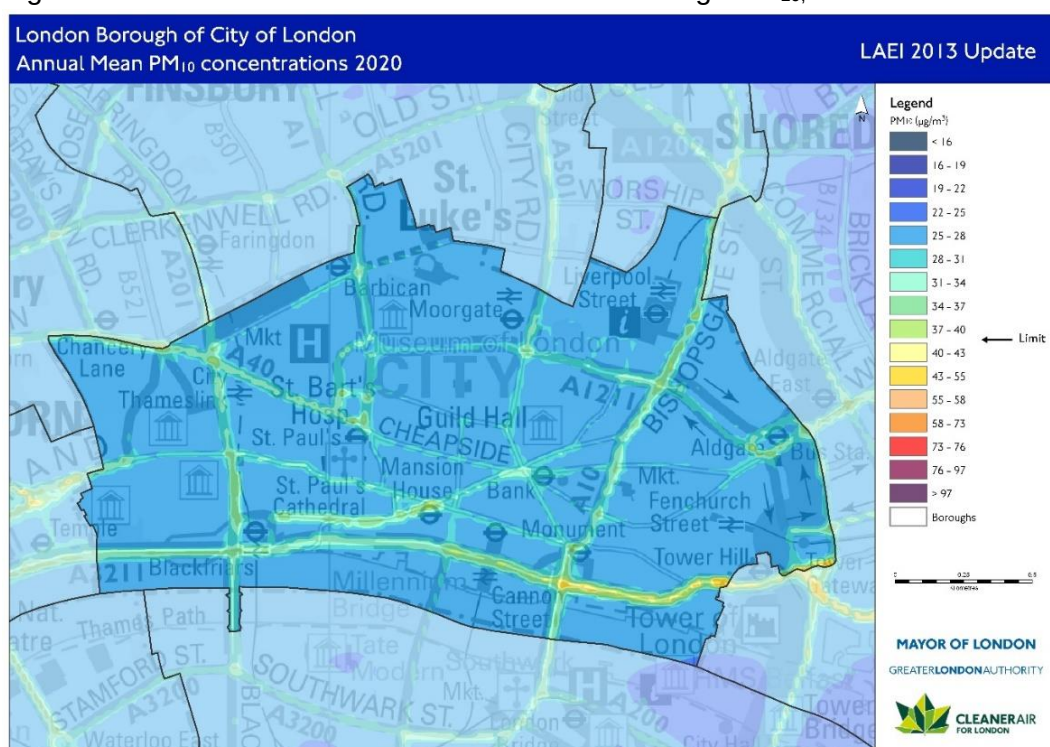
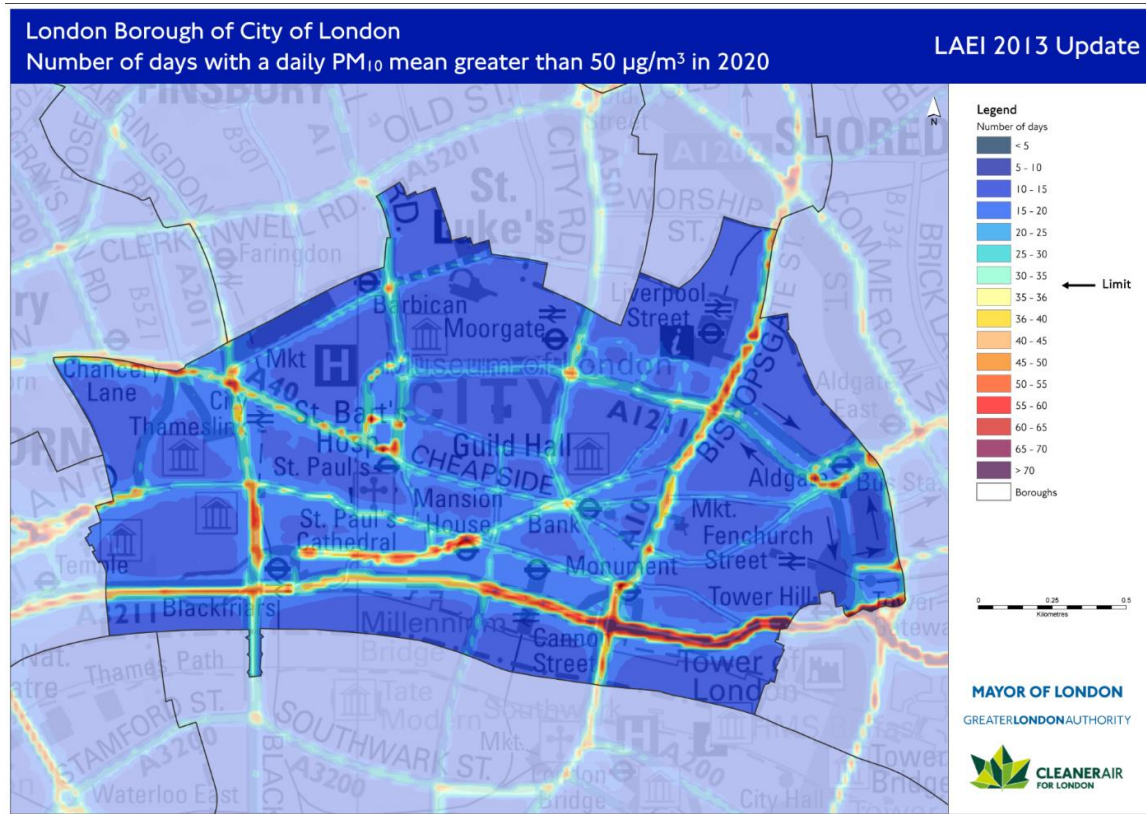


Figure 2.11 shows the number of days the daily average PM<sub>10</sub> level is likely to be breached in 2020. The map suggests this may occur at and adjacent to the busiest roads.

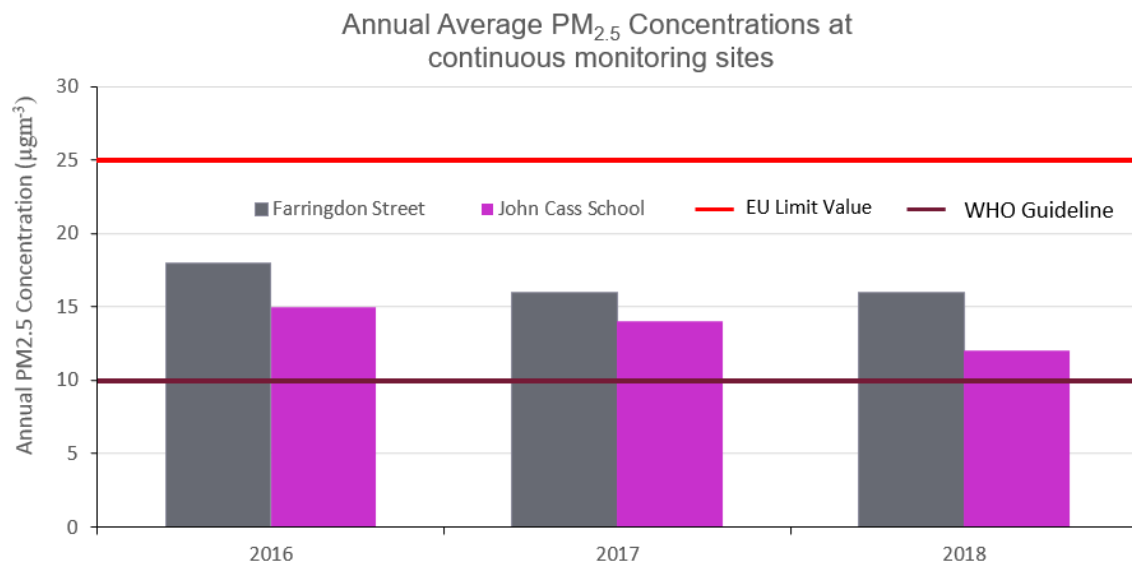
Figure 2.11: Number of days above the daily average PM<sub>10</sub>, forecast for 2020



## 2.3 Particulate Matter (PM<sub>2.5</sub>)

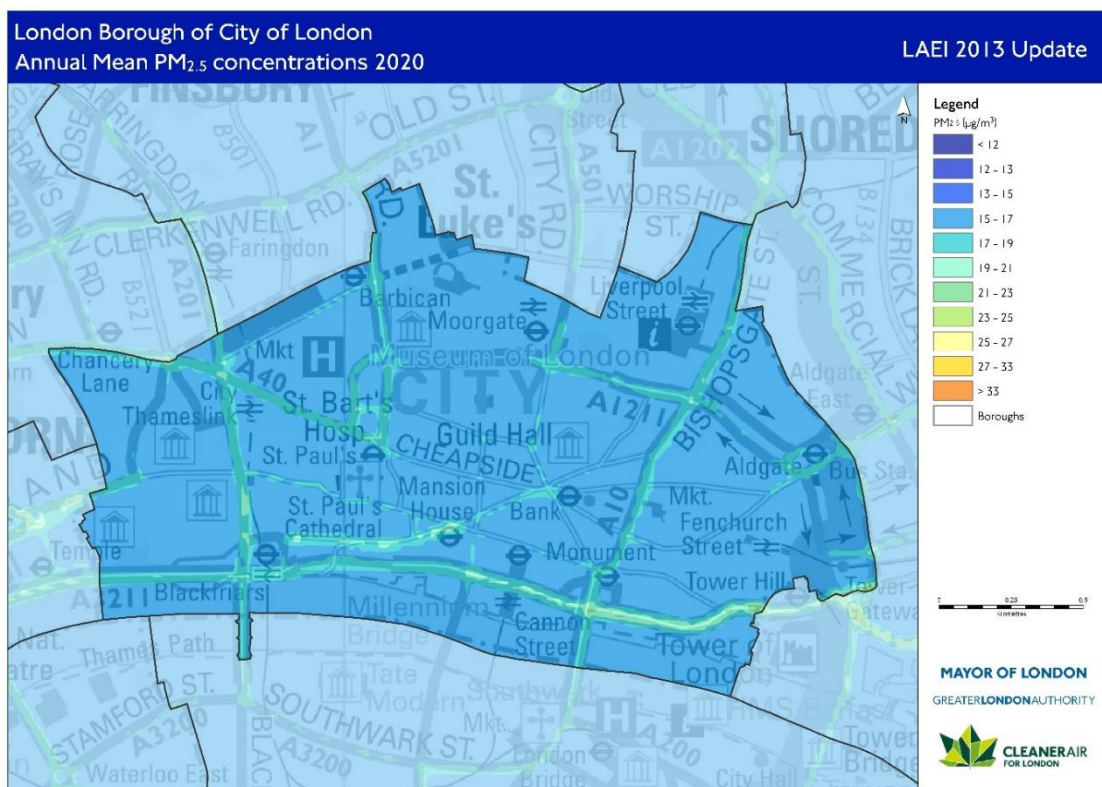
PM<sub>2.5</sub> is measured in Farringdon Street and at Sir John Cass's Foundation Primary School. Figure 2.12 shows the annual average PM<sub>2.5</sub> concentrations since 2016. The results indicate that PM<sub>2.5</sub> meets the Limit Value of 25 µg/m³ at these two locations. However, concentrations are above the WHO Guideline, which is set at 10 µg/m³.

Figure 2.12: Annual Average PM<sub>2.5</sub>, 2016 to 2018



Modelled concentrations of annual average PM<sub>2.5</sub> reveal that levels at all locations across the City of London in 2020 will be below the annual average Limit Value of 25µg/m<sup>3</sup>. The whole of the City of London is likely to breach the WHO Guideline of 10µg/m<sup>3</sup>. Like with PM<sub>10</sub>, there is very little that can be done by the City Corporation in isolation that will have a significant impact on concentrations of this pollutant.

Figure 2.13 Modelled concentrations of annual average PM<sub>2.5</sub>, forecast for 2020



One of the aims of this Strategy is to ensure that air quality in over 90% of the Square Mile meets the health-based Limit Values and World Health Organisation Guidelines for nitrogen dioxide by the start of 2025. The remaining areas are likely to be at very busy road junctions and in some heavily trafficked streets with narrow carriage ways and tall buildings that act to trap air pollutants. An assessment of air quality policies and interventions will be undertaken annually to ensure that this will be met.

An additional Strategy aim is to take coordinated action to achieve the WHO Guidelines for PM<sub>10</sub> and PM<sub>2.5</sub> in the shortest possible time. This recognises that the City Corporation cannot achieve this in isolation.

### **Air Quality Monitoring**

#### **We will:**

**Ensure that adequate and appropriate monitoring is undertaken across the City of London to fulfil statutory obligations and make good quality data available to the public.**

**Use air quality data to generate pollution alerts and messages using a range of media such as the free CityAir Smart Phone App.**

**Publish an annual report of air quality data on the City Corporation web site.**

**Continue to make live data from continuous air quality monitors available to the public on the London Air Quality Network web site.**

**Support the testing of new air quality sensors to establish their degree of accuracy.**

**Undertake an annual assessment of air quality to ensure levels of nitrogen dioxide in 90% of the Square Mile meet health-based Limit Values and WHO Guidelines by 2025.**

### 3. Leading by Example

**Commitment: The City Corporation will seek opportunities to influence air quality policy across London and lead by example to improve local air quality and reduce exposure to air pollution**

Improving air quality is a political priority for the City Corporation, for which there is very strong Member interest and support. The Port Heath and Environmental Services Committee oversees the development and implementation of air quality policy, and the Chairman and Deputy Chairman have a keen interest in the issue.

Public Health responsibilities were returned to local authorities in April 2013. This led to the creation of Health and Wellbeing Boards (HWB). The City Corporation HWB supports measures for improving local air quality. The City's Joint Strategic Needs Assessment recognises the significance of air quality. Air quality has been identified by the City Corporation as a Corporate Risk. Management of this risk is overseen by the Audit and Risk Management Committee. Reports are presented to this Committee detailing how the risk is being mitigated.

#### **City Corporation Responsible Business Strategy**

The City Corporation's Responsible Business Strategy 2018 is set within the framework of the Corporate Plan. It details how responsible business practices will be put in place across the organisation. One of the main policy areas in the plan is to improve air quality. Box 1 details the specific air quality actions. Many of these actions are referenced elsewhere in this document.

- **Improve local air quality in the Square Mile and reduce exposure to air pollution by continuing to develop and deliver the City of London Air Quality Strategy.**
- **Significantly increase the number of clean vehicles in our fleet and continue to trial new technology.**
- **Encourage and facilitate the uptake of clean alternative vehicles throughout our supply chain.**
- **Increase the number of electric-vehicle charging points across our sites.**
- **Reduce emissions of air pollutants from our building stock.**
- **Provide leadership for air quality policy and action across London.**
- **Encourage businesses to become air quality champions and support our work for cleaner air.**
- **Support research and development into measures to improve air quality with London Universities.**
- **Act as a facilitator for collaborative action on air pollution in London.**

Box 1

## City Corporation Fleet

The City Corporation has been reducing emissions from its own fleet for several years. This has been achieved by improved management, a reduction in size of the fleet and the purchase of newer, cleaner vehicles. Since January 2016, a policy has been in place that diesel vehicles cannot be purchased or leased if there are low or zero emission options available. The City Corporation owns or leases 133 vehicles and is in the process of reducing this to 118. These comprise of cars, vans, minibus, tippers, sweepers, pick-up trucks, gully tankers and a range of vehicles associated with open spaces. Most of these vehicles do not operate in the Square Mile. The City Corporation regularly trials new electric vehicle technology such as an all-electric refuse collection vehicle. Eight new electric vehicles were trialled in 2018.

The City Corporation is working towards replacing its vehicles used in the Square Mile with electric or hybrid to comply with the Mayor of London's Ultra-Low Emission Zone. A fuel hierarchy is in place for new vehicles:

- a) Full electric
- b) Plug-in hybrid
- c) Petrol hybrid (regenerative braking)
- d) Petrol
- e) (Euro 6/ VI) Diesel

100% of the electricity used by the City Corporation is from renewable sources so electricity used to charge Corporate vehicles isn't contributing to air pollution outside the City of London boundary.

## City Corporation Responsible Procurement Strategy

The City Corporation Responsible Procurement Strategy requires that, for large contracts over £250k, at least 10% of the qualitative contract evaluation criteria must address responsible procurement. Large contracts include a 'no vehicle engine idling' policy. Contracts that require the use of vehicles are required to put additional measures in place to help reduce air pollution.

There is a flexible approach with the following menu of options:

- a. Targets for the reduction of NOx and PM10 over the life of the contract
- b. Develop a plan for reducing the air quality impact on days of 'high' and 'very high' air pollution
- c. Develop a logistics approach that avoids deliveries during peak congestion and pedestrian footfall times
- d. Regular green driver training
- e. Retrofit and trial a new technology
- f. Trial a zero-emission vehicle with the support of the City of London Corporation
- g. Another innovative action to support the Air Quality Strategy that would reasonably deem to be an equivalent level of ambition

In April 2019, the City Corporation commenced a new waste collection, street cleansing and ancillary services contract. This new contract will deliver the first low and zero emission fleet in the UK which also consists of the UK's first fully electric fleet of dustcarts.

### **City Bridge Trust**

The City Bridge Trust is the funding arm of Bridge House Estates. It was established to make use of funds surplus to bridge requirements and provides grants towards charitable activity benefitting Greater London. The City of London Corporation is the sole trustee of the Bridge House Estates.

The City Bridge Trust has awarded a grant to Client Earth, a non-profit environmental law organisation, to engage with businesses to tackle the effects of air pollution & encourage behaviour change towards greener ways of doing business. The Trust also funds a programme of Eco-Audits for voluntary sector organisations. This reviews energy use, waste and travel patterns. The aim is to make the organisations more sustainable, lower their carbon footprint, and save money by reducing energy bills.

### **Proposal for New Regulatory Powers**

Whilst there is a great deal of action underway to reduce emissions from road traffic there is a lack of effective controls to deal with emissions from combustion plant (boilers, generators, non-road mobile machinery and combined heat and power plant). Close monitoring has revealed that there can be a significant local impact on levels of air pollution from some combustion plant. The City Corporation has identified the need for a practical, local authority focused piece of legislation to deal with emissions from combustion plant and is working with London Councils to develop a Private Members' Bill to tackle this source of pollution.

### Leading by Example

**We will:**

**Continue to place air quality as an important political priority and support the outcomes of the City Corporate Plan and local and London-wide action**

**Provide information on reducing emissions from buildings for City Corporation facilities managers and investment property managers**

**Reduce emissions of air pollutants from buildings owned by the City Corporation**

**Review the provision of electric vehicle charging across City Corporation sites including residential estates**

**Ensure that, subject to operational requirements, 100% of vehicles owned or leased by the City Corporation are electric or hybrid by 2025**

**Continue to trial low and zero emission technology**

**Continue to encourage zero emission vehicles through the supply chain**

**Require electric or hybrid vehicles as a default for the Corporate taxi contract, together with annual emission reduction targets**

**Require zero emission and electric or hybrid vehicles as a default for courier contracts, together with annual emission reduction targets**

**Continue to ensure that all relevant Corporate strategies and policies reflect the importance of improving local air quality and reducing exposure**

**Work with London Councils and other stakeholders to develop proposals for legislation to help improve air quality across London**

## 4. Collaborating with Others

**Commitment: The City Corporation will work with a wide range of external organisations on air quality policy and action in order to improve air quality in the Square Mile and across London.**

As a significant amount of air pollution in the Square Mile is not generated within its boundary, the City Corporation works with a wide range of organisations on actions to improve air quality and raise awareness. This collaborative work is an essential component of air quality management in the City of London.

### Mayor of London

The Mayor of London has a duty to develop an Air Quality Strategy in support of the National Air Quality Strategy. The Mayor also has a duty to achieve legal limits for air quality across London. The City Corporation, along with other London Boroughs, must have regard to the Mayor's Air Quality Strategy when exercising its own responsibilities for London Local Air Quality Management (LLAQM)<sup>4</sup>. The key requirements of LLAQM are:

- Monitor and assess air pollution
- Ensure an Air Quality Management Area is in place for any areas that exceed the air quality objectives and Limit Values
- Ensure that a current and relevant Action Plan is in place. This should be updated at least every five years
- Publish annual monitoring and action plan update reports

The City Corporation works very closely with the Greater London Authority and Transport for London.

The Mayor of London is implementing a wide range of action across London to improve air quality. Air quality in the City of London will benefit from all policies, however those anticipated to have the greatest impact are cleaning the London bus fleet, cleaning London taxis and the implementation of the Ultra-Low Emission Zone (ULEZ). The City of London is within the ULEZ. Further details on policies and programmes being implemented by the Mayor of London are in Chapter 5 and Appendix 6.

### Mayor's Air Quality Fund

The Mayor of London awards London Boroughs and the City of London Corporation funding through the Mayor's Air Quality Fund for air quality improvement projects. The City Corporation has previously received funding to roll out its successful anti-

---

<sup>4</sup> <https://www.london.gov.uk/what-we-do/environment/pollution-and-air-quality/working-london-boroughs>

vehicle engine idling programme, for a 3-year air quality programme with Barts Health NHS and for research into the impact of using diesel generators for electricity generation at times of peak demand.

In June 2019, the City Corporation received notification that it has been awarded funding for additional air quality improvement projects to be implemented between 2019 - 2022. The projects are for continuation of the pan London anti-vehicle engine idling programme, to be jointly managed with the London Borough of Camden; a contribution towards the implementation of the City Cluster Zero Emission Zone and funding towards a Clean Air Thames project. The latter project will be managed by Cross River Partnership. The City Corporation is also part of a London wide programme to manage emissions from construction site equipment which receives funding from the Mayor of London.

### **Low Emission Neighbourhood**

The Mayor of London also awarded the City Corporation £1 million over 3 years, from 2016 - 2019 to pilot a range of measures as part of a Low Emission Neighbourhood programme. A range of activities and projects took place over three years, some of which are detailed below.

- The installation of 30 electric vehicle charging points in Barbican Estate car parks.
- Cargo bike delivery service pilot
- Provision of cargo bikes for use by City Corporation Gardeners
- Engagement with schools, businesses and residents
- Development of business best practice
- Delivery and service case studies
- Best practice document for construction activity
- Idling engine training with St Barts Ambulance Services
- Greening projects such as Moor Lane and support for the Clean and Green for Seventeen City in Bloom competition
- Air quality grants for businesses
- Air quality monitoring
- Barbican art installation

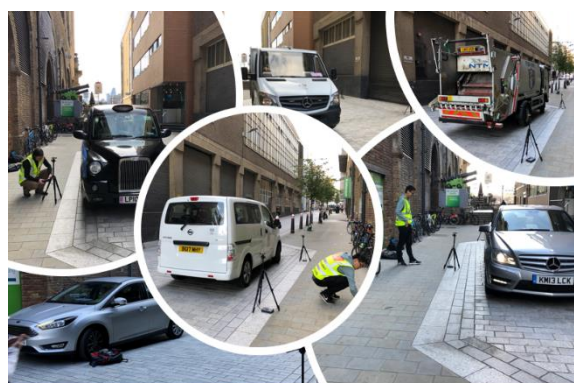


## London Boroughs and London Councils

The City Corporation works closely with London Boroughs and London Councils. The City Corporation and seven neighbouring authorities form the Central London Air Quality Cluster Group. This group meets regularly at the City Corporation offices to discuss best practice. The City Corporation also provides the chairman for the London Air Quality Steering group which also meets regularly at the City Corporation offices. This group was established to direct and influence strategic air quality policy across London. Members include London Boroughs, the Environment Agency, Greater London Authority, Transport for London and London Councils.

## London Universities

The City Corporation has worked very closely with Kings College London (KCL) for many years. The City Corporation commissions KCL to independently check air quality data and make it available to the public on the KCL web site [www.londonair.org.uk](http://www.londonair.org.uk). The City Corporation has also commissioned KCL to deliver a range of projects including:



- the development of the free smartphone App CityAir;
- undertake real world vehicle emission testing on streets in the City of London;
- assess the impact of washing Beech Street on levels of particle pollution;
- independent tests to assess the effectiveness of dealing with idling vehicle engines.

In 2018, City Corporation drivers took part in a study called DEMiST – The Driver Diesel Exposure Mitigation Study. The aim of the study is to quantify the exposure of drivers to diesel exhaust in order to develop cost-effective risk reduction strategies. The City Corporation supports dissertations and research projects. The latest was a study of the impact of messages provided by smartphones during air pollution episodes. This research was published in Environment International, Volume 124, March 2019, and used the City Corporation's CityAir App.

The City Corporation provides the co-chair for the APRIL Committee (Air Pollution Research in London). The City Corporation has also commissioned research to look at the impact of urban form on air pollution in the Square Mile.

## Third Sector

The Third Sector is comprised of non-government and non-profit-making organisations. This includes charities, voluntary and community groups. The City

Corporation works with a range of third sector organisations on air quality projects including Environmental Protection UK, Global Action Plan, London Sustainability Exchange and Friends of City Gardens. An event to celebrate 120 years of Environmental Protection UK was hosted by the City Corporation in September 2018.

### **Port of London Authority**

The Port of London Authority (PLA) is the Statutory Harbour Authority for the Tidal Thames between Teddington and the Thames Estuary. In 2018, the PLA published its Air Quality Strategy, outlining its ambitions to reduce emissions of air pollutants from river activities to 2041, in line with the Thames Vision. The 2018 publication proposes 19 actions over the first phase of the Strategy from 2018 to 2023, including broadening of its evidence base through technical studies, establishing standards and best practice guidelines for the use of the river, and investigating means to develop and implement green technology. The City of London Corporation supported the development of the Strategy and is assisting the PLA in monitoring emissions from the river, as detailed in Action 15 of the 2018 publication.

### **Cross River Partnership**

Cross River Partnership (CRP) is a public-private partnership that has been delivering regeneration projects in London since 1994. Its membership includes local authorities, business organisations and other strategic agencies relevant to London. The City Corporation provides the Public Sector Co-chair for CRP and works with the organisation on pan London projects.

### **Environment Agency**

The Environment Agency is public body with responsibilities for the protection and enhancement of the environment. The City Corporation has been working with the Environment Agency to support the implementation of the Medium Combustion Plant Directive (MCPD). The MCPD is a regulatory mechanism for controlling emissions of pollutants from combustion plant between 1 megawatt thermal (MWth) and 50 MWth in size. The emission limits set in the MCPD are applied in the United Kingdom from 20 December 2018 for new plant, and from 2025 or 2030 for existing plant, depending on size. It is anticipated that there are many plant in the City of London that meet this criterion. They can be a significant source of emissions of nitrogen oxides (NOx) and particulate matter, particularly plant fuelled by diesel.

## Businesses in the City of London

The City Corporation has been engaging with the City of London business community for over eight years to get their support for improving local air quality and raising staff awareness through the CityAir programme. Regular lunchtime workshops for business representatives are hosted by the City Corporation. Best Practice Guides have been produced with input from City of



London businesses and industry representatives. This includes a Building Engineer Toolkit, which provides advice for Facilities Managers on reducing emissions of air pollutants from buildings. A Low Emission Supply Chain Guide, originally developed in 2012, was improved and updated to incorporate latest best practice in 2018. It provides guidance on reducing the impact on freight transport emissions. There are several Business Air Quality Champions who provide invaluable support and lead the way in action to reduce their impact on local air pollution.

The CityAir business engagement model has been replicated across Greater London and further businesses are engaged in the Square Mile as the opportunity arises.

### Collaborating with Others

**We will:**

**Continue to work closely with the Greater London Authority and Transport for London on policies to improve air quality and ensure that all actions support the aims and objectives of the Mayor's Environment Strategy**

**Continue to collaborate with London Boroughs and London Councils on action to improve air quality**

**Support Universities with research into the health impacts of air pollution, to increase understanding of the sources of pollution and the effectiveness of interventions to reduce pollution**

**Continue to support the Third Sector to deliver air quality improvement projects and raise awareness amongst London's communities**

**Support the Port of London Air Quality Strategy through air quality monitoring and in taking wider action to reduce emissions from vessels on the river Thames**

**Continue to support the Cross-River Partnership in its delivery of air quality projects in central London.**

**Continue to support the Environment Agency with action to improve air quality, including the implementation of the Medium Combustion Plant Directive**

**Continue to engage with and support the City of London Business Community to become Air Quality Champions and reduce their impact on local air pollution**

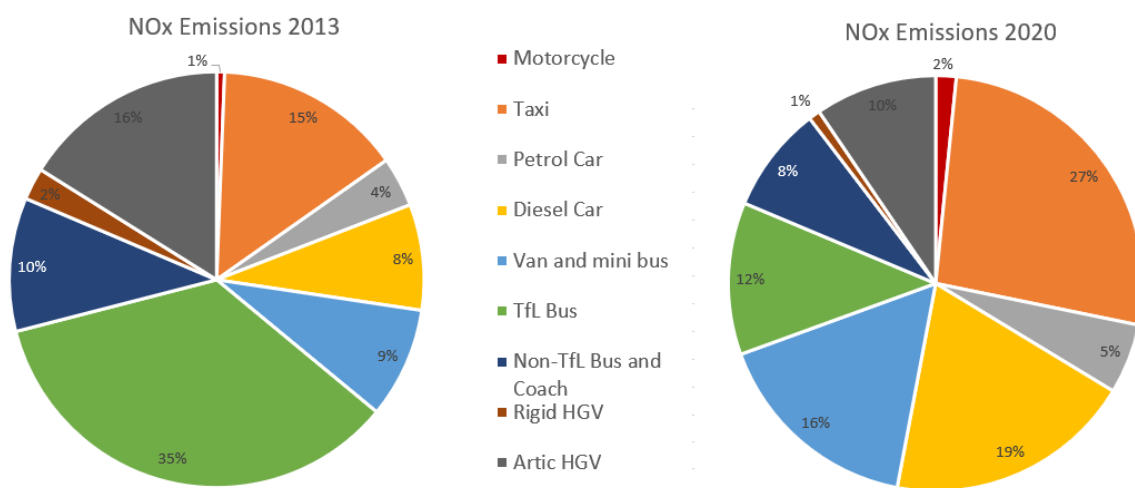
## 5. Reducing Emissions from Road Transport

**Commitment: The City Corporation will implement a range of measures to reduce emissions of air pollutants associated with road traffic in the Square Mile**

How people and goods travel to and around the City of London has a significant impact on air quality. The road network in the City of London is used intensively; particularly during the working week as vehicles support the needs of businesses. The Square Mile is located within the Congestion Charge Zone and Ultra-Low Emission Zone. The City of London is very well served by public transport and has 54 bus routes, six mainline railway stations and 12 underground and District Light Railway stations. The number of people who commute into the Square Mile by private car is low.

The London Atmospheric Emissions Inventory suggests that in 2013 road transport accounted for 57% of NO<sub>x</sub>; 56% of PM<sub>10</sub>, and 69% of PM<sub>2.5</sub> emissions from within the Square Mile. Estimates have been made for 2020 but these were made some time ago and are uncertain, see Appendix 3. Diesel vehicles account for approximately 96% of these emissions, the majority of being buses, taxis and lorries. Figure 5.1 shows the proportion of NO<sub>x</sub> emissions for different vehicle types in 2013 together with forecasts for 2020. The main contributor to air pollution from traffic in 2013 was the bus fleet. By 2020 this is expected to change to taxis as the bus fleet becomes progressively cleaner.

Figure 5.1: Proportion of NO<sub>x</sub> emissions from vehicles in the City of London in 2013 and 2020



Source GLA LAEI 2013

Figure 5.2 compares the total amount of NOx emitted in tonnes per vehicle type in the City of London in 2013 and 2020. It clearly shows large reductions in emissions for all vehicles, particularly Transport for London buses.

Figure 5.2: Change in emissions of NOx from different vehicle types in 2013 and 2020

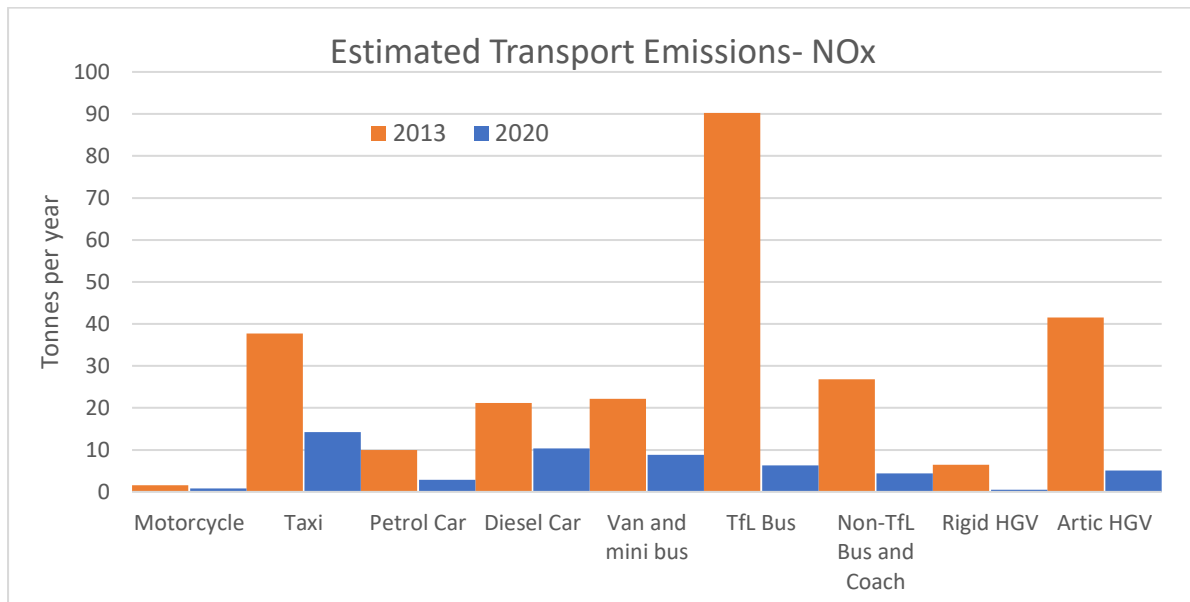
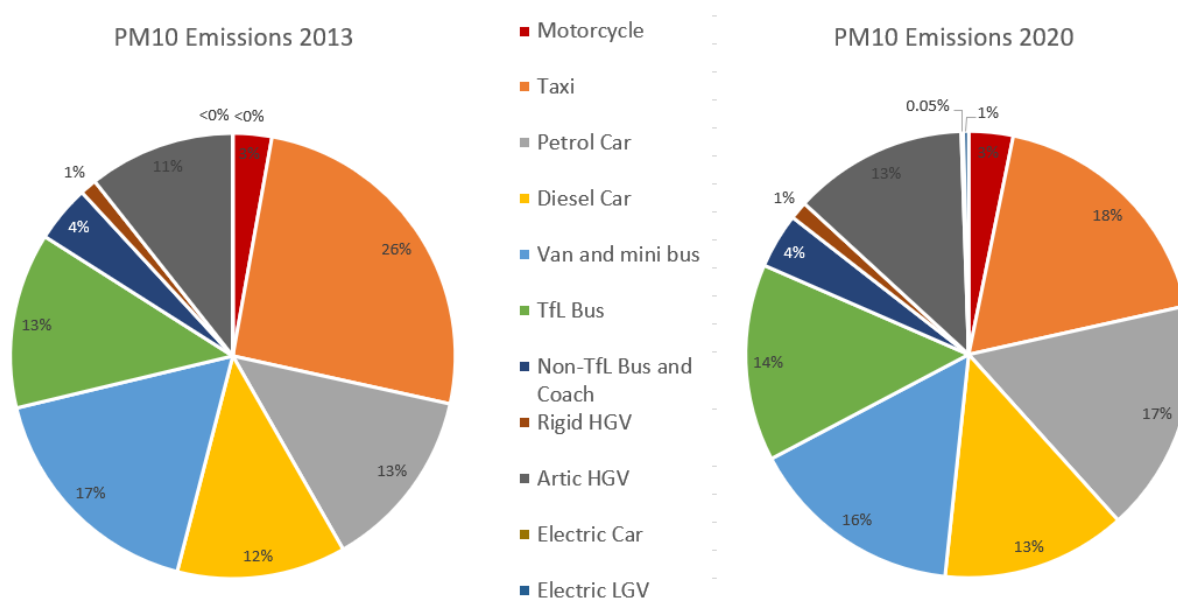


Figure 5.3 shows the relative proportion of PM<sub>10</sub> emissions for different vehicle types in 2013, with forecasts for 2020. The most noticeable difference between 2013 and 2020 is anticipated to be a reduction in emissions from taxis as they start to move over to electric. The PM<sub>10</sub> attributed to electric vehicles is from tyre and brake wear.

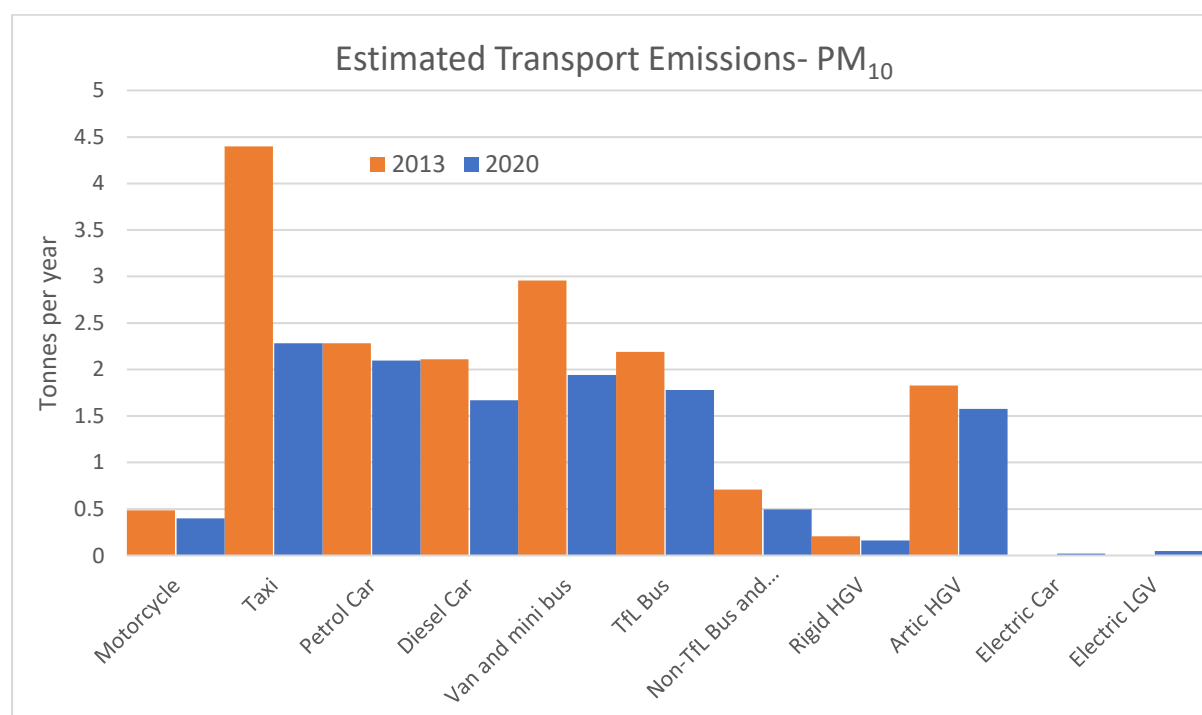
Figure 5.3: Proportion of PM<sub>10</sub> emissions from vehicles in the City of London in 2013 and 2020



Source GLA LAEI 2013

Figure 5.4 compares the total amount of PM<sub>10</sub> associated with different vehicle types in 2013 and 2020. The difference isn't as great as for NO<sub>x</sub> with the notable exception of taxis.

Figure 5.4: Change in emissions of PM<sub>10</sub> from different vehicle types in 2013 and 2020



## **Mayor of London Transport Policies**

The Mayor of London is delivering a wide range of policies to reduce air pollution from road transport.

### **Ultra-Low Emission Zone**

The Ultra-Low Emission Zone was introduced in central London in April 2019. The Square Mile is completely within the zone. The ULEZ requires diesel vehicles to meet the Euro 6/VI emission standard or pay a daily charge to enter the zone. Petrol vehicles must meet the Euro 4 emission standard. The emission requirements are in place 24 hours a day, seven days a week. From 2021, the Mayor proposes to extend the zone to encompass the North and South Circular boundaries.

### **Taxis and Private Hire Vehicles**

Transport for London (TfL) appoints and regulates Taxi drivers. It is also responsible for setting the emission limits for taxis and Private Hire Vehicles (PHVs). There is a 15-year age limit for London taxis and all new taxis must now be zero emission capable (ZEC). The age limit for PHVs is 10 years. All PHVs licensed for the first time must have a Euro 6 petrol or diesel engine, or a Euro 4 petrol-hybrid engine. New zero emission capable requirements for PHVs will be phased in from 2020.

Further details of the Mayor's emission controls for taxis are included in Appendix 6.

The City Corporation has published a Transport Strategy. The overarching aim is to reduce the amount of traffic in the Square Mile in order to reallocate street space to pedestrians. A reduction in all types of traffic will be required to meet the aim of achieving a 25% reduction in traffic by 2030 and 50% by 2044. The City Corporation will therefore support TfL's efforts to reduce the number of PHVs operating in central London and work with the taxi industry to reduce empty running. This will have a positive effect on local air quality.

### **Buses**

London buses have been a significant source of air pollution in the City of London. The Mayor of London is in the process of cleaning the fleet. He has made a commitment that all single deck buses operating in London will be zero emission by the end of 2020. All new double deck buses are now hybrid, electric or hydrogen. All double deck buses operating in the Square Mile are at least Euro VI, which is the latest Euro Standard. Zero emission double deck buses will be gradually introduced to achieve an entirely zero emission fleet by 2037 at the latest.

Transport for London has undertaken a review of its central London bus network. Following a decline in bus use, TfL is examining ways to tackle bus journey times and reliability. The City Corporation, through its Transport Strategy, will work with TfL to identify opportunities to reduce the number of buses travelling through the City

of London without compromising public transport accessibility. The City Corporation will also request an accelerated roll out of zero emission capable buses on routes through the Square Mile.

### **City Corporation Transport Strategy**

The City Corporation, through its Transport Strategy, is committed to making streets in the Square Mile great places to walk by prioritising the needs of people on foot.

Traffic management measures will be identified through Area Based Healthy Street Plans. The first three plans will cover Barbican and Smithfield; Bank and Guildhall and the City Cluster and Fenchurch Street.

The Transport Strategy, and corresponding Delivery Plan, is fully integrated into this Air Quality Strategy. It contains a wide range of proposals that will lead to better air quality in the City of London. Many of these policies will deliver additional benefits such as reduced levels of noise, improved road safety and reduced congestion. The most significant are:

- Support and champion a central London Zero Emission Zone (ZEZ) within the next Mayoral term. Seek a phased introduction of ZEZ restrictions with the aim of ensuring that 90% of motor vehicles entering the Square Mile are zero emission capable by 2030.
- Introduce local ZEZs covering the Barbican and Golden Lane Estates and City Cluster by 2022

There is also a commitment to:

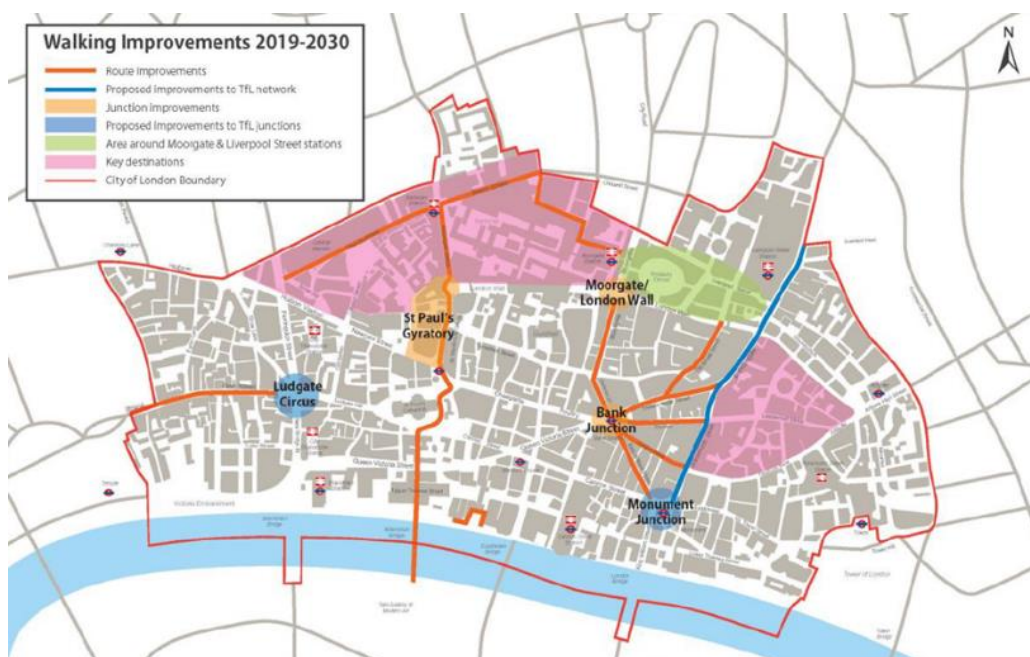
- Support small businesses to accelerate the transition to zero emission capable vehicles
- Discourage private vehicle use and provide no additional on street parking
- Introduce car free days from 2019

Further detail on action to be taken with timescales can be found in the Transport Strategy.

The Transport Strategy also contains a range of proposals to reduce the exposure of pedestrians to pollution. Many involve improving the pedestrian environment which can have added health benefits of encouraging greater outdoor exercise and social interaction:

- Increase the number of pedestrianised, or pedestrian priority streets
- Widen pavements
- Reduce the amount of time people wait for a green signal to cross the road.
- Complete the riverside walkway and improve the quality of the public realm along the river front.

- Enhance the Barbican high walk making it easier to navigate.
- Improve awareness of traffic free walking routes to take people away from areas of poor air quality
- Timed and temporary street closures including a Lunchtime Streets programme
- Support and facilitate street closures by third parties
- Complete the roll out of Legible London maps and directional signs across the Square Mile by 2022



### Ultra-Low Emission Vehicle Street

The City Corporation is considering options for an Ultra-Low Emission Vehicle (ULEV) access restriction. ULEVs are vehicles that emit less than 75g of CO<sub>2</sub>/km from the tailpipe and can operate in zero tailpipe emission mode. It is a cleaner emission standard than that required to meet the Mayor of London Ultra Low Emission Zone. ULEVs include pure electric vehicles, some plug-in hybrids and 'range extended' electric vehicles, such as the new taxi for London.

## **Freight**

Freight vehicles i.e. those involved in the movement of goods and services, account for around 17% of the traffic in the Square Mile. They tend to be diesel fuelled and so have relatively high emissions of air pollutants.

The City Corporation Transport Strategy proposes a range of actions which will assist in reducing emissions of air pollutants associated with freight, and will be implemented in conjunction with the City of London Local Plan:

- Reduce the number of freight vehicles in the Square Mile
- Establish a freight consolidation service for the Square Mile
- Support zero emission last mile deliveries
- Identify opportunities to increase the use of the river for freight
- Work with freight operators to ensure their fleets meet Port of London Authority air quality standards
- Explore the use of Blackfriars and Tower Piers and reinstate Swan Lane Pier as points to transfer freight to zero emission last mile delivery
- Require all development in the City of London to consider the use of the river for the movement of construction material and waste

The City of London Freight and Servicing Supplementary Planning Document (SPD), published in February 2018, provides guidance on the interpretation of policies in the City of London Local Plan in relation to freight and servicing movements in the Square Mile.

The SPD sets out potential measures for managing freight through the planning process by minimising trips, matching freight demand to network capacity, and mitigating the impact of essential freight trips.

## **Cycling**

The City Corporation supports and encourages cycling as a mode of transport. Cycling in the City of London increased by 292% between 1999 and 2017. All other forms of transport reduced over the same period.

The City Corporation Transport Strategy and City Local Plan supports and encourages cycling by:

- Increasing the amount of cycle parking in the City of London
- Ensuring new developments contribute to improving the experience of cycling in the City of London
- Promoting and celebrating cycling
- Improving cycle hire provision
- Apply a minimum cycling level of service to all streets

## Electric Vehicle Charging Infrastructure

Fifty electric vehicle charge points are currently available in City Corporation public car parks, which are served by electricity from renewable sources. A further 30 have been installed in Barbican residents' car parks. A taxi only rapid charge point has been installed at Noble Street taxi rest rank and a rapid charging hub for taxis is planned for Baynard House car park.



The City Corporation Transport Strategy details a commitment to install additional publicly accessible rapid electric charge points to support the transition to zero emission and zero emission capable vehicles. This includes exploring the potential for a charging hub with priority access for commercial vehicles. The City's Local Plan requires electric vehicle charging points to be installed within the service areas of new buildings for freight vehicles. An Electric Vehicle Charging Action Plan will be published by December 2019. This will identify how many charge points, including charging hubs, are required up to 2022, as well as longer-term forecasts

## Transport and Public Realm Schemes

The City Corporation has implemented several transport and public realm schemes that have been closely monitored for air quality impact, for example Aldgate public realm and changes to Bank Junction.

Work is underway for two major transformation projects in the City of London that will also deliver measurable improvements in local air quality. The first is the Beech Street Transport and Public Realm project and the second is the St. Paul's Gyratory Transformation Project. The initial stage of each project is to assess the feasibility of reducing traffic dominance which will enhance the public realm and improve air quality locally. Air quality improvements will be integrated into both schemes.

## Green Infrastructure

The City Corporation Transport Strategy includes a proposal to incorporate more greenery into the City's streets and public spaces. This will be achieved by working with a range of partners to incorporate greenery and planting when making changes to streets and the public realm. The result will be an increase in green infrastructure in the Square Mile.

## Dealing with Idling Vehicles

The City Corporation takes a wide range of action to deal with unnecessary vehicle engine idling. This includes:



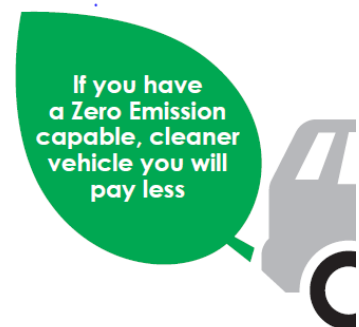
- Responding to complaints and engaging directly with drivers with a view to issuing Fixed Penalty Notices or Penalty Charge Notices if appropriate
- Letter drops to businesses regarding delivery drivers
- Distributing information leaflets
- Installing street signs and place signs on lamp posts if appropriate
- Writing directly to coach and taxi companies
- Incorporating no engine idling into the City Corporation Construction and Street Works Code of Practice and enforce around construction sites
- Holding no engine idling action days where staff and volunteers speak to drivers with view to changing behaviour. This model has been rolled out to 28 additional London Boroughs with the support of the Mayor of London.
- Working with businesses, including Cheapside Business Alliance and Barts Health NHS Trust to support targeted action for no engine idling



## Parking Charges

In August 2018, the City Corporation introduced on street parking charges based on vehicle emissions. Older, more polluting vehicles pay a higher charge to park on street in the City of London.

The charge for vehicles which are Zero Emission Capable is £4 per hour. Petrol vehicles that meet Euro 4 emission criteria and diesel vehicles that meet Euro 6/VI are charged £5.20 per hour. Older vehicles are charged £6.80 per hour. The charging framework supports the Mayor of London Ultra Low Emission Zone scheme.



## Reducing Emissions from Road Transport

**We will:**

**Urge Transport for London to prioritise Zero Emission Capable buses on routes through the City of London**

**Support the Mayor of London with the effective implementation of the Ultra-Low Emission Zone**

**Work with the taxi industry to reduce empty running of taxis within the Square Mile**

**Ensure that Healthy Street Plans have air quality improvement targets and that the air quality impact of major transport and public realm schemes are measured**

**Introduce a Zero Emission Zone around the Barbican and Golden Lane Estates and City Cluster by 2022**

**Implement a wide range of action through the City Corporation Transport Strategy to reduce the exposure of pedestrians to transport generated air pollution in the Square Mile**

**Pilot an ultra-low emission vehicle street**

**Assess the suitability of rolling out LEN pilot projects at other locations across the Square Mile**

**Implement a wide range of action, through the City Local Plan and City Corporation Transport Strategy and Freight and Servicing SPD to reduce emissions from freight vehicles in the Square Mile**

**Implement a range of action through the City Corporation Transport Strategy and City Local Plan to support and encourage cycling**

**Install additional publicly accessible electric vehicle (EV) rapid charge points by 2025**

**Through the City Local Plan require the installation of rapid charge points in new developments**

**Ensure that improving air quality and reducing exposure is an integral part of all major transport and public realm schemes and that all schemes incorporate greening where possible.**

**Continue to take a wide range of action to discourage unnecessary vehicle engine idling in the Square Mile.**

**Ensure City Corporation parking charges favour low and zero emission vehicles in the City of London**

## 6. Reducing Emissions from Non-Transport Sources

**Commitment: The City Corporation will take a range of action to significantly reduce emissions associated with non-transport sources in the Square Mile**

Non-transport sources make a significant contribution to air pollution in the City of London. In the past, action has focussed on emissions of pollution from traffic. However, as emissions from vehicles reduce over time, non-road combustion sources are becoming more significant. Combustion plant covers a range of appliances used for heat and energy generation. It includes boilers, Combined Heat and Power Plant (CHP), generators and Non-Road Mobile Machinery (NRMM) used for construction, road repairs, film and street events.

### Planning Policy

The Square Mile is in a constant state of redevelopment therefore spatial planning is important for improving air quality in the long term. The City Corporation has been using planning policy for several years to reduce the impact of new developments on local air quality.

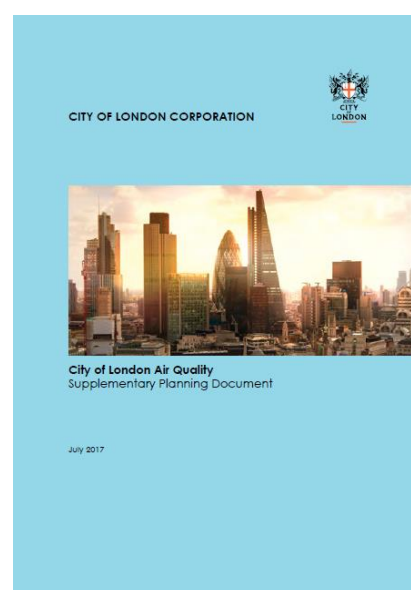
The City Corporation is developing a new Local Plan. It is called the City Plan 2036 and it sets out the organisation's vision, strategy and objectives for planning, together with policies that will guide future decisions on planning applications. Once adopted, the Plan will replace the current City Corporation Local Plan adopted in January 2015.

The draft City Plan supports the City Corporation's drive to improve local air quality. The draft policies and proposals relating to air quality are detailed in Appendix 7.

The City Corporation published its first Air Quality Supplementary Planning Document (SPD) in July 2017. It provides guidance on the interpretation of policies in the City Local Plan. The SPD is available on the City Corporation web site. It details how development activity can reduce its impact on air quality through:

- Building design
- Heating and energy supply
- Reducing dust and air quality impacts during construction

The Air Quality SPD encourages the use of non-combustion technology and recommends emission limits for combustion plant.



Air Quality Assessments and Air Quality Neutral Assessments are used to assess the impact of new developments on local air pollution. Air Quality Assessments are required for all major developments.

The emerging London Plan<sup>5</sup> introduces the concept of Air Quality Positive Assessments for the development of large-scale redevelopment areas and those subject to an Environmental Impact Assessment. The draft London Plan also updates the energy hierarchy with Heat Network Priority Areas. This includes the City of London, see Appendix 6 for further information.

## **Construction and Demolition**

At any given time, there are many active demolition, construction and refurbishment sites in the Square Mile. There are also a large number of street works. Refurbishment and new developments are essential for the City of London to maintain itself as a world class business and financial centre. The City Corporation has a Code of Practice for construction and demolition<sup>6</sup>, detailing environmental standards that it expects the industry to work to. The Code is enforced through development management.



Minimising emissions to air is integral to the City Corporation's Code of Practice. The guidance, which is available on the City Corporation web site, reflects the best practice guidance issued by the Mayor of London: The Control of Dust and Emissions from Demolition and Construction<sup>7</sup>. The City of London Code of Practice is updated regularly to reflect best practice in the industry and is now in its 9th edition. There are regular checks on all large construction sites to ensure that they adhere to the code. The use of mains electricity is promoted in the City code but not all generators can be powered this way.

## **Non-Road Mobile Machinery (NRMM)**

Engines used in NRMM over a certain size are subject to emission controls called Euro Standards. Like with road vehicles, emissions of pollutants from NRMM reduce over time with each Euro Standard. The Mayor of London has introduced a NRMM Low Emission Zone which sets a standard for NRMM used on building sites in the City of London. The standards are Stage IIIA for generators and Stage IIIB for mobile

---

<sup>5</sup> Draft New London Plan showing Minor Suggested Changes, 13th August 2018, Mayor of London

<sup>6</sup> The City of London Code of Practice Deconstruction and Construction Sites Ninth Edition, January 2019

<sup>7</sup> Mayor of London: The Control of Dust and Emissions from Demolition and Construction, Supplementary Planning Guidance, July 2014

plant (excavators, dumper trucks, hoists etc). The plan is to tighten the standard to Stage IV in 2020.

Diesel-powered equipment used on demolition and construction sites in the City of London is inspected for compliance with the required emission standard. Through its local Code of Construction practice, the City Corporation encourages Stage IV or zero emission equipment, where available. The City Corporation is working towards a requirement for a Stage V emission limit for NRMM by 2025.



Table 6.1: Emission Standards for Non-road Diesel Engines

| Net Power kW                     | NOx<br>g/kWh | PM<br>g/kWh |
|----------------------------------|--------------|-------------|
| <b>Stage IIIB</b>                |              |             |
| 37–55 kW (50–74 hp) <sup>1</sup> | -            | 0.025       |
| 56–74 kW (75–99 hp)              | 3.3          | 0.025       |
| 75–129 kW (100–173 hp)           | 3.3          | 0.025       |
| 130–560 kW (174–750 hp)          | 2            | 0.025       |
| <b>Stage IV</b>                  |              |             |
| 75–129 kW (100–173 hp)           | 0.4          | 0.025       |
| 130–560 kW (174–750 hp)          | 0.4          | 0.025       |
| <b>Stage V</b>                   |              |             |
| 8–19 kW <sup>2</sup>             | -            | 0.4         |
| 19–37 kW <sup>1</sup>            | -            | 0.4         |
| 37–74 kW (50–99 hp) <sup>1</sup> | -            | 0.015       |
| 75–129 kW (100–173 hp)           | 0.4          | 0.015       |
| 130–560 kW (174–750 hp)          | 0.4          | 0.015       |

<sup>1</sup> Emissions limits are 4.7 g/kWh for HC+NOx

<sup>2</sup> Emissions limits are 7.5 g/kWh for HC+NOx

NRMM is also used in road works, to support filming and to provide power for equipment and catering etc. The City Corporation commissioned an assessment of the contribution of NRMM to total emissions of air pollutants in the Square Mile. Estimates are provided in Table 6.2. Due to the volume of street works in the City of London at any given time, this has the potential to be a significant source of emissions. Air quality monitoring in the City of London has shown that street works can have a significant local impact, however, given its transient nature, the overall contribution to local levels of air pollution is unknown.

| <b>Summary of Emissions (2017) Sector</b> | <b>NOx (kg)</b> | <b>PM (kg)</b> |
|-------------------------------------------|-----------------|----------------|
| NRMM (Construction)                       | 38,594          | 924            |
| NRMM (Events)                             | 528             | 28             |
| NRMM (Road Works)                         | Unknown         | Unknown        |
| CHP/boilers                               | 87,700          | -              |

Table 6.2

## **Heat and Energy Plant**

Combustion plant including Combined Heat and Power (CHP) plant and generators are a significant source of emissions in the Square Mile. This is an area which traditionally has been poorly controlled. Recent studies<sup>8,9</sup> commissioned by the Greater London Authority show that CHP has the potential to lead to very high localised levels of nitrogen dioxide. CHP plant in new developments has previously been encouraged through the London Plan. The emerging London Plan is moving the emphasis away from CHP plant unless it supports the delivery of an area wide heat network.

Diesel generators installed in buildings as emergency back-up power sources can be used to meet peak electricity demand and for demand side response. Research commissioned by the City Corporation revealed that this has a potential for significant local air quality impact.<sup>10</sup>

## **Chimneys**

The Clean Air Act 1993 stipulates that a gas boiler of 366.4 kilowatts or more is required to have a chimney height approval from the local authority. The City Corporation approves chimney heights to ensure that fumes from chimneys are not prejudicial to health or a nuisance. The approvals are designed to maximise the dispersion of pollutants. Subject to other constraints, chimneys should terminate a minimum of 2m above the height of the nearest building. Appliances less than 1MW are required to achieve a discharge velocity of 10 m/sec to aid dispersion. Appliances that are 1MW or greater in size, are required to achieve a discharge velocity of 15 m/sec.

## **Prescribed Processes**

The Environmental Permitting Regulations (EPR) deal with emissions of pollutants from industrial processes. The processes are categorised under the regulations as Part A1, Part A2 or Part B processes. Part A1 processes are regulated by the Environment Agency. The City Corporation regulates Part A2 and Part B processes. Three dry cleaners in the Square Mile are currently regulated under this regime.

## **Smoke Control Area**

The whole of the Square Mile is a smoke control area which means it is an offence to emit smoke from any premises in the City of London. This has been in place since the City of London (Various Powers) Act 1954 was enacted. In a smoke control

---

<sup>8</sup> Urban air pollution from combined heat and power plants - A measurement-based investigation, Kings College London, April 2018

<sup>9</sup> Pilot study on the air quality impacts from Combined Heat and Power in London, Report for Greater London Authority, Ricardo Energy and Environment 17/09/2018

<sup>10</sup> Ricardo Energy & Environment (2016) London STOR and Triad Management Study, ED62693

area, only fuels that are on the list of authorised fuels or 'smokeless' fuels, can be burnt unless an exempt appliance is used. In the latter case, the fuel used must be the one specified for that exempt appliance. Authorised fuels, smokeless fuels and exempt appliances are listed on the Defra Website. There has been a great deal of concern recently over emissions of particulate pollution from domestic wood burning stoves. This is not a major issue for the City of London.

### **Reducing Emissions from Non-Transport Sources**

**We will:**

**Continue to assess all planning applications for air quality impact**

**Encourage the use of non-combustion technology during construction and in the operation of new developments**

**Apply stringent emission standards for combustion plant where non-combustion plant is not feasible in new developments**

**Ensure that where possible chimney stacks terminate above the height of the nearest building**

**Require all new developments to be air quality neutral as a minimum and developments subject to an Environmental Impact Assessment to be Air Quality Positive in line with the requirements of the emerging London Plan**

**Update the City Corporation Supplementary Planning Document for Air Quality to reflect new policies and requirements of the City Local Plan and London Plan**

**Ensure emissions from construction sites are minimised through close management and control**

**Regularly update the City Corporation best practice guidance on minimising emissions from construction and demolition in order to reflect best practice.**

**Enforce the Mayor of London NRMM requirements on construction sites as a minimum**

**Introduce a Stage V emission limit for NRMM on construction sites by 2025 where available**

**Investigate options for reducing emissions from NRMM used in street works, filming and other events**

**Examine options for reducing emissions from existing combustion plant in the Square Mile**

**Improve the understanding of the use of emergency generators in City of London buildings being used for Demand Side Response and Short-Term Operating Reserve**

**Continue to ensure that emissions from chimneys are dispersed as far as possible using the provisions of the Clean Air Act 1993**

**Ensure the City Corporation's prescribed processes comply with emission control requirements**

**Promote and enforce smoke control provisions detailed in the City of London Various Powers Act 1954 and 1973 and the Clean Air Act 1993**

## 7. Public Health and Raising Awareness

**Commitment: The City Corporation will continue to raise awareness about air pollution and provide information on how to reduce exposure to pollution**

Although air quality is improving in the City of London it remains at a level that has a detrimental impact on health. The City Corporation therefore takes a wide range of action to increase public understanding about air pollution. This includes its causes, effects and how concentrations vary both spatially and from day to day. Armed with the right information, people can take steps to avoid high levels of air pollution to reduce the impact on their health.

The City of London Joint Health and Wellbeing Strategy (JHWS) has identified improving air quality as a key priority to improve the health and wellbeing of residents and workers.

A Public Health Outcomes Framework (PHOF) has been introduced and consists of a set of indicators compiled by Public Health England. One of these indicators is Air Pollution and this is measured against levels of particles (PM<sub>2.5</sub>). This size of particle can penetrate deep into the lungs. Nitrogen dioxide is not an indicator in the PHOF, but it does have impacts on health, independently of PM<sub>2.5</sub>. The City of London Health profile for 2017 shows that the City of London has the highest proportion of mortality attributable to particulate air pollution at 7.1%. This is higher than both London as a whole (6.5%) and England (5.1%).<sup>11</sup>

The City Corporation commissioned a report bringing together the latest papers on the health impacts of air pollution. This report confirms that, of all the pollutants, particulate matter has the greatest impact on health. However, particulate matter, nitrogen dioxide and ozone have all been found to be 'certain' causes of death and disease, rather than 'probable' causes as previously understood. Since this report was produced further studies have been published. More information on the health effects of air pollution is detailed in Appendix 4.

The Department for Community and Children's Services have effective networks for disseminating information about public health. Key channels include: The Business Healthy network; the Libraries Service and other communications channels with residents; the City & Hackney Clinical Commissioning Group; the Neaman Practice (GP) and Healthwatch City of London.

### Providing Information

The City Corporation uses a range of methods to inform businesses, workers and residents about air pollution. This includes social media, the City Corporation website and providing information at events. An e-newsletter is produced every 2 months.

---

<sup>11</sup> <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

The City Corporation has an active Twitter account @\_CityAir. This helps to raise awareness about air pollution and support campaigns such as anti-vehicle idling and National Clean Air Day.

Overall levels of air pollution in the Square Mile vary from day to day according to weather conditions. Levels of air pollution on each day are either 'low', 'medium', 'high' or 'very high' which reflects banding devised by the government.<sup>12</sup> High levels of air pollution occur in the City of London on a small number of days in any year. Very high levels of air pollution are rare.



The City Corporation's free Smart Phone App 'CityAir' provides advice to users when pollution levels are high or very high. People can sign up and receive tailored messages to help them avoid high levels of air pollution. The App includes a map of current pollution levels and has a function to guide users along low pollution routes. There have been over 27,000 downloads to date. In addition, the City Corporation supports the provision of the AirText messaging service with an annual financial contribution towards running costs. AirText is also promoted to residents and workers who can use the service to receive alerts by email, text and voicemail messages.

The Mayor of London provides information about moderate, high and very high levels of pollution. Alerts are displayed at many public locations across London including 2,500 bus stops, all Tube stations, river piers, and on digital signs along major roads. Information is also sent to schools, hospitals and care homes across London. Alerts and guidance are available via social media, a smart phone App and a text alert service providing information and guidance on the alert level. The Mayor has recently appointed a duty forecaster to co-ordinate alerting services.

## Working with Residents

In 2013/14 a citizen science project was undertaken where residents in the Barbican and Mansell Street Estates measured air pollution outside their properties over the course of a year. Residents also measured particle pollution as they moved around the City of London streets. This monitoring enabled participants to see how air pollution varies on different routes they take enabling them to take a low pollution route and reduce the amount of pollution they breathe in on a day to day basis. Following the monitoring, residents from the Barbican Estate engaged with local businesses to get their support for action to improve air quality locally.

---

<sup>12</sup> Defra Update on Implementation of the Daily Air Quality Index Information for Data Providers and Publishers April 2013, Emily Connolly, Gary Fuller, Timothy Baker and Paul Willis

Various engagement events have been held with residents through the Low Emission Neighbourhood programme such as the launch of Electric Vehicle Charging Points at the Barbican Estate.



Other work with residents includes improving local cycle parking facilities, installing green infrastructure, providing information at residents' meetings and supporting the work of Friends of City Gardens (FOCG). FOCG is a community group based in the City of London whose aim is to enhance biodiversity, improve access to green spaces and create new gardens in the Square Mile.

### **National Clean Air Day**

National Clean Air Day is held in the June of each year. A range of activities are carried out nationally to raise awareness of air pollution and inspire behaviour change. National Clean Air Day is supported by the City Corporation.



### **Working with Schools**

The City Corporation has worked with Sir John Cass's Foundation Primary School since 2003 to both improve local air quality and work with the school children to raise awareness. Extensive greening has taken place at the school with green screens on all perimeters, green roofs and movable green screens in the playground. A wide range of activities have taken place with the children such as a garden club, air quality assemblies and air quality focussed lessons and competitions. In 2018 the City Corporation was awarded a National Air Quality Award for Best Local Authority Initiative for long term collaborative action at the school.





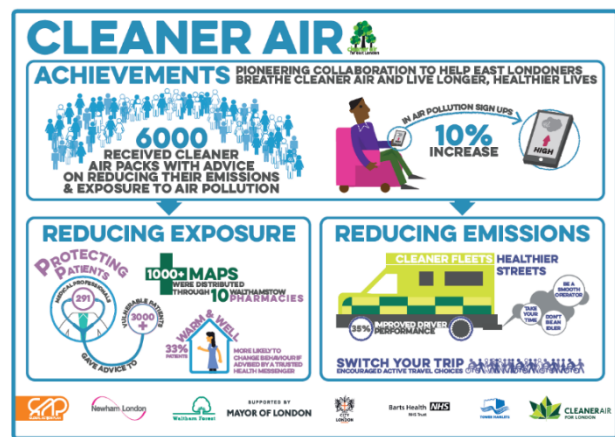
Air quality awareness events have been undertaken with the City of London Girls School in association with the Friends of City Gardens Moor Lane garden project.

The City Corporation is working with St Pauls Cathedral Choir School. This includes supporting extensive air quality monitoring at the school and the provision of information to staff and parents. Air quality monitoring is also undertaken at Charterhouse Square School and nursery and St Pauls Cathedral Choir School.

## Barts Health NHS Trust

Barts Health NHS Trust runs St Bartholomew's Hospital in the City of London. It is London's oldest hospital and is a regional and national centre of excellence for cardiac and cancer care.

The City Corporation worked with Barts Health NHS Trust on a three-year programme from 2013 to 2016. Seven projects were piloted to tackle air pollution and reduce exposure to pollution for Barts Health patients, staff and visitors.



The overall aim of the programme was to increase the understanding of how to approach air quality as an issue; engage with the hospital's health professionals and to engage with those most at risk of the negative effects of air pollution. The programme was cited as an important example of best practice and cross-sector collaboration in an air quality report 'Every Breath We Take' by the Royal College of Physicians and Royal College of Paediatrics and Child Health. The City Corporation has also worked with the Barts HealthTrust on idling engine awareness programmes for their drivers.

## Working with businesses

Around 510,000 people work in the City of London. Through the CityAir business engagement programme, the City Corporation has been raising awareness of air pollution with workers. This includes supporting events, providing information for internal dissemination and promoting the use of the CityAir smartphone App.



### **Public Health and Raising Awareness**

**We will:**

**Make greater use of Public Health Networks to disseminate information about air quality**

**Assess options to improve and further develop the free CityAir Smart Phone App and continue to support and promote the AirText service**

**Disseminate information about air quality through various channels such as social media, the City Corporation web site and an e-newsletter**

**Develop an action plan, in support of the Mayor of London's air pollution forecasting service, to reduce exposure on days of high and very high levels of air pollution**

**Increase awareness of air pollution amongst the City of London's residential community**

**Run events in support of National Clean Air Day**

**Develop focussed plans for improving air quality and reducing the exposure to pollution of children who attend schools and nurseries in the City of London**

**Continue to support Barts Health NHS, and other health care facilities, to reduce their own impact on local air pollution and assist vulnerable patients in reducing their exposure to pollution**

**Continue to engage with businesses to raise awareness of air pollution amongst workers**

## **Appendix 1: Further details on the delivery of actions**

### **Table Key:**

Dept. = Department responsible

M&CP = Markets and Consumer Protection

DBE = Department of Built Environment

CHB = Chamberlain's

CCS = Community and Children's Services

CS = City Surveyor's

REM = Remembrancer's

OS = Open Spaces

TC = Town Clerk's

Approximate cost to the organisation per annum:

✓ = <£5,000,    ✓✓ = £5,000 - £40,000,    ✓✓✓ = >£40,000

| Action                 |   |                                                                                                                                                                             | Detail                                                                                                                                                                                                                                                                                    | Timeline                                          | Outcome                                                                                                                                             | Dept. | Cost |
|------------------------|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------|------|
| Air Quality Monitoring | 1 | Ensure that adequate and appropriate monitoring is undertaken across the City of London to fulfil statutory obligations and make good quality data available to the public. | <p>NO<sub>2</sub>, PM<sub>10</sub> and PM<sub>2.5</sub> monitoring will continue using continuous analysers at 4 locations as a minimum.</p> <p>NO<sub>2</sub> diffusion tube monitoring will take place at 50 locations as a minimum.</p> <p>Support monitoring by our collaborators</p> | Review monitoring requirements at least annually. | To ensure that the City has an effective and appropriate monitoring network with robust data.                                                       | M&CP  | ✓✓   |
|                        | 2 | Use air quality data to generate pollution alerts and messages using a range of media such as the free CityAir Smart Phone App.                                             | Monitoring data will be used effectively to generate alerts for the smart phone app and tailored alerts for vulnerable people.                                                                                                                                                            | Present to 2024                                   | Better informed public who can make decisions based on receiving pollution alerts                                                                   | M&CP  | ✓    |
|                        | 3 | Publish an annual report of air quality data on the City Corporation web site.                                                                                              | Annual reports will be produced for compliance with statutory obligations, demonstrating how air pollution compares to health-based Limit Values and WHO Guidelines and demonstrating how pollution has changed over time.                                                                | Annually                                          | Check compliance with air quality Limit Values and WHO Guidelines.<br>Check effectiveness of policies to improve air quality.                       | M&CP  | ✓    |
|                        | 4 | Continue to make live data from continuous air quality monitors available to the public on the London Air Quality Network web site.                                         | KCL will be commissioned to undertake independent checks of air quality data and make the data freely available to the public, consultants and academics as part of a London wide resource.                                                                                               | Ongoing                                           | Local data will form part of a London-wide network and be available for measuring London wide trends and predicting episodes of high air pollution. | M&CP  | ✓✓   |
|                        | 5 | Support the testing of new air quality sensors to establish their degree of accuracy.                                                                                       | Support the testing of one new sensor per year.<br>Work with partners on a standardised framework to improve comparability of results                                                                                                                                                     | 2019 - 2024                                       | Reliable air quality data from emerging technology.                                                                                                 | M&CP  | ✓    |
|                        | 6 | Undertake an annual assessment of air quality to ensure levels of nitrogen dioxide in 90% of the Square Mile meet health-based Limit Values and WHO Guidelines by 2025      | <p>Source funding to undertake annual air quality forecasts to ensure Limit Values and WHO Guidelines will be met by 2025.</p> <p>If it looks like limits won't be met, develop additional action plan for approval.</p>                                                                  | <p>2020</p> <p>As required</p>                    | Air quality in the City of London that meets health-based standards for nitrogen dioxide in at least 90% of the area.                               | M&CP  | ✓✓   |

| Action | Detail                                                                                                                                                 | Timeline                                                                                                                                                                                                                            | Outcome                             | Dept.                                                                                                          | Cost                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------|
| 7      | Continue to place air quality as an important political priority and support the outcomes of the City Corporate Plan and local and London-wide action. | Host at least one London wide event per year for relevant air quality organisations.<br><br>Arrange meetings with relevant policy and research bodies.                                                                              | Annually<br><br>Biannually          | Encourage collaboration and develop best practice solutions to improve air quality across London.              | M&CP<br><br>✓✓                |
| 8      | Provide information on reducing emissions from buildings for City Corporation facilities managers and investment property managers.                    | Develop on-line resource<br><br>Deliver annual lunchtime workshops for at least 80% of Facilities Managers.                                                                                                                         | 2020<br><br>Annually                | Increased awareness amongst facilities managers on how to support the City Corporation's Air Quality Strategy. | M&CP<br>CS<br><br>✓           |
| 9      | Reduce emissions of air pollutants from buildings owned by the City Corporation.                                                                       | Undertake energy audits of City Corporation buildings.<br><br>Reduce emissions of NOx from large buildings by at least 3% per year.                                                                                                 | 2019 – 2022<br><br>Annually         | Reduction in emissions from Corporate building stock.                                                          | CS<br><br>✓✓                  |
| 10     | Review the provision of electric vehicle charging across City Corporation sites including residential estates.                                         | Assess the requirement for electric vehicle charge points.<br><br>Make recommendations for the installation and use of charge points to meet residents' requirements.<br><br>Source funding for additional charging infrastructure. | 2019<br><br>2019<br><br>2020 - 2022 | Support for electric and plug in hybrid vehicles.                                                              | M&CP<br>DBE<br>C&CS<br><br>✓✓ |
| 11     | Ensure that, subject to operational requirements, 100% of vehicles owned or leased by the City Corporation are electric or hybrid by 2025.             | Use the Responsible Procurement Strategy and Transport Coordination Group to ensure this target is met subject to suitable vehicle availability.                                                                                    | 2024                                | Reduced emissions from the City Corporation fleet.                                                             | CHB<br><br>✓✓✓                |
| 12     | Continue to trial low and zero emission technology.                                                                                                    | Take all opportunities to trial and evaluate at least one new low and zero emission vehicle per annum.                                                                                                                              | Ongoing                             | Ensure that the City Corporation is using the latest zero emission technology.                                 | DBE<br>OS<br><br>✓            |

| Action | Detail                                                                                                                                              | Timeline                                                                                                                                                                                                            | Outcome                       | Dept.                                                                                                                                                                                                                       | Cost                                |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 13     | Continue to encourage zero emission vehicles through the supply chain.                                                                              | Apply the menu of options in the Responsible Procurement Strategy to assist in reducing air pollution to major contracts.<br><br>Review the menu of options biannually.                                             | 2019 – 2024<br><br>Biannually | Reduced impact on air pollution in London from City Corporation contracts                                                                                                                                                   | CHB<br>✓                            |
| 14     | Require electric or hybrid vehicles as a default for the Corporate taxi contract, together with annual emission reduction targets                   | When the Corporate taxi contract is renewed, stipulate a requirement for low and zero emission vehicles as default, with emission reduction targets applied.                                                        | 2020/ 2021                    | Reduced impact on air pollution in London from City Corporation contracts.<br><br>Leading by example.                                                                                                                       | CHB<br>✓                            |
| 15     | Require zero emission and electric or hybrid vehicles as a default for courier contracts, together with annual emission reduction targets           | When the courier contracts are renewed, stipulate a requirement for zero and low emission vehicles as default, with emission reduction targets applied.                                                             | 2020 - 2024                   | Reduced impact on air pollution in London from City Corporation contracts.<br><br>Leading by example.                                                                                                                       | CHB<br>✓                            |
| 16     | Continue to ensure that all relevant Corporate strategies and policies reflect the importance of improving local air quality and reducing exposure. | All existing strategies will be assessed for actions to assist in improving air quality and reducing exposure.<br><br>Further measures will be included in Corporate strategies when they are reviewed.             | 2020<br><br>2019 - 2024       | Corporate wide action to improve air quality and reduce exposure.<br><br>Staff across the organisation with an improved understanding of issues surrounding air quality and how they can support this Air Quality Strategy. | M&CP<br>DBE<br>CHB<br>CS<br>OS<br>✓ |
| 17     | Work with London Councils and other stakeholders to develop proposals for legislation to help improve air quality across London.                    | Agree proposals for a Private Members Bill with London Councils.<br><br>Coordinate proposals with the Greater London Authority and other bodies.<br><br>Support the passage of the Bill through the House of Lords. | 2019                          | Improved regulatory powers to improve local air quality.                                                                                                                                                                    | M&CP<br>REM<br>✓✓                   |

| Action                                                                                                     |    |                                                                                                                                                                                                                         | Detail                                                                                                                    | Timeline    | Outcome                                                                                                                | Dept. | Cost |
|------------------------------------------------------------------------------------------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------|-------|------|
| 37<br>Collaborating with Others                                                                            | 18 | Continue to work closely with the Greater London Authority and Transport for London on policies to improve air quality and ensure that all actions support the aims and objectives of the Mayor's Environment Strategy. | Ensure actions within this Strategy support the Mayor of London's activities and the requirements of LLAQM.               | 2019        | A Strategy and work programme that supports the aims of the Mayor of London.                                           | M&CP  | ✓✓   |
|                                                                                                            |    |                                                                                                                                                                                                                         | Undertake air quality improvement projects with the support of the Mayor's Air Quality Fund.                              | 2019 – 2022 | Collaboration and the development of cross London policies for improving air quality.                                  |       |      |
|                                                                                                            |    |                                                                                                                                                                                                                         | Support the activities of the Mayor of London Air Quality Department.                                                     | Ongoing     |                                                                                                                        |       |      |
|                                                                                                            |    |                                                                                                                                                                                                                         |                                                                                                                           |             |                                                                                                                        |       |      |
|                                                                                                            | 19 | Continue to collaborate with London Boroughs and London Councils on action to improve air quality.                                                                                                                      | Provide air quality advice to London Councils.                                                                            | Ongoing     | Facilitate and support collaboration. Ensure a strategic approach to air quality policy across London.                 | M&CP  | ✓    |
|                                                                                                            |    |                                                                                                                                                                                                                         | Chair four meetings per annum of the London Air Quality Steering Group.                                                   | Quarterly   |                                                                                                                        |       |      |
|                                                                                                            |    |                                                                                                                                                                                                                         | Host four meetings per annum of the central London Air Quality Cluster group.                                             | Quarterly   |                                                                                                                        |       |      |
|                                                                                                            | 20 | Support Universities with research into the health impacts of air pollution, to increase understanding of the sources of pollution and the effectiveness of interventions to reduce pollution.                          | Support research on impact of building form on wind patterns and pollution concentrations.                                | 2019        | Improve understanding of how air pollution behaves in a complex urban environment.                                     | M&CP  | ✓✓   |
|                                                                                                            |    |                                                                                                                                                                                                                         | Support an air quality dissertation through Dissertations for Good. Support other research projects as and when required. | 2019 – 2024 | Increase understanding and support for new technologies and other solutions for reducing air pollution in urban areas. |       |      |
| Source funding to support London Universities with research for dealing with air pollution in urban areas. |    |                                                                                                                                                                                                                         | 2020 - 2024                                                                                                               |             |                                                                                                                        |       |      |

| Action   |    | Detail                                                                                                                                                          | Timeline                                                                                               | Outcome     | Dept.                                                                                                                     | Cost     |    |
|----------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------|----------|----|
| Page 144 | 21 | Continue to support the Third Sector to deliver air quality improvement projects and raise awareness amongst London's communities.                              | Judge the Sustainable Transport Category of the Sustainable City Awards.                               | Annually    | Facilitate collaboration and the dissemination of air quality knowledge and awareness.                                    | M&CP     | ✓✓ |
|          |    |                                                                                                                                                                 | Support the work of Environmental Protection UK with events, meeting space and administrative support. | Ongoing     |                                                                                                                           |          |    |
|          | 22 | Support the Port of London Air Quality Strategy through air quality monitoring and in taking wider action to reduce emissions from vessels on the river Thames. | Monitor air pollution along the river.                                                                 | 2019 -2024  | Greater understanding of pollution levels along the river.                                                                | M&CP     | ✓✓ |
|          |    |                                                                                                                                                                 | Source funding to support the PLA to pilot measures to reduce emissions from vessels using the river.  |             | Understanding cost effective measures to reduce emissions from vessels on the river.                                      |          |    |
|          | 23 | Continue to support the Cross-River Partnership in its delivery of air quality projects in central London.                                                      | Provide the co-chair for CRP and take part in joint projects.                                          | 2019 - 2024 | Support collaborative cross borough work to improve air quality.                                                          | M&CP DBE | ✓  |
|          | 24 | Continue to support the Environment Agency with action to improve air quality, including the implementation of the Medium Combustion Plant Directive.           | Source funding to undertake a survey of combustion plant in the City of London.                        | 2019 - 2024 | Emissions from combustion plant are minimised.                                                                            | M&CP     | ✓✓ |
|          |    | Support the implementation of the Medium Combustion Plant Directive through the provision of information where available and review of permits where required.  |                                                                                                        |             |                                                                                                                           |          |    |
|          | 25 | Continue to engage with and support the Business Community to become Air Quality Champions and reduce their impact on local air pollution.                      | One on one business engagement through the CityAir scheme.                                             | 2019-2024   | Major businesses in the City of London reduce their impact on local air quality as a result of their business operations. | M&CP     | ✓✓ |
|          |    |                                                                                                                                                                 | Run at least one Air Quality Business event per year.                                                  | Annually    |                                                                                                                           |          |    |
|          |    |                                                                                                                                                                 | Engage with intermediary groups who work with small businesses to raise the profile of air quality.    |             | Smaller businesses in the City of London will have increased awareness of air quality.                                    |          |    |

| Action |  | Detail                                                                                                                                                                           | Timeline | Outcome | Dept. | Cost |
|--------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|-------|------|
|        |  | Work with the Cheapside Business Alliance (CBA) to raise the profile of air quality and obtain support for action to reduce emissions associated with the CBA member activities. |          |         |       |      |

| Action |                                                                                                                                                                                 | Detail                                                                                                                                                          | Timeline     | Outcome                                                                                                           | Dept. | Cost |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------|-------|------|
| 26     | Support the Mayor of London with the effective implementation of the Ultra-Low Emission Zone.                                                                                   | Publicise the ULEZ amongst local businesses, City Corporation departments and markets.                                                                          | 2019 - 2021  | Vehicles that comply with the requirements of the ULEZ delivering air quality improvements across central London. | M&CP  | ✓    |
|        |                                                                                                                                                                                 | Ensure City Corporation fleet of vehicles meet the ULEZ criteria.                                                                                               | 2019         |                                                                                                                   |       |      |
|        | 27                                                                                                                                                                              | Work with the taxi industry to reduce empty running of taxis within the Square Mile.                                                                            | 2019 - 2021  | Reduced taxi emissions.                                                                                           | DBE   | ✓    |
|        |                                                                                                                                                                                 |                                                                                                                                                                 |              |                                                                                                                   |       |      |
|        | 28                                                                                                                                                                              | Urge Transport for London to prioritise Zero Emission Capable buses on routes through the City of London.                                                       | 2019 - 2024  | Reduced emissions from the bus fleet in the City of London.                                                       | DBE   | ✓    |
|        | 29                                                                                                                                                                              | Ensure that Healthy Street Plans have air quality improvement targets and that the air quality impact of major transport and public realm schemes are measured. | 2019 - 2024  | Ensure that road schemes have a positive impact on local air quality.                                             | DBE   | ✓    |
| 30     | Introduce Local Zero Emission Zones by 2022.                                                                                                                                    | Introduce local ZEZs covering the Barbican and Golden Lane and Eastern Cluster.                                                                                 | 2022         | Reduce emissions from vehicles in the City.                                                                       | DBE   | ✓✓✓  |
| 31     | Implement a wide range of action through the City Corporation Transport Strategy to reduce the exposure of pedestrians to transport generated air pollution in the Square Mile. | Increase in the number of pedestrianised, or pedestrian priority streets.                                                                                       | 2020 onwards | Reduced exposure to air pollution for people who live in, work in and visit the Square Mile.                      | DBE   | ✓✓✓  |
|        |                                                                                                                                                                                 | Widen pavements.                                                                                                                                                | 2020 onwards |                                                                                                                   |       |      |
|        |                                                                                                                                                                                 | Reduce the amount of time people wait for a green signal to cross the road.                                                                                     | 2020 onwards |                                                                                                                   |       |      |

| Action | Detail                                                                                                                                                                                                                                                                                                                                        | Timeline                                                                                                                                                                                                                                                | Outcome                             | Dept.                                                                                                                                        | Cost                               |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
|        | <p>Improve specific walkways such as the riverside walkway and Barbican High-Walk.</p> <p>Improve awareness of traffic free walking routes.</p> <p>Timed and temporary street closures</p> <p>Car free days.</p> <p>Lunchtime Streets – at least 5 to be in operation by 2025.</p> <p>Complete Legible London maps and directional signs.</p> | <p>2020 onwards</p> <p>Ongoing</p> <p>Ongoing</p> <p>2019 onwards</p> <p>2019 onwards</p> <p>2019 - 2020</p>                                                                                                                                            |                                     |                                                                                                                                              |                                    |
| 32     | Pilot an ultra-low emission vehicle street.                                                                                                                                                                                                                                                                                                   | <p>Assess the feasibility of piloting an ULEV access restriction to inform the development of Zero Emission Zones as part of the City Corporation Transport Strategy.</p> <p>Subject to the outcome of the feasibility study, pilot an ULEV street.</p> | <p>2019 – 2020</p> <p>2021</p>      | <p>Trial the concept of a ULEV street in the City of London to see if it's an effective way to encourage zero end low emission vehicles.</p> | <p>M&amp;CP<br/>DBE</p> <p>✓✓✓</p> |
| 33     | Assess the suitability of rolling out LEN pilot projects at other locations across the Square Mile.                                                                                                                                                                                                                                           | <p>Commission a legacy report to establish the most cost-effective interventions.</p> <p>Source funding to roll out cost effective interventions.</p>                                                                                                   | <p>2019</p> <p>2020 - 2024</p>      | <p>Best practice applied across the City of London.</p>                                                                                      | <p>M&amp;CP</p> <p>✓✓</p>          |
| 34     | Implement a wide range of action, through the City Local Plan and the City Corporation Transport Strategy, and Freight and Servicing SPD to reduce                                                                                                                                                                                            | <p>Introducing a freight consolidation service for the City.</p> <p>Delivering two last mile logistics hubs</p> <p>Producing a Servicing Action Plan</p>                                                                                                | <p>2022</p> <p>2022</p> <p>2020</p> | <p>Reduce emissions from freight and servicing vehicles.</p>                                                                                 | <p>DBE</p> <p>✓✓✓</p>              |

| Action |                                                                                                                                    | Detail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Timeline                                                              | Outcome                                             | Dept. | Cost |
|--------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------|-------|------|
|        | emissions from freight vehicles in the Square Mile.                                                                                | Identifying opportunities to increase the use of the river for freight including exploring the use of Blackfriars and Tower Piers and a reinstated Swan Lane Pier.<br>Require all development in the City to consider the use of the river for the movement of construction material and waste                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2019 - 2020<br><br>2019                                               |                                                     |       |      |
| 35     | Implement a range of actions through the City Corporation Transport Strategy and City Local Plan to support and encourage cycling. | Conduct a City-wide cycle parking review and publish a Cycle Parking Delivery Plan that will detail our ambitions for increasing the amount of cycle parking in the City.<br><br>Ensure new developments provide secure cycle parking facilities including for non-standard cycles, cargo bikes, hand carts and visitor cycle bays.<br><br>Promote cycling through improving awareness, support London-wide and national campaigns and explore the potential for an annual City Corporation cycling festival.<br><br>Work with TFL and cycle providers to improved cycle hire provision.<br><br>Apply a minimum cycling level of service to all streets initially by reducing motor traffic volumes to below 150 vehicles per hour or Protected cycle lanes that are | 2020<br><br>Ongoing<br><br>Ongoing<br><br>Ongoing<br><br>2019 onwards | Encourage modal shift away from motorised transport | DBE   | ✓✓✓  |

Page 149

| Action | Detail                                                                                                                                                                                | Timeline                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Outcome                                         | Dept.                                                                                        | Cost        |     |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------|-------------|-----|
|        |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |                                                                                              |             |     |
| 36     | Install additional publicly accessible electric vehicle (EV) rapid charge points by 2025                                                                                              | <div>a minimum of 1.5m wide per direction of travel along a core cycling network.</div> <div>An EV Charging Action Plan will be published by December 2019. This will identify how many charge points, including charging hubs, are required up to 2022, as well as longer-term forecasts. Locations to be identified through engagement with the Transport for London Electric Vehicle Infrastructure Taskforce.</div> <div>Install a rapid charging hub for taxis in Baynard House car park</div> <div>Install a taxi only rapid charge point in Noble Street rest rank</div> | <div>2019</div> <div>2019</div> <div>2019</div> | Support electric vehicle use in the City.                                                    | DBE         | ✓✓✓ |
| 37     | Through the City Local Plan require the installation of rapid charge points in new developments.                                                                                      | Apply the requirements of planning policy and the Freight and Servicing Supplementary Planning Document.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ongoing                                         | Support the uptake of zero emission freight vehicles.                                        | DBE         | ✓   |
| 38     | Ensure that improving air quality and reducing exposure is an integral part of all major transport and public realm schemes and that all schemes incorporate greening where possible. | <div>Air pollution will be modelled and measured as part of all major transport and public realm schemes.</div> <div>Incorporating greenery and planting when making changes to streets and the public realm.</div>                                                                                                                                                                                                                                                                                                                                                             | <div>2019-2024</div> <div>2019 - 2024</div>     | Improved air quality from traffic management and public realm schemes in the City of London. | DBE<br>M&CP | ✓✓✓ |
| 39     | Continue to take a wide range of action to discourage unnecessary vehicle engine idling in the Square Mile.                                                                           | <div>Run at least 3 Cleaner Air Action Days throughout the year.</div> <div>Review options for enforcement.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <div>3 times / year</div> <div>2020</div>       | Reduced emissions from unnecessary engine idling in the Square Mile.                         | M&CP<br>DBE | ✓✓  |

| Action |    | Detail                                                                                               | Timeline                                                                                                                                                     | Outcome                  | Dept.                                                                                                              | Cost     |
|--------|----|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|----------|
|        |    |                                                                                                      | Jointly lead the Pan London Idling Action project.<br>Respond to complaints and erect signs in hot spot areas.                                               | 2019-2022<br><br>Ongoing | Coordinated action across London.<br><br>Raised awareness amongst drivers and support for no engine idling policy. |          |
|        | 40 | Ensure City Corporation parking charges favour low and zero emission vehicles in the City of London. | Differential parking charges applied with the lowest level of charges being applied to zero and low emission vehicles such as electric, hydrogen and hybrid. | On going                 | Parking policies that favour low and zero emission vehicles.                                                       | DBE<br>✓ |

| Action                                            |    |                                                                                                                         | Detail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Timeline    | Outcome                                                                                                            | Dept.       | Cost |
|---------------------------------------------------|----|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------|-------------|------|
| TCT 2020<br>Reducing Emissions from Non-Transport | 41 | Continue to assess all planning applications for air quality impact.                                                    | Review all planning applications and make recommendations for conditions as required.<br><br>Require air quality assessments for major developments. This includes all fixed plant, boiler and emergency generators, and transportation sources including delivery and servicing.                                                                                                                                                                                                                                                                        | Ongoing     | New developments that do not have a negative impact on local air quality.                                          | M&CP        | ✓    |
|                                                   | 42 | Encourage the use of non-combustion technology during construction and in the operation of new developments.            | Developers required to identify suitable non-combustion/zero emission technologies such as heat pumps.<br>BREEAM maximum pollution credits for local air quality to be obtained from non-combustion systems where possible.                                                                                                                                                                                                                                                                                                                              | 2019 - 2024 | New developments that do not have a negative impact on local air quality.<br><br>Reduced emissions from buildings. | M&CP<br>DBE | ✓    |
|                                                   | 43 | Apply stringent emission standards for combustion plant where non-combustion plant is not feasible in new developments. | Where non-combustion technologies are not feasible and combustion plant is installed the NOx emissions from Combined Heat and Power (CHP) plant will be required to meet the following emission limits: 50mg/Nm3 (and 25mg/Nm3 for turbocharged CHP) at reference O <sub>2</sub> .<br><br>All gas boilers will be required to have a NOx rating of <40mgNOx/kWh at 0% O <sub>2</sub> as a minimum. Options for tightening these limits by 2020 will be kept under review.<br><br>The use of oil, biomass, biofuels and wood pellets will be discouraged. | 2019 - 2024 | New developments that do not have a negative impact on local air quality.                                          | M&CP<br>DBE | ✓    |

| Action |                                                                                                                                                                                                                          | Detail                                                                                                                                                                                                                                                                                                                                               | Timeline                             | Outcome                                                                           | Dept.    | Cost |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------|----------|------|
| 44     | Ensure that where possible chimney stacks terminate above the height of the nearest building.                                                                                                                            | Where combustion plant is installed good dispersion of emissions will be required by ensuring adequate dispersion. Chimneys should terminate a minimum of 2m above roof height where possible Stack discharge velocity should be at least 10 m/sec.<br>Appliances 1MW or greater will be required to achieve a stack discharge velocity of 15 m/sec. | Ongoing                              | Emissions from chimney stacks have minimal impact on ground level concentrations. | M&CP DBE | ✓    |
| 45     | Require all new developments to be air quality neutral as a minimum and developments subject to an Environmental Impact Assessment to be Air Quality Positive in line with the requirements of the emerging London Plan. | Evaluate all air quality neutral assessments.<br><br>Mitigation may be considered but offsetting is not acceptable.<br><br>Ensure air quality positive assessments are carried out for developments that require an Environmental Impact Assessment.                                                                                                 | Ongoing                              | New developments that do not have a negative impact on local air quality.         | M&CP DBE | ✓    |
| 46     | Update the City Corporation Supplementary Planning Document for Air Quality to reflect new policies and requirements of the City Local Plan and London Plan.                                                             | Update the Supplementary Planning Document for Air Quality to reflect the latest guidance.                                                                                                                                                                                                                                                           | 2021                                 | Reduced emissions from new development.                                           | M&CP     | ✓    |
| 47     | Ensure emissions from construction sites are minimised through close management and control.                                                                                                                             | Regularly inspect sites and respond to complaints.<br><br>Investigate options for powering tower cranes by mains electricity rather than a diesel generator.<br><br>Encourage the use of electric excavators and diggers.                                                                                                                            | Ongoing<br><br>2020<br><br>From 2020 | Reduced emissions from construction activities and plant.                         | M&CP     | ✓✓   |

| Action |                                                                                                                                                          | Detail                                                                                                                                                                                                                                                         | Timeline      | Outcome                                                                   | Dept.      | Cost |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------|------------|------|
| 48     | Regularly update the City Corporation best practice guidance on minimising emissions from construction and demolition in order to reflect best practice. | <p>Work with demolition and construction companies to update the best practice guide.</p> <p>Look for further opportunities to reduce emissions with key companies.</p>                                                                                        | Every 2 years | Reduced emissions associated with construction and demolition operations. | M&CP       | ✓    |
| 49     | Enforce the Mayor of London NRMM requirements on construction sites as a minimum.                                                                        | <p>Carry out an inspection programme.</p> <p>Continue with membership of the London Low Emission Construction Partnership (LLECP)</p>                                                                                                                          | 2019 - 2022   | Reduced emissions associated with construction and demolition operations. | M&CP       | ✓    |
| 50     | Introduce a Stage V emission limit for NRMM on construction sites by 2025 where available.                                                               | Incorporate this requirement in the City Corporation Code of Practice.                                                                                                                                                                                         | 2024          | Reduced emissions associated with construction and demolition operations. | M&CP       | ✓    |
| 51     | Investigate options for reducing emissions from NRMM used in street works, filming and other events.                                                     | Source funding to undertake a trial of charging facility for street/film events.                                                                                                                                                                               | 2020 - 2022   | Reduced emissions associated with street works, filming and other events  | M&CP<br>TC | ✓    |
| 52     | Examine options for reducing emissions from existing combustion plant in the Square Mile.                                                                | <p>Source funding for trials.</p> <p>Work with the construction industry and equipment suppliers to support and pilot low and zero emission equipment.</p> <p>Work with business to support trials to reduce emissions from combustion plant in buildings.</p> | 2020 - 2024   | Reduced emissions from existing combustion plant.                         | M&CP       | ✓✓   |

| Action   |    |                                                                                                                                                                | Detail                                                                                                                                                                                                                                                                                                                       | Timeline    | Outcome                                                                    | Dept. | Cost |
|----------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------|-------|------|
| Page 154 | 53 | Improve the understanding of the use of emergency generators in City of London buildings being used for Demand Side Response and Short-Term Operating Reserve. | Source funding to investigate the use of emergency generators in buildings.<br><br>Work with building owners to investigate alternative means of providing emergency back-up power.<br><br>Support the Mayor of London to seek reductions in emissions from large scale generators producing power for commercial buildings. | 2020 - 2024 | Reduced emissions from generators.                                         | M&CP  | ✓✓   |
|          | 54 | Continue to ensure that emissions from chimneys are dispersed as far as possible using the provisions of the Clean Air Act 1993.                               | Issue authorisations for Chimney Heights for new appliances.                                                                                                                                                                                                                                                                 | Ongoing     | Ensure reduced impact of emissions on ground level concentrations.         | M&CP  | ✓    |
|          | 55 | Ensure compliance with emission control requirements for the City Corporation's prescribed processes.                                                          | Carry out regular risk-based inspections of prescribed processes in the Square Mile.                                                                                                                                                                                                                                         | 2019 - 2024 | Regulated operations that comply with the requirements of the legislation. | M&CP  | ✓    |
|          | 56 | Promote and enforce smoke control provisions detailed in the City of London Various Powers Act 1954 and 1973 and the Clean Air Act 1993.                       | Continue to enforce the smoke control provisions and raise awareness in the City of London. Engage with food premises to ensure the correct appliances and fuels are used and reach out to employees through the business engagement program.                                                                                | 2019 - 2024 | A reduction in the amount of smoke emitted in the Square Mile.             | M&CP  | ✓    |

| Action                   |                                                                                                | Detail                                                                                                                                      | Timeline                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outcome                                                                                 | Dept.                                                                                                                    | Cost        |    |
|--------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------|----|
| CCG<br>Raising Awareness | 57                                                                                             | Make greater use of Public Health Networks to disseminate information about air quality.                                                    | Use Public Health Networks to disseminate information and improve awareness of air pollution and its impact on health<br><br>Promote exposure reduction techniques and greater uptake of exposure reduction apps, such as CityAir phone app especially amongst vulnerable people and groups.                                                                                                                                                                                                   | 2019 - 2024                                                                             | Better informed individuals able to take steps to reduce exposure to poor air quality leading to improved public health. | CCS<br>M&CP | ✓  |
|                          | 58                                                                                             | Assess options to improve and further develop the free CityAir Smart Phone App and continue to support and promote the AirText service.     | Source funding for improvements to the CityAir Smart Phone App.                                                                                                                                                                                                                                                                                                                                                                                                                                | 2020                                                                                    | Improved information to enable individuals able to reduce exposure to poor air quality.                                  | M&CP        | ✓✓ |
|                          |                                                                                                |                                                                                                                                             | Work with Kings College London to upgrade the App.                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2020                                                                                    |                                                                                                                          |             |    |
|                          |                                                                                                |                                                                                                                                             | Continue to support and promote AirText                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2019 - 2024                                                                             |                                                                                                                          |             |    |
|                          | 59                                                                                             | Disseminate information about air quality through various channels such as social media, the City Corporation web site and an e-newsletter. | Use and continue to develop a range of communication methods to reach businesses, workers and residents, including social media, digital and website media, newsletters and events. Specifically:<br><br><ul style="list-style-type: none"><li>Daily tweets</li><li>Bi monthly e newsletter</li><li>At least 2 x hard copy articles per year</li><li>Update the City Corporation web pages at least every fortnight</li><li>Attend at least 4 events per year to promote air quality</li></ul> | 2019 - 2024                                                                             | Better informed individuals able to take steps to reduce exposure to poor air quality.                                   | M&CP        | ✓  |
| 60                       | Develop an action plan, in support of the Mayor of London's air pollution forecasting service, | An action plan focussed on raising awareness on days of high and very high air pollution.                                                   | 2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Greater awareness amongst residents, workers and visitors to the City of London leading | M&CP                                                                                                                     | ✓           |    |

| Action   |    |                                                                                                                                                                                                 | Detail                                                                                                                                                                                            | Timeline    | Outcome                                                                                                                    | Dept.    | Cost |
|----------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------|----------|------|
| Page 156 |    | to reduce exposure on days of high and very high levels of air pollution.                                                                                                                       |                                                                                                                                                                                                   |             | to a reduction in personal exposure to air pollution.                                                                      |          |      |
|          | 61 | Increase awareness of air pollution amongst the City of London residential community.                                                                                                           | Attend events with an information stall.<br><br>Provide information for newsletters<br><br>Attend residents' meetings<br><br>Support residents who wish to measure air pollution where they live. | 2019 - 2024 | Better informed residents able to take steps to reduce exposure to poor air quality.                                       | M&CP     | ✓    |
|          | 62 | Run events in support of National Clean Air Day.                                                                                                                                                | Run up to 3 events each year on and around National Clean Air Day.                                                                                                                                | Annually    | Better informed individuals able to take steps to reduce exposure to poor air quality.                                     | M&CP     | ✓    |
|          | 63 | Develop plans for improving air quality and reducing the exposure to pollution of children who attend schools and nurseries in the City of London                                               | An action plan for all City of London schools and nurseries                                                                                                                                       | 2020 - 2023 | Reduced impact of air pollution on the health of children in the Square Mile.                                              | M&CP DBE | ✓    |
|          | 64 | Continue to support Barts Health NHS and other health care facilities to reduce their own impact on local air pollution and assist vulnerable patients in reducing their exposure to pollution. | Support hospital events.<br><br>Liaise with staff to reduce emissions and improve the understanding of air quality.<br><br>Assess air quality around health care facilities                       | 2019 - 2024 | Improved local air quality around the hospital and healthcare facilities and greater awareness amongst visitors and staff. | M&CP     | ✓    |
|          | 65 | Continue to work with businesses to raise awareness of air pollution amongst workers.                                                                                                           | Engage with business through CityAir business engagement programme.<br><br>Working with Heart of the City and Business Healthy on business engagement.                                            | 2019 - 2024 | Raised awareness of air pollution amongst workers in the City of London                                                    | M&CP     | ✓✓   |

## Appendix 2: Legal Position

The European Union sets health-based Limit Values for several pollutants that are harmful to health and the environment. These Limit Values are legally binding. There are also target values which Member States must take all necessary steps to achieve, not entailing disproportionate costs. The World Health Organisation also sets health-based Guidelines<sup>13</sup>. These are not legally binding. The relevant standards for nitrogen dioxide (NO<sub>2</sub>) Particles (PM<sub>10</sub> and PM<sub>2.5</sub>) are shown in table 1.

The European Commission can act against any Member State if the air quality does not meet the European Union Limit Values throughout its territory by a specified date. The UK government is responsible for meeting the EU Limit Values across the UK, with the Mayor of London being responsible for meeting them in London. The City Corporation has a statutory obligation to support this through local action. This obligation is detailed in the Environment Act 1995.

Table A2.1 Summary of EU/UK air quality limits and WHO Guideline values

| Pollutant                          | (UK) Objective /EU Limit Value                                         | Averaging Period | WHO Guideline Values  |
|------------------------------------|------------------------------------------------------------------------|------------------|-----------------------|
| Nitrogen dioxide - NO <sub>2</sub> | 200 µg/m <sup>3</sup> not to be exceeded more than 18 times a year     | 1-hour mean      | 200 µg/m <sup>3</sup> |
|                                    | 40 µg/m <sup>3</sup>                                                   | Annual mean      | 40 µg/m <sup>3</sup>  |
| Particles - PM <sub>10</sub>       | 50 µg/m <sup>3</sup> not to be exceeded more than 35 times a year      | 24-hour mean     | 50 µg/m <sup>3</sup>  |
|                                    | 40 µg/m <sup>3</sup>                                                   | Annual mean      | 20 µg/m <sup>3</sup>  |
| Particles - PM <sub>2.5</sub>      | 25 µg/m <sup>3</sup>                                                   | Annual mean      | 10 µg/m <sup>3</sup>  |
|                                    | Target of 15% reduction in concentration at urban background locations | 3-year mean      |                       |
|                                    |                                                                        | 24-hour mean     | 25 µg/m <sup>3</sup>  |

The Limit Values for nitrogen dioxide are exceeded in large cities across the UK. As a result, in February 2014, the European Commission launched legal proceedings against the UK for its failure to meet the Limit Values. In 2018 further action by the EU followed for failing to respect agreed air quality Limit Values, not taking appropriate measures to keep exceedance periods as short as possible, and for

<sup>13</sup> Air Quality Guidelines Global Update 2005. Particulate matter, ozone, nitrogen dioxide and sulfur dioxide

disregarding EU vehicle type approval rules<sup>14</sup>. The government has produced several plans to deal with nitrogen dioxide within this period. The latest Air quality plan was published in 2017<sup>15</sup> and a supplement in October 2018<sup>16</sup>. A Clean Air Strategy was also published in January 2019.

The annual average Limit Value for PM<sub>10</sub> has been set at 40 µg/m<sup>3</sup>. This is largely met everywhere across the United Kingdom. However, PM<sub>10</sub> have health impacts even at very low concentrations. A threshold has not been identified below which no damage to health is observed. Consequently, the World Health Organisation has set a Guideline level for annual average PM<sub>10</sub> of 20 µg/m<sup>3</sup>. The European Union has set the annual average Limit Value for PM<sub>2.5</sub> at 25 µg/m<sup>3</sup>, with the World Health Organisation setting a Guideline level of 10 µg/m<sup>3</sup>.

The United Kingdom has voted to leave the EU and there are concerns about what will happen to air quality standards and enforcement following Brexit. A House of Commons briefing paper has been produced on Brexit and air quality<sup>17</sup> to consider these issues. The Government has stated it has no plans to change Limit Values and targets for air quality following Brexit and that in relation to air quality, the Government has said that the 'European Union (Withdrawal) Bill [now Act] is designed to ensure that, as far as possible, the same rules and laws will apply on the day after we leave as on the day before'.

Academics, legal professionals and environment campaign groups are concerned that standards could be changed. In response the Government has published an Environmental Principles and Governance Bill proposing the creation of a new statutory independent environmental watchdog.

---

<sup>14</sup> Air Quality: Commission takes action to protect citizens from air pollution, European Commission Press Release, Brussels, 17 May 2018

<sup>15</sup> UK plan for tackling nitrogen dioxide concentrations Detailed Plan, July 2017, Defra and DfT

<sup>16</sup> Supplement to the UK plan for tackling roadside nitrogen dioxide concentrations, May 2018, Defra and DfT

<sup>17</sup> Brexit and air quality Commons Library Briefing, Number CBP8195 10 October 2018

## **Appendix: 3 Sources of Air Pollution**

### **Particulate matter PM<sub>10</sub>**

Particles of varying sizes and sources exist in the air. It is generally considered that smallest particles are most hazardous to health due to their ability to penetrate deep into the lungs and do the most damage.

Particulate matter is defined by its size. PM<sub>10</sub> includes any particles that are under 10 micrometers in diameter represented as PM<sub>10</sub>. Particulate matter of 2.5 micrometers or less in diameter is generally formed by combustion. It is represented as PM<sub>2.5</sub> and is the main cause of the harmful effects of particulate matter. These particles are not visible to the naked eye.

### **Where does particulate matter come from?**

Concentrations of PM<sub>10</sub> consist of primary particles that are emitted directly into the atmosphere from sources such as fuel combustion, and secondary particles which are formed by chemical reactions in the air. Particle matter can be human-made or occur naturally. Natural particles found in the City of London include sea salt and dust from as far away as the Sahara Desert.

In the UK, the biggest man-made source of PM<sub>10</sub> is fuel combustion. Road transport gives rise to primary particles from engine emissions and tyre and brake wear. The Greater London Authority holds a database of all emissions across London. It is called the London Atmospheric Emissions Inventory (LAEI). The 2013 LAEI, released in August 2016, estimates emissions of NO<sub>x</sub>, PM<sub>10</sub>, PM<sub>2.5</sub> including a range of years and projects emissions from 2008 and 2030<sup>18</sup>. The LAEI indicates that approximately 37 % of PM<sub>10</sub> generated by road vehicles in the City of London is caused by the general wear of tyres and brakes. Secondary PM<sub>10</sub> is created from emissions of ammonia, sulphur dioxide and oxides of nitrogen, as well as from emissions of organic compounds from fuel combustion.

Particles can travel long distances and on any given day it is likely that the following particles are in the air in the City of London:

- Black carbon from fuel combustion, particularly diesel
- Trace metals from e.g. from vehicle brake wear
- Minerals from construction
- Sulphates from industrial fuel burning outside London
- Nitrates from fuel burning, industry and traffic

---

<sup>18</sup> London Atmospheric Emissions Inventory (LAEI) 2013 Mayor of London

- Sea salt
- Desert dust

## Primary particles emitted in the City of London

Figure 1A shows the estimated contributions for each source for selected years between 2008 to 2030. The LAEI indicates that the main source of primary PM<sub>10</sub> emitted locally is road transport. This equated to 55% (17.2 tonnes/year) of all emissions in 2013 and 48% (12.4 tonnes/year) of emissions in 2020. There is a large reduction expected in the proportion of emissions arising from road transport between these years.

When comparing vehicle types, taxis are the biggest emitters of PM<sub>10</sub> in the City of London.

Figure 1A

## London Atmospheric Emissions Inventory

### PM<sub>10</sub> Emissions - City of London

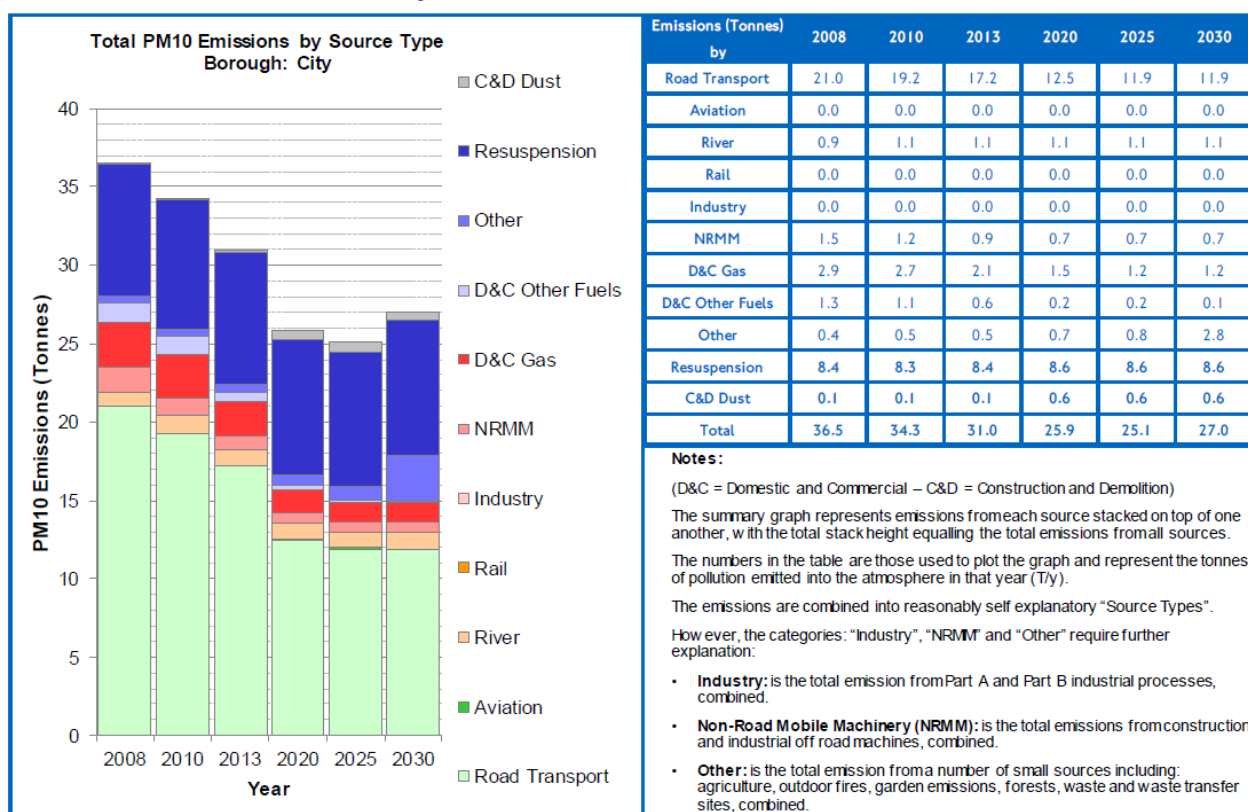
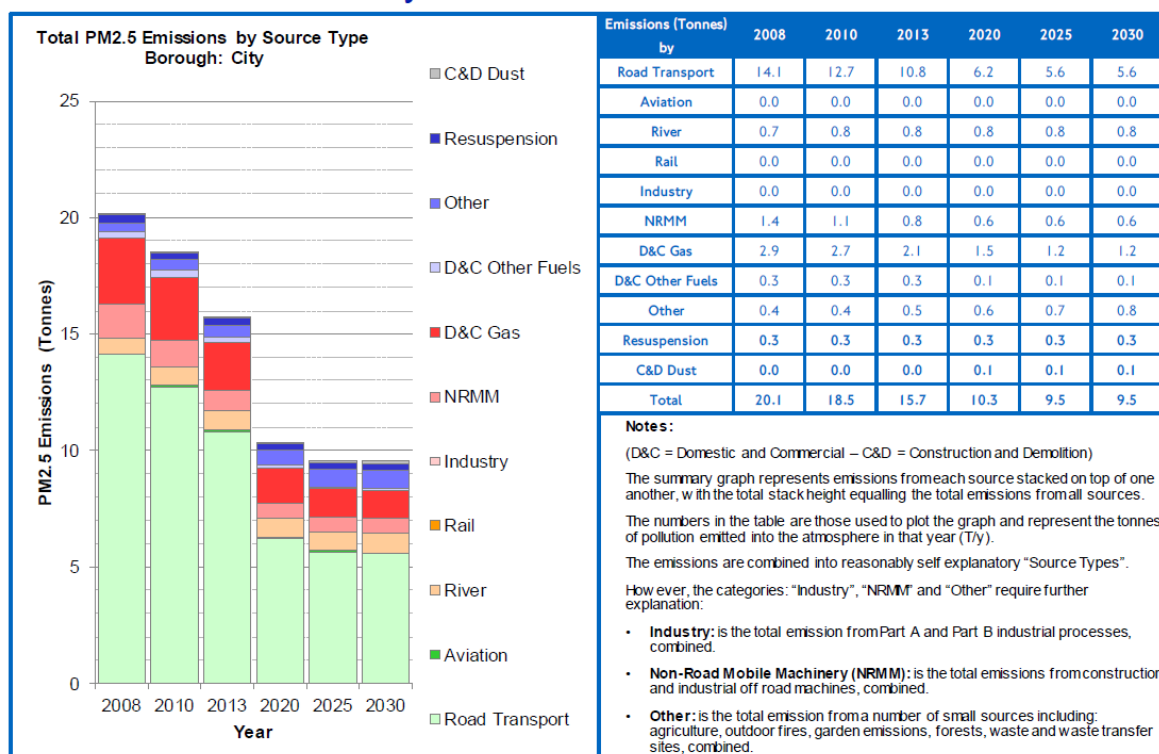


Figure 2A shows the estimated contributions of PM<sub>2.5</sub>. Road transport makes up the largest single source and again there is a step change expected between 2013 and 2020. However, road transport remains the biggest source of local emissions.

Figure 2A

# London Atmospheric Emissions Inventory

## PM2.5 Emissions - City of London



## Nitrogen dioxide

Nitrogen dioxide is an irritant gas, which at high concentrations causes inflammation of the airways.

## Where does nitrogen dioxide come from?

When nitrogen is released during fuel combustion it combines with oxygen atoms to create nitric oxide (NO). This further combines with oxygen to create nitrogen dioxide (NO<sub>2</sub>). Nitric oxide is not considered to be hazardous to health at typical ambient concentrations, but nitrogen dioxide can be. Nitrogen dioxide and nitric oxide are referred to together as oxides of nitrogen (NOx).

## NOx emitted in the City of London

The 2013 LAEI details the approximate proportion of emissions of NOx from vehicles and combustion plant in the City of London during 2011. This is shown in Figure A3.

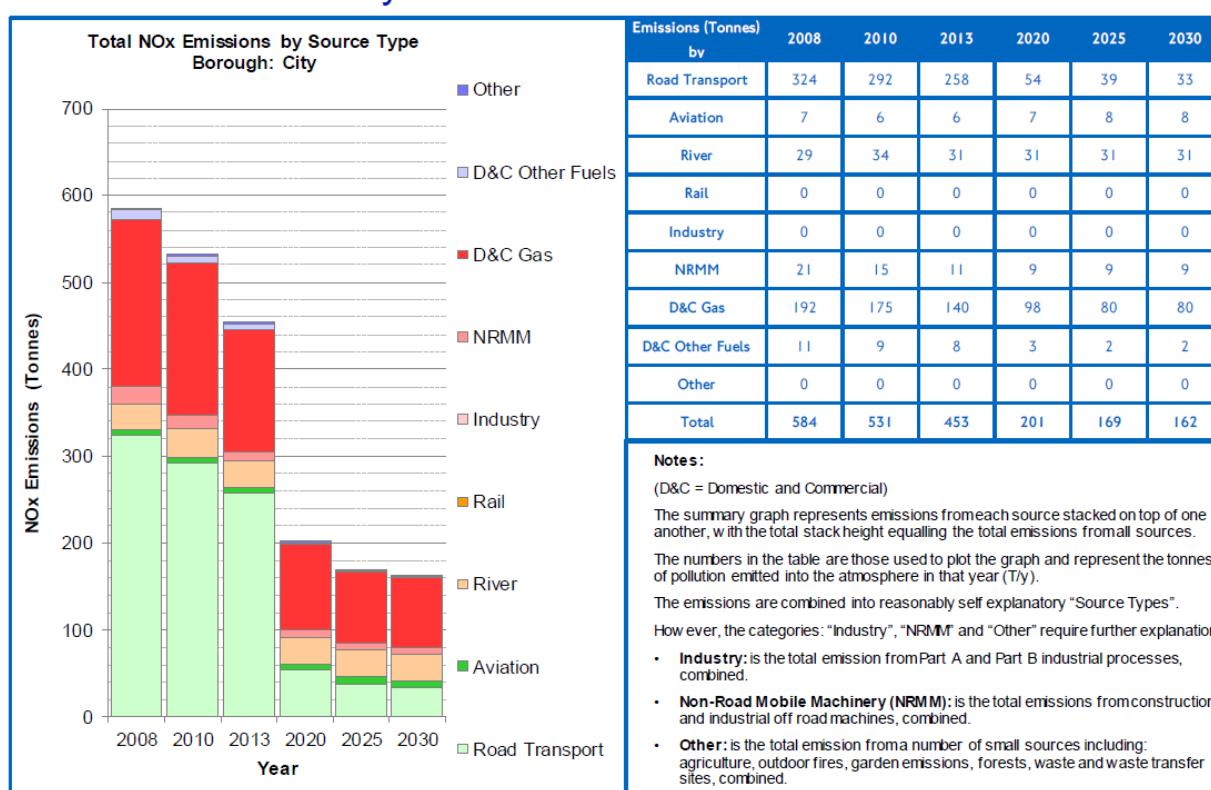
Figure 3A shows the estimated contributions of NOx. In 2013 road transport is the biggest single source of emissions, emitting 258 tonnes of NOx, however this is estimated to reduce to 54 tonnes by 2020. This forecast reduction is based on significant improvements to the emissions from vehicles. It implies a reduction of almost 80% over the 7 years.

Emissions from stationary combustion sources such as Combined Heat and Power and boilers are expected to drop from 148 to 101 tonnes

Figure 3A

## London Atmospheric Emissions Inventory

### NOx Emissions - City of London



## Appendix 4: Health Effects of Air Pollution

Exposure to PM<sub>2.5</sub> is a significant cause of disease in London. Public Health England (PHE) published a report in 2014 'Estimating Local Mortality Burdens Associated with Particulate Air Pollution'. The report states that:

*'current levels of particulate air pollution have a significant impact on health. Measures to reduce levels of particulate air pollution, or reduce exposure of the population to such pollution, are regarded as an important public health initiative.'*

In addition to the above, the World Health Organisation has classified diesel exhaust specifically as a Group 1 carcinogen.

A wide range of research into the health impacts of air pollution has been undertaken. A study 'Understanding the Health Impacts of Air Pollution in London' undertaken by Kings College London was published in July 2015<sup>19</sup>. The report, commissioned by TfL and the GLA, estimated the mortality burden of 2010 concentrations of PM<sub>2.5</sub> in London. The total mortality burden of anthropogenic PM<sub>2.5</sub> for the year 2010 is estimated to be 52,630 life-years lost, equivalent to 3,537 deaths at typical ages. The total mortality burden of long-term exposure to NO<sub>2</sub> is estimated to be up to 88,113 life-years lost, equivalent to 5,879 deaths at typical ages, combined to create a total figure of up to 9,400 equivalent deaths in 2010. There is assumed to be an overlap in effects of about 30%.

More recently COMEAP in 2018<sup>20</sup> published estimates of the annual mortality burden of human-made air pollution across the UK. This was estimated to be between 28,000 to 36,000 deaths. The range is based on two approaches to consider the differing views of experts.

The WHO Guidelines for PM are the lowest levels at which total cardiopulmonary and lung cancer mortality have been shown to increase with more than 95% confidence in response to PM<sub>2.5</sub> in a long-term exposure to particulate air pollution study.<sup>21</sup>

---

<sup>19</sup> Understanding Health Impacts of Air Pollution in London King's College London 15 July 2015

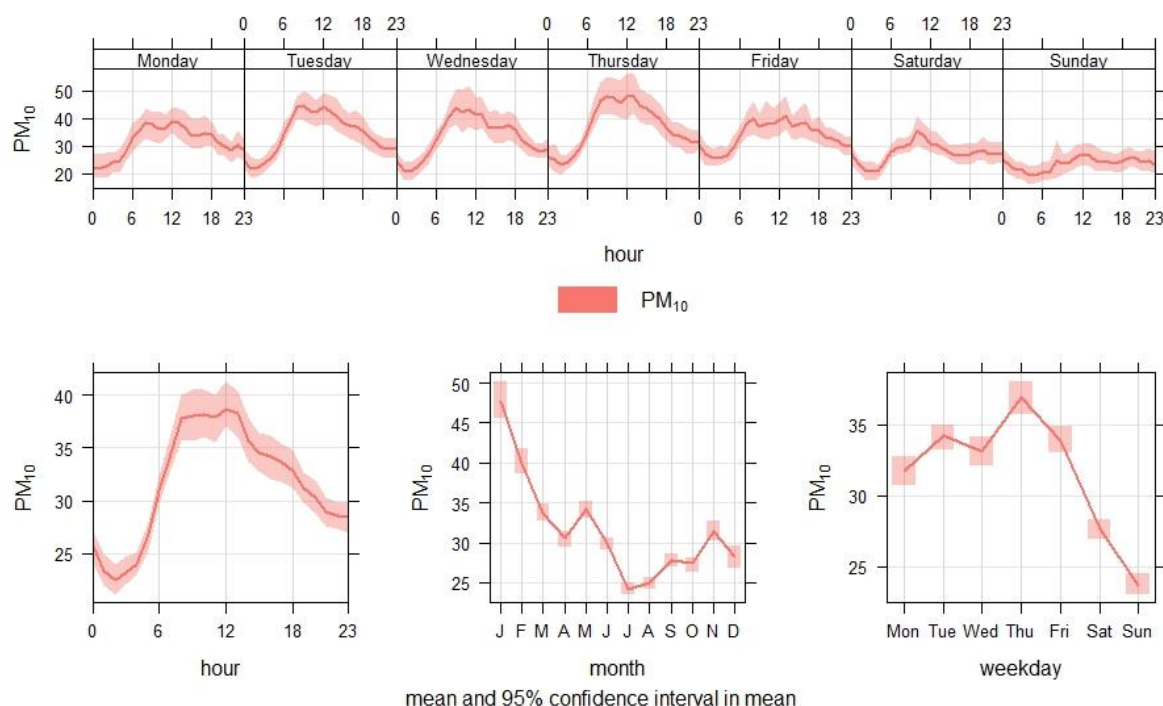
<sup>20</sup> Associations of long-term average concentrations of nitrogen dioxide with mortality. A report by the committee on the Medical Effects of Air Pollutants. August 2018

<sup>21</sup> Evolution of WHO air quality Guidelines, Past Present and Future. World Health Organization 2017

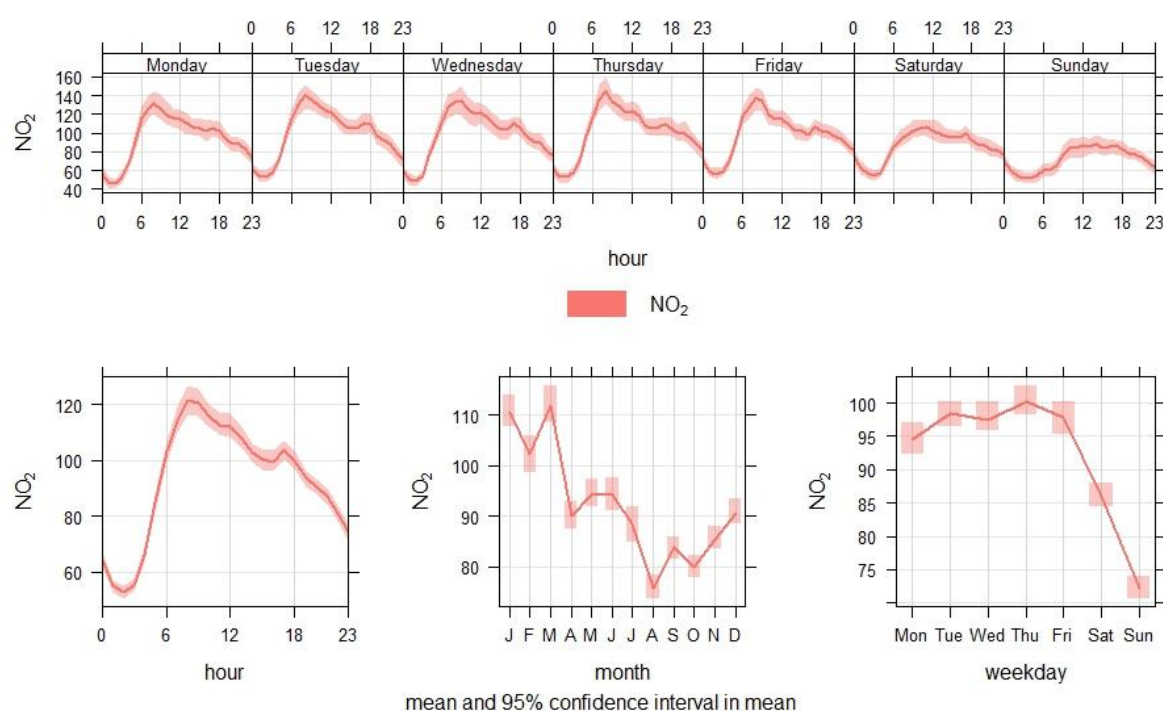
## Appendix: 5 Further analysis of monitoring data

Further analysis of monitoring data shows the average diurnal profile during different days of the week. Changes in concentrations are closely related to traffic patterns.

### Time Variation of PM<sub>10</sub> concentrations at Upper Thames Street 2017



### Time Variation of NO<sub>2</sub> concentrations at Upper Thames Street 2017



## **Appendix 6: Mayor of London Policies**

### **Environment Strategy**

As part of his legal obligation to meet air quality Limit Values across London, the Mayor of London published the London Environment Strategy in May 2018. The Strategy also covers climate change mitigation and energy, the low carbon economy, waste, green space and transport.

### **London Plan**

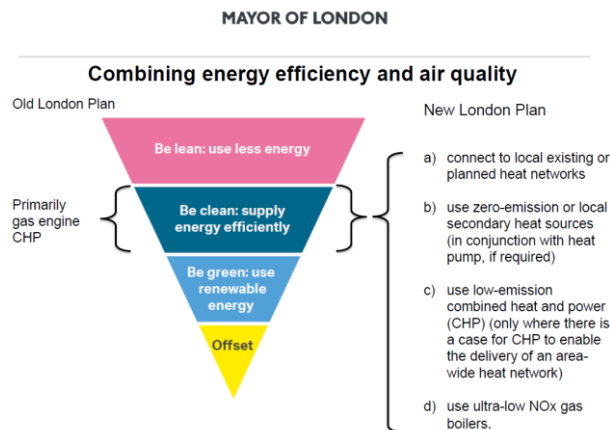
At the time of writing this Strategy, emerging policy on air quality is contained in Chapter 9 of the draft London Plan (with minor amendments). This deals with Sustainable Infrastructure:

- Policy SI 1 Improving air quality, part A (1) Development proposals should not lead to further deterioration of existing poor air quality;
- Policy SI 1 Improving air quality, part A (2) requires development proposals to use design solutions to prevent or minimise increased exposure to existing air pollution;
- Policy SI 1 Improving air quality, part A (3) requires masterplans and development briefs for large-scale development proposals subject to an Environmental Impact Assessment should propose methods of achieving an Air Quality Positive approach through the new development and (3a) major development proposals must be at least air quality neutral and be submitted with an Air Quality Assessment.
- Policy SI 1 Improving air quality, part A (4) requires developers to demonstrate how they plan to comply with the Non-Road Mobile Machinery Low Emission Zone and reduce emissions from the demolition and construction of buildings following best practice guidance.
- Policy SI 3 Energy infrastructure. Part D (1) requires major development proposals within Heat Network Priority Areas to have a communal low-temperature heating system in line with the following hierarchy; connection to a local existing or planned heat network; use zero emission or local secondary heat sources in conjunction with heat pump; use low-emission combined heat and power (CHP) only where there is a case for CHP to enable the delivery of an area-wide heat network.

In addition, a study on the air quality impacts from Combined Heat and Power in London for the GLA has been undertaken by Ricardo Energy and Environment. The report recommends a complete ban on combustion-based CHP provision for new

development, either in specific geographical areas where air quality is a particular problem, or there are sensitive communities.

The GLA has published an evidence report 'Low Carbon Heat: Heat Pumps in London' which acknowledges that as more up-to-date carbon factors for electricity are applied, heat pumps offer a substantially lower carbon system compared to gas-based systems (e.g. gas boilers and/or gas-fired Combined Heat and Power). This creates co-benefits for both carbon savings and reduced air pollutant emissions as there are no emissions locally.



## Transport Strategy

The Mayor of London published a new Transport Strategy in 2018. It set out his plans to transform London's streets, improve public transport and create opportunities for new homes and jobs. The headline target is to 'aim for '80% of all trips in London to be made on foot, by cycle or using public transport by 2041'. Two key elements of the approach include:

Healthy Streets and healthy people: Creating streets and street networks that encourage walking, cycling and public transport use will reduce car dependency and the health problems it creates.

A good public transport experience: Public transport is the most efficient way for people to travel over distances that are too long to walk or cycle, and a shift from private car to public transport could dramatically reduce the number of vehicles on London's streets.

Several action plans will be developed to support the Strategy, the first of these is the Walking Action Plan.

## Ultra-Low Emission Zone

An Ultra-Low Emission Zone (ULEZ) will be introduced in central London in April 2019. Vehicles travelling in the existing Congestion Charge Zone will be required to

meet new emission standards 24 hours a day, seven days a week, or pay a daily charge. From 2021, the Mayor proposes to extend the zone to encompass the North and South Circular boundaries.

In addition, since January 2018, all new taxis presented for licensing for the first time must be zero emission capable (ZEC). This means having CO<sub>2</sub> emissions of no more than 50g/km and a minimum 30-mile zero emission range. Also, all private hire vehicles (PHVs) licensed for the first time must have a Euro 6 petrol or diesel engine, or a Euro 4 petrol-hybrid engine.

In early 2019, TFL will also consult on proposals to reduce taxi emissions further, including a proposal of phased reductions of the taxi age limit for the dirtiest vehicles to 12 years. The 15-year age limit would be strictly mandated in 2019, with a proposed reduction in the age limit each year until a 12-year age limit is reached.

The Mayor of London announced a £23m scrappage scheme for the London's most polluting vans ahead of the introduction of the ULEZ. The scheme will initially help London's micro-businesses, which they define as those with fewer than 10 employees.

### **Air Quality Focus Areas**

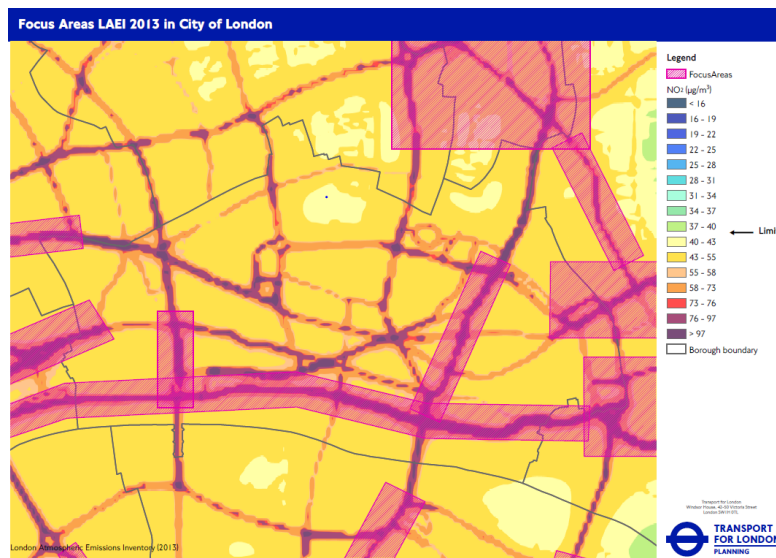
The Mayor of London has identified 'Air Quality Focus Areas' across London. These are areas where the Greater London Authority and Transport for London will focus action to improve air quality, reducing exposure. The Focus areas in the City of London are shown in Figure A6.1

The criteria used by TfL to determine air quality focus areas are available on the Greater London Authority web site<sup>22</sup>.

---

<sup>22</sup>GLA (2016), London Atmospheric Emissions Inventory (LAEI) 2013 Air Quality Focus Areas - December 2016 update London Data store.

Figure A6.1: Air Quality Focus Areas in the Square Mile



## **Appendix 7: Air Quality Policies in the Draft City Plan**

### **Policy HIC2: Air Quality**

- Developers will be required to effectively manage the impact of their proposals on air quality. Major developments must provide an Air Quality Impact Assessment
- Development that would result in deterioration of the City's nitrogen dioxide or PM10 and PM2.5 pollution levels will be refused
- Developments should be at least Air Quality Neutral. Major developments must maximise credits for the pollution section of the BREEAM assessment relating to on-site emissions of oxides of nitrogen (NOx)
- Developers will be encouraged to install non-combustion low and zero carbon energy technology. A detailed Air Quality Impact Assessment will be required for combustion based low and zero carbon technologies, and necessary mitigation must be approved by the City Corporation
- Developments that include uses that are more vulnerable to air pollution, such as schools, nurseries, medical facilities and residential development, will be refused if the occupants would be exposed to poor air quality. Developments will need to ensure acceptable air quality through appropriate design, layout, landscaping and technological solutions
- Construction and deconstruction and the transport of construction materials and waste must be carried out in such a way as to minimise air quality impacts to the fullest extent possible. Impacts from these activities must be addressed within submitted Air Quality Impact Assessments
- Air intake points should be located away from existing and potential pollution sources (e.g. busy roads and combustion flues). All combustion flues should terminate above the roof height of the tallest building in the development to ensure maximum dispersion of pollutants.

Improving air quality and reducing exposure is also referenced in a number of other policy areas.

### **Policy HIC8: Play Areas and Facilities**

- Play areas and facilities must be inclusive and must not be located in areas of poor air quality due to the negative health impacts on young children.

### **Strategic Policy S8: Design**

- Developments should optimise micro-climatic conditions, address solar glare, day light and sunlight and uncomfortable wind conditions and deliver improvements in air quality

### **Policy D1: Sustainability Standards**

- Mayor development will be required to achieve BREEAM rating of 'excellent' or outstanding obtaining maximum credits for the City's priorities (energy, water, pollution and materials)
- Demonstrate that the London plan carbon emission and air quality requirements have been met on site. In exceptional circumstances where standards cannot be met on site, offsetting will be required to account for the shortfall

### **Policy D3: Public Realm**

- Public realm schemes must have regard to the wellbeing of users in relation to air pollution, noise, temperatures, shading and micro climate

### **Policy CEW3: New Waste Management Sites**

- Proposals for new waste management, handling and transfer will be required to demonstrate that access arrangements, mode of transport and transport routes will minimise the potential for congestion and environmental impacts including local air quality impacts

### **Policy SI1: Infrastructure provision and connection**

- This requires utility infrastructure and connections to be designed into the development and includes a requirement to plan for the electricity supply necessary during the construction period. Developers should engage with energy providers prior to commencement of development works to ensure the availability of Temporary Building Supplies, avoiding the need for diesel generators to provide electricity.

### **Strategic Policy S14**

- The City Corporation will work in partnership with developers and others to promote a greener City including protecting, and seeking the provision, of new open space and green space and encouraging high quality green infrastructure through new development, public realm or transportation improvements.

### **Strategic Policy S20: Aldgate and Tower**

- The Aldgate and Tower key area of change includes requirements to improve air quality around Mansell Street Estate, make improvements to Aldgate Bus Station to improve air quality and identify opportunities to reduce pollution through public realm improvements in the vicinity of Sir John Cass School and Middlesex Street

**Strategic Policy S22: Fleet Street**

- Residential development will be directed to appropriate sites off principal streets to reinforce the existing residential cluster, ensuring a high quality of residential amenity to reduce exposure to poor air quality

**Strategic policy S23: Smithfield and Barbican Key Area of Change**

- Improvements will be made to Beech Street to reduce the volume of traffic, improve air quality and increase amenity and vitality

## Glossary

AQAP: Air Quality Action Plan

AQMA: Air Quality Management Area

AQS: Air Quality Strategy

BREEAM: Building Research Establishment Environmental Assessment Method

CHP: Combined Heat and Power

COMEAP: Committee on the Medical Effects of Air Pollutants

CRP: Cross River Partnership

Defra: Department for Environment Food & Rural Affairs

EA: Environment Agency

EPR: Environmental Permitting Regulations

EPUK: Environmental Protection UK

EU: European Union

EV: Electric Vehicles

g/kWh: grams per kilowatt hour

HC: Hydrocarbons

HWB: Health and Wellbeing Board

JSNA: Joint Strategic Needs Assessment

KCL: Kings College London

Kg: kilograms

kW: kilowatts

LEN: Low Emissions Neighbourhood

LAEI: London Atmospheric Emissions Inventory

MAQF: Mayor's Air Quality Fund

MCPD: Medium Combustion Plant Directive

µg/m<sup>3</sup>: microgram of pollutant per cubic metre of air

mg/m<sup>3</sup>: milligram of pollutant per cubic metre of air

mg/Nm<sup>3</sup>: milligram of pollutant per cubic metre of air at normal conditions

mg/kWh: milligram of pollutant per kilowatt hour

m/sec: metres per second

mW: Megawatt

NRMM: Non-Road Mobile Machinery

NO<sub>2</sub>: Nitrogen dioxide

NO<sub>x</sub>: Oxides of nitrogen

PHE: Public Health England

PHOF: Public Health Outcomes Framework

PHV: Private Hire Vehicles

PM<sub>10</sub>: Particulate matter with a diameter of 10 micrometres

PM<sub>2.5</sub>: Particulate matter with a diameter of 2.5 micrometres

SPD: Supplementary Planning Document

SPG: Supplementary Planning Guidance

STOR: Short-Term Operating Reserve

TfL: Transport for London

ULEV: Ultra Low Emission Vehicle

ULEZ: Ultra Low Emission Zone

WHO: World Health Organisation

ZEC: Zero Emission Capable

ZEZ: Zero Emission Zone

## References

1. City of London Air Quality Strategy 2015 – 2020
2. Air Quality Guidelines - Global Update 2005 Particulate matter, ozone, nitrogen dioxide and sulfur dioxide
3. Fine Particulate Matter (PM<sub>2.5</sub>) in the United Kingdom 2012 Air Quality Expert Group for Defra
4. <https://www.london.gov.uk/what-we-do/environment/pollution-and-air-quality/working-london-boroughs>
5. Draft New London Plan, 13th August 2018, Mayor of London
6. Mayor of London: The Control of Dust and Emissions from Demolition and Construction, Supplementary Planning Guidance, July 2014
7. The City of London Code of Practice Deconstruction and Construction Sites, Ninth Edition, January 2019
8. Urban air pollution from combined heat and power plants - A measurement-based investigation, Kings College London, April 2018
9. Pilot study on the air quality impacts from Combined Heat and Power in London, Report for Greater London Authority, Ricardo Energy and Environment, Sept 2018
10. Ricardo Energy & Environment (2016) London STOR and Triad Management Study, ED62693
11. <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>
12. Defra Update on Implementation of the Daily Air Quality Index Information for Data Providers and Publishers April 2013
13. Air Quality Guidelines Global Update 2005. Particulate matter, ozone, nitrogen dioxide and sulfur dioxide
14. Air Quality: Commission takes action to protect citizens from air pollution, European Commission Press Release, Brussels, 17 May 2018
15. UK plan for tackling nitrogen dioxide concentrations, July 2017, Defra and DfT
16. Supplement to the UK plan for tackling roadside nitrogen dioxide concentrations, May 2018, Defra and DfT
17. Brexit and air quality Commons Library Briefing, Number CBP8195 10 October 2018
18. London Atmospheric Emissions Inventory (LAEI) 2013 Mayor of London
19. Understanding Health Impacts of Air Pollution in London, King's College London, July 2015
20. Associations of long-term average concentrations of nitrogen dioxide with mortality. A report by the Committee on the Medical Effects of Air Pollutants, August 2018
21. Evolution of WHO air quality Guidelines, Past Present and Future. World Health Organization, 2017
22. GLA (2016), London Atmospheric Emissions Inventory (LAEI) 2013 Air Quality Focus Areas - December 2016 update London Data store.

|                                                                                                                                   |                                           |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>Committees:</b><br>Health and Social Care Scrutiny Committee – For information<br>Health and Wellbeing Board – For information | <b>Dates:</b><br>16/07/2019<br>03/10/2019 |
| <b>Subject:</b><br>Adult Social Care Survey Findings 2018/19 and Carers Survey 2018/19 Indicative Findings                        | <b>Public</b>                             |
| <b>Report of:</b><br>Andrew Carter, Director of Community and Children’s Services                                                 | <b>For Information</b>                    |
| <b>Report author:</b><br>Glory Nyero, Performance Analyst                                                                         |                                           |

## Summary

This report informs Members of the indicative performance outcomes from the Adult Social Care Survey and Carers Survey for 2018-19.

Overall, there has been an improvement in the health and wellbeing of adult social care users with a higher proportion also saying that they feel safe and in control. Nine in 10 carers say they feel involved and consulted. Three quarters say they have not experienced any financial problems as a result of caring responsibilities (but a significant minority have).

Significantly more carers in the City of London say they have insufficient time for caring responsibilities compared to the average for local authorities, and one in five say they have no support or encouragement in their caring role. These figures are higher than last time. A minority continue to feel socially isolated.

Two thirds of service users and a quarter of carers said they were ‘extremely’ or ‘very’ satisfied with the services they had received in the last 12 months. Ninety-three per cent of respondents say that the services they have used have improved their quality of life.

## Recommendation(s)

Members are asked to:

- Note the report.

## Main Report

### Background

1. The Adult Social Care and Carers Surveys are statutory bi-annual surveys carried out by local authorities. Findings from these surveys are essential for monitoring changes over time and identifying key areas for improvement. Topics cover a range of issues, including satisfaction with services, service users’ health and their quality of life.
2. The rankings/benchmarking of City’s performance levels against other local authorities will only be available following ASCOF’s publication of 2018/19 findings (scheduled to be released in October 2019), and could not therefore be included in this report.

## Indicative Findings of the Adult Social Care Survey 2018/19 (ASCS)

3. We received 48 responses to the ASCS out of a total of 105 people who accessed adult social care services in the City of London in 2018-19 and had the capacity to participate. This is a 46% response rate, higher than for the last survey (38%), and in line with NHS Digital's projected response rate of 40%.

### *Health and Mental Health*

4. Overall adult social care respondents are reporting an improvement in health and wellbeing. The percentage saying that their health was "good" or "very good" increased from 36.8% in 2016/17 to 48.3% in 2018/19 (of which there was an increase from 7.9% to 11.7% in those saying it was 'very good'). The percentage of service users reporting their health was 'bad' decreased from 13.2% to 7.1%. There has been a sustained rate of 45% in both reporting periods of those saying that their health is "fair". The percentage of people in 'extreme pain and discomfort' has decreased from 21% in 2016/17 to 8.5% in 2018/19, which is encouraging, given the figure was 24% in 2014-15.
5. No respondents said they were 'extremely anxious or depressed' compared to one service user in 2016/17 and two service users in 2014/15.

### *Safety and control*

6. The proportion of service users reporting 'I have as much control as I want' has risen from 61% in 2016/17 to 79.8% during 2018/19. This is an encouraging 'direction of travel', particularly as there was a dip prior to this reporting period from the 65% who said that they had enough control in 2014/15.
7. During 2018/19, 68.3% of service users reported that they felt safe compared to 64.8% in 2016-17. At the same time, 87.9% (34 people) reported that care and support services helped them to feel safe, up from 71.8% (28 people) last time.

**Table 1: City of London's ASCOF measures across three reporting periods based on the ASC Client Survey Return.**

| ASCOF Measure Description (Service Users)                                                                      | 2018  | 2016  | 2014  | Change from 2016 |
|----------------------------------------------------------------------------------------------------------------|-------|-------|-------|------------------|
| <b>Social care-related quality of life</b>                                                                     | 19.3  | 18.0  | 18.4  | +1.3             |
| The proportion of people who use services who have control over their daily life                               | 79.8% | 61.2% | 70.8% | +30.3%           |
| The proportion of people who use services who reported that they had as much social contact as they would like | 61.1% | 37.9% | 42.7% | +61.2%           |
| Overall satisfaction of people who use service with their care and support                                     | 63.6% | 55.4% | 62.8% | +14.8%           |
| The proportion of people who use services who find it easy to find information about services                  | 90.7% | 77.7% | 84.2% | +16.7%           |
| The proportion of people who use services who feel safe                                                        | 68.3% | 64.8% | 66.3% | +5.4%            |
| The proportion of people who use services who say that those services have made them feel safe and secure      | 87.9% | 74.9% | 84.3% | +17.3%           |

\* Figures for 2018-19 are indicative

## **Indicative Findings of the Carers Survey 2018/19 (SACE)**

8. During 2018/19, of the 53 carers surveyed we received 27 responses (51% response rate). This is higher than in 2016/17 when 22 responses were received from 57 carers (39% response rate), and exceeds NHS Digital's projected response rate of 40%.

### *Consultation and Involvement*

9. During this reporting period, 88% of carers reported that they were always or usually involved or consulted in discussions about care, which is an improvement on 65% in 2016/17.
10. Only one respondent said that they had not been involved or consulted as much as they wanted to be about the support or services provided to the person they cared for, compared to two in 2016/17.

### *Financial Impact*

11. When asked whether being a carer had caused any financial difficulties 72% stated "no, no at all" which is an increase from 52% in the prior reporting period. There has been a reduction in those that felt "yes, to some extent" from 43% in 2016/17 to 24% in 2018/19. Those responding "yes, a lot" was broadly unchanged at 4.8%, compared to 4% last time.

### *Support and encouragement*

12. With regards to having enough time to care for the person, 48.1% felt they "never have enough time to care for them" similar to 2016/17 (47.6%) but in stark contrast to the mean for all English local authorities, which was 10.6%. There was a corresponding decrease in the percentage of respondents who indicated that they "always have enough time to care for them" from 19% to 14.8%.
13. One in five carers (19.2%) felt they had no encouragement and support for their caring role, more than double the 9.1% during 2016/17; those who felt that they did have encouragement and support fell from 50% to 38.5%.
14. It is a concern that carers in the City of London appear to be much more likely to report that they have insufficient time for their caring responsibilities than in other local areas, and that there are an increasing number who feel that they are not being supported in their caring role. This needs further investigation.
15. The table below provides City of London's ASCOF measures across three reporting periods based on the SACE (Carers Survey) Return with indicative figures relating to 2018/19.

**Table 2: Indicative Findings of both the 2018/19 ASCS and 2018/19 SACE**

| ASCOF Measure Description (Carers)                                                                                          | 2018  | 2016  | 2014  | Change from 2016 |
|-----------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|------------------|
| Carer reported quality of life                                                                                              | 7.5   | 7.7   | 8.8   | -0.2             |
| Proportion of carers who reported that they had as much social contact as they would like                                   | 30.8% | 31.8% | 46.4% | -3.1%            |
| The proportion of carers who report that they have been included or consulted in discussions about the person they care for | 87.5% | 64.7% | 78.3% | +35.2%           |
| Overall satisfaction of carers with social services                                                                         | 50.0% | 50.0% | 54.2% | 0%               |
| The proportion of carers who find it easy to find information about services                                                | 87.5% | 71.4% | 82.4% | +22.5%           |

\* Figures for 2018-19 are indicative

### *Satisfaction with services*

16. During 2018/19, 25% of carers said they were extremely or very satisfied with the support or services that they and the person they care for had received in the previous 12 months. This is an improvement from the 18.2% during 2016/17.
17. By contrast, 64% of adult social care users were “extremely” or “very satisfied” with the support or services they had received in the previous 12 months. This is an improvement from the 55% in the previous reporting period.

### *Quality of life*

18. Carers are given a quality of life score based on six outcomes; occupation, control, personal care, safety, social participation and encouragement and support. The City scored high in personal care and safety, but low in occupation (how carers spend their free time), personal care and social participation.
19. The City maintained a high rate for quality of life for carers with 7.5 (out of 12) in 2018/19. This was marginally lower than the previous scored of 7.7, which was the highest score across Inner London.
20. The 2018/19 score for adult social care users, which is based on the same six outcomes, was 19.3 out of 24, which is an improvement from 18.0 in 2016/17.
21. Adult social care users were also asked “thinking about the good and bad things that make up your quality of life, how you would rate the quality of your life as a whole?”. 69% reported that their quality of life was either “very good” or “good”, which is an improvement from 54% in the prior reporting period.
22. There has also been an increase in the percentage of people reporting that the services they use have helped to improve their quality of life from 81.6% in 2016-17 to 93.1% in 2018-19. Only 6.9% felt the services did not help improve their quality of life.

### *Social isolation*

23. In 2018/19 31% of carers (8 people) reported that they had as much social contact as they wanted, which is similar to 2016/17 when the proportion was 32% (7 carers). Twelve carers (46.2%) said they had some social contact with people but not enough. Six carers (23.1%) reported that they had little social contact with people and felt socially isolated.
24. In comparison, 61% of adult social care users felt they had as much social contact as they would like, compared to 37% in 2016/17. Only one person reported feeling socially isolated this time, compared to four people in 2016/17.

### *Access to information*

25. Both adult social care users (90.7%) and carers (87.5%) reported that they were able to find information on support easily. This is a further increase from 2016/17 when the City was ranked the highest authority in Inner London for access to information for both adult social care users (77.7%) and carers (71.4%) – this comparable data will be available when ASCOF publishes their figures later in the year.

### **Options**

26. There are no direct options associated with this report.

### **Proposals**

27. There are no direct proposals associated with this report.

### **Corporate & Strategic Implications**

28. The review of satisfaction rates and feedback from people using Adult Social Care Services and Carers of people within the City are a priority in the Department of Community and Children's Services Business Plan 2017–22.

### **Implications**

29. There are no direct financial or legal implications associated with this report.

### **Health Implications**

30. There are no direct health implications associated with this report. However, this is something that will be evident once statistical information and evidence is made available by health partners such as NHS Digital.

### **Conclusion**

31. The 2018/19 ASCS and SACE statutory returns recently concluded. City of London engages in these surveys on a biannual basis due to low numbers.

These provide an insight into the impact of services and support for adult social care users and carers in the City of London.

32. The rankings / benchmarking of City's performance levels against other Local Authorities will be available following ASCOF's publication of 2018/19 measures, which are scheduled to be released in October 2019.

## **Appendices**

- None

### **Glory Nyero**

Performance Analyst

T: 020 7332 3513

E: [glory.nyero@cityoflondon.gov.uk](mailto:glory.nyero@cityoflondon.gov.uk)

|                                                                              |                               |
|------------------------------------------------------------------------------|-------------------------------|
| <b>Committee(s):</b><br>Health and Wellbeing Board                           | <b>Date(s):</b><br>03.10.2019 |
| <b>Subject:</b><br>Health and Wellbeing Board update report                  | <b>Public</b>                 |
| <b>Report of:</b><br>Director of Community and Children's Services           | <b>For information</b>        |
| <b>Report author:</b><br>Jordann Birch, Partnership and Engagement Assistant |                               |

## Summary

This report is intended to give Health and Wellbeing Board Members an overview of local developments and policy issues related to the work of the Board where a full report is not necessary. Details of where Members can find further information or contact details for the relevant officer are set out within each section. Updates included are:

1. **Business Healthy Challenge 2019**
2. **RSE Guidance for Councillors**
3. **Better Care Fund Performance**
4. **Annual Director of Public Health Report**

## Recommendation(s)

Members are asked to:

- Note the report.

## Main Report

### 1. Business Healthy Challenge 2019

May 2019 saw the third annual Business Healthy Challenge – a free, month-long physical activity challenge that took place during Living Streets' National Walking Month.

Hosted by the City Corporation's Business Healthy, sponsored by Nomura and supported by Public Health England (London) and national walking charity Living Streets, the Challenge is a community-level intervention that provides an opportunity for City workers to form teams with colleagues and compete against each other to win prizes. The aim of the Challenge is to encourage City workers to incorporate more physical activity and exercise into their daily routines, forming habits over the month that will stay with them in the long-term.

City workers and their teams earned points for physical activity completed over the course of the month, logging them on the Himotiv platform. All teams reaching 3,000 points or more by the end of May were entered into a prize draw to win rewards donated by local businesses. All types of physical activity –

whether high-, medium-, or low-intensity, could earn points and participants logged a wide range of activities, including chores, DIY and gardening, yoga and Pilates, weight training, sports, surfing, horse riding and more. Walking was by far the most popular activity (265 million steps were logged), while other forms of active travel –running and cycling – were the second and third, representing 14% and 10% of points respectively.

650 City workers took part across 180 teams, representing almost 60 City firms, including global banks, small charities and trade bodies. 44% of participating businesses were SMEs, who are often unable to provide company-wide fitness challenges for staff, given limited resources. Thanks to sponsorship, the Challenge was offered free of charge to organisations and their staff, benefiting individuals and their employers.

Almost half of participants (46%) were aged between 20 and 39 years old, with 16% aged between 40 and 59. Approximately the same number of men and women took part this year, whereas in previous years more women than men have participated. 18% of participants in 2019 had also taken part in 2018.

Business Healthy Challenge participants benefited from the many free activities on offer in the City over the course of the month, which helped them to boost their points. These included guided walks of the Square Mile hosted by the Active City Network, lunchtime run clubs, bootcamp classes and more. The Challenge also drew in other major health campaigns taking place during May, including Mental Health Awareness Week. Participants received weekly motivational emails throughout the Challenge, which included tips from Living Streets and signposting to local free activities to boost their activity.

A pre-Challenge survey showed that motivations for City workers to take part were diverse – some wanted to get fitter, while others saw it as an opportunity for team-building with colleagues, to try something new and to improve their confidence. Participants reported that they did most of their exercise in the gym, outdoors, or in local parks. Overwhelmingly, lack of time was cited as the main barrier to doing more exercise.

A post-Challenge feedback survey found that:

- 82% of respondents said they felt they had achieved their personal aims/ goals in taking part in the Challenge and 80% said taking part encouraged them to be more physically active, including through prompting them to make a conscious decision to do more exercise.
- 94% said that they were either “likely” or “very likely” to continue with the levels of activity they undertook during the Challenge, demonstrating the longer-term benefits and positive impact on habit-forming.
- 64% found taking part in the Challenge either somewhat or very beneficial:
  - *“made me aware of how much we sit all day”*
  - *“it was fun competing with colleagues”*
  - *“it encouraged me to walk at lunch time”*
  - *“greater bonding and socialising with colleagues at work”*

- One participant said that the Challenge gave her motivation to get back to her pre-pregnancy level of physical activity, while others reporting having lost weight and feeling fitter and more energised as a result of taking part.

Leads from City firms also found signing their firms up to the Challenge beneficial:

- *"I think it's a great idea to get people motivated and moving",* global insurance firm
- *"It was great to take part in the Business Healthy Challenge – it brought about a lot of competitiveness and comradery in our employees and had a positive effect on morale too",* small regulatory reporting firm
- *"The Business Healthy Challenge was instrumental in increasing the level of exercise for everyone who participated, and provided us with a fun way to bring out our competitive sides and challenge each other to exercise more and more!",* management consulting firm
- *"One thing is for sure, people who were not normally active started to count steps",* public sector body

As in previous years, participants were surveyed three months after the end of the Challenge, in September 2019, to understand whether positive habits formed during the Challenge had been maintained. The follow-up survey revealed the following:

- 88% of respondents said that taking part in the Challenge encouraged them to be more physically active. This was often attributed to the Challenge making them more conscious of their physical activity (or lack of) and helping them to build physical activity into their everyday routines.
- Just over half (53%) said that they had maintained the same level of physical activity in the three months since the end of the Challenge. A further 30% said that they had maintained increased levels of activity, but not to the same extent as during the Challenge. Again, many of the responses cited incorporating more physical activity into their daily routines as the reason for this.
- When asked whether their Challenge teammates had maintained their physical activity levels since the end of the Challenge, 65% responded positively, and some said that they had continued to exercise and be physically active as a team.

In addition to supporting the City Corporation's corporate objectives and statutory duties on Public Health, the Business Healthy Challenge supports a Quality Statement recently published by NICE on physical activity, which recommends that workplaces have a physical activity programme to encourage employees to move more and be more physically active<sup>1</sup>.

---

<sup>1</sup> <https://www.nice.org.uk/guidance/qs183/chapter/quality-statement-4-workplaces#quality-statement-4-workplaces>

# business healthy challenge

**get fit. earn prizes. feel good.**

**1st - 31st May 2019**

A free challenge for City workers.

Open to couch potatoes, marathon runners and anyone in-between. All fitness levels welcome.

Find out more and register:  
[www.businesshealthy.org/bhc2019](http://www.businesshealthy.org/bhc2019)



Public Health  
England

Kindly sponsored by

**NOMURA**

For more information, please contact Xenia Koumi – Project Officer, Business Healthy, [xenia.koumi@cityoflondon.gov.uk](mailto:xenia.koumi@cityoflondon.gov.uk)

## **2. RSE Guidance for Councillors**

Relationships and Sex Education (RSE) teaches children and young people (CYP) about growing up, relationships, sexual health and reproduction. The learning includes physical development in the body; how to manage emotions and; social influence on sexual behaviour, such as overcoming peer pressure.

The Children and Social Work Act 2017 mandates that Relationship Education is taught in all primary schools and that RSE is taught in all secondary schools in the UK. Section ten of the Children Act 2004 requires schools to work with local authorities to improve the wellbeing of CYP.

A collaboration between the RSE Hub, Sex Education Forum, Local Government Association and Public Health England concludes that Members and local authorities have a key role to play in commissioning consistently high quality RSE to improve public health outcomes for CYP.

What can members of the Health & Wellbeing Board do?

- a. Use your relationships with the Education Board, to positively and proactively communicate the health and wellbeing benefits of high-quality age appropriate RSE.
- b. Work with local commissioners and providers to better understand what helpful advice and guidance looks like and whether that matches the currently provided service.
- c. Ensure the Joint Strategic Needs Assessment is updated to include information about sexual health and related safeguarding issues such as Child Sexual Exploitation (CSE) and Female Genital Mutilation (FGM).

For more information you can read the latest guidance here:

[https://www.sexeducationforum.org.uk/sites/default/files/field/attachment/RSE\\_Hub%20briefing%20document\\_Final.pdf](https://www.sexeducationforum.org.uk/sites/default/files/field/attachment/RSE_Hub%20briefing%20document_Final.pdf)

For more information, please contact Jordann Birch – Partnership and Engagement Assistant, Public Health. [Jordann.birch@cityoflondon.gov.uk](mailto:Jordann.birch@cityoflondon.gov.uk)

## **3. Better Care Fund Performance**

The Better Care Fund (BCF) is a national programme across the NHS and local government to encourage integrated health and social care services in local areas. It brings together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations and funding paid directly to local government, including the Disabled Facilities Grant (DFG), the improved Better Care Fund (iBCF) and the Winter Pressures Grant.

Each year, detailed plans must be submitted to the Department of Health and Social Care setting out the schemes to be funded and how they will contribute to several nationally set objectives and metrics. This year, the requirements were published in June 2019 with a deadline for submission of 27 September 2019.

As usual, Health and Wellbeing Boards (HWBB) are required to sign off these plans but the October HWBB comes after the submission date for the plans.

As a result, the plans were signed off under urgency by the Chair of the HWBB ahead of submission.

In summary, the total funding for the City of London Better Care Fund is as follows:

| Funding element          | Amount          |
|--------------------------|-----------------|
| DFG                      | £32,689         |
| Minimum CCG Contribution | £626,523        |
| iBCF                     | £265,353        |
| Winter Pressures Grant   | £48,791         |
| <b>Total</b>             | <b>£973,356</b> |

The proposed schemes that COL will commission from the fund remain the same as previous years as follows:

| <b>CoL Schemes</b>                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Care Navigator Service to support safe hospital discharge                                                                                               |
| City Homecare Intensive Response Service to support admissions avoidance and discharge to assess                                                        |
| Mental Health Reablement and Floating Support to assess and support individuals in supported living to move to more independent accommodation and lives |
| Support to unpaid carers through information, advice and practical support                                                                              |
| Adaptations to homes to enable disabled people to maintain their independence                                                                           |
| Additional Social Care Packages                                                                                                                         |
| Additional occupational therapy provision to support hospital discharge                                                                                 |

There has been an uplift and some additional funding allocated to the BCF but at the time of writing some clarification is being sought about the criteria and requirements about how this additional funding has to be used.

For more information, please contact Lori Atim – Project Manager, Integrated Commissioning, [lori.atim@cityoflondon.gov.uk](mailto:lori.atim@cityoflondon.gov.uk)

#### **4. Annual Director of Public Health Report**

The annual Director of Public Health (DPH) report for 2018 – 19 has been published for the City of London Corporation and London Borough of Hackney. The document can be accessed on the Hackney public health site:  
<https://www3.hackney.gov.uk/health-and-wellbeing-board>

For more information, please contact Andy Liggins – Interim Consultant in Public Health, [andy.liggins@cityoflondon.gov.uk](mailto:andy.liggins@cityoflondon.gov.uk)

|                                                                               |                                   |
|-------------------------------------------------------------------------------|-----------------------------------|
| <b>Committee(s):</b><br>Health and Wellbeing Board                            | <b>Date(s):</b><br>3 October 2019 |
| <b>Subject:</b><br>Better Care Fund 2019-20                                   | <b>Public</b>                     |
| <b>Report of:</b><br>Director of Community and Children's Services            | <b>For Decision</b>               |
| <b>Report author:</b><br>Ellie Ward, Interim Head of Strategy and Performance |                                   |

## Summary

The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services. The Fund has been running for over 5 years and funds several services in the City of London Corporation as well as some local health-based services.

Each year, detailed plans must be submitted to the Department of Health and Social Care setting out the schemes to be funded and how they will contribute to a number of nationally set objectives and metrics.

There was a delay from NHS England in publishing the forms that have to be submitted - these were due for submission on 27 September 2019 and need to be signed off by the Health and Wellbeing Board (HWBB). It has been agreed that the plans can be submitted on 27 September with HWBB approval to follow on 3 October. The plans have been agreed between the City of London Corporation and City and Hackney CCG.

The schemes to be funded through the Better Care Fund remain the same as previous years for the City of London.

## Recommendation(s)

Members are asked to:

- Approve the City of London Better Care Fund plan for 2019-20 which was submitted as draft to NHS England on 27 September 2019.

## Main Report

### Background

1. The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible.

2. The BCF provides a mechanism for joint health, housing and social care planning and commissioning. It brings together ring-fenced budgets from CCG allocations, and funding paid directly to local government, including the Disabled Facilities Grant (DFG), the improved Better Care Fund (iBCF) and the Winter Pressures Grant. The total income for the City of London Better Care Fund is as follows:

| Funding                  | Amount          |
|--------------------------|-----------------|
| DFG                      | £32,689         |
| Minimum CCG Contribution | £626,523        |
| iBCF                     | £265,353        |
| Winter Pressures Grant   | £48,791         |
| <b>Total</b>             | <b>£973,356</b> |

3. The BCF Planning Requirements were published in July 2019 and Health and Wellbeing Boards were required to submit BCF plans by the 27 September 2019.
4. In June 2018, the Government announced a review of the current functioning and structure of the BCF to ensure it supports the integration of health and social care. There will be an update later this year about future plans for the BCF.
5. The integrated spending plan includes schemes which are commissioned by the City of London Corporation and by City and Hackney CCG separately. The schemes (with a total budget of £256,000) to be commissioned by the City of London Corporation remain the same as previous years as follows:
  - Care Navigator Service to support safe hospital discharge
  - City Homecare Intensive Response Service to support admissions avoidance and discharge to assess
  - Mental Health Reablement and Floating Support to assess and support individuals in supported living to move to more independent accommodation and lives
  - Support to unpaid carers through information, advice and practical support

There is also an 0.53% uplift and shall remain the same as last year to the amount of £1,352.

6. The other funding that is allocated to the City Corporation to use (totalling £346,000) covers:
  - Disabled Facilities Grants to support disabled people's independence in their homes
  - Purchase of additional care packages to support discharge and placement without prejudice
  - Increased OT capacity in the social care team to support safe hospital discharge
7. The schemes to be commissioned by City and Hackney CCG totalling around £371,000 include (but are not limited to):

- Funding to support the City of London bespoke neighbourhood model
  - Community nursing
  - Falls prevention work
  - Rehabilitation services
  - Paradoc
8. It is a requirement that any pooled funding, and specifically the BCF is governed by a Section 75 (s75) Agreement. A new s75 Agreement dated 5th July 2019 for integrated commissioning commenced on the 1<sup>st</sup> August 2019.

### **Current Position**

9. As noted above, the requirements for the BCF plans were not published until July 2019 with a submission date of 27 September 2019. It is a requirement that these plans are approved by the Health and Wellbeing Board.
10. It was agreed that plans would be submitted to NHS England on 27 September 2019 in draft, subject to approval of HWBB on 3 October 2019.

### **Corporate & Strategic Implications**

11. The Departmental Business Plan for Community and Children's Services has a priority objective for independence, involvement and choice. One way this will be delivered is through greater integration of health and social care funding and commissioning which will improve outcomes and experience for service users.
12. This ties in with the Corporate Strategy objective of contributing to a flourishing society which includes people enjoying good health and wellbeing.

### **Legal Implications**

13. Section 75 of the National Health Services Act 2006 gives powers to local authorities and clinical commissioning groups to establish and maintain pooled funds from out of which payment may be made from expenditure incurred in the exercise of prescribed local authority functions and prescribed NHS functions.
14. The new Section 75 Agreement includes the BCF, and the parties agreed to roll over the existing BCF Plan for continuity until the revised BCF Guidance had been published. There is scope to vary the Agreement to update the new BCF Plan by way of a Deed of Variation being entered into between the parties.

### **Financial Implications**

15. The financial implications are included in the body of this report.

### **Conclusion**

16. Plans for the BCF for 2019-20 were required to be submitted on 27 September 2019 to the Department of Health and Social Care.

17. It is a requirement that Health and Wellbeing Boards sign off their local BCF plans. It has been agreed that the plans can be submitted to NHS England on 27 September with HWBB approval to follow on 3 October.

### **Appendices**

- None

### **Background Papers**

- None

### **Ellie Ward**

Integration Programme Manager, Community and Children's Services

T: 020 7332 1535

E: [ellie.ward@cityoflondon.gov.uk](mailto:ellie.ward@cityoflondon.gov.uk)

## Better Care Fund 2019/20 Template

### 1. Guidance

#### Overview

##### Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

##### Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance sheet for readability if required.

The details of each sheet within the template are outlined below.

##### Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the Better Care Support Team.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference for the question and the 'checker' column which updates automatically as questions within each sheet are completed.
3. The checker column will appear 'Red' and contain the word 'No' if the information has not been completed. Clicking on the corresponding 'Cell Reference' column will link to the incomplete cell for completion. Once completed the checker column will change to 'Green' and contain the word 'Yes'
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete Template'.
6. Please ensure that all boxes on the checklist are green before submission.

##### 2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to [england.bettercaresupport@nhs.net](mailto:england.bettercaresupport@nhs.net)
3. Please note that in line with fair processing of personal data we collect email addresses to communicate with key individuals from the local areas for various purposes relating to the delivery of the BCF plans including plan development, assurance, approval and provision of support. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed. Please let us know if any of the submitted contact information changes during the BCF planning cycle so we are able to communicate with the right people in a timely manner.

##### 4. Strategic Narrative (click to go to sheet)

This section of the template should set out the agreed approach locally to integration of health & social care. The narratives should focus on updating existing plans, and changes since integration plans were set out until 2020 rather than reiterating them and can be short. Word limits have been applied to each section and these are indicated on the worksheet.

1. Approach to integrating care around the person. This should set out your approach to integrating health and social care around the people, particularly those with long term health and care needs. This should highlight developments since 2017 and cover areas such as prevention.
- 2 i. Approach to integrating services at HWB level (including any arrangements at neighbourhood level where relevant). This should set out the agreed approach and services that will be commissioned through the BCF. Where schemes are new or approaches locally have changed, you should set out a short rationale.
- 2 ii. DFG and wider services. This should describe your approach to integration and joint commissioning/delivery with wider services. In all cases this should include housing, and a short narrative on use of the DFG to support people with care needs to remain independent through adaptations or other capital expenditure on their homes. This should include any discretionary use of the DFG.
3. How your BCF plan and other local plans align with the wider system and support integrated approaches. Examples may include the read across to the STP (Sustainability Transformation Partnerships) or ICS (Integrated Care Systems) plan(s) for your area and any other relevant strategies.

You can attach (in the e-mail) visuals and illustrations to aid understanding if this will assist assurers in understanding your local approach.

##### 5. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's Better Care Fund (BCF) plan and pooled budget for 2019/20. On selected the HWB from the Cover page, this sheet will be pre-populated with the minimum CCG contributions to the BCF, DFG (Disabled Facilities Grant), iBCF (improved Better Care Fund) and Winter Pressures allocations to be pooled within the BCF. These cannot be edited.
2. Please select whether any additional contributions to the BCF pool are being made from Local Authorities or the CCGs and as applicable enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources when planning expenditure. The fields for Additional contributions can be utilised to include any relevant carry-overs from the previous year.
3. Please use the comment boxes alongside to add any specific detail around this additional contribution including any relevant carry-overs assigned from previous years. All allocations are rounded to the nearest pound.
4. For any questions regarding the BCF funding allocations, please contact [England.bettercaresupport@nhs.net](mailto:England.bettercaresupport@nhs.net)

## 6. Expenditure (click to go to sheet)

This sheet should be used to set out the schemes that constitute the BCF plan for the HWB including the planned expenditure and the attributes to describe the scheme. This information is then aggregated and utilised to analyse the BCF plans nationally and sets the basis for future reporting and to particularly demonstrate that National Condition 2 and 3 are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and CCG minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

### 1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

### 2. Scheme Name:

- This is a free field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

### 3. Brief Description of Scheme

- This is free text field to include a brief headline description of the scheme being planned.

### 4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available at the end of the table (follow the link to the description section at the top of the main expenditure table).

- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.

- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

- While selecting schemes and sub-types, the sub-type field will be flagged in 'red' font if it is from a previously selected scheme type. In this case please clear the sub-type field and reselect from the dropdown if the subtype field is editable.

### 5. Planned Outputs

- The BCF Planning requirements document requires areas to set out planned outputs for certain scheme types (those which lend themselves to delivery of discrete units of delivery) to help to better understand and account for the activity funded through the BCF.

- The Planned Outputs fields will only be editable if one of the relevant scheme types is selected. Please select a relevant unit from the drop down and an estimate of the outputs expected over the year. This is a numerical field.

### 6. Metric Impact

- This field is collecting information on the metrics that a chem will impact on (rather than the actual planned impact on the metric)

- For the schemes being planned please select from the drop-down options of 'High-Medium-Low-n/a' to provide an indicative level of impact on the four BCF metrics. Where the scheme impacts multiple metrics, this can be expressed by selecting the appropriate level from the drop down for each of the metrics. For example, a discharge to assess scheme might have a medium impact on Delayed Transfers of Care and permanent admissions to residential care. Where the scheme is not expected to impact a metric, the 'n/a' option could be selected from the drop-down menu.

### 7. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social system which is most supported by investing in the scheme.

- Please note that where 'Social Care' is selected and the source of funding is "CCG minimum" then the planned spend would count towards National Condition 2.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

- We encourage areas to try to use the standard scheme types where possible.

### 8. Commissioner:

- Identify the commissioning entity for the scheme based on who commissions the scheme from the provider. If there is a single commissioner, please select the option from the drop-down list.

- Please note this field is utilised in the calculations for meeting National Condition 3.

- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and CCG/NHS and enter the respective percentages on the two columns alongside.

### 9. Provider:

- Please select the 'Provider' commissioned to provide the scheme from the drop-down list.

- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

### 10. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop-down list

- If the scheme is funding across multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

### 11. Expenditure (£) 2019/20:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

### 12. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2019/20 and will inform the understanding of planned spend for the iBCF and Winter Funding grants.

#### 7. HICM (click to go to sheet)

National condition four of the BCF requires that areas continue to make progress in implementing the High Impact Change model for managing transfers of care and continue to work towards the centrally set expectations for reducing DToC. In the planning template, you should provide:

- An assessment of your current level of implementation against each of the 8 elements of the model – from a drop-down list
- Your planned level of implementation by the end March 2020 – again from a drop-down list

A narrative that sets out the approach to implementing the model further. The Narrative section in the HICM tab sets out further details.

#### 8. Metrics (click to go to sheet)

This sheet should be used to set out the Health and Wellbeing Board's performance plans for each of the Better Care Fund metrics in 2019/20. The BCF requires plans to be agreed for the four metrics. This should build on planned and actual performance on these metrics in 2018/19.

##### 1. Non-Elective Admissions (NEA) metric planning:

- BCF plans as in previous years mirror the latest CCG Operating Plans for the NEA metric. Therefore, this metric is not collected via this template.

##### 2. Residential Admissions (RES) planning:

- This section requires inputting the information for the numerator of the measure.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) for the Residential Admissions numerator measure.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from ONS subnational population projections.
- The annual rate is then calculated and populated based on the entered information.
- Please include a brief narrative associated with this metric plan

##### 3. Reablement (REA) planning:

- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.
- Please include a brief narrative associated with this metric plan

##### 4. Delayed Transfers of Care (DToC) planning:

- The expectations for this metric from 2018/19 are retained for 2019/20 and these are prepopulated.
- Please include a brief narrative associated with this metric plan.
- This narrative should include details of the plan, agreed between the local authority and the CCG for using the Winter Pressures grant to manage pressures on the system over Winter.

#### 9. Planning Requirements (click to go to sheet)

This sheet requires the Health & Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2019/20 for further details.

The Key Lines of Enquiry (KLOE) underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

#### 10. CCG-HWB Mapping (click to go to sheet)

The final sheet provides details of the CCG - HWB mapping used to calculate contributions to Health and Wellbeing Board level non-elective activity figures.

# Better Care Fund 2019/20 Template

2. Cover

Version 1.2



Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2019/20.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

|                                                                        |                               |
|------------------------------------------------------------------------|-------------------------------|
| Health and Wellbeing Board:                                            | City of London                |
| Completed by:                                                          | Ellie Ward                    |
| E-mail:                                                                | ellie.ward@cityoflondon       |
| Contact number:                                                        | 020 7332 1535                 |
| Who signed off the report on behalf of the Health and Wellbeing Board: | Marianne Fredericks, Chairman |
| Will the HWB sign-off the plan after the submission date?              | No                            |
| If yes, please indicate the date when the HWB meeting is scheduled:    |                               |

|                                                                                                    | Role:                                                             | Professional Title (where applicable) | First-name: | Surname:   | E-mail:                                 |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------|-------------|------------|-----------------------------------------|
| *Area Assurance Contact Details:                                                                   | Health and Wellbeing Board Chair                                  | N/A                                   | Marianne    | Fredericks | marianne.fredericks@cityoflondon.gov.uk |
|                                                                                                    | Clinical Commissioning Group Accountable Officer (Lead)           | N/A                                   | Jane        | Milligan   | jane.milligan1@nhs.net                  |
|                                                                                                    | Additional Clinical Commissioning Group(s) Accountable Officers   | N/A                                   | David       | Maher      | david.maher@nhs.net                     |
|                                                                                                    | Local Authority Chief Executive                                   | N/A                                   | John        | Barradell  | john.barradell@cityoflondon.gov.uk      |
|                                                                                                    | Local Authority Director of Adult Social Services (or equivalent) | N/A                                   | Andrew      | Carter     | Andrew.Carter@Cityoflondon.gov.uk       |
|                                                                                                    | Better Care Fund Lead Official                                    | N/A                                   | Ellie       | Ward       | ellie.ward@cityoflondon.gov.uk          |
|                                                                                                    | LA Section 151 Officer                                            | N/A                                   | Peter       | Kane       | peter.kane@cityoflondon.gov.uk          |
|                                                                                                    | Planned Workstream Director                                       | N/A                                   | Siobhan     | Harper     | siobhanharper@nhs.net                   |
| Please add further area contacts that you would wish to be included in official correspondence --> | Unplanned Care Workstream Director                                | N/A                                   | Nina        | Griffith   | nina.griffith@nhs.net                   |
|                                                                                                    |                                                                   |                                       |             |            |                                         |

\*Only those identified will be addressed in official correspondence (such as approval letters). Please ensure all individuals are satisfied with the information entered above as this is exactly how they will appear in correspondence.

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to [england.bettercaresupport@nhs.net](mailto:england.bettercaresupport@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'

Please see the Checklist below for further details on incomplete fields

|                          | Complete: |
|--------------------------|-----------|
| 2. Cover                 | Yes       |
| 4. Strategic Narrative   | Yes       |
| 5. Income                | Yes       |
| 6. Expenditure           | No        |
| 7. HICM                  | Yes       |
| 8. Metrics               | Yes       |
| 9. Planning Requirements | Yes       |

[<< Link to the Guidance sheet](#)

## Checklist

### 2. Cover

[^^ Link back to top](#)

|                                                                        | Cell Reference | Checker |
|------------------------------------------------------------------------|----------------|---------|
| Health & Wellbeing Board                                               | D13            | Yes     |
| Completed by:                                                          | D15            | Yes     |
| E-mail:                                                                | D17            | Yes     |
| Contact number:                                                        | D19            | Yes     |
| Who signed off the report on behalf of the Health and Wellbeing Board: | D21            | Yes     |
| Will the HWB sign-off the plan after the submission date?              | D23            | Yes     |
| If yes, please indicate the date when the HWB meeting is scheduled:    | D24            | Yes     |
| Area Assurance Contact Details - Role:                                 | C27 : C36      | Yes     |
| Area Assurance Contact Details - First name:                           | F27 : F36      | Yes     |
| Area Assurance Contact Details - Surname:                              | G27 : G36      | Yes     |
| Area Assurance Contact Details - E-mail:                               | H27 : H36      | Yes     |

|                |     |
|----------------|-----|
| Sheet Complete | Yes |
|----------------|-----|

### 4. Strategic Narrative

[^^ Link back to top](#)

|                                                                                                | Cell Reference | Checker |
|------------------------------------------------------------------------------------------------|----------------|---------|
| A) Person-centred outcomes:                                                                    | B20            | Yes     |
| B) (i) Your approach to integrated services at HWB level (and neighbourhood where applicable): | B31            | Yes     |
| B) (ii) Your approach to integration with wider services (e.g. Housing):                       | B37            | Yes     |
| C) System level alignment:                                                                     | B44            | Yes     |

|                |     |
|----------------|-----|
| Sheet Complete | Yes |
|----------------|-----|

### 5. Income

[^^ Link back to top](#)

|                                                             | Cell Reference | Checker |
|-------------------------------------------------------------|----------------|---------|
| Are any additional LA Contributions being made in 2019/20?  | C39            | Yes     |
| Additional Local Authority                                  | B42 : B44      | Yes     |
| Additional LA Contribution                                  | C42 : C44      | Yes     |
| Additional LA Contribution Narrative                        | D42 : D44      | Yes     |
| Are any additional CCG Contributions being made in 2019/20? | C59            | Yes     |
| Additional CCGs                                             | B62 : B71      | Yes     |
| Additional CCG Contribution                                 | C62 : C71      | Yes     |
| Additional CCG Contribution Narrative                       | D62 : D71      | Yes     |

|                |     |
|----------------|-----|
| Sheet Complete | Yes |
|----------------|-----|

## 6. Expenditure

[^^ Link back to top](#)

|                                    | Cell Reference | Checker |
|------------------------------------|----------------|---------|
| Scheme ID:                         | B22 : B271     | Yes     |
| Scheme Name:                       | C22 : C271     | Yes     |
| Brief Description of Scheme:       | D22 : D271     | Yes     |
| Scheme Type:                       | E22 : E271     | Yes     |
| Sub Types:                         | F22 : F271     | Yes     |
| Specify if scheme type is Other:   | G22 : G271     | Yes     |
| Planned Output:                    | H22 : H271     | No      |
| Planned Output Unit Estimate:      | I22 : I271     | Yes     |
| Impact: Non-Elective Admissions:   | J22 : J271     | Yes     |
| Impact: Delayed Transfers of Care: | K22 : K271     | Yes     |
| Impact: Residential Admissions:    | L22 : L271     | Yes     |
| Impact: Reablement:                | M22 : M271     | Yes     |
| Area of Spend:                     | N22 : N271     | Yes     |
| Specify if area of spend is Other: | O22 : O271     | Yes     |
| Commissioner:                      | P22 : P271     | Yes     |
| Joint Commissioner %:              | Q22 : Q271     | Yes     |
| Provider:                          | S22 : S271     | Yes     |
| Source of Funding:                 | T22 : T271     | Yes     |
| Expenditure:                       | U22 : U271     | Yes     |
| New/Existing Scheme:               | V22 : V271     | Yes     |
| Sheet Complete                     |                | No      |

## 7. HCIM

[^^ Link back to top](#)

|                                                                                       | Cell Reference | Checker |
|---------------------------------------------------------------------------------------|----------------|---------|
| Priorities for embedding elements of the HCIM for Managing Transfers of Care locally: | B11            | Yes     |
| Chg 1) Early discharge planning - Current Level:                                      | D15            | Yes     |
| Chg 2) Systems to monitor patient flow - Current Level:                               | D16            | Yes     |
| Chg 3) Multi-disciplinary/Multi-agency discharge teams - Current Level:               | D17            | Yes     |
| Chg 4) Home first / discharge to assess - Current Level:                              | D18            | Yes     |
| Chg 5) Seven-day service - Current Level:                                             | D19            | Yes     |
| Chg 6) Trusted assessors - Current Level:                                             | D20            | Yes     |
| Chg 7) Focus on choice - Current Level:                                               | D21            | Yes     |
| Chg 8) Enhancing health in care homes - Current Level:                                | D22            | Yes     |
| Chg 1) Early discharge planning - Planned Level:                                      | E15            | Yes     |
| Chg 2) Systems to monitor patient flow - Planned Level:                               | E16            | Yes     |
| Chg 3) Multi-disciplinary/Multi-agency discharge teams - Planned Level:               | E17            | Yes     |
| Chg 4) Home first / discharge to assess - Planned Level:                              | E18            | Yes     |
| Chg 5) Seven-day service - Planned Level:                                             | E19            | Yes     |
| Chg 6) Trusted assessors - Planned Level:                                             | E20            | Yes     |
| Chg 7) Focus on choice - Planned Level:                                               | E21            | Yes     |
| Chg 8) Enhancing health in care homes - Planned Level:                                | E22            | Yes     |
| Chg 1) Early discharge planning - Reasons:                                            | F15            | Yes     |
| Chg 2) Systems to monitor patient flow - Reasons:                                     | F16            | Yes     |
| Chg 3) Multi-disciplinary/Multi-agency discharge teams - Reasons:                     | F17            | Yes     |
| Chg 4) Home first / discharge to assess - Reasons:                                    | F18            | Yes     |
| Chg 5) Seven-day service - Reasons:                                                   | F19            | Yes     |
| Chg 6) Trusted assessors - Reasons:                                                   | F20            | Yes     |
| Chg 7) Focus on choice - Reasons:                                                     | F21            | Yes     |
| Chg 8) Enhancing health in care homes - Reasons:                                      | F22            | Yes     |
| Sheet Complete                                                                        |                | Yes     |

## 8. Metrics

[^^ Link back to top](#)

|                                                | Cell Reference | Checker |
|------------------------------------------------|----------------|---------|
| Non-Elective Admissions: Overview Narrative:   | E10            | Yes     |
| Delayed Transfers of Care: Overview Narrative: | E17            | Yes     |
| Residential Admissions Numerator:              | F27            | Yes     |
| Residential Admissions: Overview Narrative:    | G26            | Yes     |
| Reablement Numerator:                          | F39            | Yes     |
| Reablement Denominator:                        | F40            | Yes     |
| Reablement: Overview Narrative:                | G38            | Yes     |

|                |     |
|----------------|-----|
| Sheet Complete | Yes |
|----------------|-----|

## 9. Planning Requirements

[^^ Link back to top](#)

|                                                                                               | Cell Reference | Checker |
|-----------------------------------------------------------------------------------------------|----------------|---------|
| PR1: NC1: Jointly agreed plan - Plan to Meet                                                  | F8             | Yes     |
| PR2: NC1: Jointly agreed plan - Plan to Meet                                                  | F9             | Yes     |
| PR3: NC1: Jointly agreed plan - Plan to Meet                                                  | F10            | Yes     |
| PR4: NC2: Social Care Maintenance - Plan to Meet                                              | F11            | Yes     |
| PR5: NC3: NHS commissioned Out of Hospital Services - Plan to Meet                            | F12            | Yes     |
| PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Plan to Meet            | F13            | Yes     |
| PR7: Agreed expenditure plan for all elements of the BCF - Plan to Meet                       | F14            | Yes     |
| PR8: Agreed expenditure plan for all elements of the BCF - Plan to Meet                       | F15            | Yes     |
| PR9: Metrics - Plan to Meet                                                                   | F16            | Yes     |
| PR1: NC1: Jointly agreed plan - Actions in place if not                                       | H8             | Yes     |
| PR2: NC1: Jointly agreed plan - Actions in place if not                                       | H9             | Yes     |
| PR3: NC1: Jointly agreed plan - Actions in place if not                                       | H10            | Yes     |
| PR4: NC2: Social Care Maintenance - Actions in place if not                                   | H11            | Yes     |
| PR5: NC3: NHS commissioned Out of Hospital Services - Actions in place if not                 | H12            | Yes     |
| PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Actions in place if not | H13            | Yes     |
| PR7: Agreed expenditure plan for all elements of the BCF - Actions in place if not            | H14            | Yes     |
| PR8: Agreed expenditure plan for all elements of the BCF - Actions in place if not            | H15            | Yes     |
| PR9: Metrics - Actions in place if not                                                        | H16            | Yes     |
| PR1: NC1: Jointly agreed plan - Timeframe if not met                                          | I8             | Yes     |
| PR2: NC1: Jointly agreed plan - Timeframe if not met                                          | I9             | Yes     |
| PR3: NC1: Jointly agreed plan - Timeframe if not met                                          | I10            | Yes     |
| PR4: NC2: Social Care Maintenance - Timeframe if not met                                      | I11            | Yes     |
| PR5: NC3: NHS commissioned Out of Hospital Services - Timeframe if not met                    | I12            | Yes     |
| PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Timeframe if not met    | I13            | Yes     |
| PR7: Agreed expenditure plan for all elements of the BCF - Timeframe if not met               | I14            | Yes     |
| PR8: Agreed expenditure plan for all elements of the BCF - Timeframe if not met               | I15            | Yes     |
| PR9: Metrics - Timeframe if not met                                                           | I16            | Yes     |

|                |     |
|----------------|-----|
| Sheet Complete | Yes |
|----------------|-----|

[^^ Link back to top](#)

## Better Care Fund 2019/20 Template

### 3. Summary

Selected Health and Wellbeing Board:

City of London

### Income & Expenditure

[Income >>](#)

| Funding Sources             | Income          | Expenditure     | Difference |
|-----------------------------|-----------------|-----------------|------------|
| DFG                         | £32,689         | £0              | £32,689    |
| Minimum CCG Contribution    | £626,523        | £626,523        | £0         |
| iBCF                        | £265,353        | £265,353        | £0         |
| Winter Pressures Grant      | £48,791         | £48,791         | £0         |
| Additional LA Contribution  | £0              | £32,689         | -£32,689   |
| Additional CCG Contribution | £0              | £0              | £0         |
| <b>Total</b>                | <b>£973,356</b> | <b>£973,356</b> | <b>£0</b>  |

[Expenditure >>](#)

#### NHS Commissioned Out of Hospital spend from the minimum CCG allocation

|                        |          |
|------------------------|----------|
| Minimum required spend | £164,217 |
| Planned spend          | £356,035 |

#### Adult Social Care services spend from the minimum CCG allocations

|                        |          |
|------------------------|----------|
| Minimum required spend | £114,703 |
| Planned spend          | £136,352 |

#### Scheme Types

|                                          |                 |
|------------------------------------------|-----------------|
| Assistive Technologies and Equipment     | £0              |
| Care Act Implementation Related Duties   | £0              |
| Carers Services                          | £11,352         |
| Community Based Schemes                  | £78,782         |
| DFG Related Schemes                      | £32,689         |
| Enablers for Integration                 | £32,888         |
| HICM for Managing Transfer of Care       | £173,791        |
| Home Care or Domiciliary Care            | £132,677        |
| Housing Related Schemes                  | £0              |
| Integrated Care Planning and Navigation  | £0              |
| Intermediate Care Services               | £132,677        |
| Personalised Budgeting and Commissioning | £0              |
| Personalised Care at Home                | £162,015        |
| Prevention / Early Intervention          | £132,862        |
| Residential Placements                   | £0              |
| Other                                    | £83,624         |
| <b>Total</b>                             | <b>£973,357</b> |

## [HICM >>](#)

|       |                                                 | Planned level of maturity for 2019/2020 |
|-------|-------------------------------------------------|-----------------------------------------|
| Chg 1 | Early discharge planning                        | Mature                                  |
| Chg 2 | Systems to monitor patient flow                 | Mature                                  |
| Chg 3 | Multi-disciplinary/Multi-agency discharge teams | Mature                                  |
| Chg 4 | Home first / discharge to assess                | Mature                                  |
| Chg 5 | Seven-day service                               | Established                             |
| Chg 6 | Trusted assessors                               | Plans in place                          |
| Chg 7 | Focus on choice                                 | Established                             |
| Chg 8 | Enhancing health in care homes                  | Established                             |

## [Metrics >>](#)

|                                 |                                                     |
|---------------------------------|-----------------------------------------------------|
| <b>Non-Elective Admissions</b>  | <a href="#">Go to Better Care Exchange &gt;&gt;</a> |
| <b>Delayed Transfer of Care</b> |                                                     |

## **Residential Admissions**

|                                                                                                                                          |             | 19/20 Plan  |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|
| Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population | Annual Rate | 673.6683261 |

## **Reablement**

|                                                                                                                                                 |            | 19/20 Plan |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|
| Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | Annual (%) | 0.85       |

## [Planning Requirements >>](#)

| Theme                                                                              | Code | Response |
|------------------------------------------------------------------------------------|------|----------|
| NC1: Jointly agreed plan                                                           | PR1  | Yes      |
|                                                                                    | PR2  | Yes      |
|                                                                                    | PR3  | Yes      |
| NC2: Social Care Maintenance                                                       | PR4  | Yes      |
| NC3: NHS commissioned Out of Hospital Services                                     | PR5  | Yes      |
| NC4: Implementation of the High Impact Change Model for Managing Transfers of Care | PR6  | Yes      |
| Agreed expenditure plan for all elements of the BCF                                | PR7  | Yes      |
|                                                                                    | PR8  | Yes      |
| Metrics                                                                            | PR9  | Yes      |

Better Care Fund 2019/20 Template

4. Strategic Narrative

Selected Health and Wellbeing Board: City of London

Please outline your approach towards integration of health & social care:

When providing your responses to the below sections, please highlight any learning from the previous planning round (2017-2019) and cover any priorities for reducing health inequalities under the Equality Act 2010.

Please note that there are 4 responses required below, for questions: A), B(i), B(ii) and C)

[Link to B\) \(i\)](#)

[Link to B\) \(ii\)](#)

[Link to C\)](#)

A) Person-centred outcomes  
Your approach to integrating care around the person, this may include (but is not limited to):

- Prevention and self-care
- Promoting choice and independence

Remaining Word Limit: 579

We have co-produced an outcomes framework which will ensure that everyone understands how the strategic objectives of the integrated commissioning programme are aligned to outcomes that matter to residents and patients. This was co-produced and co-owned by residents and system partners. The Framework provides purpose and legitimacy to the work of the integrated system and motivation for staff; allowing us to monitor the impact of our work on the health and care needs of residents and helping us hold the system to account for delivery. Priority area five is identified as: "Creating 'services that work for me', or services that are more joined up and person centred, which has the following expected outcome: The local health and care workforce are empowered to have conversations with patients and the public about their health and wellbeing.

In City and Hackney, our strategic programmes integrate and personalise patient care, empower patients to manage their own health, and provide care which is close to where patients live and work some of the key initiatives of the Long Term Plan. These transformation programmes are hosted separately, but span all work stream portfolio areas and interface with each other.

Hosted by the Unplanned Care Workstream , City and Hackney’s Neighbourhoods Programme is redesigning how care is delivered to patients at a primary and community care level. The Neighbourhoods Programme has developed 8 Neighbourhoods across the two local authorities, supported by multi disciplinary teams who will use population data to tailor care to the needs of local people, deliver care closer to patients’ homes, and ‘wrap around’ the individual to improve the patient’s experiences and outcomes. Each neighbourhood is working to develop broader links with other services that impact on the health of residents, such as housing, leisure and green spaces and employment support. The Neighbourhood footprints are well established and we are rolling out different services and models of care through 2019/20. Neighbourhoods are coterminous with Primary Care Networks.

The Outpatients Transformation Programme, hosted by the Planned Care workstream , brings together system partners to modernise and improve outpatient care on a pathway basis involving a specialty by specialty review. The programme seeks to improve advice and guidance to GPs and patients, promote self care and self management, and to avoid unnecessary follow up activity, looking for ways of providing appointments in a variety of non face to face methods (virtual, telephone, video) or transferring work to the community/primary care where appropriate. It will closely integrate with both the Prevention workstream and the Neighbourhood Health and Care Services programme.

The Neighbourhoods Health and Care Programme, hosted by the Planned Care Workstream, has set out to transform City and Hackney out-of-hospital community services, including social care, mental health, whole-population primary care, and services based in the community. The programme has brought together providers to develop a delivery model, and after running in close partnership with the Neighbourhoods Programme, these programmes are now merging to ensure tight integration.

We are in the process of developing Primary Care Networks (PCNs): groups of between 3 and 7 GP Practices working to deliver improved outcomes for local patient populations. Each PCN will have a Clinical Director who will lead service transformation and quality improvement, and will provide a link back to the IC programme. By 2024 PCNs across City and Hackney will be staffed with pharmacists, social prescribers, first contact physiotherapists and physician associates.

The Making Every Contact Count (MECC) Programme is being hosted by the Prevention workstream . MECC will support and empower City and Hackney health and care staff to maximise every contact they have with patients and the public to promote positive wellbeing and signpost them to local preventative services and other sources of support. Over the coming years, training will be rolled out to staff across the system to develop their skill sets and build capacity. The programme is being co designed with residents and staff.

Across services which meet the health, care and wellbeing needs of patients, we have been working to champion strengths-based, person-centred models of care. In our Prevention Workstream we are working closely with colleagues in the London Borough of Hackney to integrate the Three Conversations model in health and care services. Through a number of programmes we are implementing training for front line staff in motivational interviewing and other interventions to support and increase patient activation, self-management and choice. For example:

- Our social prescribing service which operates in every GP practice in City and Hackney and is working with PCNs to integrate new provision;

B) HWB level

(i) Your approach to integrated services at HWB level (and neighbourhood where applicable), this may include (but is not limited to):

- Joint commissioning arrangements
- Alignment with primary care services (including PCNs (Primary Care Networks))
- Alignment of services and the approach to partnership with the VCS (Voluntary and Community Sector)

Remaining Word Limit:

442

[^^ Link back to top](#)

The City and Hackney system is governed by our integrated commissioning boards which reflect our close integration with the two local authorities. This includes system appointments to key roles from local authority staff, integrated commissioning, pooled budgets in many areas, and combined work programmes which reflect a focus on health and wellbeing and the wider determinants of health.

The Neighbourhoods programme:

Our Neighbourhoods Programme began in April 2018 and is in the process of re designing primary and community care in order to deliver locally integrated health and care services that are responsive to local residents, and support them to stay well. The programme is focused on meeting the health and wellbeing needs of local communities whilst addressing the wider social and economic determinants of health for the whole population . Early intervention and prevention are prioritised and the programme operates across the local system with the inclusion of commissioners, providers of health and social care services and a wide range of community and voluntary sector partners. The programme has been designed through engagement and co production with local people. Through the Neighbourhood Health and Care Services Programme we aim to transform and integrate the provision of out of hospital services , informed by whole system workshops held in January 2019.

The new GP contract nationally specifies seven key services for Primary Care Networks. Most of these nationally mandated services map onto existing project or pilots within our integrated commissioning programme, for example anticipatory care will build upon the ‘residents with complex and diverse needs’ project within the Neighbourhoods Programme as well as care navigation work within the Prevention Workstream.

The Neighbourhoods Programme and the Community Services Development Board are working with social care and PCN partners to propose a combined approach to integrated care in out of hospital services to the Integrated Commissioning Board in September 2019. Our aim as part of this programme is to revise the original Neighbourhoods blueprint to reflect developments around PCNs and out-of-hospital care services, resulting in the first phase of a Target Operating Model being agreed in January 2019 and implementation of an integration programme beginning in April 2020.

(ii) Your approach to integration with wider services (e.g. Housing), this should include:  
- Your approach to using the DFG to support the housing needs of people with disabilities or care needs. This should include any arrangements for strategic planning for the use of adaptations and technologies to support independent living in line with the

[^^ Link back to top](#)

|                       |     |
|-----------------------|-----|
| Remaining Word Limit: | 651 |
|-----------------------|-----|

City of London has one of the highest numbers of rough sleepers in the country. As a result, services for rough sleepers are a particular priority locally where Public Health commission a multiple needs service, and Simon Cribbens is leading a workstream at the East London Health and Care Partnership (ELHCP) level to share learning across the multi-local authority area. We have also successfully been awarded funding as part of the new models of care proposals for community mental health via ELFT to specifically address the mental health needs of rough sleepers.

Previous reviews have identified a specific issue around homeless people and their experience of end of life care and this is a priority area for us; we are considering the Pathways model for homeless people, and this is an area where we are contributing to a multi-local authority approach through the ELHCP joint collaboration priorities.

|                                                                                                    |      |
|----------------------------------------------------------------------------------------------------|------|
| C) System level alignment, for example this may include (but is not limited to):                   |      |
| - How the BCF plan and other plans align to the wider integration landscape, such as STP/ICS plans |      |
| - A brief description of joint governance arrangements for the BCF plan                            |      |
| Remaining Word Limit:                                                                              | 1194 |

[^^ Link back to top](#)

The Integrated Commissioning Board (ICB) is the principal forum to ensure that commissioning improves local services and outcomes and achieves integration of service provision and of commissioning and delivers the North East London Sustainability and Transformation Plan (NEL STP). It is the forum for decision making and monitoring of activity to integrate the commissioning activities of the CCG, COLC and LBH. The ICB's remit is in respect of services that are commissioned using Pooled Funds (including the Better Care Fund budgets) within the Integrated Commissioning Fund (ICF). The ICB also has a remit with regard to Aligned Funds, whereby it is an advisory group making recommendations to the CCG Governing Body or the LBH Cabinet or the COLC Community and Children's Services Committee as appropriate.

The CCG and COLC, shall determine the funds, and therefore the services that are to be the City Pooled Funds respectively (to include requirements in respect of Better Care Fund budgets) subject to the s75 agreements between the CCG and COLC. The CCG and COLC, shall determine their respective Aligned Funds. Once defined, the remit will be stated in these Terms of Reference or in another appropriate document that is provided to the ICB. In performing its role the ICB will exercise its functions in accordance with, and to support the delivery of, the City and Hackney Locality Plan and the North East London Sustainability and Transformation Plan (NEL STP).

The BCF Governance

The BCF annual return is signed off by the HWB and taken to the Integrated Commissioning Board for ratification. Any new spending or new projects are taken via the work stream boards to ICB. The CCG Governing Body also approves the plan. Quarterly returns are compiled by senior officers representing the partnership and signed off by the Planned and Unplanned workstream Directors in advance of HWB sign-off.

## Better Care Fund 2019/20 Template

### 5. Income

Selected Health and Wellbeing Board:

City of London

| Local Authority Contribution                             |                    |
|----------------------------------------------------------|--------------------|
| Disabled Facilities Grant (DFG)                          | Gross Contribution |
| City of London                                           | £32,689            |
|                                                          |                    |
| DFG breakdown for two-tier areas only (where applicable) |                    |
|                                                          |                    |
|                                                          |                    |
|                                                          |                    |
|                                                          |                    |
|                                                          |                    |
|                                                          |                    |
|                                                          |                    |
|                                                          |                    |
|                                                          |                    |
|                                                          |                    |
|                                                          |                    |
|                                                          |                    |
| <b>Total Minimum LA Contribution (exc iBCF)</b>          | <b>£32,689</b>     |

| iBCF Contribution              | Contribution    |
|--------------------------------|-----------------|
| City of London                 | £265,353        |
|                                |                 |
| <b>Total iBCF Contribution</b> | <b>£265,353</b> |

| Winter Pressures Grant                           | Contribution   |
|--------------------------------------------------|----------------|
| City of London                                   | £48,791        |
|                                                  |                |
| <b>Total Winter Pressures Grant Contribution</b> | <b>£48,791</b> |

|                                                                                        |    |
|----------------------------------------------------------------------------------------|----|
| Are any additional LA Contributions being made in 2019/20? If yes, please detail below | No |
|----------------------------------------------------------------------------------------|----|

| Local Authority Additional Contribution              | Contribution | Comments - please use this box clarify any specific uses or sources of funding |
|------------------------------------------------------|--------------|--------------------------------------------------------------------------------|
|                                                      |              |                                                                                |
|                                                      |              |                                                                                |
|                                                      |              |                                                                                |
| <b>Total Additional Local Authority Contribution</b> | <b>£0</b>    |                                                                                |

| CCG Minimum Contribution              | Contribution    |
|---------------------------------------|-----------------|
| NHS City and Hackney CCG              | £626,523        |
|                                       |                 |
|                                       |                 |
|                                       |                 |
|                                       |                 |
|                                       |                 |
| <b>Total Minimum CCG Contribution</b> | <b>£626,523</b> |

|                                                                                         |    |
|-----------------------------------------------------------------------------------------|----|
| Are any additional CCG Contributions being made in 2019/20? If yes, please detail below | No |
|-----------------------------------------------------------------------------------------|----|

| Additional CCG Contribution            | Contribution    | Comments - please use this box clarify any specific uses or sources of funding |
|----------------------------------------|-----------------|--------------------------------------------------------------------------------|
|                                        |                 |                                                                                |
|                                        |                 |                                                                                |
|                                        |                 |                                                                                |
|                                        |                 |                                                                                |
|                                        |                 |                                                                                |
|                                        |                 |                                                                                |
|                                        |                 |                                                                                |
|                                        |                 |                                                                                |
|                                        |                 |                                                                                |
| <b>Total Addition CCG Contribution</b> | <b>£0</b>       |                                                                                |
| <b>Total CCG Contribution</b>          | <b>£626,523</b> |                                                                                |

|                                |                 |
|--------------------------------|-----------------|
|                                | 2019/20         |
| <b>Total BCF Pooled Budget</b> | <b>£973,356</b> |

|                                                                                         |  |
|-----------------------------------------------------------------------------------------|--|
| <b>Funding Contributions Comments</b><br>Optional for any useful detail e.g. Carry over |  |
|                                                                                         |  |

Better Care Fund 2019/20 Template

6. Expenditure

Selected Health and Wellbeing Board: City of London

<< Link to summary sheet

| Running Balances            | Income   | Expenditure | Balance  |
|-----------------------------|----------|-------------|----------|
| DFG                         | £32,689  | £0          | £32,689  |
| Minimum CCG Contribution    | £626,523 | £626,523    | £0       |
| iBCF                        | £265,353 | £265,353    | £0       |
| Winter Pressures Grant      | £48,791  | £48,791     | £0       |
| Additional LA Contribution  | £0       | £32,689     | -£32,689 |
| Additional CCG Contribution | £0       | £0          | £0       |
| Total                       | £973,356 | £973,356    | £0       |

| Required Spend                                                         | Minimum Required Spend | Planned Spend | Under Spend |
|------------------------------------------------------------------------|------------------------|---------------|-------------|
| NHS Commissioned Out of Hospital spend from the minimum CCG allocation | £164,217               | £356,035      | £0          |
| Adult Social Care services spend from the minimum CCG allocations      | £114,703               | £136,352      | £0          |

| <a href="#">Link</a> to Scheme Type description |                                     |                                                                              |                                 |                                |                                            | Planned Outputs     |                         | Metric Impact  |                |                |                | Expenditure      |                                              |              |                               |                              |                            |                          |                 |                      |
|-------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------|---------------------------------|--------------------------------|--------------------------------------------|---------------------|-------------------------|----------------|----------------|----------------|----------------|------------------|----------------------------------------------|--------------|-------------------------------|------------------------------|----------------------------|--------------------------|-----------------|----------------------|
| Scheme ID                                       | Scheme Name                         | Brief Description of Scheme                                                  | Scheme Type                     | Sub Types                      | Please specify if 'Scheme Type' is 'Other' | Planned Output Unit | Planned Output Estimate | NEA            | DTOC           | RES            | REA            | Area of Spend    | Please specify if 'Area of Spend' is 'other' | Commissioner | % NHS (if Joint Commissioner) | % LA (if Joint Commissioner) | Provider                   | Source of Funding        | Expenditure (£) | New/ Existing Scheme |
| 8                                               | Adult Cardiorespiratory Enhanced +  | To provide an early intervention service for those with COPD, with           | Community Based Schemes         |                                |                                            |                     |                         | Medium         | Medium         | Not applicable | Not applicable | Community Health |                                              | CCG          |                               |                              | NHS Community Provider     | Minimum CCG Contribution | £20,636         | Existing             |
| 9                                               | Bryning Day Unit/Falls Prevention   | The Bryning Unit offers outpatient clinics and groups to provide             | Prevention / Early Intervention | Other                          | Physical health & wellbeing                |                     |                         | Medium         | Low            | Low            | Medium         | Acute            |                                              | CCG          |                               |                              | NHS Acute Provider         | Minimum CCG Contribution | £12,862         | Existing             |
| 10                                              | Asthma                              | Support and develop a robust integrated care pathway to include              | Other                           |                                | Complex case management of frequent A&E    |                     |                         | Medium         | Not applicable | Not applicable | Not applicable | Acute            |                                              | CCG          |                               |                              | NHS Acute Provider         | Minimum CCG Contribution | £1,274          | Existing             |
| 11                                              | Paradoc                             | The service provides an urgent GP and paramedic response                     | Community Based Schemes         |                                |                                            |                     |                         | High           | Not applicable | Low            | Not applicable | Community Health |                                              | CCG          |                               |                              | NHS Acute Provider         | Minimum CCG Contribution | £19,005         | Existing             |
| 12                                              | Adult Community Rehabilitation Team | To provide specialist inter-disciplinary and uni-disciplinary                | Other                           |                                | Slow stream rehabilitation                 |                     |                         | Not applicable | Medium         | High           | High           | Community Health |                                              | CCG          |                               |                              | NHS Community Provider     | Minimum CCG Contribution | £82,350         | Existing             |
| 13                                              | Adult Community Nursing             | To provide an integrated, case management service to                         | Personalised Care at Home       |                                |                                            |                     |                         | High           | Medium         | Medium         | Medium         | Community Health |                                              | CCG          |                               |                              | NHS Community Provider     | Minimum CCG Contribution | £162,015        | Existing             |
| 14                                              | Neighbourhood Care Model            | The Neighbourhoods Programme is redesigning primary and                      | Enablers for Integration        | Integrated models of provision |                                            |                     |                         | Medium         | Low            | Medium         | Low            | Community Health |                                              | CCG          |                               |                              | NHS Community Provider     | Minimum CCG Contribution | £32,888         | Existing             |
| 15                                              | St Joseph's Hospice                 | To provide high quality specialist palliative care to individuals wishing to | Community Based Schemes         |                                |                                            |                     |                         | High           | Not applicable | Not applicable | Not applicable | Community Health |                                              | CCG          |                               |                              | Charity / Voluntary Sector | Minimum CCG Contribution | £39,141         | Existing             |

[^^ Link back up](#)

| <u>Scheme Type</u>                     | <u>Description</u>                                                                                                                                                                                                                                                                                                 | <u>Sub Type</u>                                                                                       |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Assistive Technologies and Equipment   | Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Digital participation services).                                                                                                | Telecare<br>Wellness Services<br>Digital Participation Services<br>Community Based Equipment<br>Other |
| Care Act Implementation Related Duties | Funding planned towards the implementation of Care Act related duties.                                                                                                                                                                                                                                             | Deprivation of Liberty Safeguards (DoLS)<br>Other                                                     |
| Carers Services                        | Supporting people to sustain their role as carers and reduce the likelihood of crisis. Advice, advocacy, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. This also includes the implementation of the Care Act as a sub-type. | Carer Advice and Support<br>Respite Services<br>Other                                                 |
| Community Based Schemes                | Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood level (eg: Integrated Neighbourhood Teams)                                                                                            |                                                                                                       |
| DFG Related Schemes                    | The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.                                                                                                                                                                   | Adaptations<br>Other                                                                                  |

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Enablers for Integration                               | Schemes that build and develop the enabling foundations of health and social care integration encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others. |                                                                                                                                                                                                                                                                                                                                                            |
| High Impact Change Model for Managing Transfer of Care | The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM as such, is included in this section.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Chg 1. Early Discharge Planning<br>Chg 2. Systems to Monitor Patient Flow<br>Chg 3. Multi-Disciplinary/Multi-Agency Discharge Teams<br>Chg 4. Home First / Discharge to Access<br>Chg 5. Seven-Day Services<br>Chg 6. Trusted Assessors<br>Chg 7. Focus on Choice<br>Chg 8. Enhancing Health in Care Homes<br>Other - 'Red Bag' scheme<br>Other approaches |
| Home Care or Domiciliary Care                          | A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                            |
| Housing Related Schemes                                | This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                            |

|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Integrated Care Planning and Navigation | <p>Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches like Single Point of Access (SPoA) and linking people to community assets.</p> <p>Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams.</p> <p>Note: For Multi-Disciplinary Discharge Teams and the HICM for managing discharges, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.</p> | <p>Care Coordination</p> <p>Single Point of Access</p> <p>Care Planning, Assessment and Review</p> <p>Other</p>       |
| Intermediate Care Services              | <p>Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p>Bed Based - Step Up/Down</p> <p>Rapid / Crisis Response</p> <p>Reablement/Rehabilitation Services</p> <p>Other</p> |

|                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              |
|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Personalised Budgeting and Commissioning | Various person centred approaches to commissioning and budgeting.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Personal Health Budgets<br>Integrated Personalised Commissioning<br>Direct Payments<br>Other |
| Personalised Care at Home                | Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of ‘home ward’ for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type. |                                                                                              |
| Prevention / Early Intervention          | Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.                                                                                                                                                                                                                                                                           | Social Prescribing<br>Risk Stratification<br>Choice Policy<br>Other                          |
| Residential Placements                   | Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.                                                                                                                                                                                                                                                                                                                                                          | Supported Living<br>Learning Disability<br>Extra Care<br>Care Home<br>Nursing Home<br>Other  |
| Other                                    | Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |

[^^ Link back up](#)

## Better Care Fund 2019/20 Template

### 7. High Impact Change Model

Selected Health and Wellbeing Board:

City of London

Explain your priorities for embedding elements of the High Impact Change Model for Managing Transfers of Care locally, including:

- Current performance issues to be addressed
- The changes that you are looking to embed further - including any changes in the context of commitments to reablement and Enhanced Health in Care Homes in the NHS Long-Term Plan
- Anticipated improvements from this work

The City of London Corporation has good performance on DTOCs attributable to social care due to a responsive social care service and other measures in place such as our care navigator service. Last year, DTOCs attributable to the NHS were significantly above target. This was mainly due to the patients awaiting assessment. Further investigation is being undertaken to understand these NHS DTOCs and to see if any further measures can be put in place to address them.

|       |                                                 | Please enter current position of maturity | Please enter the maturity level planned to be reached by March 2020 | If the planned maturity level for 2019/20 is below established, please state reasons behind that?                                                                   |
|-------|-------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Chg 1 | Early discharge planning                        | Mature                                    | Mature                                                              |                                                                                                                                                                     |
| Chg 2 | Systems to monitor patient flow                 | Mature                                    | Mature                                                              |                                                                                                                                                                     |
| Chg 3 | Multi-disciplinary/Multi-agency discharge teams | Mature                                    | Mature                                                              |                                                                                                                                                                     |
| Chg 4 | Home first / discharge to assess                | Mature                                    | Mature                                                              |                                                                                                                                                                     |
| Chg 5 | Seven-day service                               | Established                               | Established                                                         |                                                                                                                                                                     |
| Chg 6 | Trusted assessors                               | Plans in place                            | Plans in place                                                      | Joint assessments are being considered as part of the wider system's work and City of London Corporation is linked in with the work that ADASS is doing around this |
| Chg 7 | Focus on choice                                 | Established                               | Established                                                         |                                                                                                                                                                     |
| Chg 8 | Enhancing health in care homes                  | Established                               | Established                                                         |                                                                                                                                                                     |

## Better Care Fund 2019/20 Template

### 8. Metrics

Selected Health and Wellbeing Board:

City of London

#### 8.1 Non-Elective Admissions

|                                                                           | 19/20 Plan                                                                                                                                                           | Overview Narrative                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Total number of specific acute non-elective spells per 100,000 population | <b>Collection of the NEA metric plans via this template is not required</b> as the BCF NEA metric plans are based on the NEA CCG Operating plans submitted via SDCS. | <p>We are continuing to develop an integrated model of urgent care services for City and Hackney - working to ensure that services provide clear and easy pathways for patients to navigate, avoiding fragmentation, and managing demand away from A&amp;E where possible.</p> <p>We will work with Healthwatch Hackney and Community Voices to maximise our engagement with patients and residents through application /delivery of a range of approaches:</p> |

Please set out the overall plan in the HWB area for reducing Non-Elective Admissions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Plans are yet to be finalised and signed-off so are subject to change; **for the latest version of the NEA CCG operating plans at your HWB footprint please contact your local Better Care Manager (BCM)** in the first instance or write in to the support inbox: ENGLAND.bettercaresupport@nhs.net

#### 8.2 Delayed Transfers of Care

|                                                                           | 19/20 Plan | Overview Narrative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Delayed Transfers of Care per day (daily delays) from hospital (aged 18+) | 0.7        | <p>The City of London has a number of schemes which are key in helping minimise the risk of any DTOCs, it has also developed a HICM Action plan and has identified areas of further work contributing to the DTOC action plan.</p> <p>Services and projects include:</p> <ul style="list-style-type: none"> <li>• A Care Navigator who supports safe hospital discharge through being involved in discharge planning and carrying out initial functional assessments before linking up with follow on services required e.g. reablement or social care assessment.</li> <li>• A City Homecare Responsive Service to facilitate out of hours and early hospital discharge where safe. The scheme can be used to facilitate discharge to assess and can assist with admission avoidance</li> </ul> |

Please set out the overall plan in the HWB area for reducing Delayed Transfers of Care to meet expectations set for your area. This should include any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric. Include in this, your agreed plan for using the Winter Pressures grant funding to support the local health and care system to manage demand pressures on the NHS, with particular reference to seasonal winter pressures.

Please note that the plan figure for Greater Manchester has been combined, for HWBs in Greater Manchester please comment on individual HWBs rather than Greater Manchester as a whole. Please note that due to the merger of Bournemouth, Christchurch and Poole to a new Local Authority will mean that planning information from 2018/19 will not reflect the present geographies.

### 8.3 Residential Admissions

|                                                                                                                                          |             | 18/19 Plan | 19/20 Plan | Comments                                                                                                                                                                                                                                                                                                                                       | Please set out the overall plan in the HWB area for reducing rates of admission to residential and nursing homes for people over the age of 65, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric. |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population | Annual Rate | 639        | 674        | The City of London Corporation provides good quality and responsive social care to residents to assist in keeping residents independent at home, for as long as possible. Part of our local neighbourhood model is designed to bring services closer to home which provides additional and co-ordinated support for people to stay independent |                                                                                                                                                                                                                                                                                                |
|                                                                                                                                          | Numerator   | 10         | 10         |                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                |
|                                                                                                                                          | Denominator | 1,564      | 1,484      |                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                |

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2016 based Sub-National Population Projections for Local Authorities in England;

Please note that due to the merger of the Bournemouth, Christchurch and Poole Local Authorities, this will mean that planning information from 2018/19 will not reflect the present geographies.

### 8.4 Reablement

|                                                                                                                                                 |             | 18/19 Plan | 19/20 Plan | Comments                                                                                                                                                                           | Please set out the overall plan in the HWB area for increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric. |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | Annual (%)  | 90.0%      | 85.0%      | The City of London Corporation have an in house reablement service which was rated good at the last CQC inspection. Please note that the target for 18/19 was actually 85% not 90% |                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                 | Numerator   | 9          | 8.5        |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                 | Denominator | 10         | 10         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                          |

Please note that due to the merger of the Bournemouth, Christchurch and Poole Local Authorities, this will mean that planning information from 2018/19 will not reflect the present geographies.

# Better Care Fund 2019/20 Template

## 9. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

City of London

| Theme                                                                              | Code | Planning Requirement                                                                                                                                                                          | Key considerations for meeting the planning requirement<br>These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Please confirm whether your BCF plan meets the Planning Requirement? | Please note any supporting documents referred to and relevant page numbers to assist the assurers | Where the Planning requirement is not met, please note the actions in place towards meeting the requirement | Where the Planning requirement is not met, please note the anticipated timeframe for meeting it |
|------------------------------------------------------------------------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| NC1: Jointly agreed plan                                                           | PR1  | A jointly developed and agreed plan that all parties sign up to                                                                                                                               | Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted?<br>Has the HWB approved the plan/delegated approval pending its next meeting?<br>Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan?<br>Do the governance arrangements described support collaboration and integrated care?<br>Where the strategic narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure, metric and HICM sections of the plan been submitted for each HWB concerned?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes                                                                  |                                                                                                   |                                                                                                             |                                                                                                 |
|                                                                                    | PR2  | A clear narrative for the integration of health and social care                                                                                                                               | Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that covers:<br>- Person centred care, including approaches to delivering joint assessments, promoting choice, independence and personalised care?<br>- A clear approach at HWB level for integrating services that supports the overall approach to integrated care and confirmation that the approach supports delivery at the interface between health and social care?<br>- A description of how the local BCF plan and other integration plans e.g. STP/ICs align?<br>- Is there a description of how the plan will contribute to reducing health inequalities (as per section 4 of the Health and Social Care Act) and to reduce inequalities for people with protected characteristics under the Equality Act 2010? This should include confirmation that equality impacts of the local BCF plan have been considered, a description of local priorities related to health inequality and equality that the BCF plan will contribute to addressing.<br>Has the plan summarised any changes from the previous planning period? And noted (where appropriate) any lessons learnt? | Yes                                                                  |                                                                                                   |                                                                                                             |                                                                                                 |
|                                                                                    | PR3  | A strategic, joined up plan for DFG spending                                                                                                                                                  | Is there confirmation that use of DFG has been agreed with housing authorities?<br>Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home.<br>In two tier areas, has:<br>- Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or<br>- The funding been passed in its entirety to district councils?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes                                                                  |                                                                                                   |                                                                                                             |                                                                                                 |
| NC2: Social Care Maintenance                                                       | PR4  | A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution | Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes                                                                  |                                                                                                   |                                                                                                             |                                                                                                 |
| NC3: NHS commissioned Out of Hospital Services                                     | PR5  | Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?                              | Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes                                                                  |                                                                                                   |                                                                                                             |                                                                                                 |
| NC4: Implementation of the High Impact Change Model for Managing Transfers of Care | PR6  | Is there a plan for implementing the High Impact Change Model for managing transfers of care?                                                                                                 | Does the BCF plan demonstrate a continued plan in place for implementing the High Impact Change Model for Managing Transfers of Care?<br>Has the area confirmed the current level of implementation and the planned level at March 2020 for all eight changes?<br>Is there an accompanying overall narrative setting out the priorities and approach for ongoing implementation of the HICM?<br>Does the level of ambition set out for implementing the HICM changes correspond to performance challenges in the system?<br>If the current level of implementation is below established for any of the HICM changes, has the plan included a clear explanation and set of actions towards establishing the change as soon as possible in 2019-20?                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes                                                                  |                                                                                                   |                                                                                                             |                                                                                                 |

|                                                     |     |                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |  |  |  |
|-----------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|--|--|
| Agreed expenditure plan for all elements of the BCF | PR7 | Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose? | Have the planned schemes been assigned to the metrics they are aiming to make an impact on?<br>Expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated)<br>Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (tick-box)<br>Is there an agreed plan for use of the Winter Pressures grant that sets out how the money will be used to address expected demand pressures on the Health system over Winter?<br><b>Has funding for the following from the CCG contribution been identified for the area?</b><br>- Implementation of Care Act duties?<br>- Funding dedicated to carer-specific support?<br>- Reablement? | Yes |  |  |  |
|                                                     | PR8 | Indication of outputs for specified scheme types                                                                                                         | Has the area set out the outputs corresponding to the planned scheme types (Note that this is only for where any of the specified set of scheme types requiring outputs are planned)? (auto-validated)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Yes |  |  |  |
| Metrics                                             | PR9 | Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?                                                       | Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric?<br>Is there a proportionate range of scheme types and spend included in the expenditure section of the plan to support delivery of the metric ambitions for each of the metrics?<br>Do the narrative plans for each metric set out clear and ambitious approaches to delivering improvements?<br><b>Have stretching metrics been agreed locally for:</b><br>- Metric 2: Long term admission to residential and nursing care homes<br>- Metric 3: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement            | Yes |  |  |  |

# **CCG to Health and Well-Being Board Mapping for 2019/20**

| HWB Code  | LA Name                             | CCG Code | CCG Name                                                  | % CCG in HWB | % HWB in CCG |
|-----------|-------------------------------------|----------|-----------------------------------------------------------|--------------|--------------|
| E09000002 | Barking and Dagenham                | 07L      | NHS Barking and Dagenham CCG                              | 90.7%        | 87.4%        |
| E09000002 | Barking and Dagenham                | 08F      | NHS Havering CCG                                          | 6.9%         | 8.3%         |
| E09000002 | Barking and Dagenham                | 08M      | NHS Newham CCG                                            | 0.4%         | 0.6%         |
| E09000002 | Barking and Dagenham                | 08N      | NHS Redbridge CCG                                         | 2.5%         | 3.5%         |
| E09000002 | Barking and Dagenham                | 08W      | NHS Waltham Forest CCG                                    | 0.1%         | 0.1%         |
| E09000003 | Barnet                              | 07M      | NHS Barnet CCG                                            | 91.1%        | 92.1%        |
| E09000003 | Barnet                              | 07P      | NHS Brent CCG                                             | 2.0%         | 1.8%         |
| E09000003 | Barnet                              | 07R      | NHS Camden CCG                                            | 1.0%         | 0.7%         |
| E09000003 | Barnet                              | 09A      | NHS Central London (Westminster) CCG                      | 0.2%         | 0.1%         |
| E09000003 | Barnet                              | 07X      | NHS Enfield CCG                                           | 3.0%         | 2.4%         |
| E09000003 | Barnet                              | 08C      | NHS Hammersmith and Fulham CCG                            | 0.3%         | 0.2%         |
| E09000003 | Barnet                              | 08D      | NHS Haringey CCG                                          | 2.2%         | 1.6%         |
| E09000003 | Barnet                              | 08E      | NHS Harrow CCG                                            | 1.2%         | 0.8%         |
| E09000003 | Barnet                              | 06N      | NHS Herts Valleys CCG                                     | 0.0%         | 0.1%         |
| E09000003 | Barnet                              | 08H      | NHS Islington CCG                                         | 0.2%         | 0.1%         |
| E09000003 | Barnet                              | 08Y      | NHS West London (K&C & QPP) CCG                           | 0.2%         | 0.1%         |
| E08000016 | Barnsley                            | 02P      | NHS Barnsley CCG                                          | 94.6%        | 98.1%        |
| E08000016 | Barnsley                            | 02X      | NHS Doncaster CCG                                         | 0.3%         | 0.4%         |
| E08000016 | Barnsley                            | 03A      | NHS Greater Huddersfield CCG                              | 0.2%         | 0.2%         |
| E08000016 | Barnsley                            | 03L      | NHS Rotherham CCG                                         | 0.3%         | 0.3%         |
| E08000016 | Barnsley                            | 03N      | NHS Sheffield CCG                                         | 0.2%         | 0.4%         |
| E08000016 | Barnsley                            | 03R      | NHS Wakefield CCG                                         | 0.4%         | 0.6%         |
| E06000022 | Bath and North East Somerset        | 11E      | NHS Bath and North East Somerset CCG                      | 93.5%        | 98.3%        |
| E06000022 | Bath and North East Somerset        | 15C      | NHS Bristol, North Somerset and South Gloucestershire CCG | 0.2%         | 0.9%         |
| E06000022 | Bath and North East Somerset        | 11X      | NHS Somerset CCG                                          | 0.2%         | 0.5%         |
| E06000022 | Bath and North East Somerset        | 99N      | NHS Wiltshire CCG                                         | 0.1%         | 0.3%         |
| E06000055 | Bedford                             | 06F      | NHS Bedfordshire CCG                                      | 37.7%        | 97.4%        |
| E06000055 | Bedford                             | 06H      | NHS Cambridgeshire and Peterborough CCG                   | 0.4%         | 1.9%         |
| E06000055 | Bedford                             | 04G      | NHS Nene CCG                                              | 0.2%         | 0.6%         |
| E09000004 | Bexley                              | 07N      | NHS Bexley CCG                                            | 93.4%        | 89.8%        |
| E09000004 | Bexley                              | 07Q      | NHS Bromley CCG                                           | 0.1%         | 0.1%         |
| E09000004 | Bexley                              | 09J      | NHS Dartford, Gravesham and Swanley CCG                   | 1.4%         | 1.5%         |
| E09000004 | Bexley                              | 08A      | NHS Greenwich CCG                                         | 7.2%         | 8.4%         |
| E09000004 | Bexley                              | 08L      | NHS Lewisham CCG                                          | 0.1%         | 0.1%         |
| E08000025 | Birmingham                          | 15E      | NHS Birmingham and Solihull CCG                           | 78.4%        | 81.7%        |
| E08000025 | Birmingham                          | 05C      | NHS Dudley CCG                                            | 0.2%         | 0.0%         |
| E08000025 | Birmingham                          | 05J      | NHS Redditch and Bromsgrove CCG                           | 3.1%         | 0.4%         |
| E08000025 | Birmingham                          | 05L      | NHS Sandwell and West Birmingham CCG                      | 39.2%        | 17.8%        |
| E08000025 | Birmingham                          | 05Y      | NHS Walsall CCG                                           | 0.5%         | 0.1%         |
| E06000008 | Blackburn with Darwen               | 00Q      | NHS Blackburn with Darwen CCG                             | 88.9%        | 95.8%        |
| E06000008 | Blackburn with Darwen               | 00T      | NHS Bolton CCG                                            | 1.2%         | 2.3%         |
| E06000008 | Blackburn with Darwen               | 00V      | NHS Bury CCG                                              | 0.2%         | 0.2%         |
| E06000008 | Blackburn with Darwen               | 01A      | NHS East Lancashire CCG                                   | 0.7%         | 1.7%         |
| E06000009 | Blackpool                           | 00R      | NHS Blackpool CCG                                         | 86.4%        | 97.6%        |
| E06000009 | Blackpool                           | 02M      | NHS Fylde & Wyre CCG                                      | 2.1%         | 2.4%         |
| E08000001 | Bolton                              | 00T      | NHS Bolton CCG                                            | 97.3%        | 97.5%        |
| E08000001 | Bolton                              | 00V      | NHS Bury CCG                                              | 1.5%         | 1.0%         |
| E08000001 | Bolton                              | 00X      | NHS Chorley and South Ribble CCG                          | 0.2%         | 0.1%         |
| E08000001 | Bolton                              | 01G      | NHS Salford CCG                                           | 0.6%         | 0.5%         |
| E08000001 | Bolton                              | 02H      | NHS Wigan Borough CCG                                     | 0.8%         | 0.9%         |
| E06000058 | Bournemouth, Christchurch and Poole | 11J      | NHS Dorset CCG                                            | 52.4%        | 99.7%        |
| E06000058 | Bournemouth, Christchurch and Poole | 11A      | NHS West Hampshire CCG                                    | 0.2%         | 0.3%         |
| E06000036 | Bracknell Forest                    | 15A      | NHS Berkshire West CCG                                    | 0.5%         | 2.0%         |
| E06000036 | Bracknell Forest                    | 15D      | NHS East Berkshire CCG                                    | 26.1%        | 96.9%        |
| E06000036 | Bracknell Forest                    | 99M      | NHS North East Hampshire and Farnham CCG                  | 0.6%         | 1.0%         |
| E06000036 | Bracknell Forest                    | 10C      | NHS Surrey Heath CCG                                      | 0.2%         | 0.1%         |
| E08000032 | Bradford                            | 02N      | NHS Airedale, Wharfedale and Craven CCG                   | 67.2%        | 18.4%        |
| E08000032 | Bradford                            | 02W      | NHS Bradford City CCG                                     | 98.9%        | 23.9%        |
| E08000032 | Bradford                            | 02R      | NHS Bradford Districts CCG                                | 98.0%        | 56.3%        |
| E08000032 | Bradford                            | 02T      | NHS Calderdale CCG                                        | 0.2%         | 0.0%         |
| E08000032 | Bradford                            | 15F      | NHS Leeds CCG                                             | 0.9%         | 1.4%         |
| E08000032 | Bradford                            | 03J      | NHS North Kirklees CCG                                    | 0.2%         | 0.0%         |
| E09000005 | Brent                               | 07M      | NHS Barnet CCG                                            | 2.3%         | 2.4%         |
| E09000005 | Brent                               | 07P      | NHS Brent CCG                                             | 89.7%        | 86.4%        |
| E09000005 | Brent                               | 07R      | NHS Camden CCG                                            | 3.9%         | 2.8%         |
| E09000005 | Brent                               | 09A      | NHS Central London (Westminster) CCG                      | 1.3%         | 0.7%         |
| E09000005 | Brent                               | 07W      | NHS Ealing CCG                                            | 0.5%         | 0.6%         |
| E09000005 | Brent                               | 08C      | NHS Hammersmith and Fulham CCG                            | 0.6%         | 0.4%         |
| E09000005 | Brent                               | 08E      | NHS Harrow CCG                                            | 5.9%         | 4.0%         |
| E09000005 | Brent                               | 08Y      | NHS West London (K&C & QPP) CCG                           | 4.3%         | 2.7%         |
| E06000043 | Brighton and Hove                   | 09D      | NHS Brighton and Hove CCG                                 | 97.9%        | 99.7%        |
| E06000043 | Brighton and Hove                   | 09G      | NHS Coastal West Sussex CCG                               | 0.1%         | 0.2%         |
| E06000043 | Brighton and Hove                   | 99K      | NHS High Weald Lewes Havens CCG                           | 0.3%         | 0.1%         |
| E06000023 | Bristol, City of                    | 11E      | NHS Bath and North East Somerset CCG                      | 0.1%         | 0.0%         |
| E06000023 | Bristol, City of                    | 15C      | NHS Bristol, North Somerset and South Gloucestershire CCG | 49.3%        | 100.0%       |
| E09000006 | Bromley                             | 07N      | NHS Bexley CCG                                            | 0.2%         | 0.1%         |
| E09000006 | Bromley                             | 07Q      | NHS Bromley CCG                                           | 94.6%        | 95.1%        |
| E09000006 | Bromley                             | 07V      | NHS Croydon CCG                                           | 1.2%         | 1.4%         |
| E09000006 | Bromley                             | 08A      | NHS Greenwich CCG                                         | 1.4%         | 1.2%         |
| E09000006 | Bromley                             | 08C      | NHS Hammersmith and Fulham CCG                            | 0.1%         | 0.0%         |
| E09000006 | Bromley                             | 08K      | NHS Lambeth CCG                                           | 0.1%         | 0.2%         |
| E09000006 | Bromley                             | 08L      | NHS Lewisham CCG                                          | 1.9%         | 1.8%         |
| E09000006 | Bromley                             | 99J      | NHS West Kent CCG                                         | 0.1%         | 0.2%         |

|           |                           |     |                                                |       |       |
|-----------|---------------------------|-----|------------------------------------------------|-------|-------|
| E10000002 | Buckinghamshire           | 06F | NHS Bedfordshire CCG                           | 0.6%  | 0.5%  |
| E10000002 | Buckinghamshire           | 14Y | NHS Buckinghamshire CCG                        | 94.4% | 94.9% |
| E10000002 | Buckinghamshire           | 15D | NHS East Berkshire CCG                         | 1.4%  | 1.2%  |
| E10000002 | Buckinghamshire           | 06N | NHS Herts Valleys CCG                          | 1.2%  | 1.4%  |
| E10000002 | Buckinghamshire           | 08G | NHS Hillingdon CCG                             | 0.7%  | 0.4%  |
| E10000002 | Buckinghamshire           | 04F | NHS Milton Keynes CCG                          | 1.3%  | 0.7%  |
| E10000002 | Buckinghamshire           | 04G | NHS Nene CCG                                   | 0.1%  | 0.2%  |
| E10000002 | Buckinghamshire           | 10Q | NHS Oxfordshire CCG                            | 0.6%  | 0.7%  |
| E08000002 | Bury                      | 00T | NHS Bolton CCG                                 | 0.8%  | 1.2%  |
| E08000002 | Bury                      | 00V | NHS Bury CCG                                   | 94.0% | 94.3% |
| E08000002 | Bury                      | 01A | NHS East Lancashire CCG                        | 0.0%  | 0.2%  |
| E08000002 | Bury                      | 01D | NHS Heywood, Middleton and Rochdale CCG        | 0.4%  | 0.5%  |
| E08000002 | Bury                      | 14L | NHS Manchester CCG                             | 0.6%  | 2.0%  |
| E08000002 | Bury                      | 01G | NHS Salford CCG                                | 1.4%  | 1.9%  |
| E08000033 | Calderdale                | 02R | NHS Bradford Districts CCG                     | 0.4%  | 0.6%  |
| E08000033 | Calderdale                | 02T | NHS Calderdale CCG                             | 98.4% | 98.9% |
| E08000033 | Calderdale                | 03A | NHS Greater Huddersfield CCG                   | 0.3%  | 0.3%  |
| E08000033 | Calderdale                | 01D | NHS Heywood, Middleton and Rochdale CCG        | 0.1%  | 0.1%  |
| E10000003 | Cambridgeshire            | 06F | NHS Bedfordshire CCG                           | 1.1%  | 0.7%  |
| E10000003 | Cambridgeshire            | 06H | NHS Cambridgeshire and Peterborough CCG        | 71.8% | 96.7% |
| E10000003 | Cambridgeshire            | 06K | NHS East and North Hertfordshire CCG           | 0.8%  | 0.7%  |
| E10000003 | Cambridgeshire            | 99D | NHS South Lincolnshire CCG                     | 0.3%  | 0.0%  |
| E10000003 | Cambridgeshire            | 07H | NHS West Essex CCG                             | 0.2%  | 0.1%  |
| E10000003 | Cambridgeshire            | 07J | NHS West Norfolk CCG                           | 1.6%  | 0.4%  |
| E10000003 | Cambridgeshire            | 07K | NHS West Suffolk CCG                           | 4.0%  | 1.4%  |
| E09000007 | Camden                    | 07M | NHS Barnet CCG                                 | 0.2%  | 0.3%  |
| E09000007 | Camden                    | 07P | NHS Brent CCG                                  | 1.3%  | 1.9%  |
| E09000007 | Camden                    | 07R | NHS Camden CCG                                 | 83.9% | 88.9% |
| E09000007 | Camden                    | 09A | NHS Central London (Westminster) CCG           | 5.6%  | 4.8%  |
| E09000007 | Camden                    | 08C | NHS Hammersmith and Fulham CCG                 | 0.4%  | 0.3%  |
| E09000007 | Camden                    | 08D | NHS Haringey CCG                               | 0.5%  | 0.6%  |
| E09000007 | Camden                    | 08H | NHS Islington CCG                              | 3.2%  | 3.0%  |
| E09000007 | Camden                    | 08Y | NHS West London (K&C & QPP) CCG                | 0.3%  | 0.2%  |
| E06000056 | Central Bedfordshire      | 06F | NHS Bedfordshire CCG                           | 56.6% | 95.0% |
| E06000056 | Central Bedfordshire      | 14Y | NHS Buckinghamshire CCG                        | 0.8%  | 1.5%  |
| E06000056 | Central Bedfordshire      | 06K | NHS East and North Hertfordshire CCG           | 0.3%  | 0.6%  |
| E06000056 | Central Bedfordshire      | 06N | NHS Herts Valleys CCG                          | 0.4%  | 0.9%  |
| E06000056 | Central Bedfordshire      | 06P | NHS Luton CCG                                  | 2.3%  | 1.9%  |
| E06000056 | Central Bedfordshire      | 04F | NHS Milton Keynes CCG                          | 0.1%  | 0.1%  |
| E06000049 | Cheshire East             | 15M | NHS Derby and Derbyshire CCG                   | 0.1%  | 0.3%  |
| E06000049 | Cheshire East             | 01C | NHS Eastern Cheshire CCG                       | 96.4% | 50.2% |
| E06000049 | Cheshire East             | 05G | NHS North Staffordshire CCG                    | 1.1%  | 0.6%  |
| E06000049 | Cheshire East             | 01R | NHS South Cheshire CCG                         | 98.6% | 45.8% |
| E06000049 | Cheshire East             | 01W | NHS Stockport CCG                              | 1.6%  | 1.2%  |
| E06000049 | Cheshire East             | 02A | NHS Trafford CCG                               | 0.2%  | 0.1%  |
| E06000049 | Cheshire East             | 02D | NHS Vale Royal CCG                             | 0.6%  | 0.2%  |
| E06000049 | Cheshire East             | 02E | NHS Warrington CCG                             | 0.7%  | 0.4%  |
| E06000049 | Cheshire East             | 02F | NHS West Cheshire CCG                          | 1.9%  | 1.2%  |
| E06000050 | Cheshire West and Chester | 01C | NHS Eastern Cheshire CCG                       | 1.2%  | 0.7%  |
| E06000050 | Cheshire West and Chester | 01F | NHS Halton CCG                                 | 0.2%  | 0.0%  |
| E06000050 | Cheshire West and Chester | 01R | NHS South Cheshire CCG                         | 0.5%  | 0.2%  |
| E06000050 | Cheshire West and Chester | 02D | NHS Vale Royal CCG                             | 99.4% | 29.5% |
| E06000050 | Cheshire West and Chester | 02E | NHS Warrington CCG                             | 0.4%  | 0.3%  |
| E06000050 | Cheshire West and Chester | 02F | NHS West Cheshire CCG                          | 96.9% | 69.1% |
| E06000050 | Cheshire West and Chester | 12F | NHS Wirral CCG                                 | 0.3%  | 0.3%  |
| E09000001 | City of London            | 07R | NHS Camden CCG                                 | 0.2%  | 7.0%  |
| E09000001 | City of London            | 09A | NHS Central London (Westminster) CCG           | 0.1%  | 2.5%  |
| E09000001 | City of London            | 07T | NHS City and Hackney CCG                       | 1.8%  | 70.4% |
| E09000001 | City of London            | 08C | NHS Hammersmith and Fulham CCG                 | 0.0%  | 1.2%  |
| E09000001 | City of London            | 08H | NHS Islington CCG                              | 0.1%  | 3.6%  |
| E09000001 | City of London            | 08V | NHS Tower Hamlets CCG                          | 0.4%  | 15.0% |
| E09000001 | City of London            | 08Y | NHS West London (K&C & QPP) CCG                | 0.0%  | 0.2%  |
| E06000052 | Cornwall & Scilly         | 15N | NHS Devon CCG                                  | 0.3%  | 0.6%  |
| E06000052 | Cornwall & Scilly         | 11N | NHS Kernow CCG                                 | 99.7% | 99.4% |
| E06000047 | County Durham             | 00D | NHS Durham Dales, Easington and Sedgefield CCG | 97.0% | 52.4% |
| E06000047 | County Durham             | 03D | NHS Hambleton, Richmondshire and Whitby CCG    | 0.1%  | 0.0%  |
| E06000047 | County Durham             | 00K | NHS Hartlepool and Stockton-On-Tees CCG        | 0.1%  | 0.0%  |
| E06000047 | County Durham             | 13T | NHS Newcastle Gateshead CCG                    | 0.7%  | 0.7%  |
| E06000047 | County Durham             | 00J | NHS North Durham CCG                           | 96.7% | 46.3% |
| E06000047 | County Durham             | 00P | NHS Sunderland CCG                             | 1.2%  | 0.6%  |
| E08000026 | Coventry                  | 05A | NHS Coventry and Rugby CCG                     | 74.5% | 99.8% |
| E08000026 | Coventry                  | 05H | NHS Warwickshire North CCG                     | 0.4%  | 0.2%  |
| E09000008 | Croydon                   | 07Q | NHS Bromley CCG                                | 1.6%  | 1.3%  |
| E09000008 | Croydon                   | 07V | NHS Croydon CCG                                | 95.3% | 93.2% |
| E09000008 | Croydon                   | 09L | NHS East Surrey CCG                            | 2.9%  | 1.3%  |
| E09000008 | Croydon                   | 08C | NHS Hammersmith and Fulham CCG                 | 0.2%  | 0.0%  |
| E09000008 | Croydon                   | 08K | NHS Lambeth CCG                                | 3.0%  | 3.0%  |
| E09000008 | Croydon                   | 08R | NHS Merton CCG                                 | 0.8%  | 0.4%  |
| E09000008 | Croydon                   | 08T | NHS Sutton CCG                                 | 0.8%  | 0.4%  |
| E09000008 | Croydon                   | 08X | NHS Wandsworth CCG                             | 0.5%  | 0.5%  |

|           |                          |     |                                                |        |        |
|-----------|--------------------------|-----|------------------------------------------------|--------|--------|
| E10000006 | Cumbria                  | 01K | NHS Morecambe Bay CCG                          | 54.0%  | 36.6%  |
| E10000006 | Cumbria                  | 01H | NHS North Cumbria CCG                          | 99.9%  | 63.4%  |
| E06000005 | Darlington               | 00C | NHS Darlington CCG                             | 98.2%  | 96.1%  |
| E06000005 | Darlington               | 00D | NHS Durham Dales, Easington and Sedgefield CCG | 1.2%   | 3.2%   |
| E06000005 | Darlington               | 03D | NHS Hambleton, Richmondshire and Whitby CCG    | 0.1%   | 0.2%   |
| E06000005 | Darlington               | 00K | NHS Hartlepool and Stockton-On-Tees CCG        | 0.2%   | 0.6%   |
| E06000015 | Derby                    | 15M | NHS Derby and Derbyshire CCG                   | 26.5%  | 100.0% |
| E10000007 | Derbyshire               | 02Q | NHS Bassetlaw CCG                              | 0.2%   | 0.0%   |
| E10000007 | Derbyshire               | 15M | NHS Derby and Derbyshire CCG                   | 70.9%  | 92.6%  |
| E10000007 | Derbyshire               | 05D | NHS East Staffordshire CCG                     | 7.9%   | 1.4%   |
| E10000007 | Derbyshire               | 01C | NHS Eastern Cheshire CCG                       | 0.3%   | 0.0%   |
| E10000007 | Derbyshire               | 04E | NHS Mansfield and Ashfield CCG                 | 2.1%   | 0.5%   |
| E10000007 | Derbyshire               | 04L | NHS Nottingham North and East CCG              | 0.3%   | 0.0%   |
| E10000007 | Derbyshire               | 04M | NHS Nottingham West CCG                        | 5.1%   | 0.6%   |
| E10000007 | Derbyshire               | 03N | NHS Sheffield CCG                              | 0.5%   | 0.4%   |
| E10000007 | Derbyshire               | 01W | NHS Stockport CCG                              | 0.1%   | 0.0%   |
| E10000007 | Derbyshire               | 01Y | NHS Tameside and Glossop CCG                   | 13.9%  | 4.3%   |
| E10000007 | Derbyshire               | 04V | NHS West Leicestershire CCG                    | 0.5%   | 0.2%   |
| E10000008 | Devon                    | 15N | NHS Devon CCG                                  | 65.7%  | 99.2%  |
| E10000008 | Devon                    | 11J | NHS Dorset CCG                                 | 0.3%   | 0.3%   |
| E10000008 | Devon                    | 11N | NHS Kernow CCG                                 | 0.3%   | 0.2%   |
| E10000008 | Devon                    | 11X | NHS Somerset CCG                               | 0.4%   | 0.3%   |
| E08000017 | Doncaster                | 02P | NHS Barnsley CCG                               | 0.3%   | 0.3%   |
| E08000017 | Doncaster                | 02Q | NHS Bassetlaw CCG                              | 1.5%   | 0.6%   |
| E08000017 | Doncaster                | 02X | NHS Doncaster CCG                              | 96.8%  | 97.8%  |
| E08000017 | Doncaster                | 03L | NHS Rotherham CCG                              | 1.5%   | 1.2%   |
| E08000017 | Doncaster                | 03R | NHS Wakefield CCG                              | 0.1%   | 0.2%   |
| E06000059 | Dorset                   | 11J | NHS Dorset CCG                                 | 46.0%  | 95.6%  |
| E06000059 | Dorset                   | 11X | NHS Somerset CCG                               | 0.6%   | 0.9%   |
| E06000059 | Dorset                   | 11A | NHS West Hampshire CCG                         | 1.7%   | 2.5%   |
| E06000059 | Dorset                   | 99N | NHS Wiltshire CCG                              | 0.7%   | 1.0%   |
| E08000027 | Dudley                   | 15E | NHS Birmingham and Solihull CCG                | 0.1%   | 0.6%   |
| E08000027 | Dudley                   | 05C | NHS Dudley CCG                                 | 93.3%  | 90.7%  |
| E08000027 | Dudley                   | 05L | NHS Sandwell and West Birmingham CCG           | 3.9%   | 6.9%   |
| E08000027 | Dudley                   | 06A | NHS Wolverhampton CCG                          | 1.8%   | 1.5%   |
| E08000027 | Dudley                   | 06D | NHS Wyre Forest CCG                            | 0.8%   | 0.3%   |
| E09000009 | Ealing                   | 07P | NHS Brent CCG                                  | 1.8%   | 1.6%   |
| E09000009 | Ealing                   | 09A | NHS Central London (Westminster) CCG           | 0.2%   | 0.1%   |
| E09000009 | Ealing                   | 07W | NHS Ealing CCG                                 | 86.9%  | 90.4%  |
| E09000009 | Ealing                   | 08C | NHS Hammersmith and Fulham CCG                 | 5.5%   | 3.1%   |
| E09000009 | Ealing                   | 08E | NHS Harrow CCG                                 | 0.4%   | 0.3%   |
| E09000009 | Ealing                   | 08G | NHS Hillingdon CCG                             | 0.7%   | 0.5%   |
| E09000009 | Ealing                   | 07Y | NHS Hounslow CCG                               | 4.7%   | 3.5%   |
| E09000009 | Ealing                   | 08Y | NHS West London (K&C & QPP) CCG                | 0.7%   | 0.4%   |
| E06000011 | East Riding of Yorkshire | 02Y | NHS East Riding of Yorkshire CCG               | 97.3%  | 85.1%  |
| E06000011 | East Riding of Yorkshire | 03F | NHS Hull CCG                                   | 9.2%   | 7.9%   |
| E06000011 | East Riding of Yorkshire | 03M | NHS Scarborough and Ryedale CCG                | 0.7%   | 0.2%   |
| E06000011 | East Riding of Yorkshire | 03Q | NHS Vale of York CCG                           | 6.6%   | 6.8%   |
| E10000011 | East Sussex              | 09D | NHS Brighton and Hove CCG                      | 1.0%   | 0.6%   |
| E10000011 | East Sussex              | 09F | NHS Eastbourne, Hailsham and Seaford CCG       | 100.0% | 34.7%  |
| E10000011 | East Sussex              | 09P | NHS Hastings and Rother CCG                    | 99.7%  | 33.3%  |
| E10000011 | East Sussex              | 99K | NHS High Weald Lewes Havens CCG                | 98.1%  | 29.6%  |
| E10000011 | East Sussex              | 09X | NHS Horsham and Mid Sussex CCG                 | 2.8%   | 1.2%   |
| E10000011 | East Sussex              | 99J | NHS West Kent CCG                              | 0.8%   | 0.7%   |
| E09000010 | Enfield                  | 07M | NHS Barnet CCG                                 | 1.0%   | 1.2%   |
| E09000010 | Enfield                  | 07T | NHS City and Hackney CCG                       | 0.1%   | 0.1%   |
| E09000010 | Enfield                  | 06K | NHS East and North Hertfordshire CCG           | 0.3%   | 0.6%   |
| E09000010 | Enfield                  | 07X | NHS Enfield CCG                                | 95.2%  | 90.9%  |
| E09000010 | Enfield                  | 08C | NHS Hammersmith and Fulham CCG                 | 0.1%   | 0.0%   |
| E09000010 | Enfield                  | 08D | NHS Haringey CCG                               | 7.7%   | 6.9%   |
| E09000010 | Enfield                  | 06N | NHS Herts Valleys CCG                          | 0.1%   | 0.2%   |
| E09000010 | Enfield                  | 08H | NHS Islington CCG                              | 0.2%   | 0.1%   |
| E10000012 | Essex                    | 07L | NHS Barking and Dagenham CCG                   | 0.1%   | 0.0%   |
| E10000012 | Essex                    | 99E | NHS Basildon and Brentwood CCG                 | 99.8%  | 18.2%  |
| E10000012 | Essex                    | 06H | NHS Cambridgeshire and Peterborough CCG        | 0.1%   | 0.0%   |
| E10000012 | Essex                    | 99F | NHS Castle Point and Rochford CCG              | 95.2%  | 11.5%  |
| E10000012 | Essex                    | 06K | NHS East and North Hertfordshire CCG           | 1.6%   | 0.6%   |
| E10000012 | Essex                    | 08F | NHS Havering CCG                               | 0.3%   | 0.0%   |
| E10000012 | Essex                    | 06L | NHS Ipswich and East Suffolk CCG               | 0.2%   | 0.0%   |
| E10000012 | Essex                    | 06Q | NHS Mid Essex CCG                              | 100.0% | 25.5%  |
| E10000012 | Essex                    | 06T | NHS North East Essex CCG                       | 98.6%  | 22.7%  |
| E10000012 | Essex                    | 08N | NHS Redbridge CCG                              | 2.9%   | 0.6%   |
| E10000012 | Essex                    | 99G | NHS Southend CCG                               | 3.3%   | 0.4%   |
| E10000012 | Essex                    | 07G | NHS Thurrock CCG                               | 1.4%   | 0.2%   |
| E10000012 | Essex                    | 08W | NHS Waltham Forest CCG                         | 0.5%   | 0.1%   |
| E10000012 | Essex                    | 07H | NHS West Essex CCG                             | 97.1%  | 19.8%  |
| E10000012 | Essex                    | 07K | NHS West Suffolk CCG                           | 2.3%   | 0.4%   |

|           |                        |     |                                                           |       |       |
|-----------|------------------------|-----|-----------------------------------------------------------|-------|-------|
| E08000037 | Gateshead              | 13T | NHS Newcastle Gateshead CCG                               | 38.5% | 97.7% |
| E08000037 | Gateshead              | 00J | NHS North Durham CCG                                      | 0.9%  | 1.2%  |
| E08000037 | Gateshead              | 00L | NHS Northumberland CCG                                    | 0.5%  | 0.8%  |
| E08000037 | Gateshead              | 00N | NHS South Tyneside CCG                                    | 0.3%  | 0.2%  |
| E08000037 | Gateshead              | 00P | NHS Sunderland CCG                                        | 0.0%  | 0.1%  |
| E10000013 | Gloucestershire        | 15C | NHS Bristol, North Somerset and South Gloucestershire CCG | 0.1%  | 0.1%  |
| E10000013 | Gloucestershire        | 11M | NHS Gloucestershire CCG                                   | 97.6% | 98.6% |
| E10000013 | Gloucestershire        | 05F | NHS Herefordshire CCG                                     | 0.5%  | 0.1%  |
| E10000013 | Gloucestershire        | 10Q | NHS Oxfordshire CCG                                       | 0.2%  | 0.2%  |
| E10000013 | Gloucestershire        | 05R | NHS South Warwickshire CCG                                | 0.6%  | 0.2%  |
| E10000013 | Gloucestershire        | 05T | NHS South Worcestershire CCG                              | 1.1%  | 0.5%  |
| E10000013 | Gloucestershire        | 99N | NHS Wiltshire CCG                                         | 0.2%  | 0.2%  |
| E09000011 | Greenwich              | 07N | NHS Bexley CCG                                            | 5.1%  | 4.2%  |
| E09000011 | Greenwich              | 07Q | NHS Bromley CCG                                           | 1.1%  | 1.3%  |
| E09000011 | Greenwich              | 08A | NHS Greenwich CCG                                         | 89.2% | 89.3% |
| E09000011 | Greenwich              | 08C | NHS Hammersmith and Fulham CCG                            | 0.2%  | 0.2%  |
| E09000011 | Greenwich              | 08L | NHS Lewisham CCG                                          | 4.4%  | 4.9%  |
| E09000011 | Greenwich              | 08Q | NHS Southwark CCG                                         | 0.1%  | 0.1%  |
| E09000012 | Hackney                | 07R | NHS Camden CCG                                            | 0.7%  | 0.7%  |
| E09000012 | Hackney                | 09A | NHS Central London (Westminster) CCG                      | 0.2%  | 0.2%  |
| E09000012 | Hackney                | 07T | NHS City and Hackney CCG                                  | 90.2% | 93.8% |
| E09000012 | Hackney                | 08C | NHS Hammersmith and Fulham CCG                            | 0.5%  | 0.4%  |
| E09000012 | Hackney                | 08D | NHS Haringey CCG                                          | 0.6%  | 0.7%  |
| E09000012 | Hackney                | 08H | NHS Islington CCG                                         | 4.6%  | 3.7%  |
| E09000012 | Hackney                | 08V | NHS Tower Hamlets CCG                                     | 0.5%  | 0.6%  |
| E06000006 | Halton                 | 01F | NHS Halton CCG                                            | 98.2% | 96.5% |
| E06000006 | Halton                 | 01J | NHS Knowsley CCG                                          | 0.2%  | 0.3%  |
| E06000006 | Halton                 | 99A | NHS Liverpool CCG                                         | 0.3%  | 1.1%  |
| E06000006 | Halton                 | 02E | NHS Warrington CCG                                        | 0.7%  | 1.1%  |
| E06000006 | Halton                 | 02F | NHS West Cheshire CCG                                     | 0.6%  | 1.1%  |
| E09000013 | Hammersmith and Fulham | 07P | NHS Brent CCG                                             | 0.3%  | 0.5%  |
| E09000013 | Hammersmith and Fulham | 07R | NHS Camden CCG                                            | 0.1%  | 0.1%  |
| E09000013 | Hammersmith and Fulham | 09A | NHS Central London (Westminster) CCG                      | 2.5%  | 2.5%  |
| E09000013 | Hammersmith and Fulham | 07W | NHS Ealing CCG                                            | 0.6%  | 1.1%  |
| E09000013 | Hammersmith and Fulham | 08C | NHS Hammersmith and Fulham CCG                            | 82.8% | 87.6% |
| E09000013 | Hammersmith and Fulham | 07Y | NHS Hounslow CCG                                          | 0.5%  | 0.7%  |
| E09000013 | Hammersmith and Fulham | 08X | NHS Wandsworth CCG                                        | 0.2%  | 0.3%  |
| E09000013 | Hammersmith and Fulham | 08Y | NHS West London (K&C & QPP) CCG                           | 6.5%  | 7.2%  |
| E10000014 | Hampshire              | 15A | NHS Berkshire West CCG                                    | 1.7%  | 0.6%  |
| E10000014 | Hampshire              | 09G | NHS Coastal West Sussex CCG                               | 0.2%  | 0.1%  |
| E10000014 | Hampshire              | 11J | NHS Dorset CCG                                            | 0.5%  | 0.3%  |
| E10000014 | Hampshire              | 15D | NHS East Berkshire CCG                                    | 0.2%  | 0.0%  |
| E10000014 | Hampshire              | 10K | NHS Fareham and Gosport CCG                               | 98.5% | 14.3% |
| E10000014 | Hampshire              | 09N | NHS Guildford and Waverley CCG                            | 2.9%  | 0.5%  |
| E10000014 | Hampshire              | 99M | NHS North East Hampshire and Farnham CCG                  | 76.5% | 12.4% |
| E10000014 | Hampshire              | 10J | NHS North Hampshire CCG                                   | 99.2% | 15.9% |
| E10000014 | Hampshire              | 10R | NHS Portsmouth CCG                                        | 4.4%  | 0.7%  |
| E10000014 | Hampshire              | 10V | NHS South Eastern Hampshire CCG                           | 95.6% | 14.6% |
| E10000014 | Hampshire              | 10X | NHS Southampton CCG                                       | 5.1%  | 1.0%  |
| E10000014 | Hampshire              | 10C | NHS Surrey Heath CCG                                      | 0.8%  | 0.0%  |
| E10000014 | Hampshire              | 11A | NHS West Hampshire CCG                                    | 97.7% | 39.1% |
| E10000014 | Hampshire              | 99N | NHS Wiltshire CCG                                         | 1.3%  | 0.4%  |
| E09000014 | Haringey               | 07M | NHS Barnet CCG                                            | 1.0%  | 1.4%  |
| E09000014 | Haringey               | 07R | NHS Camden CCG                                            | 0.6%  | 0.6%  |
| E09000014 | Haringey               | 09A | NHS Central London (Westminster) CCG                      | 0.1%  | 0.1%  |
| E09000014 | Haringey               | 07T | NHS City and Hackney CCG                                  | 3.1%  | 3.2%  |
| E09000014 | Haringey               | 07X | NHS Enfield CCG                                           | 1.3%  | 1.4%  |
| E09000014 | Haringey               | 08C | NHS Hammersmith and Fulham CCG                            | 0.4%  | 0.3%  |
| E09000014 | Haringey               | 08D | NHS Haringey CCG                                          | 87.7% | 91.0% |
| E09000014 | Haringey               | 08H | NHS Islington CCG                                         | 2.5%  | 2.1%  |
| E09000015 | Harrow                 | 07M | NHS Barnet CCG                                            | 4.3%  | 6.4%  |
| E09000015 | Harrow                 | 07P | NHS Brent CCG                                             | 3.6%  | 4.8%  |
| E09000015 | Harrow                 | 07W | NHS Ealing CCG                                            | 1.3%  | 2.1%  |
| E09000015 | Harrow                 | 08C | NHS Hammersmith and Fulham CCG                            | 0.1%  | 0.0%  |
| E09000015 | Harrow                 | 08E | NHS Harrow CCG                                            | 89.7% | 84.1% |
| E09000015 | Harrow                 | 06N | NHS Herts Valleys CCG                                     | 0.2%  | 0.5%  |
| E09000015 | Harrow                 | 08G | NHS Hillingdon CCG                                        | 1.8%  | 2.0%  |
| E09000015 | Harrow                 | 08Y | NHS West London (K&C & QPP) CCG                           | 0.1%  | 0.1%  |

|           |                             |     |                                                |        |        |
|-----------|-----------------------------|-----|------------------------------------------------|--------|--------|
| E06000001 | Hartlepool                  | 00D | NHS Durham Dales, Easington and Sedgefield CCG | 0.2%   | 0.6%   |
| E06000001 | Hartlepool                  | 00K | NHS Hartlepool and Stockton-On-Tees CCG        | 32.4%  | 99.4%  |
| E09000016 | Havering                    | 07L | NHS Barking and Dagenham CCG                   | 3.5%   | 2.9%   |
| E09000016 | Havering                    | 08F | NHS Havering CCG                               | 91.7%  | 96.2%  |
| E09000016 | Havering                    | 08M | NHS Newham CCG                                 | 0.1%   | 0.2%   |
| E09000016 | Havering                    | 08N | NHS Redbridge CCG                              | 0.6%   | 0.7%   |
| E09000016 | Havering                    | 07G | NHS Thurrock CCG                               | 0.1%   | 0.0%   |
| E06000019 | Herefordshire, County of    | 11M | NHS Gloucestershire CCG                        | 0.3%   | 0.9%   |
| E06000019 | Herefordshire, County of    | 05F | NHS Herefordshire CCG                          | 98.2%  | 97.3%  |
| E06000019 | Herefordshire, County of    | 05N | NHS Shropshire CCG                             | 0.3%   | 0.5%   |
| E06000019 | Herefordshire, County of    | 05T | NHS South Worcestershire CCG                   | 0.8%   | 1.3%   |
| E10000015 | Hertfordshire               | 07M | NHS Barnet CCG                                 | 0.2%   | 0.0%   |
| E10000015 | Hertfordshire               | 06F | NHS Bedfordshire CCG                           | 0.1%   | 0.0%   |
| E10000015 | Hertfordshire               | 14Y | NHS Buckinghamshire CCG                        | 0.2%   | 0.1%   |
| E10000015 | Hertfordshire               | 06H | NHS Cambridgeshire and Peterborough CCG        | 2.1%   | 1.6%   |
| E10000015 | Hertfordshire               | 06K | NHS East and North Hertfordshire CCG           | 97.0%  | 46.5%  |
| E10000015 | Hertfordshire               | 07X | NHS Enfield CCG                                | 0.5%   | 0.1%   |
| E10000015 | Hertfordshire               | 08E | NHS Harrow CCG                                 | 0.6%   | 0.1%   |
| E10000015 | Hertfordshire               | 06N | NHS Herts Valleys CCG                          | 98.0%  | 50.7%  |
| E10000015 | Hertfordshire               | 08G | NHS Hillingdon CCG                             | 2.2%   | 0.6%   |
| E10000015 | Hertfordshire               | 06P | NHS Luton CCG                                  | 0.4%   | 0.0%   |
| E10000015 | Hertfordshire               | 07H | NHS West Essex CCG                             | 0.8%   | 0.2%   |
| E09000017 | Hillingdon                  | 14Y | NHS Buckinghamshire CCG                        | 0.0%   | 0.1%   |
| E09000017 | Hillingdon                  | 07W | NHS Ealing CCG                                 | 5.2%   | 6.9%   |
| E09000017 | Hillingdon                  | 08C | NHS Hammersmith and Fulham CCG                 | 0.5%   | 0.3%   |
| E09000017 | Hillingdon                  | 08E | NHS Harrow CCG                                 | 2.2%   | 1.8%   |
| E09000017 | Hillingdon                  | 08G | NHS Hillingdon CCG                             | 94.3%  | 89.8%  |
| E09000017 | Hillingdon                  | 07Y | NHS Hounslow CCG                               | 1.1%   | 1.0%   |
| E09000018 | Hounslow                    | 07W | NHS Ealing CCG                                 | 5.4%   | 7.4%   |
| E09000018 | Hounslow                    | 08C | NHS Hammersmith and Fulham CCG                 | 1.2%   | 0.9%   |
| E09000018 | Hounslow                    | 08G | NHS Hillingdon CCG                             | 0.2%   | 0.2%   |
| E09000018 | Hounslow                    | 07Y | NHS Hounslow CCG                               | 88.2%  | 87.1%  |
| E09000018 | Hounslow                    | 09Y | NHS North West Surrey CCG                      | 0.3%   | 0.4%   |
| E09000018 | Hounslow                    | 08P | NHS Richmond CCG                               | 5.7%   | 3.8%   |
| E09000018 | Hounslow                    | 08Y | NHS West London (K&C & QPP) CCG                | 0.2%   | 0.1%   |
| E06000046 | Isle of Wight               | 10L | NHS Isle of Wight CCG                          | 100.0% | 100.0% |
| E09000019 | Islington                   | 07R | NHS Camden CCG                                 | 4.9%   | 5.4%   |
| E09000019 | Islington                   | 09A | NHS Central London (Westminster) CCG           | 0.5%   | 0.5%   |
| E09000019 | Islington                   | 07T | NHS City and Hackney CCG                       | 3.4%   | 4.2%   |
| E09000019 | Islington                   | 08C | NHS Hammersmith and Fulham CCG                 | 0.5%   | 0.5%   |
| E09000019 | Islington                   | 08D | NHS Haringey CCG                               | 1.2%   | 1.5%   |
| E09000019 | Islington                   | 08H | NHS Islington CCG                              | 89.1%  | 87.9%  |
| E09000020 | Kensington and Chelsea      | 07P | NHS Brent CCG                                  | 0.0%   | 0.1%   |
| E09000020 | Kensington and Chelsea      | 07R | NHS Camden CCG                                 | 0.2%   | 0.3%   |
| E09000020 | Kensington and Chelsea      | 09A | NHS Central London (Westminster) CCG           | 4.0%   | 5.4%   |
| E09000020 | Kensington and Chelsea      | 08C | NHS Hammersmith and Fulham CCG                 | 1.2%   | 1.7%   |
| E09000020 | Kensington and Chelsea      | 08Y | NHS West London (K&C & QPP) CCG                | 63.9%  | 92.5%  |
| E10000016 | Kent                        | 09C | NHS Ashford CCG                                | 100.0% | 8.3%   |
| E10000016 | Kent                        | 07N | NHS Bexley CCG                                 | 1.3%   | 0.2%   |
| E10000016 | Kent                        | 07Q | NHS Bromley CCG                                | 0.9%   | 0.2%   |
| E10000016 | Kent                        | 09E | NHS Canterbury and Coastal CCG                 | 100.0% | 14.1%  |
| E10000016 | Kent                        | 09J | NHS Dartford, Gravesham and Swanley CCG        | 98.3%  | 16.5%  |
| E10000016 | Kent                        | 09L | NHS East Surrey CCG                            | 0.1%   | 0.0%   |
| E10000016 | Kent                        | 08A | NHS Greenwich CCG                              | 0.2%   | 0.0%   |
| E10000016 | Kent                        | 09P | NHS Hastings and Rother CCG                    | 0.3%   | 0.0%   |
| E10000016 | Kent                        | 99K | NHS High Weald Lewes Havens CCG                | 0.6%   | 0.0%   |
| E10000016 | Kent                        | 09W | NHS Medway CCG                                 | 6.1%   | 1.1%   |
| E10000016 | Kent                        | 10A | NHS South Kent Coast CCG                       | 100.0% | 12.9%  |
| E10000016 | Kent                        | 10D | NHS Swale CCG                                  | 99.8%  | 7.1%   |
| E10000016 | Kent                        | 10E | NHS Thanet CCG                                 | 100.0% | 9.1%   |
| E10000016 | Kent                        | 99J | NHS West Kent CCG                              | 98.7%  | 30.4%  |
| E06000010 | Kingston upon Hull, City of | 02Y | NHS East Riding of Yorkshire CCG               | 1.3%   | 1.4%   |
| E06000010 | Kingston upon Hull, City of | 03F | NHS Hull CCG                                   | 90.8%  | 98.6%  |
| E09000021 | Kingston upon Thames        | 08J | NHS Kingston CCG                               | 86.9%  | 95.9%  |
| E09000021 | Kingston upon Thames        | 08R | NHS Merton CCG                                 | 1.1%   | 1.3%   |
| E09000021 | Kingston upon Thames        | 08P | NHS Richmond CCG                               | 0.7%   | 0.8%   |
| E09000021 | Kingston upon Thames        | 99H | NHS Surrey Downs CCG                           | 0.7%   | 1.2%   |
| E09000021 | Kingston upon Thames        | 08T | NHS Sutton CCG                                 | 0.1%   | 0.1%   |
| E09000021 | Kingston upon Thames        | 08X | NHS Wandsworth CCG                             | 0.3%   | 0.7%   |
| E08000034 | Kirklees                    | 02P | NHS Barnsley CCG                               | 0.1%   | 0.0%   |
| E08000034 | Kirklees                    | 02R | NHS Bradford Districts CCG                     | 1.0%   | 0.7%   |
| E08000034 | Kirklees                    | 02T | NHS Calderdale CCG                             | 1.4%   | 0.7%   |
| E08000034 | Kirklees                    | 03A | NHS Greater Huddersfield CCG                   | 99.6%  | 54.7%  |
| E08000034 | Kirklees                    | 15F | NHS Leeds CCG                                  | 0.1%   | 0.3%   |
| E08000034 | Kirklees                    | 03J | NHS North Kirklees CCG                         | 98.9%  | 42.4%  |
| E08000034 | Kirklees                    | 03R | NHS Wakefield CCG                              | 1.5%   | 1.3%   |

|           |                |     |                                         |        |       |
|-----------|----------------|-----|-----------------------------------------|--------|-------|
| E08000011 | Knowsley       | 01F | NHS Halton CCG                          | 1.0%   | 0.8%  |
| E08000011 | Knowsley       | 01J | NHS Knowsley CCG                        | 86.8%  | 88.2% |
| E08000011 | Knowsley       | 99A | NHS Liverpool CCG                       | 2.4%   | 8.0%  |
| E08000011 | Knowsley       | 01T | NHS South Sefton CCG                    | 0.1%   | 0.1%  |
| E08000011 | Knowsley       | 01X | NHS St Helens CCG                       | 2.3%   | 2.8%  |
| E09000022 | Lambeth        | 07R | NHS Camden CCG                          | 0.2%   | 0.1%  |
| E09000022 | Lambeth        | 09A | NHS Central London (Westminster) CCG    | 0.9%   | 0.6%  |
| E09000022 | Lambeth        | 07V | NHS Croydon CCG                         | 0.7%   | 0.8%  |
| E09000022 | Lambeth        | 08C | NHS Hammersmith and Fulham CCG          | 0.6%   | 0.4%  |
| E09000022 | Lambeth        | 08K | NHS Lambeth CCG                         | 85.5%  | 92.2% |
| E09000022 | Lambeth        | 08R | NHS Merton CCG                          | 1.0%   | 0.6%  |
| E09000022 | Lambeth        | 08Q | NHS Southwark CCG                       | 1.9%   | 1.6%  |
| E09000022 | Lambeth        | 08X | NHS Wandsworth CCG                      | 3.5%   | 3.7%  |
| E09000022 | Lambeth        | 08Y | NHS West London (K&C & QPP) CCG         | 0.1%   | 0.0%  |
| E10000017 | Lancashire     | 02N | NHS Airedale, Wharfedale and Craven CCG | 0.2%   | 0.0%  |
| E10000017 | Lancashire     | 00Q | NHS Blackburn with Darwen CCG           | 11.1%  | 1.5%  |
| E10000017 | Lancashire     | 00R | NHS Blackpool CCG                       | 13.6%  | 1.9%  |
| E10000017 | Lancashire     | 00T | NHS Bolton CCG                          | 0.3%   | 0.0%  |
| E10000017 | Lancashire     | 00V | NHS Bury CCG                            | 1.4%   | 0.2%  |
| E10000017 | Lancashire     | 00X | NHS Chorley and South Ribble CCG        | 99.8%  | 14.5% |
| E10000017 | Lancashire     | 01A | NHS East Lancashire CCG                 | 99.0%  | 30.0% |
| E10000017 | Lancashire     | 02M | NHS Fylde & Wyre CCG                    | 97.9%  | 13.8% |
| E10000017 | Lancashire     | 01E | NHS Greater Preston CCG                 | 100.0% | 16.6% |
| E10000017 | Lancashire     | 01D | NHS Heywood, Middleton and Rochdale CCG | 0.9%   | 0.2%  |
| E10000017 | Lancashire     | 01J | NHS Knowsley CCG                        | 0.1%   | 0.0%  |
| E10000017 | Lancashire     | 01K | NHS Morecambe Bay CCG                   | 44.1%  | 12.1% |
| E10000017 | Lancashire     | 01T | NHS South Sefton CCG                    | 0.5%   | 0.0%  |
| E10000017 | Lancashire     | 01V | NHS Southport and Formby CCG            | 3.2%   | 0.3%  |
| E10000017 | Lancashire     | 01X | NHS St Helens CCG                       | 0.5%   | 0.0%  |
| E10000017 | Lancashire     | 02G | NHS West Lancashire CCG                 | 96.9%  | 8.7%  |
| E10000017 | Lancashire     | 02H | NHS Wigan Borough CCG                   | 0.7%   | 0.2%  |
| E08000035 | Leeds          | 02N | NHS Airedale, Wharfedale and Craven CCG | 0.1%   | 0.0%  |
| E08000035 | Leeds          | 02W | NHS Bradford City CCG                   | 1.1%   | 0.2%  |
| E08000035 | Leeds          | 02R | NHS Bradford Districts CCG              | 0.5%   | 0.2%  |
| E08000035 | Leeds          | 15F | NHS Leeds CCG                           | 97.7%  | 98.8% |
| E08000035 | Leeds          | 03J | NHS North Kirklees CCG                  | 0.3%   | 0.0%  |
| E08000035 | Leeds          | 03Q | NHS Vale of York CCG                    | 0.6%   | 0.2%  |
| E08000035 | Leeds          | 03R | NHS Wakefield CCG                       | 1.4%   | 0.6%  |
| E06000016 | Leicester      | 03W | NHS East Leicestershire and Rutland CCG | 2.1%   | 1.8%  |
| E06000016 | Leicester      | 04C | NHS Leicester City CCG                  | 92.8%  | 95.5% |
| E06000016 | Leicester      | 04V | NHS West Leicestershire CCG             | 2.8%   | 2.7%  |
| E10000018 | Leicestershire | 03V | NHS Corby CCG                           | 0.5%   | 0.0%  |
| E10000018 | Leicestershire | 15M | NHS Derby and Derbyshire CCG            | 0.4%   | 0.6%  |
| E10000018 | Leicestershire | 03W | NHS East Leicestershire and Rutland CCG | 85.5%  | 39.8% |
| E10000018 | Leicestershire | 04C | NHS Leicester City CCG                  | 7.2%   | 4.1%  |
| E10000018 | Leicestershire | 04N | NHS Rushcliffe CCG                      | 5.4%   | 1.0%  |
| E10000018 | Leicestershire | 04Q | NHS South West Lincolnshire CCG         | 5.6%   | 1.1%  |
| E10000018 | Leicestershire | 05H | NHS Warwickshire North CCG              | 1.6%   | 0.4%  |
| E10000018 | Leicestershire | 04V | NHS West Leicestershire CCG             | 96.2%  | 53.1% |
| E09000023 | Lewisham       | 07Q | NHS Bromley CCG                         | 1.4%   | 1.5%  |
| E09000023 | Lewisham       | 09A | NHS Central London (Westminster) CCG    | 0.2%   | 0.2%  |
| E09000023 | Lewisham       | 08A | NHS Greenwich CCG                       | 2.1%   | 1.9%  |
| E09000023 | Lewisham       | 08C | NHS Hammersmith and Fulham CCG          | 0.3%   | 0.2%  |
| E09000023 | Lewisham       | 08K | NHS Lambeth CCG                         | 0.3%   | 0.4%  |
| E09000023 | Lewisham       | 08L | NHS Lewisham CCG                        | 91.5%  | 92.0% |
| E09000023 | Lewisham       | 08Q | NHS Southwark CCG                       | 3.9%   | 3.9%  |
| E10000019 | Lincolnshire   | 06H | NHS Cambridgeshire and Peterborough CCG | 0.2%   | 0.3%  |
| E10000019 | Lincolnshire   | 03W | NHS East Leicestershire and Rutland CCG | 0.2%   | 0.1%  |
| E10000019 | Lincolnshire   | 03T | NHS Lincolnshire East CCG               | 99.2%  | 32.0% |
| E10000019 | Lincolnshire   | 04D | NHS Lincolnshire West CCG               | 98.6%  | 29.9% |
| E10000019 | Lincolnshire   | 04H | NHS Newark & Sherwood CCG               | 2.4%   | 0.4%  |
| E10000019 | Lincolnshire   | 03H | NHS North East Lincolnshire CCG         | 2.7%   | 0.6%  |
| E10000019 | Lincolnshire   | 03K | NHS North Lincolnshire CCG              | 4.9%   | 1.1%  |
| E10000019 | Lincolnshire   | 99D | NHS South Lincolnshire CCG              | 90.8%  | 19.6% |
| E10000019 | Lincolnshire   | 04Q | NHS South West Lincolnshire CCG         | 93.3%  | 16.1% |
| E08000012 | Liverpool      | 01J | NHS Knowsley CCG                        | 8.5%   | 2.7%  |
| E08000012 | Liverpool      | 99A | NHS Liverpool CCG                       | 94.4%  | 96.3% |
| E08000012 | Liverpool      | 01T | NHS South Sefton CCG                    | 3.3%   | 1.0%  |
| E06000032 | Luton          | 06F | NHS Bedfordshire CCG                    | 2.3%   | 4.5%  |
| E06000032 | Luton          | 06P | NHS Luton CCG                           | 97.3%  | 95.5% |
| E08000003 | Manchester     | 00V | NHS Bury CCG                            | 0.4%   | 0.1%  |
| E08000003 | Manchester     | 01D | NHS Heywood, Middleton and Rochdale CCG | 0.5%   | 0.2%  |
| E08000003 | Manchester     | 14L | NHS Manchester CCG                      | 90.9%  | 95.6% |
| E08000003 | Manchester     | 00Y | NHS Oldham CCG                          | 0.9%   | 0.4%  |
| E08000003 | Manchester     | 01G | NHS Salford CCG                         | 2.5%   | 1.1%  |
| E08000003 | Manchester     | 01W | NHS Stockport CCG                       | 1.7%   | 0.8%  |
| E08000003 | Manchester     | 01Y | NHS Tameside and Glossop CCG            | 0.4%   | 0.2%  |
| E08000003 | Manchester     | 02A | NHS Trafford CCG                        | 4.0%   | 1.6%  |

|           |                         |     |                                                           |        |       |
|-----------|-------------------------|-----|-----------------------------------------------------------|--------|-------|
| E06000035 | Medway                  | 09J | NHS Dartford, Gravesham and Swanley CCG                   | 0.2%   | 0.2%  |
| E06000035 | Medway                  | 09W | NHS Medway CCG                                            | 93.9%  | 99.5% |
| E06000035 | Medway                  | 10D | NHS Swale CCG                                             | 0.2%   | 0.0%  |
| E06000035 | Medway                  | 99J | NHS West Kent CCG                                         | 0.2%   | 0.3%  |
| E09000024 | Merton                  | 07V | NHS Croydon CCG                                           | 0.5%   | 0.9%  |
| E09000024 | Merton                  | 08C | NHS Hammersmith and Fulham CCG                            | 0.2%   | 0.2%  |
| E09000024 | Merton                  | 08J | NHS Kingston CCG                                          | 3.4%   | 2.9%  |
| E09000024 | Merton                  | 08K | NHS Lambeth CCG                                           | 1.0%   | 1.7%  |
| E09000024 | Merton                  | 08R | NHS Merton CCG                                            | 87.7%  | 80.9% |
| E09000024 | Merton                  | 08T | NHS Sutton CCG                                            | 3.3%   | 2.6%  |
| E09000024 | Merton                  | 08X | NHS Wandsworth CCG                                        | 6.6%   | 10.8% |
| E06000002 | Middlesbrough           | 03D | NHS Hambleton, Richmondshire and Whitby CCG               | 0.2%   | 0.2%  |
| E06000002 | Middlesbrough           | 00K | NHS Hartlepool and Stockton-On-Tees CCG                   | 0.2%   | 0.3%  |
| E06000002 | Middlesbrough           | 00M | NHS South Tees CCG                                        | 52.3%  | 99.5% |
| E06000042 | Milton Keynes           | 06F | NHS Bedfordshire CCG                                      | 1.5%   | 2.5%  |
| E06000042 | Milton Keynes           | 04F | NHS Milton Keynes CCG                                     | 95.5%  | 96.2% |
| E06000042 | Milton Keynes           | 04G | NHS Nene CCG                                              | 0.6%   | 1.3%  |
| E08000021 | Newcastle upon Tyne     | 13T | NHS Newcastle Gateshead CCG                               | 58.9%  | 95.2% |
| E08000021 | Newcastle upon Tyne     | 99C | NHS North Tyneside CCG                                    | 5.9%   | 4.0%  |
| E08000021 | Newcastle upon Tyne     | 00L | NHS Northumberland CCG                                    | 0.8%   | 0.8%  |
| E09000025 | Newham                  | 07L | NHS Barking and Dagenham CCG                              | 0.5%   | 0.3%  |
| E09000025 | Newham                  | 09A | NHS Central London (Westminster) CCG                      | 0.7%   | 0.4%  |
| E09000025 | Newham                  | 07T | NHS City and Hackney CCG                                  | 0.1%   | 0.0%  |
| E09000025 | Newham                  | 08C | NHS Hammersmith and Fulham CCG                            | 0.5%   | 0.3%  |
| E09000025 | Newham                  | 08M | NHS Newham CCG                                            | 96.6%  | 97.3% |
| E09000025 | Newham                  | 08N | NHS Redbridge CCG                                         | 0.3%   | 0.2%  |
| E09000025 | Newham                  | 08V | NHS Tower Hamlets CCG                                     | 0.2%   | 0.2%  |
| E09000025 | Newham                  | 08W | NHS Waltham Forest CCG                                    | 1.7%   | 1.4%  |
| E10000020 | Norfolk                 | 06H | NHS Cambridgeshire and Peterborough CCG                   | 0.7%   | 0.7%  |
| E10000020 | Norfolk                 | 06M | NHS Great Yarmouth and Waveney CCG                        | 47.7%  | 12.2% |
| E10000020 | Norfolk                 | 06L | NHS Ipswich and East Suffolk CCG                          | 0.2%   | 0.0%  |
| E10000020 | Norfolk                 | 06V | NHS North Norfolk CCG                                     | 100.0% | 18.6% |
| E10000020 | Norfolk                 | 06W | NHS Norwich CCG                                           | 100.0% | 25.2% |
| E10000020 | Norfolk                 | 99D | NHS South Lincolnshire CCG                                | 0.2%   | 0.0%  |
| E10000020 | Norfolk                 | 06Y | NHS South Norfolk CCG                                     | 98.9%  | 24.1% |
| E10000020 | Norfolk                 | 07J | NHS West Norfolk CCG                                      | 98.4%  | 18.5% |
| E10000020 | Norfolk                 | 07K | NHS West Suffolk CCG                                      | 2.6%   | 0.7%  |
| E06000012 | North East Lincolnshire | 03T | NHS Lincolnshire East CCG                                 | 0.8%   | 1.2%  |
| E06000012 | North East Lincolnshire | 03H | NHS North East Lincolnshire CCG                           | 95.9%  | 98.6% |
| E06000012 | North East Lincolnshire | 03K | NHS North Lincolnshire CCG                                | 0.2%   | 0.2%  |
| E06000013 | North Lincolnshire      | 02Q | NHS Bassetlaw CCG                                         | 0.2%   | 0.2%  |
| E06000013 | North Lincolnshire      | 02X | NHS Doncaster CCG                                         | 0.0%   | 0.1%  |
| E06000013 | North Lincolnshire      | 02Y | NHS East Riding of Yorkshire CCG                          | 0.0%   | 0.1%  |
| E06000013 | North Lincolnshire      | 04D | NHS Lincolnshire West CCG                                 | 1.0%   | 1.3%  |
| E06000013 | North Lincolnshire      | 03H | NHS North East Lincolnshire CCG                           | 1.4%   | 1.4%  |
| E06000013 | North Lincolnshire      | 03K | NHS North Lincolnshire CCG                                | 94.9%  | 96.9% |
| E06000024 | North Somerset          | 11E | NHS Bath and North East Somerset CCG                      | 1.6%   | 1.5%  |
| E06000024 | North Somerset          | 15C | NHS Bristol, North Somerset and South Gloucestershire CCG | 21.8%  | 98.3% |
| E06000024 | North Somerset          | 11X | NHS Somerset CCG                                          | 0.0%   | 0.2%  |
| E08000022 | North Tyneside          | 13T | NHS Newcastle Gateshead CCG                               | 1.0%   | 2.6%  |
| E08000022 | North Tyneside          | 99C | NHS North Tyneside CCG                                    | 93.2%  | 96.3% |
| E08000022 | North Tyneside          | 00L | NHS Northumberland CCG                                    | 0.7%   | 1.1%  |
| E10000023 | North Yorkshire         | 02N | NHS Airedale, Wharfedale and Craven CCG                   | 32.5%  | 8.3%  |
| E10000023 | North Yorkshire         | 00C | NHS Darlington CCG                                        | 1.3%   | 0.2%  |
| E10000023 | North Yorkshire         | 02X | NHS Doncaster CCG                                         | 0.2%   | 0.1%  |
| E10000023 | North Yorkshire         | 00D | NHS Durham Dales, Easington and Sedgefield CCG            | 0.2%   | 0.1%  |
| E10000023 | North Yorkshire         | 01A | NHS East Lancashire CCG                                   | 0.1%   | 0.0%  |
| E10000023 | North Yorkshire         | 02Y | NHS East Riding of Yorkshire CCG                          | 1.4%   | 0.7%  |
| E10000023 | North Yorkshire         | 03D | NHS Hambleton, Richmondshire and Whitby CCG               | 98.3%  | 22.8% |
| E10000023 | North Yorkshire         | 03E | NHS Harrogate and Rural District CCG                      | 99.8%  | 26.2% |
| E10000023 | North Yorkshire         | 00K | NHS Hartlepool and Stockton-On-Tees CCG                   | 0.2%   | 0.1%  |
| E10000023 | North Yorkshire         | 15F | NHS Leeds CCG                                             | 0.9%   | 1.3%  |
| E10000023 | North Yorkshire         | 01K | NHS Morecambe Bay CCG                                     | 1.9%   | 1.0%  |
| E10000023 | North Yorkshire         | 03M | NHS Scarborough and Ryedale CCG                           | 99.3%  | 19.2% |
| E10000023 | North Yorkshire         | 03Q | NHS Vale of York CCG                                      | 32.6%  | 18.8% |
| E10000023 | North Yorkshire         | 03R | NHS Wakefield CCG                                         | 2.0%   | 1.2%  |
| E10000021 | Northamptonshire        | 06F | NHS Bedfordshire CCG                                      | 0.1%   | 0.0%  |
| E10000021 | Northamptonshire        | 06H | NHS Cambridgeshire and Peterborough CCG                   | 1.6%   | 1.9%  |
| E10000021 | Northamptonshire        | 03V | NHS Corby CCG                                             | 99.2%  | 9.8%  |
| E10000021 | Northamptonshire        | 05A | NHS Coventry and Rugby CCG                                | 0.3%   | 0.2%  |
| E10000021 | Northamptonshire        | 03W | NHS East Leicestershire and Rutland CCG                   | 2.0%   | 0.8%  |
| E10000021 | Northamptonshire        | 04F | NHS Milton Keynes CCG                                     | 3.1%   | 1.2%  |
| E10000021 | Northamptonshire        | 04G | NHS Nene CCG                                              | 98.8%  | 84.9% |
| E10000021 | Northamptonshire        | 10Q | NHS Oxfordshire CCG                                       | 1.1%   | 1.0%  |
| E10000021 | Northamptonshire        | 99D | NHS South Lincolnshire CCG                                | 0.9%   | 0.2%  |
| E06000057 | Northumberland          | 13T | NHS Newcastle Gateshead CCG                               | 0.3%   | 0.5%  |
| E06000057 | Northumberland          | 01H | NHS North Cumbria CCG                                     | 0.1%   | 0.1%  |
| E06000057 | Northumberland          | 00J | NHS North Durham CCG                                      | 0.2%   | 0.2%  |
| E06000057 | Northumberland          | 99C | NHS North Tyneside CCG                                    | 0.9%   | 0.6%  |
| E06000057 | Northumberland          | 00L | NHS Northumberland CCG                                    | 97.9%  | 98.7% |

|           |                      |     |                                             |       |        |
|-----------|----------------------|-----|---------------------------------------------|-------|--------|
| E06000018 | Nottingham           | 04K | NHS Nottingham City CCG                     | 89.9% | 95.4%  |
| E06000018 | Nottingham           | 04L | NHS Nottingham North and East CCG           | 4.6%  | 2.0%   |
| E06000018 | Nottingham           | 04M | NHS Nottingham West CCG                     | 4.1%  | 1.1%   |
| E06000018 | Nottingham           | 04N | NHS Rushcliffe CCG                          | 4.3%  | 1.5%   |
| E10000024 | Nottinghamshire      | 02Q | NHS Bassetlaw CCG                           | 97.1% | 13.5%  |
| E10000024 | Nottinghamshire      | 15M | NHS Derby and Derbyshire CCG                | 1.5%  | 1.8%   |
| E10000024 | Nottinghamshire      | 02X | NHS Doncaster CCG                           | 1.6%  | 0.6%   |
| E10000024 | Nottinghamshire      | 03W | NHS East Leicestershire and Rutland CCG     | 0.3%  | 0.1%   |
| E10000024 | Nottinghamshire      | 04D | NHS Lincolnshire West CCG                   | 0.4%  | 0.1%   |
| E10000024 | Nottinghamshire      | 04E | NHS Mansfield and Ashfield CCG              | 97.9% | 22.5%  |
| E10000024 | Nottinghamshire      | 04H | NHS Newark & Sherwood CCG                   | 97.6% | 15.6%  |
| E10000024 | Nottinghamshire      | 04K | NHS Nottingham City CCG                     | 10.1% | 4.6%   |
| E10000024 | Nottinghamshire      | 04L | NHS Nottingham North and East CCG           | 95.1% | 17.2%  |
| E10000024 | Nottinghamshire      | 04M | NHS Nottingham West CCG                     | 90.8% | 10.2%  |
| E10000024 | Nottinghamshire      | 04N | NHS Rushcliffe CCG                          | 90.3% | 13.6%  |
| E10000024 | Nottinghamshire      | 04Q | NHS South West Lincolnshire CCG             | 0.7%  | 0.1%   |
| E10000024 | Nottinghamshire      | 04V | NHS West Leicestershire CCG                 | 0.1%  | 0.0%   |
| E08000004 | Oldham               | 01D | NHS Heywood, Middleton and Rochdale CCG     | 1.5%  | 1.4%   |
| E08000004 | Oldham               | 14L | NHS Manchester CCG                          | 0.8%  | 2.1%   |
| E08000004 | Oldham               | 00Y | NHS Oldham CCG                              | 94.5% | 96.3%  |
| E08000004 | Oldham               | 01Y | NHS Tameside and Glossop CCG                | 0.2%  | 0.2%   |
| E10000025 | Oxfordshire          | 15A | NHS Berkshire West CCG                      | 0.5%  | 0.3%   |
| E10000025 | Oxfordshire          | 14Y | NHS Buckinghamshire CCG                     | 2.4%  | 1.8%   |
| E10000025 | Oxfordshire          | 11M | NHS Gloucestershire CCG                     | 0.2%  | 0.2%   |
| E10000025 | Oxfordshire          | 04G | NHS Nene CCG                                | 0.1%  | 0.1%   |
| E10000025 | Oxfordshire          | 10Q | NHS Oxfordshire CCG                         | 97.4% | 96.5%  |
| E10000025 | Oxfordshire          | 05R | NHS South Warwickshire CCG                  | 0.6%  | 0.2%   |
| E10000025 | Oxfordshire          | 12D | NHS Swindon CCG                             | 2.7%  | 0.9%   |
| E06000031 | Peterborough         | 06H | NHS Cambridgeshire and Peterborough CCG     | 23.0% | 96.3%  |
| E06000031 | Peterborough         | 99D | NHS South Lincolnshire CCG                  | 5.1%  | 3.7%   |
| E06000026 | Plymouth             | 15N | NHS Devon CCG                               | 22.1% | 100.0% |
| E06000044 | Portsmouth           | 10K | NHS Fareham and Gosport CCG                 | 1.5%  | 1.4%   |
| E06000044 | Portsmouth           | 10R | NHS Portsmouth CCG                          | 95.6% | 98.4%  |
| E06000044 | Portsmouth           | 10V | NHS South Eastern Hampshire CCG             | 0.2%  | 0.2%   |
| E06000038 | Reading              | 15A | NHS Berkshire West CCG                      | 35.3% | 99.4%  |
| E06000038 | Reading              | 10Q | NHS Oxfordshire CCG                         | 0.2%  | 0.6%   |
| E09000026 | Redbridge            | 07L | NHS Barking and Dagenham CCG                | 4.9%  | 3.3%   |
| E09000026 | Redbridge            | 08C | NHS Hammersmith and Fulham CCG              | 0.1%  | 0.1%   |
| E09000026 | Redbridge            | 08F | NHS Havering CCG                            | 0.8%  | 0.7%   |
| E09000026 | Redbridge            | 08M | NHS Newham CCG                              | 1.4%  | 1.7%   |
| E09000026 | Redbridge            | 08N | NHS Redbridge CCG                           | 92.3% | 89.4%  |
| E09000026 | Redbridge            | 08W | NHS Waltham Forest CCG                      | 3.3%  | 3.1%   |
| E09000026 | Redbridge            | 07H | NHS West Essex CCG                          | 1.8%  | 1.7%   |
| E06000003 | Redcar and Cleveland | 03D | NHS Hambleton, Richmondshire and Whitby CCG | 1.1%  | 1.1%   |
| E06000003 | Redcar and Cleveland | 00M | NHS South Tees CCG                          | 47.3% | 98.9%  |
| E09000027 | Richmond upon Thames | 08C | NHS Hammersmith and Fulham CCG              | 0.5%  | 0.5%   |
| E09000027 | Richmond upon Thames | 07Y | NHS Hounslow CCG                            | 4.9%  | 7.0%   |
| E09000027 | Richmond upon Thames | 08J | NHS Kingston CCG                            | 1.6%  | 1.5%   |
| E09000027 | Richmond upon Thames | 08P | NHS Richmond CCG                            | 91.7% | 90.3%  |
| E09000027 | Richmond upon Thames | 99H | NHS Surrey Downs CCG                        | 0.0%  | 0.1%   |
| E09000027 | Richmond upon Thames | 08X | NHS Wandsworth CCG                          | 0.4%  | 0.7%   |
| E08000005 | Rochdale             | 00V | NHS Bury CCG                                | 0.7%  | 0.6%   |
| E08000005 | Rochdale             | 01A | NHS East Lancashire CCG                     | 0.2%  | 0.3%   |
| E08000005 | Rochdale             | 01D | NHS Heywood, Middleton and Rochdale CCG     | 96.5% | 96.6%  |
| E08000005 | Rochdale             | 14L | NHS Manchester CCG                          | 0.6%  | 1.6%   |
| E08000005 | Rochdale             | 00Y | NHS Oldham CCG                              | 0.9%  | 1.0%   |
| E08000018 | Rotherham            | 02P | NHS Barnsley CCG                            | 3.3%  | 3.1%   |
| E08000018 | Rotherham            | 02Q | NHS Bassetlaw CCG                           | 1.0%  | 0.4%   |
| E08000018 | Rotherham            | 02X | NHS Doncaster CCG                           | 1.1%  | 1.2%   |
| E08000018 | Rotherham            | 03L | NHS Rotherham CCG                           | 97.9% | 93.5%  |
| E08000018 | Rotherham            | 03N | NHS Sheffield CCG                           | 0.8%  | 1.7%   |
| E06000017 | Rutland              | 06H | NHS Cambridgeshire and Peterborough CCG     | 0.0%  | 0.3%   |
| E06000017 | Rutland              | 03V | NHS Corby CCG                               | 0.2%  | 0.5%   |
| E06000017 | Rutland              | 03W | NHS East Leicestershire and Rutland CCG     | 9.9%  | 86.3%  |
| E06000017 | Rutland              | 99D | NHS South Lincolnshire CCG                  | 2.6%  | 11.5%  |
| E06000017 | Rutland              | 04Q | NHS South West Lincolnshire CCG             | 0.4%  | 1.4%   |
| E08000006 | Salford              | 00T | NHS Bolton CCG                              | 0.2%  | 0.3%   |
| E08000006 | Salford              | 00V | NHS Bury CCG                                | 1.8%  | 1.4%   |
| E08000006 | Salford              | 14L | NHS Manchester CCG                          | 1.1%  | 2.5%   |
| E08000006 | Salford              | 01G | NHS Salford CCG                             | 94.1% | 94.6%  |
| E08000006 | Salford              | 02A | NHS Trafford CCG                            | 0.2%  | 0.2%   |
| E08000006 | Salford              | 02H | NHS Wigan Borough CCG                       | 0.9%  | 1.1%   |
| E08000028 | Sandwell             | 15E | NHS Birmingham and Solihull CCG             | 1.9%  | 7.0%   |
| E08000028 | Sandwell             | 05C | NHS Dudley CCG                              | 3.0%  | 2.7%   |
| E08000028 | Sandwell             | 05L | NHS Sandwell and West Birmingham CCG        | 55.1% | 88.6%  |
| E08000028 | Sandwell             | 05Y | NHS Walsall CCG                             | 1.7%  | 1.3%   |
| E08000028 | Sandwell             | 06A | NHS Wolverhampton CCG                       | 0.3%  | 0.3%   |
| E08000014 | Sefton               | 01J | NHS Knowsley CCG                            | 1.8%  | 1.0%   |
| E08000014 | Sefton               | 99A | NHS Liverpool CCG                           | 2.9%  | 5.3%   |
| E08000014 | Sefton               | 01T | NHS South Sefton CCG                        | 96.0% | 51.6%  |
| E08000014 | Sefton               | 01V | NHS Southport and Formby CCG                | 96.8% | 41.9%  |
| E08000014 | Sefton               | 02G | NHS West Lancashire CCG                     | 0.3%  | 0.1%   |

|           |                       |     |                                                           |       |       |
|-----------|-----------------------|-----|-----------------------------------------------------------|-------|-------|
| E08000019 | Sheffield             | 02P | NHS Barnsley CCG                                          | 0.8%  | 0.4%  |
| E08000019 | Sheffield             | 15M | NHS Derby and Derbyshire CCG                              | 0.2%  | 0.4%  |
| E08000019 | Sheffield             | 03L | NHS Rotherham CCG                                         | 0.4%  | 0.2%  |
| E08000019 | Sheffield             | 03N | NHS Sheffield CCG                                         | 98.5% | 99.1% |
| E06000051 | Shropshire            | 05F | NHS Herefordshire CCG                                     | 0.4%  | 0.3%  |
| E06000051 | Shropshire            | 05G | NHS North Staffordshire CCG                               | 0.5%  | 0.3%  |
| E06000051 | Shropshire            | 05N | NHS Shropshire CCG                                        | 96.7% | 95.4% |
| E06000051 | Shropshire            | 01R | NHS South Cheshire CCG                                    | 0.4%  | 0.3%  |
| E06000051 | Shropshire            | 05Q | NHS South East Staffs and Seisdon Peninsular CCG          | 1.2%  | 0.9%  |
| E06000051 | Shropshire            | 05T | NHS South Worcestershire CCG                              | 1.0%  | 1.0%  |
| E06000051 | Shropshire            | 05X | NHS Telford and Wrekin CCG                                | 2.3%  | 1.4%  |
| E06000051 | Shropshire            | 02F | NHS West Cheshire CCG                                     | 0.1%  | 0.1%  |
| E06000051 | Shropshire            | 06D | NHS Wyre Forest CCG                                       | 0.8%  | 0.3%  |
| E06000039 | Slough                | 14Y | NHS Buckinghamshire CCG                                   | 1.8%  | 6.2%  |
| E06000039 | Slough                | 07W | NHS Ealing CCG                                            | 0.0%  | 0.1%  |
| E06000039 | Slough                | 15D | NHS East Berkshire CCG                                    | 33.8% | 93.4% |
| E06000039 | Slough                | 08G | NHS Hillingdon CCG                                        | 0.0%  | 0.1%  |
| E06000039 | Slough                | 07Y | NHS Hounslow CCG                                          | 0.0%  | 0.1%  |
| E06000039 | Slough                | 09Y | NHS North West Surrey CCG                                 | 0.0%  | 0.1%  |
| E08000029 | Solihull              | 15E | NHS Birmingham and Solihull CCG                           | 17.0% | 98.9% |
| E08000029 | Solihull              | 05A | NHS Coventry and Rugby CCG                                | 0.0%  | 0.1%  |
| E08000029 | Solihull              | 05J | NHS Redditch and Bromsgrove CCG                           | 0.4%  | 0.3%  |
| E08000029 | Solihull              | 05L | NHS Sandwell and West Birmingham CCG                      | 0.0%  | 0.1%  |
| E08000029 | Solihull              | 05R | NHS South Warwickshire CCG                                | 0.4%  | 0.4%  |
| E08000029 | Solihull              | 05H | NHS Warwickshire North CCG                                | 0.2%  | 0.2%  |
| E10000027 | Somerset              | 11E | NHS Bath and North East Somerset CCG                      | 3.1%  | 1.1%  |
| E10000027 | Somerset              | 15C | NHS Bristol, North Somerset and South Gloucestershire CCG | 0.2%  | 0.3%  |
| E10000027 | Somerset              | 15N | NHS Devon CCG                                             | 0.2%  | 0.5%  |
| E10000027 | Somerset              | 11J | NHS Dorset CCG                                            | 0.5%  | 0.7%  |
| E10000027 | Somerset              | 11X | NHS Somerset CCG                                          | 98.5% | 97.3% |
| E10000027 | Somerset              | 99N | NHS Wiltshire CCG                                         | 0.1%  | 0.1%  |
| E06000025 | South Gloucestershire | 11E | NHS Bath and North East Somerset CCG                      | 0.8%  | 0.6%  |
| E06000025 | South Gloucestershire | 15C | NHS Bristol, North Somerset and South Gloucestershire CCG | 28.2% | 97.5% |
| E06000025 | South Gloucestershire | 11M | NHS Gloucestershire CCG                                   | 0.8%  | 1.8%  |
| E06000025 | South Gloucestershire | 99N | NHS Wiltshire CCG                                         | 0.0%  | 0.1%  |
| E08000023 | South Tyneside        | 13T | NHS Newcastle Gateshead CCG                               | 0.0%  | 0.2%  |
| E08000023 | South Tyneside        | 00N | NHS South Tyneside CCG                                    | 99.2% | 99.2% |
| E08000023 | South Tyneside        | 00P | NHS Sunderland CCG                                        | 0.3%  | 0.6%  |
| E06000045 | Southampton           | 10X | NHS Southampton CCG                                       | 94.9% | 99.5% |
| E06000045 | Southampton           | 11A | NHS West Hampshire CCG                                    | 0.2%  | 0.5%  |
| E06000033 | Southend-on-Sea       | 99F | NHS Castle Point and Rochford CCG                         | 4.8%  | 4.7%  |
| E06000033 | Southend-on-Sea       | 99G | NHS Southend CCG                                          | 96.7% | 95.3% |
| E09000028 | Southwark             | 07R | NHS Camden CCG                                            | 0.3%  | 0.3%  |
| E09000028 | Southwark             | 09A | NHS Central London (Westminster) CCG                      | 2.5%  | 1.6%  |
| E09000028 | Southwark             | 08C | NHS Hammersmith and Fulham CCG                            | 0.7%  | 0.5%  |
| E09000028 | Southwark             | 08K | NHS Lambeth CCG                                           | 6.6%  | 7.7%  |
| E09000028 | Southwark             | 08L | NHS Lewisham CCG                                          | 2.1%  | 2.0%  |
| E09000028 | Southwark             | 08Q | NHS Southwark CCG                                         | 94.1% | 87.9% |
| E09000028 | Southwark             | 08X | NHS Wandsworth CCG                                        | 0.1%  | 0.1%  |
| E08000013 | St. Helens            | 01F | NHS Halton CCG                                            | 0.2%  | 0.1%  |
| E08000013 | St. Helens            | 01J | NHS Knowsley CCG                                          | 2.6%  | 2.3%  |
| E08000013 | St. Helens            | 01X | NHS St Helens CCG                                         | 91.2% | 96.3% |
| E08000013 | St. Helens            | 02E | NHS Warrington CCG                                        | 0.1%  | 0.1%  |
| E08000013 | St. Helens            | 02H | NHS Wigan Borough CCG                                     | 0.7%  | 1.2%  |
| E10000028 | Staffordshire         | 15E | NHS Birmingham and Solihull CCG                           | 0.3%  | 0.4%  |
| E10000028 | Staffordshire         | 04Y | NHS Cannock Chase CCG                                     | 99.3% | 14.9% |
| E10000028 | Staffordshire         | 15M | NHS Derby and Derbyshire CCG                              | 0.5%  | 0.5%  |
| E10000028 | Staffordshire         | 05C | NHS Dudley CCG                                            | 1.4%  | 0.5%  |
| E10000028 | Staffordshire         | 05D | NHS East Staffordshire CCG                                | 92.1% | 14.7% |
| E10000028 | Staffordshire         | 01C | NHS Eastern Cheshire CCG                                  | 0.6%  | 0.1%  |
| E10000028 | Staffordshire         | 05G | NHS North Staffordshire CCG                               | 95.1% | 23.4% |
| E10000028 | Staffordshire         | 05N | NHS Shropshire CCG                                        | 1.0%  | 0.3%  |
| E10000028 | Staffordshire         | 01R | NHS South Cheshire CCG                                    | 0.5%  | 0.1%  |
| E10000028 | Staffordshire         | 05Q | NHS South East Staffs and Seisdon Peninsular CCG          | 96.2% | 23.6% |
| E10000028 | Staffordshire         | 05V | NHS Stafford and Surrounds CCG                            | 99.5% | 16.7% |
| E10000028 | Staffordshire         | 05W | NHS Stoke on Trent CCG                                    | 8.8%  | 2.9%  |
| E10000028 | Staffordshire         | 05X | NHS Telford and Wrekin CCG                                | 1.0%  | 0.2%  |
| E10000028 | Staffordshire         | 05Y | NHS Walsall CCG                                           | 1.6%  | 0.5%  |
| E10000028 | Staffordshire         | 05H | NHS Warwickshire North CCG                                | 1.1%  | 0.2%  |
| E10000028 | Staffordshire         | 06A | NHS Wolverhampton CCG                                     | 2.6%  | 0.8%  |
| E10000028 | Staffordshire         | 06D | NHS Wyre Forest CCG                                       | 0.2%  | 0.0%  |
| E08000007 | Stockport             | 01C | NHS Eastern Cheshire CCG                                  | 1.6%  | 1.1%  |
| E08000007 | Stockport             | 14L | NHS Manchester CCG                                        | 1.1%  | 2.2%  |
| E08000007 | Stockport             | 01W | NHS Stockport CCG                                         | 94.9% | 96.5% |
| E08000007 | Stockport             | 01Y | NHS Tameside and Glossop CCG                              | 0.2%  | 0.2%  |
| E06000004 | Stockton-on-Tees      | 00C | NHS Darlington CCG                                        | 0.4%  | 0.2%  |
| E06000004 | Stockton-on-Tees      | 00D | NHS Durham Dales, Easington and Sedgefield CCG            | 0.4%  | 0.6%  |
| E06000004 | Stockton-on-Tees      | 03D | NHS Hambleton, Richmondshire and Whitby CCG               | 0.1%  | 0.1%  |
| E06000004 | Stockton-on-Tees      | 00K | NHS Hartlepool and Stockton-On-Tees CCG                   | 66.9% | 98.4% |
| E06000004 | Stockton-on-Tees      | 00M | NHS South Tees CCG                                        | 0.4%  | 0.7%  |

|           |                    |     |                                                |       |        |
|-----------|--------------------|-----|------------------------------------------------|-------|--------|
| E06000021 | Stoke-on-Trent     | 05G | NHS North Staffordshire CCG                    | 3.3%  | 2.7%   |
| E06000021 | Stoke-on-Trent     | 05V | NHS Stafford and Surrounds CCG                 | 0.5%  | 0.3%   |
| E06000021 | Stoke-on-Trent     | 05W | NHS Stoke on Trent CCG                         | 91.2% | 97.1%  |
| E10000029 | Suffolk            | 06H | NHS Cambridgeshire and Peterborough CCG        | 0.2%  | 0.2%   |
| E10000029 | Suffolk            | 06M | NHS Great Yarmouth and Waveney CCG             | 52.3% | 16.3%  |
| E10000029 | Suffolk            | 06L | NHS Ipswich and East Suffolk CCG               | 99.6% | 52.9%  |
| E10000029 | Suffolk            | 06T | NHS North East Essex CCG                       | 1.4%  | 0.6%   |
| E10000029 | Suffolk            | 06Y | NHS South Norfolk CCG                          | 1.1%  | 0.3%   |
| E10000029 | Suffolk            | 07H | NHS West Essex CCG                             | 0.1%  | 0.0%   |
| E10000029 | Suffolk            | 07K | NHS West Suffolk CCG                           | 91.1% | 29.7%  |
| E08000024 | Sunderland         | 00D | NHS Durham Dales, Easington and Sedgefield CCG | 0.9%  | 0.9%   |
| E08000024 | Sunderland         | 13T | NHS Newcastle Gateshead CCG                    | 0.5%  | 0.9%   |
| E08000024 | Sunderland         | 00J | NHS North Durham CCG                           | 2.2%  | 1.9%   |
| E08000024 | Sunderland         | 00N | NHS South Tyneside CCG                         | 0.5%  | 0.3%   |
| E08000024 | Sunderland         | 00P | NHS Sunderland CCG                             | 98.5% | 96.0%  |
| E10000030 | Surrey             | 07Q | NHS Bromley CCG                                | 0.4%  | 0.1%   |
| E10000030 | Surrey             | 09G | NHS Coastal West Sussex CCG                    | 0.2%  | 0.0%   |
| E10000030 | Surrey             | 09H | NHS Crawley CCG                                | 6.6%  | 0.7%   |
| E10000030 | Surrey             | 07V | NHS Croydon CCG                                | 1.3%  | 0.4%   |
| E10000030 | Surrey             | 15D | NHS East Berkshire CCG                         | 3.4%  | 1.2%   |
| E10000030 | Surrey             | 09L | NHS East Surrey CCG                            | 96.6% | 14.1%  |
| E10000030 | Surrey             | 09N | NHS Guildford and Waverley CCG                 | 94.0% | 16.9%  |
| E10000030 | Surrey             | 09X | NHS Horsham and Mid Sussex CCG                 | 1.5%  | 0.3%   |
| E10000030 | Surrey             | 07Y | NHS Hounslow CCG                               | 0.7%  | 0.2%   |
| E10000030 | Surrey             | 08J | NHS Kingston CCG                               | 4.5%  | 0.7%   |
| E10000030 | Surrey             | 08R | NHS Merton CCG                                 | 0.3%  | 0.0%   |
| E10000030 | Surrey             | 99M | NHS North East Hampshire and Farnham CCG       | 23.0% | 4.2%   |
| E10000030 | Surrey             | 10J | NHS North Hampshire CCG                        | 0.1%  | 0.0%   |
| E10000030 | Surrey             | 09Y | NHS North West Surrey CCG                      | 99.4% | 29.5%  |
| E10000030 | Surrey             | 08P | NHS Richmond CCG                               | 0.7%  | 0.1%   |
| E10000030 | Surrey             | 10V | NHS South Eastern Hampshire CCG                | 0.1%  | 0.0%   |
| E10000030 | Surrey             | 99H | NHS Surrey Downs CCG                           | 97.4% | 23.8%  |
| E10000030 | Surrey             | 10C | NHS Surrey Heath CCG                           | 98.9% | 7.6%   |
| E10000030 | Surrey             | 08T | NHS Sutton CCG                                 | 1.2%  | 0.2%   |
| E10000030 | Surrey             | 99J | NHS West Kent CCG                              | 0.2%  | 0.0%   |
| E09000029 | Sutton             | 07V | NHS Croydon CCG                                | 1.0%  | 1.9%   |
| E09000029 | Sutton             | 08J | NHS Kingston CCG                               | 3.5%  | 3.4%   |
| E09000029 | Sutton             | 08K | NHS Lambeth CCG                                | 0.1%  | 0.2%   |
| E09000029 | Sutton             | 08R | NHS Merton CCG                                 | 6.3%  | 6.7%   |
| E09000029 | Sutton             | 99H | NHS Surrey Downs CCG                           | 1.3%  | 1.9%   |
| E09000029 | Sutton             | 08T | NHS Sutton CCG                                 | 94.7% | 85.6%  |
| E09000029 | Sutton             | 08X | NHS Wandsworth CCG                             | 0.2%  | 0.3%   |
| E06000030 | Swindon            | 11M | NHS Gloucestershire CCG                        | 0.0%  | 0.2%   |
| E06000030 | Swindon            | 12D | NHS Swindon CCG                                | 96.0% | 98.2%  |
| E06000030 | Swindon            | 99N | NHS Wiltshire CCG                              | 0.7%  | 1.5%   |
| E08000008 | Tameside           | 14L | NHS Manchester CCG                             | 2.2%  | 5.8%   |
| E08000008 | Tameside           | 00Y | NHS Oldham CCG                                 | 3.6%  | 3.9%   |
| E08000008 | Tameside           | 01W | NHS Stockport CCG                              | 1.8%  | 2.3%   |
| E08000008 | Tameside           | 01Y | NHS Tameside and Glossop CCG                   | 85.2% | 88.0%  |
| E06000020 | Telford and Wrekin | 05N | NHS Shropshire CCG                             | 1.8%  | 2.9%   |
| E06000020 | Telford and Wrekin | 05X | NHS Telford and Wrekin CCG                     | 96.7% | 97.1%  |
| E06000034 | Thurrock           | 07L | NHS Barking and Dagenham CCG                   | 0.3%  | 0.3%   |
| E06000034 | Thurrock           | 99E | NHS Basildon and Brentwood CCG                 | 0.2%  | 0.3%   |
| E06000034 | Thurrock           | 08F | NHS Havering CCG                               | 0.2%  | 0.4%   |
| E06000034 | Thurrock           | 07G | NHS Thurrock CCG                               | 98.5% | 99.0%  |
| E06000027 | Torbay             | 15N | NHS Devon CCG                                  | 11.7% | 100.0% |
| E09000030 | Tower Hamlets      | 07R | NHS Camden CCG                                 | 1.1%  | 0.9%   |
| E09000030 | Tower Hamlets      | 09A | NHS Central London (Westminster) CCG           | 0.5%  | 0.3%   |
| E09000030 | Tower Hamlets      | 07T | NHS City and Hackney CCG                       | 0.9%  | 0.9%   |
| E09000030 | Tower Hamlets      | 08C | NHS Hammersmith and Fulham CCG                 | 0.8%  | 0.5%   |
| E09000030 | Tower Hamlets      | 08H | NHS Islington CCG                              | 0.2%  | 0.1%   |
| E09000030 | Tower Hamlets      | 08M | NHS Newham CCG                                 | 0.2%  | 0.2%   |
| E09000030 | Tower Hamlets      | 08V | NHS Tower Hamlets CCG                          | 98.9% | 96.9%  |
| E08000009 | Trafford           | 14L | NHS Manchester CCG                             | 2.7%  | 7.0%   |
| E08000009 | Trafford           | 01G | NHS Salford CCG                                | 0.1%  | 0.1%   |
| E08000009 | Trafford           | 02A | NHS Trafford CCG                               | 95.7% | 92.7%  |
| E08000009 | Trafford           | 02E | NHS Warrington CCG                             | 0.1%  | 0.1%   |
| E08000036 | Wakefield          | 02P | NHS Barnsley CCG                               | 0.9%  | 0.6%   |
| E08000036 | Wakefield          | 15F | NHS Leeds CCG                                  | 0.4%  | 1.0%   |
| E08000036 | Wakefield          | 03J | NHS North Kirklees CCG                         | 0.6%  | 0.3%   |
| E08000036 | Wakefield          | 03R | NHS Wakefield CCG                              | 94.5% | 98.0%  |
| E08000030 | Walsall            | 15E | NHS Birmingham and Solihull CCG                | 1.1%  | 4.8%   |
| E08000030 | Walsall            | 04Y | NHS Cannock Chase CCG                          | 0.7%  | 0.3%   |
| E08000030 | Walsall            | 05L | NHS Sandwell and West Birmingham CCG           | 1.6%  | 3.1%   |
| E08000030 | Walsall            | 05Y | NHS Walsall CCG                                | 92.8% | 90.4%  |
| E08000030 | Walsall            | 06A | NHS Wolverhampton CCG                          | 1.4%  | 1.4%   |
| E09000031 | Waltham Forest     | 07T | NHS City and Hackney CCG                       | 0.4%  | 0.4%   |
| E09000031 | Waltham Forest     | 08C | NHS Hammersmith and Fulham CCG                 | 0.3%  | 0.2%   |
| E09000031 | Waltham Forest     | 08D | NHS Haringey CCG                               | 0.1%  | 0.1%   |
| E09000031 | Waltham Forest     | 08M | NHS Newham CCG                                 | 1.3%  | 1.7%   |
| E09000031 | Waltham Forest     | 08N | NHS Redbridge CCG                              | 1.4%  | 1.4%   |
| E09000031 | Waltham Forest     | 08W | NHS Waltham Forest CCG                         | 94.3% | 96.1%  |

|           |                        |     |                                                           |       |       |
|-----------|------------------------|-----|-----------------------------------------------------------|-------|-------|
| E09000032 | Wandsworth             | 09A | NHS Central London (Westminster) CCG                      | 0.9%  | 0.6%  |
| E09000032 | Wandsworth             | 08C | NHS Hammersmith and Fulham CCG                            | 1.0%  | 0.6%  |
| E09000032 | Wandsworth             | 08J | NHS Kingston CCG                                          | 0.1%  | 0.0%  |
| E09000032 | Wandsworth             | 08K | NHS Lambeth CCG                                           | 3.2%  | 3.5%  |
| E09000032 | Wandsworth             | 08R | NHS Merton CCG                                            | 2.8%  | 1.6%  |
| E09000032 | Wandsworth             | 08P | NHS Richmond CCG                                          | 1.3%  | 0.7%  |
| E09000032 | Wandsworth             | 08X | NHS Wandsworth CCG                                        | 88.3% | 92.6% |
| E09000032 | Wandsworth             | 08Y | NHS West London (K&C & QPP) CCG                           | 0.7%  | 0.4%  |
| E06000007 | Warrington             | 01F | NHS Halton CCG                                            | 0.3%  | 0.2%  |
| E06000007 | Warrington             | 01G | NHS Salford CCG                                           | 0.5%  | 0.6%  |
| E06000007 | Warrington             | 01X | NHS St Helens CCG                                         | 2.2%  | 2.0%  |
| E06000007 | Warrington             | 02E | NHS Warrington CCG                                        | 97.6% | 97.0% |
| E06000007 | Warrington             | 02H | NHS Wigan Borough CCG                                     | 0.2%  | 0.2%  |
| E10000031 | Warwickshire           | 15E | NHS Birmingham and Solihull CCG                           | 0.2%  | 0.5%  |
| E10000031 | Warwickshire           | 05A | NHS Coventry and Rugby CCG                                | 25.2% | 21.5% |
| E10000031 | Warwickshire           | 11M | NHS Gloucestershire CCG                                   | 0.2%  | 0.2%  |
| E10000031 | Warwickshire           | 04G | NHS Nene CCG                                              | 0.2%  | 0.2%  |
| E10000031 | Warwickshire           | 10Q | NHS Oxfordshire CCG                                       | 0.3%  | 0.3%  |
| E10000031 | Warwickshire           | 05J | NHS Redditch and Bromsgrove CCG                           | 0.7%  | 0.2%  |
| E10000031 | Warwickshire           | 05Q | NHS South East Staffs and Seisdon Peninsular CCG          | 0.8%  | 0.3%  |
| E10000031 | Warwickshire           | 05R | NHS South Warwickshire CCG                                | 96.1% | 45.8% |
| E10000031 | Warwickshire           | 05H | NHS Warwickshire North CCG                                | 96.7% | 30.7% |
| E10000031 | Warwickshire           | 04V | NHS West Leicestershire CCG                               | 0.5%  | 0.3%  |
| E06000037 | West Berkshire         | 15A | NHS Berkshire West CCG                                    | 30.0% | 97.6% |
| E06000037 | West Berkshire         | 10J | NHS North Hampshire CCG                                   | 0.7%  | 0.9%  |
| E06000037 | West Berkshire         | 10Q | NHS Oxfordshire CCG                                       | 0.2%  | 1.1%  |
| E06000037 | West Berkshire         | 99N | NHS Wiltshire CCG                                         | 0.1%  | 0.4%  |
| E10000032 | West Sussex            | 09D | NHS Brighton and Hove CCG                                 | 1.1%  | 0.4%  |
| E10000032 | West Sussex            | 09G | NHS Coastal West Sussex CCG                               | 99.5% | 57.5% |
| E10000032 | West Sussex            | 09H | NHS Crawley CCG                                           | 93.4% | 14.0% |
| E10000032 | West Sussex            | 09L | NHS East Surrey CCG                                       | 0.3%  | 0.0%  |
| E10000032 | West Sussex            | 09N | NHS Guildford and Waverley CCG                            | 3.1%  | 0.8%  |
| E10000032 | West Sussex            | 99K | NHS High Weald Lewes Havens CCG                           | 1.1%  | 0.2%  |
| E10000032 | West Sussex            | 09X | NHS Horsham and Mid Sussex CCG                            | 95.7% | 25.9% |
| E10000032 | West Sussex            | 10V | NHS South Eastern Hampshire CCG                           | 4.1%  | 1.0%  |
| E10000032 | West Sussex            | 99H | NHS Surrey Downs CCG                                      | 0.6%  | 0.2%  |
| E09000033 | Westminster            | 07P | NHS Brent CCG                                             | 1.3%  | 2.0%  |
| E09000033 | Westminster            | 07R | NHS Camden CCG                                            | 3.0%  | 3.4%  |
| E09000033 | Westminster            | 09A | NHS Central London (Westminster) CCG                      | 79.3% | 71.3% |
| E09000033 | Westminster            | 08C | NHS Hammersmith and Fulham CCG                            | 0.6%  | 0.6%  |
| E09000033 | Westminster            | 08K | NHS Lambeth CCG                                           | 0.1%  | 0.2%  |
| E09000033 | Westminster            | 08Y | NHS West London (K&C & QPP) CCG                           | 23.1% | 22.6% |
| E08000010 | Wigan                  | 00T | NHS Bolton CCG                                            | 0.2%  | 0.1%  |
| E08000010 | Wigan                  | 01G | NHS Salford CCG                                           | 0.8%  | 0.6%  |
| E08000010 | Wigan                  | 01X | NHS St Helens CCG                                         | 3.8%  | 2.2%  |
| E08000010 | Wigan                  | 02E | NHS Warrington CCG                                        | 0.4%  | 0.2%  |
| E08000010 | Wigan                  | 02G | NHS West Lancashire CCG                                   | 2.8%  | 1.0%  |
| E08000010 | Wigan                  | 02H | NHS Wigan Borough CCG                                     | 96.7% | 95.7% |
| E06000054 | Wiltshire              | 11E | NHS Bath and North East Somerset CCG                      | 0.9%  | 0.4%  |
| E06000054 | Wiltshire              | 15A | NHS Berkshire West CCG                                    | 0.2%  | 0.2%  |
| E06000054 | Wiltshire              | 15C | NHS Bristol, North Somerset and South Gloucestershire CCG | 0.2%  | 0.5%  |
| E06000054 | Wiltshire              | 11J | NHS Dorset CCG                                            | 0.3%  | 0.4%  |
| E06000054 | Wiltshire              | 11M | NHS Gloucestershire CCG                                   | 0.4%  | 0.5%  |
| E06000054 | Wiltshire              | 11X | NHS Somerset CCG                                          | 0.3%  | 0.4%  |
| E06000054 | Wiltshire              | 12D | NHS Swindon CCG                                           | 1.3%  | 0.6%  |
| E06000054 | Wiltshire              | 11A | NHS West Hampshire CCG                                    | 0.1%  | 0.2%  |
| E06000054 | Wiltshire              | 99N | NHS Wiltshire CCG                                         | 96.7% | 96.8% |
| E06000040 | Windsor and Maidenhead | 15A | NHS Berkshire West CCG                                    | 0.4%  | 1.3%  |
| E06000040 | Windsor and Maidenhead | 14Y | NHS Buckinghamshire CCG                                   | 0.3%  | 1.1%  |
| E06000040 | Windsor and Maidenhead | 15D | NHS East Berkshire CCG                                    | 34.1% | 96.9% |
| E06000040 | Windsor and Maidenhead | 09Y | NHS North West Surrey CCG                                 | 0.2%  | 0.5%  |
| E06000040 | Windsor and Maidenhead | 10Q | NHS Oxfordshire CCG                                       | 0.0%  | 0.2%  |
| E06000040 | Windsor and Maidenhead | 10C | NHS Surrey Heath CCG                                      | 0.1%  | 0.0%  |
| E08000015 | Wirral                 | 02F | NHS West Cheshire CCG                                     | 0.4%  | 0.3%  |
| E08000015 | Wirral                 | 12F | NHS Wirral CCG                                            | 99.7% | 99.7% |
| E06000041 | Wokingham              | 15A | NHS Berkshire West CCG                                    | 31.5% | 97.0% |
| E06000041 | Wokingham              | 15D | NHS East Berkshire CCG                                    | 1.0%  | 2.6%  |
| E06000041 | Wokingham              | 10Q | NHS Oxfordshire CCG                                       | 0.1%  | 0.4%  |
| E08000031 | Wolverhampton          | 05C | NHS Dudley CCG                                            | 1.3%  | 1.5%  |
| E08000031 | Wolverhampton          | 05L | NHS Sandwell and West Birmingham CCG                      | 0.1%  | 0.3%  |
| E08000031 | Wolverhampton          | 05Q | NHS South East Staffs and Seisdon Peninsular CCG          | 1.8%  | 1.4%  |
| E08000031 | Wolverhampton          | 05Y | NHS Walsall CCG                                           | 3.4%  | 3.5%  |
| E08000031 | Wolverhampton          | 06A | NHS Wolverhampton CCG                                     | 93.8% | 93.4% |
| E10000034 | Worcestershire         | 15E | NHS Birmingham and Solihull CCG                           | 0.9%  | 2.0%  |
| E10000034 | Worcestershire         | 05C | NHS Dudley CCG                                            | 0.7%  | 0.4%  |
| E10000034 | Worcestershire         | 11M | NHS Gloucestershire CCG                                   | 0.5%  | 0.6%  |
| E10000034 | Worcestershire         | 05F | NHS Herefordshire CCG                                     | 0.9%  | 0.3%  |
| E10000034 | Worcestershire         | 05J | NHS Redditch and Bromsgrove CCG                           | 95.8% | 27.7% |
| E10000034 | Worcestershire         | 05N | NHS Shropshire CCG                                        | 0.3%  | 0.1%  |
| E10000034 | Worcestershire         | 05R | NHS South Warwickshire CCG                                | 2.3%  | 1.1%  |
| E10000034 | Worcestershire         | 05T | NHS South Worcestershire CCG                              | 97.2% | 49.3% |
| E10000034 | Worcestershire         | 06D | NHS Wyre Forest CCG                                       | 98.3% | 18.6% |
| E06000014 | York                   | 03E | NHS Harrogate and Rural District CCG                      | 0.2%  | 0.1%  |
| E06000014 | York                   | 03Q | NHS Vale of York CCG                                      | 60.2% | 99.9% |

Produced by NHS England using data from National Health Applications and Infrastructure Services (NHAIS) as supplied by NHS Digital.

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

Document is Restricted

This page is intentionally left blank