Public Document Pack

Health and Social Care Scrutiny Committee

Date: **WEDNESDAY, 26 FEBRUARY 2020**

Time: **11.00 am**

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

Members:

Chris Boden (Chairman)
Michael Hudson (Deputy Chairman)
Vivienne Littlechild
Deputy Edward Lord
Wendy Mead
Steve Stevenson

Enquiries: **Chloe Rew**
chloe.rew@cityoflondon.gov.uk

Lunch will be served in Guildhall Club at 1PM
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**

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

3. **MINUTES**
To agree the public minutes and non-public summary of the meeting held on 30 October 2019.

For Decision
(Pages 1 - 6)

4. **ANNUAL REVIEW OF THE COMMITTEE'S TERMS OF REFERENCE**
Report of the Town Clerk.

For Decision
(Pages 7 - 10)

5. **IDENTIFYING CHOICE AND CONSIDERING POTENTIAL BOUNDARIES FOR CITY WORKERS TO ACCESS OUTPATIENT SERVICES NEARER TO WORKPLACE**
Report of the Director of Community and Children's Services.

For Information
(Pages 11 - 18)

6. **DEEP DIVE: CR21 AIR QUALITY**
Report of the Director of Markets and Consumer Protection.

For Information
(Pages 19 - 40)

7. **USE OF PERSONAL BUDGETS IN ADULT SOCIAL CARE**
Report of the Director of Community and Children's Services.

For Information
(Pages 41 - 46)

8. **FORWARD PLAN**
Members are asked to note the Committee Forward Plan.

For Information
(Pages 47 - 48)

9. **FEEDBACK FROM INNER NORTH EAST LONDON HEALTH AND OVERSIGHT SCRUTINY COMMITTEE**
Deputy Chairman to be heard.

For Information

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

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

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

For Decision

Part 2 - Non-Public Reports

13. **NON-PUBLIC MINUTES**
To agree the non-public minutes of the meeting held on 30 October 2019.

For Decision
(Pages 49 - 50)

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

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

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HEALTH AND SOCIAL CARE SCRUTINY COMMITTEE
Wednesday, 30 October 2019
Minutes of the meeting held at Guildhall at 11.00 am

Present

Members:
Michael Hudson - Deputy Chairman (in the Chair)
Wendy Mead
Vivienne Littlechild
Steve Stevenson
Deputy Edward Lord

Officers:

Simon Cribbens	-	Assistant Director, Partnerships Commissioning, Community and Children's Services
Ian Tweedie	-	Adult Social Care Service Manager, Community and Children's Services
Ellie Ward	-	Integration Programme Manager, Community and Children's Services
Ruth Calderwood	-	Air Quality Team Manager, Markets and Consumer Protection
Julie Mayer	-	Town Clerks
Rob Speight Andrew Attfield	-	Bart's Health NHS Trust
David Maher	-	City and Hackney, Clinical Commissioning Group (CCG)
Eugene Jones	-	East London, NHS Foundation Trust
Dr Waleed Fawzi	-	East London, NHS Foundation Trust

1. **APOLOGIES**
Apologies were received from the Chairman, Christopher Boden and Michael Hudson, Deputy Chairman, took the Chair.

2. **MEMBERS' DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
There were no declarations.

3. **MINUTES**
RESOLVED – That the public minutes and non-public summary of the meeting held on 16th July 2019 be agreed as a correct record.

Matters arising:

Access to chiropody services for elderly/less mobile clients
Following a raised at the last meeting, the Assistant Director had liaised with the commissioner and provider of such services and Members suggested that they be invited to a future meeting.

Members were reminded of the Committee's wider scrutiny remit, which did not include individual casework, and asked if the Director of Community and Children's Services could provide a guidance note, for all Members, advising them how to progress casework on health matters generally.

Training Support for Carers
The Assistant Director advised meeting that training support was offered on an individual basis and tailored to specific needs. Details of the support groups and activities for carers will be shared with Members.

Potential Topics for Further Scrutiny
A Member suggested that the following be included:

- GP services: The Chairman suggested, and Members agreed, that a representative of the Neaman practice should be invited to attend the Committee to give an update on delivery, sustainability and other issues at the Practice. It would provide an opportunity to address a question raised at the Community and Children's Services Committee in relation to urgent appointments. An invitation will be extended to the Chairmen and Deputy Chairmen of the Community and Children's Services and Health and Wellbeing Committees.
- A review of sexual health services in the City.
- Reporting any untoward incidents within the health providers which work with the City Corporation.

4. **FORWARD PLAN AND POTENTIAL TOPICS - 2020**
Members noted the Committee's Forward Plan and potential topics for meetings in 2020, together with the discussion set out above in respect of future potential items.

5. **BARTS AIR QUALITY**
The Committee welcomed two Public Health Directors from Barts NHS Trust to the Committee, following Members' discussion on air pollution at St Bartholomew's Hospital at the last meeting. The Directors briefly explained the workings of the combustion plant in the energy centre. Members noted that they were working with Skansa, and holding monthly review meetings, to keep emissions of pollutants at an appropriate level. Members also noted that Barts had met with City Corporation officers in August and, whilst there had been some drop in emission levels during the summer, they had recently picked up a little.

During the discussion, the following points were noted:

1. Members expressed concern that the works had been ongoing for some time. before the matter had come to the attention of the Health and Social Care Scrutiny Committee. Furthermore, the area surrounding Barts is already densely populated. Members accepted that all of the London hospitals are in areas of high pollution generally and noted that the Trust provided information for vulnerable patient groups in respect of asthma and other respiratory illnesses. However, the Trust also had a responsibility to promote walking, as a healthy lifestyle choice. There

was some discussion on the various apps available, which identified higher pollution areas, particularly 'CityAir'.

2. Ideally, Barts would like a higher stack to the plant but were limited by St Paul's heights. Engineers were considering work to the flue, in order to increase exit velocity and increase dispersal. Engineers had considered alternative control systems but there were no compatible versions available and the system in use was the lowest emitting of its kind. Further options included stand-by generators, which ran on diesel oil but were used less frequently, and the new types of bio-fuel available for these. The site will be replacing all communal lighting with LED bulbs.

3. The Royal London and Whipps Cross have 'Clean Air Hospital Plans' which are being rolled out across all 5 London hospitals and Whitechapel Hospital has an anti-idling transport policy. The Trust has an in-house transport fleet and were commissioning cleaner vehicles wherever possible. Active travel for health workers and doctors is encouraged and new secure cycling storage bays had been purchased.

4. The City Corporation's Air Quality Manager had offered to install lamp post monitoring at Barts next week, which would provide continuous monitoring and not just monthly averages. Members noted that lamp post monitoring was in place at the other 5 London hospitals.

In concluding, the Public Health Directors at Barts assured Members that they took the issue of air pollution very seriously and would continue to work with the Committee to keep levels as low as possible. Whilst acknowledging their actions and the circumstances set out above, Members felt that levels were still higher than desirable.

6. **CITY AND HACKNEY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2019/20**

Members received a report of the Independent Chair of the City and Hackney Safeguarding Adults Board, which was presented by the Adult Social Care Service Manager. Members noted that one of the statutory duties of the Board was to complete an Annual Report outlining its achievements and to provide a forward look to the following year's priorities. Members particularly noted the focus on rough sleeping, as a strategic priority. In respect of the difficulties in identifying former safeguarding clients to share their experiences, and whilst fully understanding the reasons behind this, the Healthwatch Co-optee offered to try and identify someone willing to participate.

RESOLVED, that – the report be noted.

7. **ANNUAL ASSESSMENT OF THE CLINICAL COMMISSIONING GROUP (CCG)**

Members received a report of the Head of Performance, City and Hackney Clinical Commissioning Group, which provided headline assessments against indicators for the 2018/19 CCG Annual Assessment, the headline ratings for

CCGs in North East London and areas for future focus. Members commended an excellent report and noted that the City and Hackney was one of only 24 CCGs nationally rating as outstanding and just one of three in London.

In response to a question about tackling isolation and loneliness, the Assistant Director advised that the City Corporation commissioned 'social prescribing' as part of early intervention and noted a Members suggestion about the various free events at the Barbican and Guildhall School.

RESOLVED, that – the report be noted.

8. **NORTH EAST LONDON LONG TERM PLAN SUBMISSION**

Members received a presentation from the East London Health and Care Partnership (ELHCP), presenting their local response to the NHS Long Term Plan and next steps. Members noted that this would also receive Scrutiny at the Joint Inner North East London Scrutiny Committee. It was on today's agenda due to the Plan's timescale for submission.

Members noted the priority in relation to workforce and expressed concerns about pressures on existing staff that may be exacerbated by the larger footprint of the ELHCP. In response, the officers confirmed the CCG's commitment to promoting work/life balance and were keen to explore pathways from local schools into healthcare professions.

In concluding, Members noted that the plan was iterative, would be subject to regular monitoring and further suggestions were welcomed.

RESOLVED, that – the report be noted.

9. **DELAYED TRANSFER OF CARE (DTOC)**

Members received a report of the Director of Community and Children's Services which provided a high-level update on the occurrence of Delayed Transfers of Care (DToCs), from hospital to continuing health care/social care provision, for residents within the City of London.

Members particularly noted Appendix 2 to the report, setting out 'awaiting completion of assessment' as the largest factor in delays. As this was attributed to the NHS, it was difficult for City Corporation officers to challenge the data without knowing the detail behind it. Members noted that a national target had been set for no more than 15% of assessments taking place within hospitals. Members also noted how the City Corporation's appointment of a Care Navigator had been key in achieving good social care figures and officers were able to challenge and correct these where necessary. In concluding, officers advised that they would continue to monitor the situation and report regularly to Members.

RESOLVED, that – the report be noted.

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

In response to a question about defibrillators, which had been considered by the Health and Wellbeing Board in February 2019, Members noted a recent incident in which a Barbican resident had suffered a heart attack on the podium. The nearest defibrillator had not been available as it was stored in an 'out-of-hours' location.

The HR Health and Safety Manger had not been available to attend this meeting and Members noted the minute from the HWB had resolved that: - *'The City Corporation take no further action regarding the installation or promotion of additional public access defibrillators in the City, where there was no first aid need'.* The Health and Safety Manager had further advised that they continued to work internally with stakeholders to maintain and update the survey of corporate defibrillators. This had led to additional defibrillators for some sites based on first aid need.

Whilst not wishing to make a formal representation to the Health and Wellbeing Board, Members suggested that defibrillators could be placed in the car park offices at Golden Lane and the Barbican and asked if there was one installed in the Golden Lane Gym. Members noted that the City Police vehicles carried them and they were very easy to use, with no training required.

11. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
There was no other business.

12. **EXCLUSION OF THE PUBLIC**
RESOLVED – That, under Section 100A of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that the involve the likely disclosure of exempt information as defined in Part 1 of Schedule 12A of the Local Government Act.

Item no	**Paragraph no**
13	3

13. **PROPOSAL IN RESPECT OF TWO IN-PATIENT WARDS WITHIN EAST LONDON NHS FOUNDATION TRUST**
Members received a report of the Director of Strategic Service Transformation, East London NHS Foundation Trust

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

15. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE COMMITTEE AGREE SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**
There was no other business.

The meeting ended at 1pm

Chairman

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Committee(s): Health and Social Care Scrutiny Committee – For decision	**Date(s):** 26 February 2020
Subject: Annual Review of the Committee's Terms of Reference	**Public**
Report of: Town Clerk & Chief Executive	**For Decision**
Report author: Chloe Rew Committee & Members Services Officer	

Summary

As part of the implementation of the 2011 Governance Review, it was agreed that all Committees/Boards should review their Terms of Reference Annually. This will enable any proposed changes to be considered in time for the re-appointment of Committees by the Court of Common Council in April.

Recommendation(s)

Members are asked to:

- review the existing terms of reference as outlined in Appendix 1 and consider any changes;
- consider the frequency of their meetings going forward, which is currently 3 times per year.

Appendices

- Appendix 1 – Terms of Reference of the Health and Social Care Scrutiny Committee (Order of the Court – April 2019)

Chloe Rew
Committee & Members Services Officer

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ESTLIN, Mayor	**RESOLVED:** That the Court of Common Council holden in the Guildhall of the City of London on Thursday 25th April 2019, doth hereby appoint the following Committee until the first meeting of the Court in April, 2020.

HEALTH & SOCIAL CARE SCRUTINY COMMITTEE

1. **Constitution**
A non-Ward Committee consisting of,
- Any 6 Members appointed by the Court of Common Council
- 1 Co-opted Healthwatch representative.

The above shall not be Members of the Community & Children's Services Committee or the Health & Wellbeing Board.

2. **Quorum**
The quorum consists of any three Members. [N.B. - the co-opted Member does not count towards the quorum]

3. **Membership 2019/20**

4	(4)	Christopher Paul Boden
4	(4)	Michael Hudson
4	(4)	Vivienne Littlechild, M.B.E., J.P.
4	(4)	Wendy Mead, O.B.E.
1	(1)	Charles Edward Lord, O.B.E., J.P., Deputy, *for one year*
		Vacancy

together with the co-opted Member referred to in paragraph 1 above.

4. **Terms of Reference**
To be responsible for:-

(a) fulfilling the City's health and social care scrutiny role in keeping with the aims expounded in the Health and Social Care Act 2001 and Part 14 of the Local Government and Public Health Act 2007 (Patient and Public Involvement in Care and Social Care);

(b) agreeing and implementing an annual work programme; and

(c) receiving and taking account of the views of relevant stakeholders and service providers by inviting representations to be made at appropriate meetings.

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Committee: Health and Social Care Scrutiny Committee	**Date:** 26 February 2020
Subject: Identifying choice and considering potential boundaries for City workers to access outpatient services nearer to workplace	**Public**
Report of: Simon Cribbens – Assistant Director Commissioning & Partnerships	**For Information**
Report Author: Annie Roy – Project Manager Integration	

Summary

This report is in response to a request from Health & Social Care Scrutiny Committee to explore the potential of promoting patient choice for City workers, in utilising outpatient services nearer to their workplace. The report outlines:

- the commitments from the NHS Choice Framework in offering choice in provision of treatment and the options available
- the process of referring to outpatient services through a GP
- the local status on referral to treatment in meeting target for 18-weeks
- the commissioning and financial arrangements for outpatient services
- the impact of promoting more locally accessible outpatient services to City workers

Recommendation

Members are asked to:

- note the report.

Main Report

Background

1. Since January 2006, patients requiring a referral to a specialist have been entitled to a choice of four or five providers. In April 2008 that choice was extended to any eligible NHS or independent sector provider in England.

2. The NHS Choice Framework sets out the legal rights of patients to choose where they get NHS treatment from. It outlines choice in attending outpatient care from point of initial referral and allows choice in:

    - the NHS organisation to receive care from as an outpatient
    - the clinical team who will oversee that care within an organisation

3. Referrals are made through a patient's registered GP. The GP will search on the E-Referral System (ERS) for relevant clinic for patient needs. The search will present several outpatient services which tend to be within the local health care system. The choice offered is for secondary care providers commissioned, directly with or under an agreed arrangement, with the local Clinical Commissioning Group (CCG). An exception to this will be if a referral is being made for tertiary care with specialist hospitals for cancer, cardiology or neurology.

4. Under the NHS Constitution patients have the right to access NHS commissioned service within maximum waiting times. The constitution sets out that patients should wait no longer than 18 weeks from GP Referral to Treatment (RTT). GPs tend to offer choice to patients dependent on wait times with a provider.

5. A patient does not have to choose a hospital that is identified on the local GP ERS system and can make a direct request for a hospital of their own choice.

6. Outpatient activities are recorded by a secondary care provider on a treatment function code (TFC) within the Payment by Results (PBR) system. In addition to the tariff price an additional market force factor (MFF) is added. The MFF is an estimate of unavoidable costs differences between healthcare providers based on their geographical location. Each NHS organisation has an individual MFF value the local City provider's rate is set at 20% of treatment cost. Tariff pricing is based on:

    - First attendance that include some of the costs of follow up attendances to disincentivise unnecessary follow ups
    - Single-professional and multi-professional or multi-disciplinary attendances that recognise the benefit to the patient in seeing two or more healthcare professionals at the same time.

7. Outpatient activities are reported to each CCG where a referral has come through from a GP within their domain. Payments are made on these activities.

8. From April 2020 this commissioning arrangement will change to a block contract payment arrangement with a lead commissioned secondary care provider. A threshold will be agreed on activity that exceeds the block activity plan. Activities exceeding the threshold will be paid on an agreed blended tariff. The contract will support referrals from local GP practices within the CCG boundary. An agreed activity planned will also be included to account for referrals from GPs outside of the commissioned boundary area.

Outpatient referral activities and performance for local secondary care provider

9. For the purposes of this report information was sought from the nearest secondary care hospital which is The Royal London Hospital. Information is provided on:

    - Referrals to Royal London Hospital (RLH) treatment clinics by CCG
    - Barts Health NHS Trust referral to treatment performance

10. Table 1 below, shows the referrals for first appointments to RLH by CCG for quarter 3 2019. Those CCGs who had referrals of fewer than 100 first outpatient appointments have been defined as 'Other CCGs'*.

Table 1: First outpatient appointments at Royal London Hospital by CCG

CCG	First outpatient appointments at the Royal London Hospital	% of total first outpatient appointments
NHS TOWER HAMLETS CCG	19,917	44.97%
NHS NEWHAM CCG	7,872	17.77%
NHS WALTHAM FOREST CCG	3,109	7.02%
NHS REDBRIDGE CCG	2,529	5.71%
NHS CITY AND HACKNEY CCG	2,455	5.54%

Other CCGs*	1,864	4.21%
NHS BARKING AND DAGENHAM CCG	1,366	3.08%
Not applicable (Overseas, unregistered, etc)	998	2.25%
NHS HAVERING CCG	754	1.70%
NHS WEST ESSEX CCG	490	1.11%
NHS ISLINGTON CCG	451	1.02%
NHS ENFIELD CCG	369	0.83%
NHS HARINGEY CCG	352	0.79%
NHS HAMMERSMITH AND FULHAM CCG	316	0.71%
NHS BASILDON AND BRENTWOOD CCG	248	0.56%
NHS THURROCK CCG	229	0.52%
NHS SOUTHWARK CCG	183	0.41%
NHS GREENWICH CCG	183	0.41%
NHS CAMDEN CCG	166	0.37%
NHS MID ESSEX CCG	164	0.37%
NHS BARNET CCG	163	0.37%
NHS EAST AND NORTH HERTFORDSHIRE CCG	111	0.25%
TOTAL	**44,289**	**100%**

11. The highest proportion of referrals are made through the lead commissioning CCG in Tower Hamlets. City and Hackney have the 5th highest numbers of referrals. This data also indicates that a small proportion of 0.62% are referrals received from outside London namely Mid Essex and East & North Hertfordshire.

12. It is important to note that the identified referrals include those made to tertiary centre services and so account for the larger geographical catchment.

13. This data does not just include referrals from GPs but also those made through inter-trust referrals and referrals from screening programmes, dentists, opticians, and so on.

14. It is hard to determine from this information the influence of a patient's choice in a referral being made.

15. Table 2 (in appendix 1) illustrates the activity on referrals to treatment (RTTs) for the Barts NHS Health Trust across all their medical and surgical clinics. The activity identified is for those referred who were admitted (planned elective procedure) and non-admitted (outpatient / diagnostic) within 18 weeks against a set 92% target.

16. The Barts NHS Health Trust is significantly underperforming with a year to date total of 80.65% of patients being referred and treated within the 18 weeks. There has been a decrease in performance over the past year from Q3 2018 (84.78%) through to last full quarter reporting in Q2 2019 (82.86%). This is showing a -5.47% change from Nov 18 to last reporting month of Nov 19.

17. This performance reporting indicates an increase in waiting times for their outpatient and planned elective procedure clinics.

Promoting choice of outpatient services to City Workers – Understanding the Impacts

18. When considering, the promotion of choice of access for City workers to local outpatient services the following identified impacts should be scoped in. These include:

a) Increased activity within local health care system – demand and capacity

- increased referral activity to local City outpatient services could increase wait times for local outpatient services. Local providers are already experiencing increased wait times and not meeting the target of 92% for RTT in 18 weeks.
- Increased activity and wait times would impact on newly referred patients, particularly for those referrals on behalf of City of London residents.
- Impact on clinical time in terms of increased referrals and therefore more referrals to triage through to service. This in turn might see the demand for additional administrative and clinical support for the clinic to process and triage increased referrals.

b) Patient impact

- The consultants treating patients referred from areas outside of North East London (NEL) CCG catchment will not have access to their primary care records. GPs within NEL use the East London Patient Record system. This is the electronic record system RLH clinicians use. Patients from out of area will not be on this electronic system.
- There are similar issues with electronic access to diagnostic results, for both those obtained in primary care and those conducted at other secondary care providers. If the patient has not been referred from within the NEL area these diagnostic test results will not be available to consultants through the East London electronic system.
- There may be potential disruption or delay to the patient pathway if further treatments are recommended beyond initial referral. Patients may choose to be referred on to a local hospital closer to home due to care support issues. This may cause a delay in referring to another provider to be handled within their current waiting times. There may also be the chance that the referral will need to go back to registered GP and therefore start from the beginning in the referral to treatment pathway.

c) Financial impact for local health economy

- Any increase in activity would see increase payments within the current Payment by Results (PbR) system together with the percentage cost of Market Force Factors (MFF) for London based providers.
- With the move to a block contract payment for outpatients this might not be as significant in terms of financial increase. However, any increased activity over the agreed planned activity would push payment beyond the threshold and activate a blended tariff price for additional activity.
- An increase in referrals to City located providers might potentially see a decrease in activity within the local health economy of the City worker. This could lead to under performance in activity within the newly developed block contract arrangements.

d) Quantifying impact

To consider further the promotion of advising City workers of access through choice to local outpatient services, based nearer to work base, consideration should be given to:

- How many City workers might want to take up choice of an outpatient appointment nearer to work? How many of those City workers may have access to private healthcare, and therefore would not be using NHS services?

— Waiting times at other locally based providers such as University College London NHS Trust (UCLH)

Conclusion

19. Every City worker has the right to opt for outpatient care at a hospital accessible to the City. Any increase in referrals to outpatient services would impact on current wait times. This in turn would impact on local City residents waiting for treatment following their referral to a local provider. Increased activity would have financial implications to both local City health economy and the home health economy of the referred City worker.

20. Patients may experience disruption in pathway of care and additional delays if they choose to change their provision of care from initial referral for follow up treatment care. This may require a re-referral back from home GP and need to start the clock on 18 weeks referral to treatment pathway with another provider.

21. It is difficult to measure current activity on referral to determine if City workers are already taking up outpatient services nearer to place of work. Data reporting only indicates referral trends to specific provider and does not reflect a patient's decision in choosing the service.

References

- The NHS Choice Framework; What choices are available to me in the NHS?; https://www.gov.uk/government/publications/the-nhs-choice-framework/the-nhs-choice-framework-what-choices-are-available-to-me-in-the-nhs , The Department of Health and Social Care; Updated January 2020
- Guide to NHS waiting times in England: https://www.nhs.uk/using-the-nhs/nhs-services/hospitals/guide-to-nhs-waiting-times-in-england/; NHS website, Updated December 2019
- Referral to Treatment, https://www.england.nhs.uk/rtt/, NHS website

Appendices

Appendix 1 - Table 2: Referral to treatment performance for admitted and non-admitted clinics at Barts NHS Health Trust

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Appendix 1

Table 2: Referral to treatment performance for admitted and non-admitted clinics at Barts NHS Health Trust

	Admitted Clock Stops					Non-Admitted Clock Stops					Incomplete Pathways					Incomplete Pathways with Decision to Admit (DTA)					RTT Periods
Compliance and Activity	Clock Stops <18 Weeks	Clock Stops >18 Weeks	Total Clock Stops	52+ Weeks	18 Weeks Compliance	Clock Stops <18 Weeks	Clock Stops >18 Weeks	Total Clock Stops	52+ Weeks	18 Weeks Compliance	Current Waiters <18 Weeks	Current Waiters >18 Weeks	Total Waiters	52+ Weeks	18 Weeks Compliance	DTA Waiters <18 Weeks	DTA Waiters >18 Weeks	DTA Total	DTA 52+ Weeks	18 Weeks Compliance	Number of New Clock Starts
Cardiology	263	107	370	0	71.08%	986	268	1254	14	78.63%	6008	906	6914	4	86.90%	975	116	1091	0	89.37%	2275
Cardiothoracic Surgery	72	19	91	0	79.12%	77	4	81	0	95.06%	524	21	545	0	96.15%	295	14	309	0	95.47%	259
Dermatology	3	1	4	0	75.00%	608	141	749	9	81.17%	2956	573	3529	5	83.76%	83	19	102	0	81.37%	1222
ENT	59	55	114	1	51.75%	782	228	1010	8	77.43%	4460	1148	5608	2	79.53%	470	322	792	1	59.34%	1573
Gastroenterology	181	16	197	2	91.88%	447	144	591	9	75.63%	3050	592	3642	1	83.75%	402	69	471	1	85.35%	1269
General Medicine	0	0	0	0		19	0	19	0	100.00%	78	10	88	0	88.64%	3	0	3	0	100.00%	42
General Surgery	63	72	135	2	46.67%	221	82	303	3	72.94%	2102	566	2668	1	78.79%	550	296	846	1	65.01%	715
Gynaecology	146	91	237	4	61.60%	1098	189	1287	5	85.31%	4429	910	5339	1	82.96%	447	400	847	1	52.77%	1920
Geriatric Medicine	0	0	0	0		69	1	70	0	98.57%	77	1	78	0	98.72%	1	0	1	0	100.00%	79
Neurology	16	0	16	0	100.00%	282	120	402	9	70.15%	1775	304	2079	2	85.38%	42	12	54	0	77.78%	507
Neurosurgery	15	7	22	0	68.18%	104	71	175	0	59.43%	719	376	1095	0	65.66%	84	52	136	0	61.76%	206
Ophthalmology	203	89	292	1	69.52%	534	207	741	24	72.06%	3696	888	4584	2	80.63%	577	241	818	1	70.54%	1154
Oral Surgery	24	57	81	7	29.63%	375	160	535	5	70.09%	1678	854	2532	10	66.27%	400	435	835	5	47.90%	676
Plastic Surgery	13	22	35	0	37.14%	63	19	82	0	76.83%	608	320	928	0	65.52%	239	275	514	0	46.50%	177
Thoracic Medicine	16	3	19	0	84.21%	313	170	483	5	64.80%	2640	596	3236	5	81.58%	39	24	63	1	61.90%	948
Rheumatology	2	0	2	0	100.00%	383	44	427	1	89.70%	1494	150	1644	0	90.88%	35	27	62	0	56.45%	546
Trauma & Orthopaedics	133	78	211	3	63.03%	762	278	1040	5	73.27%	5450	1462	6912	2	78.85%	1269	761	2030	2	62.51%	1836
Urology	79	33	112	1	70.54%	311	166	477	6	65.20%	3414	1054	4468	1	76.41%	728	446	1174	1	62.01%	1183
Other	352	344	696	3	50.57%	5225	1255	6480	40	80.63%	24174	5902	30076	14	80.38%	2578	1894	4472	3	57.65%	9846
Total	**1640**	**994**	**2634**	**24**	**62.26%**	**12659**	**3547**	**16206**	**143**	**78.11%**	**69332**	**16633**	**85965**	**50**	**80.65%**	**9217**	**5403**	**14620**	**17**	**63.04%**	**26433**

Total Compliance Time Series	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	YTD	% Change from Nov-18
Admitted Clock Stops	62.49%	63.76%	69.48%	64.52%	63.81%	63.46%	66.35%	64.28%	61.97%	60.36%	58.91%	59.92%	58.20%	62.26%	61.56%	-2.35%
Non-Admitted Clock Stops	81.17%	81.59%	83.37%	81.88%	80.59%	81.01%	82.37%	83.30%	82.09%	80.35%	81.48%	79.25%	80.02%	78.11%	80.87%	-4.26%
Incomplete Pathways	84.30%	85.32%	84.72%	84.63%	85.51%	85.42%	84.21%	84.55%	83.86%	84.03%	82.43%	82.11%	81.56%	80.65%	80.65%	-5.47%

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Committee	Dated:
Audit and Risk Management Port Health and Environmental Services Planning and Transportation	28 January 2020 3 March 2020 6 March 2020
Subject: Deep Dive: CR21 Air Quality	**Public**
Report of: Director of Markets and Consumer Protection	**For Information**
Report author: Ruth Calderwood Air Quality Manager, Markets and Consumer Protection Dept.	

Summary

Air quality is currently an amber corporate risk, with a risk score of 12. It was initially designated a red corporate risk; however, the risk has been reduced. This is due to ongoing improvements in air quality together with the wide range of action that has been, and continues to be, taken by the City Corporation to mitigate the risk. The risk reflects the potential impact on the health of residents, workers and visitors to the Square Mile. It also reflects the potential reputational and financial risk to the City of London Corporation. The target is to achieve a risk score of 6.

Extensive air quality monitoring across the Square Mile demonstrates that air quality is improving, although there is still some way to go before it meets health-based limits and guidelines at all locations. There was a marked improvement in roadside concentrations of nitrogen dioxide (a product of combustion) in 2019, when compared to the previous year. This was largely due to the roll out of the new electric taxi for London, electric single deck buses, and the introduction of the Mayor of London's ultra-low emission zone. The implementation of the City Corporation's new Transport Strategy will deliver further improvements in roadside air quality over the next few years.

The City Corporation published its third Air Quality Strategy in 2019 outlining the wide range of action being taken to improve air quality. The five-year strategy was very well received. The Greater London Authority, who oversees the City Corporation's statutory air quality function, consider it to be an '*excellent plan, with a very thorough and engaging narrative and a comprehensive range of detailed, specific and ambitious actions…… an excellent plan which once again demonstrates your leadership in this field'*. Clean Air London (CAL), a campaign organisation said '*CAL considers that the CoL is doing more than any Borough in Greater London to improve air quality'*

The City Corporation has developed proposals for an Emission Reduction (Local Authorities in London) Bill. The Bill, which has the support of London Councils, proposes adoptive powers for all London local authorities to reduce emissions of pollutants from a wide range of combustion plant used for heating and electricity

generation. The Bill was introduced to the House of Lords as a Private Member's Bill by Lord Tope on Monday 13th January 2020.

The Government has also published an Environment Bill which includes proposals for new air quality targets. This will eventually replace the current air quality targets which are based on European Union obligations. Proposals in the Bill also include passing more responsibility for improving air quality to local government. Depending on the targets to be achieved, this renewed responsibility could pose a challenge for the City Corporation due to its size and location. Much of the pollution within the Square Mile is not generated within its boundary.

Ongoing research into poor air quality has led to it being linked to an increasing range of diseases. Towards the end of 2020, there will be a new inquest into the death of a London child who died from acute respiratory failure and asthma. The inquest will take place to ascertain if exposure to outdoor air pollution was a causative factor in the child's death. If this is proven, it will be the first time that air pollution is explicitly linked to a named individual's death. This would have the potential to open the door for legal action against bodies deemed responsible.

The City Corporation is exceeding its current statutory duty to improve air quality and is widely regarded as demonstrating leadership in this area. With the forthcoming potential changes in air quality targets and statutory obligations, in addition to the ongoing research into the health impacts of air pollution and the new inquest cited above, the City Corporation needs to remain agile and proactive in its approach. The Corporation must continue to deliver a high-quality programme that will serve to minimise the risk of air pollution to public health.

Recommendation

Members are asked to note the report.

Main Report

Background

1. Being located at the heart of London, the Square Mile experiences some of the highest levels of air pollution in the country. Local air pollution is affected by emissions of pollutants from both within the Square Mile, and beyond its boundary. It is also affected by the size, shape and proximity of buildings, which can act to trap pollution, and the weather.

2. Air quality is currently an amber corporate risk with a risk score of 12, see Appendix 1. It was initially designated a red corporate risk, but the risk has been reduced due to ongoing improvements in air quality and the wide range of action being taken by the City Corporation to further mitigate the risk. The risk reflects the potential impact on the health of residents, workers and visitors to the Square Mile. It also reflects the potential reputational and financial risk to the City of London Corporation as an organisation. The target is a risk score of 6.

3. The impact of air pollution on health is both acute and chronic. Research into the health impacts is ongoing and it is being linked to an increasingly wide range of diseases. The main health impact is cardiovascular and cardiopulmonary disease, lung cancer and respiratory disease. It also affects lung development in children. Short term pollution episodes can lead to an increase in hospital admissions for vulnerable people. Exposure to current levels of air pollution in central London over the long term has been shown to reduce life expectancy across the whole population.

4. Responsibility for improving air quality lies with local, regional and national government. To date, the statutory responsibility of local government in London has been to assist the Government and the Mayor of London with action to ensure that levels of air pollution are lower than limits set in European Union (EU) Directives. Air quality in the UK meets the EU air quality limits for all pollutants except nitrogen dioxide (NO_2). NO_2 is a colourless and odourless gas that is a product of combustion.

5. Fine particles (PM_{10} and $PM_{2.5}$) are composed of a wide range of material. They are not visible to the naked eye. Levels of PM_{10} and $PM_{2.5}$ in the Square Mile meet current EU limits, though they are higher than World Health Organisation (WHO) Guidelines. Table 1 shows the difference between EU limits and WHO guidelines for nitrogen dioxide and fine particles. WHO air quality guidelines are currently being reviewed. The outcome of the review should be available in 2020/2021and is likely to influence domestic air quality targets.

6. The current responsibility for controlling levels of $PM_{2.5}$ lies with national, not local, government. This is because it is classed as a 'regional pollutant' over which local authorities have very little control. Particulate matter can stay in the air for a very long time and move around with the wind. Local authorities have a statutory obligation under the Health and Social Care Act 2012 to improve the health of their population. One of the indicators used to assess performance with obligations under this legislation is exposure of the population to $PM_{2.5}$ particle pollution.

7. The United Kingdom is in the process of leaving the European Union. At the time of writing this report, it is likely that the UK's air quality obligations under EU law will continue until the end of December 2020.

8. In October 2019, the Government introduced an Environment Bill. The Bill, which fell as the previous parliament was dissolved, should be reintroduced to parliament in 2020. It sets out a requirement for a legally binding domestic target for air quality, with an additional specific target for $PM_{2.5}$. The new targets are likely to replace the existing targets set under EU law.

9. The Environment Bill outlines proposals to amend the Local Air Quality Management framework. The framework defines the statutory obligations of local authorities. The outcome would be to delegate more responsibility for improving air quality down to a local level. Passing the duty to achieve the target for $PM_{2.5}$ to local government could pose a challenge for the City Corporation due to the

limited local control over this pollutant. The Bill also proposes to amend aspects of the Clean Air Act 1993 to enable quicker, simpler and more proportionate enforcement of Smoke Control Areas. It does not include proposals for additional powers for local authorities to deal with the full range of combustion plant found in urban areas that are used to generate heat or electricity. The City Corporation hopes to address this through the Emission Reduction (Local Authorities in London) Private Members Bill, see paragraph 28.

10. Towards the end of 2020, there will be a new inquest into the death of a London child, who died from acute respiratory failure and asthma. The inquest will take place to ascertain if exposure to outdoor air pollution was a causative factor in the child's death. If this is proven, it will be the first time that air pollution is explicitly linked to a named individual's death. This would have the potential to open the door for legal action against bodies deemed responsible.

11. The heath impact of air pollution continues to receive very wide media coverage. This coverage has led to a greater understanding of the issues by the public, and an increase in the expectation of robust action by accountable bodies. There has also been an increased demand for data. This has been addressed by the City Corporation with additional resources. There is now a small air quality team delivering the City Corporation's air quality programme in the Department of Markets and Consumer Protection. Extensive air quality monitoring also takes place across the Square Mile to fulfil the demand for additional data.

12. Improving air quality is a key priority for the City Corporation and officers are called upon to provide expertise and leadership on air quality across London and on a national basis. The City Corporation is recognised as the lead local authority for air quality policy across London.

Risk mitigation

13. In order to reduce the risk associated with poor air quality in the Square Mile, the City Corporation needs to demonstrate that, at a minimum, it is fulfilling its statutory obligation and that it has taken, and will continue to take, a wide range of action to bring about improvements to air quality. The City Corporation must also ensure that it takes necessary steps to protect the health of residents, workers and visitors to the City through the provision of appropriate information and robust and reliable data.

Air Quality Strategy

14. As levels of pollution do not meet health-based limits in the Square Mile, the City Corporation has a statutory obligation to produce an Air Quality Action Plan. The Plan must outline action that will be taken to both improve air quality, and to help people reduce their exposure to the highest levels of air pollution.

15. The City Corporations Action Plan has been incorporated into an Air Quality Strategy. The latest Air Quality Strategy was published in September 2019. The aims of the 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_{10} and $PM_{2.5}$) by 2030

16. 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

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

a. air quality monitoring
b. leading by example
c. collaborating with others
d. reducing emissions from transport
e. reducing emissions from non-transport sources
f. raising awareness.

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

19. The Greater London Authority, which oversees the Corporation's statutory air quality function, said that the Air Quality Strategy 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), a campaign organisation said '*CAL considers that the CoL is doing more than any Borough in Greater London to improve air quality'*

20. Progress with actions, together with the most recent air quality data, is reported to the Mayor of London and government each year. These are statutory reports that are presented to the Port Health & Environmental Services Committee. The latest report was presented on 24th September 2019. A summary report, which includes seven years data, is attached to this report as Appendix 2.

21. The Air Quality Strategy 2019 demonstrates the strong cross departmental support for improving air quality and reducing the impact on public health. Air quality has been firmly embedded into the City Corporation Corporate Plan 2018 - 2023, Transport Strategy, Responsible Business Strategy, Responsible Procurement Strategy and draft City Plan.

22. Paragraphs 23 through to 37 outline some of the actions underway to improve air quality. Further detail can be found in the Air Quality Strategy 2019.

Air Quality Monitoring

23. The City Corporation runs an extensive network of air quality monitors. Monitoring takes place to:

    a. check compliance against air quality objectives, guidelines and limit values, and consequently the impact on health
    b. assess long term trends and the effectiveness of policies and interventions to improve air quality
    c. raise awareness and provide alerts to the public when air pollution levels are high

24. The amount of air pollution in the City of London at any given time is influenced by a range of factors. The main factor affecting day to day levels of air pollution is the weather. Traffic diversions and road closures can also have a significant impact on air pollution locally.

25. To see whether air quality is improving over time, annual average data taken from long-term monitoring stations is assessed. There has been a clear pattern of improvement over the past few years, with a notable reduction in concentrations in 2019 compared to the previous year, see Table 1.

26. In addition to the ongoing package of measures being implemented by the City Corporation through its Air Quality Strategy, this marked improvement in 2019 is due to vehicle emissions becoming cleaner, the introduction of the Mayor of London's ultra-low emission zone in April 2019 and the increasing number of electric buses and taxis that now drive around City streets. The higher than average rainfall during autumn 2019 contributed to the lower levels of PM_{10} and $PM_{2.5}$ at all sites.

Location	Pollutant	EU Limit value	WHO Guideline	Annual average 2018 ($\mu g/m^3$)	Annual average 2019* ($\mu g/m^3$)
Sir John Cass Foundation Primary School (background)	Nitrogen dioxide	40	40	**32**	**32**
	PM_{10}	40	20	**21**	**19**
	$PM_{2.5}$	25	10	**12**	**11**
Upper Thames Street (roadside)	Nitrogen dioxide	40	40	**87**	**71**
	PM_{10}	40	20	**32**	**28**
Beech Street (roadside)	Nitrogen dioxide	40	40	**69**	**61**
	PM_{10}	40	20	**25**	**22**
Farringdon Street (roadside)	$PM_{2.5}$	25	10	**16**	**14**

Table 1

*Data for 2019 is provisional

Leading by Example

27. Improving air quality is a political priority, for which there is very strong Member interest and support. The City Corporation is taking a wide range of steps to reduce emissions of air pollution from its own fleet, buildings and activities. This is largely undertaken through robust responsible procurement practices. Recent examples include electric refuse collection vehicles in the latest refuse collection contract and the three new electric vehicles purchased for the Lord Mayor in summer 2019.

28. The City Corporation has also demonstrated leadership in this area with proposals for an Emission Reduction (Local Authorities in London) Bill. The Bill includes new adoptive powers for London local authorities to control emissions from combustion plant: boilers, generators, combined heat and power plant and equipment used on construction sites. These powers are lacking at present. The Bill, which is supported by London Councils, was introduced to the House of Lords on Monday 13th January 2020 by Lord Tope, Co-President of London Councils.

Collaboration

29. The City Corporation collaborates with a very wide range of organisations on actions to improve air quality. Current activity includes:

    a. Hosting best practice events for all London Boroughs
    b. Working with a range of partners to trial retrofit technology to reduce emissions of air pollutants from the Thames river vessels
    c. Working with City businesses to encourage emission reduction from their activities
    d. Jointly leading a London Borough wide idling engine programme with the London Borough of Camden, supported by the Mayor of London
    e. Working with research bodies to assess the impact of urban form on air pollution
    f. Working with City schools and nurseries to develop tailored action plans to improve local air quality. In 2018 the City Corporation won a national air quality award for collaborative action at Sir John Cass's Foundation Primary School which delivered a significant improvement in local air quality.

Reducing Emissions from Transport

30. The highest levels of air pollution in the Square Mile tend to be found along the busiest roads. This is particularly the case if the road is narrow with tall buildings either side as pollution can become trapped.

31. The City Corporation published its first Transport Strategy in 2019. It contains proposals to reduce emissions of pollutants from road transport as well as actions to reduce the exposure of pedestrians to existing levels of pollution. These measures have been incorporated into the Air Quality Strategy

32. Actions include ambitious targets for traffic reduction, zero emission zones by 2020, increased electric vehicle charging infrastructure and the increase in the number of pedestrianised and pedestrian priority streets. Approval has recently been given for a zero-emission transport scheme in Beech Street. As the street is covered, it will lead to significant improvements in air pollution and be of direct health benefit to the many pedestrians and cyclists that use the street.

Reducing Emissions from Non-Transport Sources

33. Non transport sources make a significant contribution to air pollution in the City of London. The main source is combustion plant used for generating electricity and for heating. It includes boilers, combined heat and power plant, mobile and static generators and machinery used on construction sites. Air pollution is also generated by cooking in restaurants.

34. The main mechanisms used by the City Corporation for controlling air pollution from non-traffic sources are planning policy, management of construction activity, chimney height approvals under the Clean Air Act 1993 and promoting best practice with City businesses and food premises.

35. Increased air quality monitoring has revealed localised high levels of air pollution in the Square Mile that are not associated with traffic. One example is high levels of nitrogen dioxide associated with energy plant at St Bartholomew's Hospital. Officers are working with Barts Health NHS Trust to reduce emissions of air pollution from the energy centre. The City Corporation's Bill would provide much needed powers to ensure that clean equipment and plant is used and installed in the Square Mile.

Raising Awareness

36. Although air quality is improving, it remains at a level that can have a detrimental impact on health. A wide range of action is therefore taken to increase public understanding about air pollution, its causes, effects and how concentrations vary both spatially and over time. Armed with the right information, people can take steps to avoid high levels of air pollution and reduce the impact on their health.

37. The City Corporation runs and attends air quality events, produces a bimonthly e-newsletter and has developed a free smart phone application (App), used by over 30,000 Londoners. The App provides high pollution alerts and helps users avoid areas of poor air quality.

Risks and challenges

38. There are some issues that make air quality improvements challenging in the Square Mile. Action is underway to try and address them, but some are outside of the control of the City Corporation.

    a. There are on-going uncertainties around emissions from diesel vehicles. Emissions from the newest (Euro VI) heavy goods vehicles are low, but emissions from vans and cars still don't meet the required limits. This is being dealt with at a European level. Currently, there are only a small number of alternatives to diesel vans available on the market. This makes it challenging to introduce policies to restrict these vehicles. However, over the next few years the availability of zero emission vans is expected to increase.
    b. Due to its location, the Square Mile is heavily influenced by pollution generated across London. This is dealt with by the collaborative, London wide approach taken by officers in finding solutions.
    c. The drive for decentralised energy is bringing electricity generation back into the centre of London, with the associated pollution. Combined heat and power plant are being installed in new developments. This plant emits much higher levels of oxides of nitrogen (NOx) than gas boilers and can result in very high localised levels of nitrogen dioxide. The City Corporation proposes to address this through the Emission Reduction (Local Authorities in London) Private Member's Bill
    d. Organisations with large back-up generators are being asked to run them in times of peak energy demand in a process known as Short Term Operating Reserve (STOR). The generators are diesel fuelled and tend to be only designed for emergency use. The City Corporation proposes to address this through its Bill.

Corporate & Strategic Implications

39. The work on air quality supports two Corporate Plan outcomes:

    People enjoy good health and wellbeing'
    'We have clean air, land and water…..'

40. Improving air quality is overseen by the Port Health and Environmental Services Committee and is a priority for the Health and Wellbeing Board. It is also of interest to the Planning and Transportation and Streets and Walkways Committees.

41. Since the 2018 deep dive report to the Audit and Risk Management Committee, improving air quality has been further embedded into key policy areas across the organisation. It has very strong cross departmental support in recognition of the issue being a corporate risk.

Conclusion

42. Air quality is currently an amber corporate risk with a risk score of 12. It was initially designated a red corporate risk; however, the risk has been reduced. This is due to ongoing improvements in air quality, together with the wide range of action that has been, and continues to be, taken by the City Corporation to further mitigate the risk. The target is a risk score of 6.

43. Although air quality in the City of London is improving, there is still some way to go before it meets health-based limits and guidelines at all locations. The ongoing improvement in air quality will continue over the next few years as a result of the wide range of action being taken by the City Corporation, supported by action taken by the Mayor of London and London Boroughs.

44. The City Corporation is exceeding its current statutory duty to improve air quality and is widely regarded as demonstrating leadership in this area. With the forthcoming potential changes in air quality targets and statutory obligations, in addition to the ongoing research into the health impacts of air pollution and the new inquest into the death of a child who died from acute respiratory failure, the City Corporation needs to remain agile and proactive in its approach. The City Corporation must continue to deliver a high-quality programme that will serve to minimise the risk of air pollution to public health.

Appendices

- Appendix 1 – Risk and Progress Summary for CR21: Air Quality
- Appendix 2 – Air Quality Annual Status Summary Report for 2018

Background Papers –

- Deep Dive Reports to Audit and Risk Management Committee on Air Quality 14 June 2016 and 6 November 2018
- City of London Air Quality Strategy 2019 – 2025
- City of London Annual Status Report 2019
- Emission Reduction (Local Authorities in London) Bill

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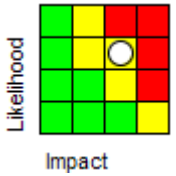
Appendix 1
MCP Corporate and departmental risk history

Generated on: 17 December 2019

Rows are sorted by Risk Score

Code	Title	Creation Date	Risk Level Description	Risk Category Description	Current Risk Matrix	Current Risk Score	Target risk score rating	Target Risk Score	Recent Reviews	Risk Score	Historical Status	Likelihood	Impact	Flight path
CR21	Air Quality	07-Oct-2015	Corporate	Environmental		12		6	17-Dec-2019	12		Possible	Major	
									05-Dec-2019	12		Possible	Major	
									19-Nov-2019	12		Possible	Major	
									11-Oct-2019	12		Possible	Major	
									05-Sep-2019	12		Possible	Major	

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Appendix 2
Air Quality Annual Status Summary Report for 2018

1. Air Quality Monitoring

Nitrogen Dioxide (NO_2)

NO_2 is measured at three locations using continuous (or automatic) analysers: Sir John Cass's Foundation Primary School, Beech Street and Upper Thames Street. In 2018, it was also measured at a further 79 locations using low-cost diffusion tubes.

NO_2 levels have been reducing across the City, particularly at background locations. In Beech Street, NO_2 concentrations reduced by 11μgm^{-3} over the past year, this is partly due to the introduction of electric single deck buses and the new electric taxis for London. At Sir John Cass's Foundation Primary School, the 2018 annual average NO_2 reduced to 32 μgm^{-3}. Due to the impact of traffic on pollution levels, concentrations adjacent to busy roads are more variable and remain above the annual EU limit of 40 μgm^{-3}.

PM_{10}

PM_{10} is measured at three locations using continuous (automatic) analysers: Sir John Cass's Foundation Primary School, Beech Street and Upper Thames Street. In 2018 levels of PM_{10} showed no significant change compared to 2017. All sites are below the annual and daily EU limit values but above World Health Organisation Guidelines.

$PM_{2.5}$

$PM_{2.5}$ is measured at two locations, Farringdon Street and Sir John Cass's Foundation Primary School, using continuous (automatic) analysers. Concentrations are similar at both sites as it is a regional pollutant and strongly influenced by weather conditions. Both sites are below the annual and daily EU limit value but above World Health Organisation Guidelines.

2. Nitrogen Dioxide Data

EU Limit Value and World Health Organisation Guideline is 40$\mu g\ m^{-3}$

Long term continuous analysers

Site	Site type	Annual Mean (μgm^{-3})						
		2012	2013	2014	2015	2016	2017	2018
John Cass's Foundation Primary School	Urban Background	47	47	45	42	42	**38**	**32**
Beech St	Roadside	79	81	80	89	85	80	69
Walbrook Wharf	Roadside	115	122	122	98	92	92	87

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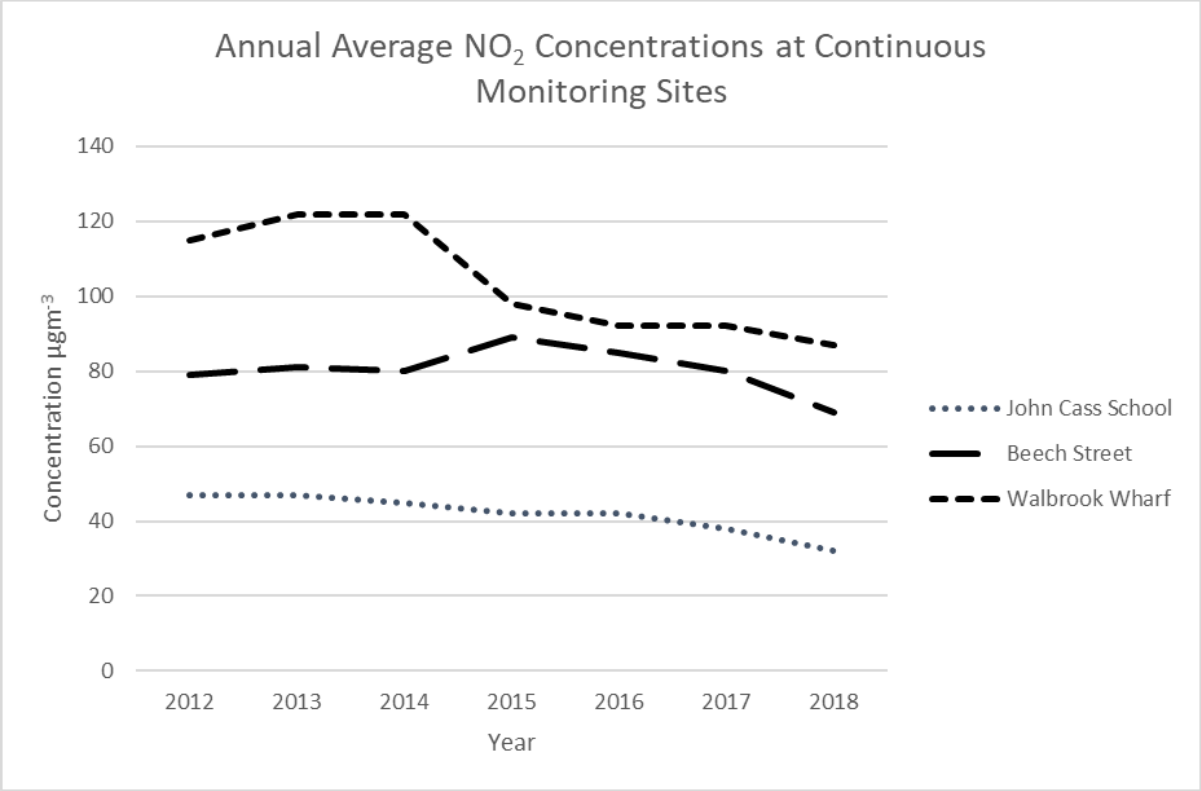
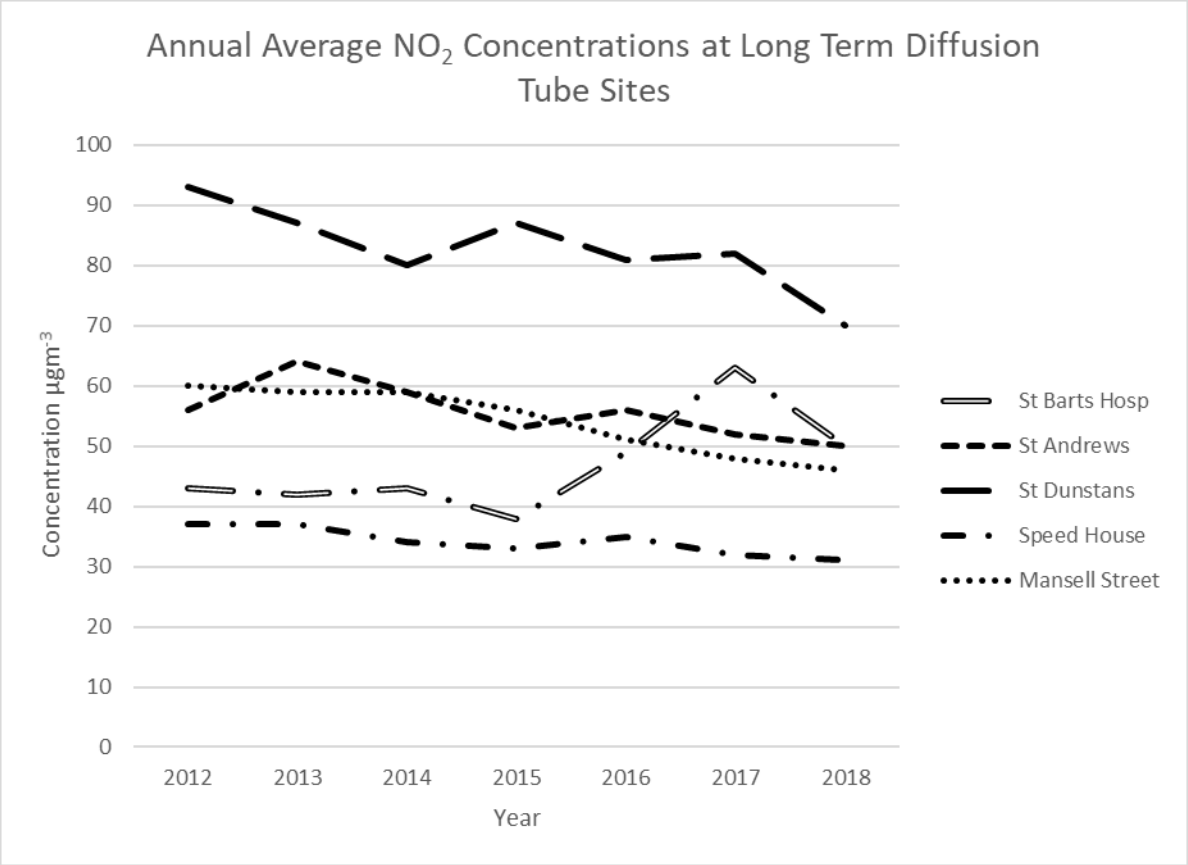


Long term diffusion tube sites

Site	Site type	Annual Mean (µgm^{-3})						
		2012	2013	2014	2015	2016	2017	2018
St Bartholomew's Hospital Courtyard	Urban Background	43	42	43	**38**	49	63	50
St. Andrew's Church, Queen Victoria St	Roadside	56	64	59	53	56	52	50
Fleet Street	Roadside	93	87	80	87	81	82	70
Speed House, Barbican Estate	Urban Background	**37**	**37**	**34**	**33**	**35**	**32**	**31**
Guinness Trust Estate, Mansell St	Roadside	60	59	59	56	51	48	46



Diffusion tube sites measuring the impact of the Bank on Safety traffic scheme

Site	Annual Mean (µgm^{-3})		
	2016	2017	2018
Cannon Street	78	65	50
Queen Victoria Street	72	59	58
King Street	52	52	52
Corner of Poultry and QVS	71	60	63
Magistrates Court	66	63	53
King William Street	76	70	61
Lombard and KWS	57	58	56
Lombard Street	59	56	56
Lombard Street and Cornhill	68	62	60
Cornhill Bank Junction	71	67	66
Cornhill-Royal Exchange	61	57	62
Threadneedle Street	85	69	62
31 Old Broad Street	59	57	53
Wormwood Street	64	61	57
3 London Wall	64	54	65
81 London Wall	60	59	62
55 Moorgate	69	66	66
85 Gresham Street	53	54	52

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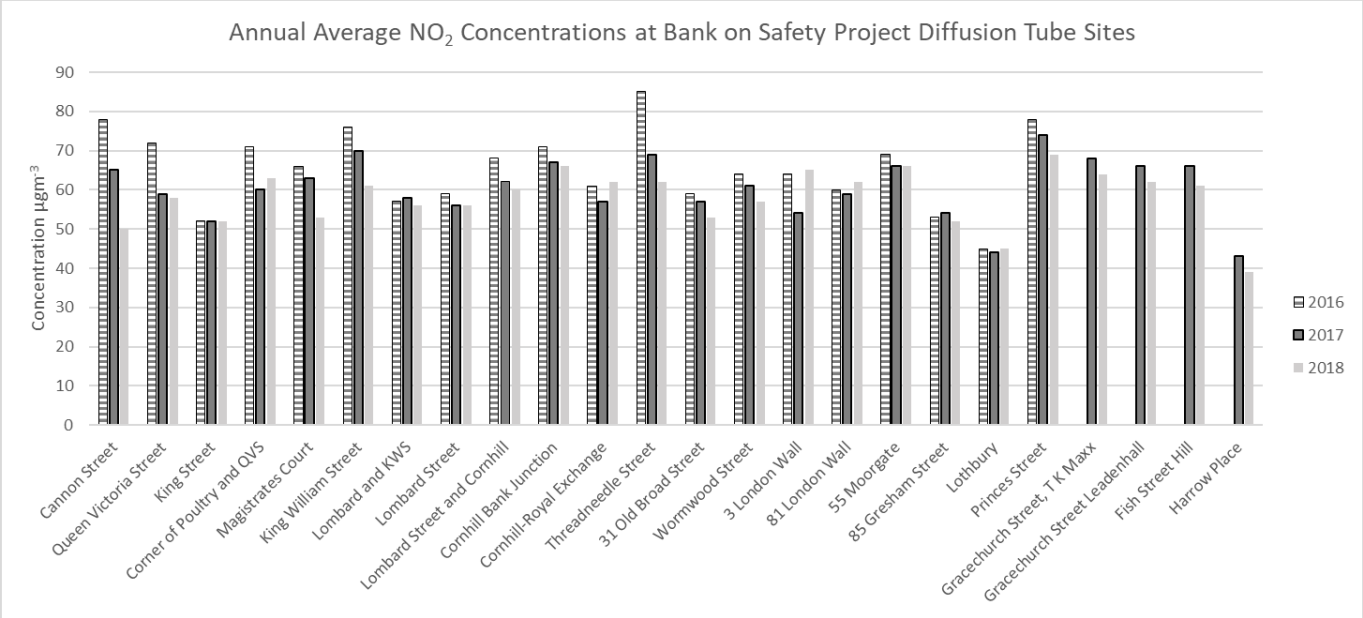
Lothbury	45	44	45
Princes Street	78	74	69
Gracechurch Street, T K Maxx	-	68	64
Gracechurch Street Leadenhall	-	66	62
Fish Street Hill	-	66	61
Harrow Place	-	43	**39**



Diffusion tube sites measuring the impact of the Low Emission Neighbourhood

Site	Annual Mean (µgm^{-3})	
	2017	2018
Giltspur Street	53	43
Long Lane	59	52
Beech Street- Near Barbican station	69	62
Aldersgate	62	57
Corner of Viscount Street and Bridgewater Street	40	37
Corner of Whitecross Street and Beech street	46	42
Silk Street	41	41
Fore Street	41	**38**
London Wall/ Brewers Hall Gardens	48	49
Aldermanbury	38	**37**
King Edward Street	63	65
Lindsey/Charterhouse Street	-	63
Charterhouse St/ East Poultry Ave	-	50
West Poultry Ave	-	43
Fann Street	-	41
Moor Lane	-	39

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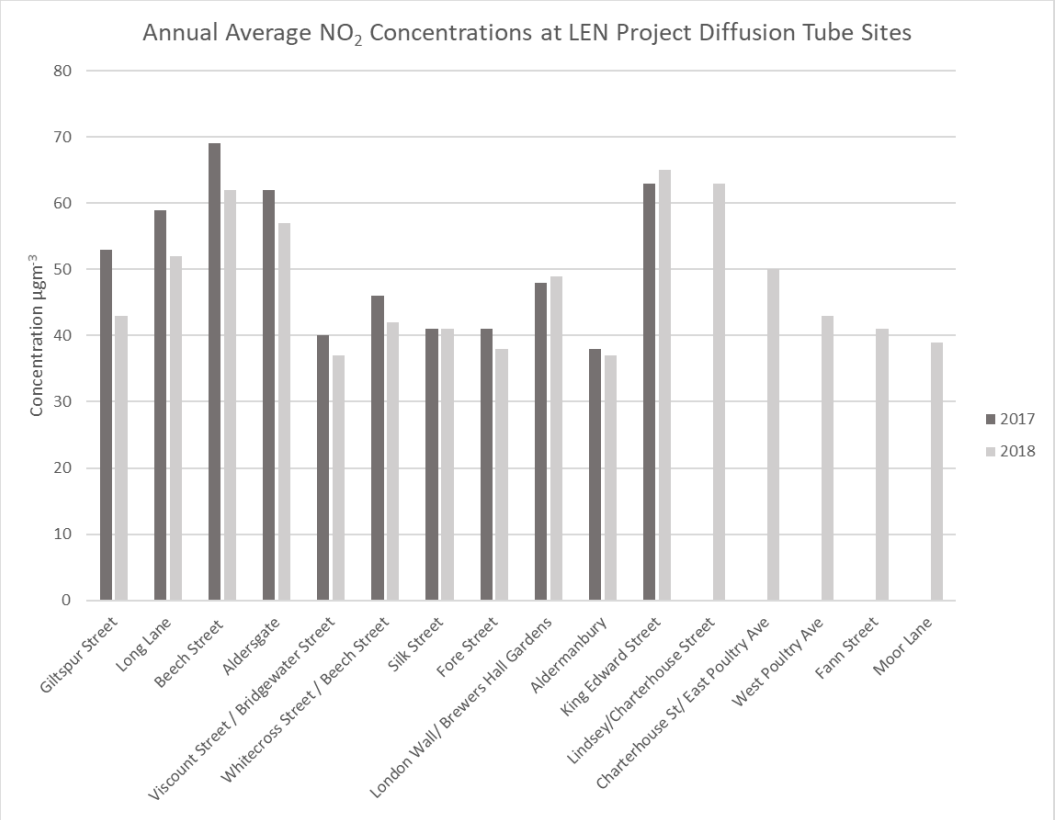

Diffusion tube sites - other

Site	Annual Mean (µgm^{-3})
Cousin Lane 1	**36**
Cousin Lane 2	42
Cousin Lane 3	46
Cousin Lane 4	51
Under Southwark Bridge	41
Under London Bridge	**37**
Liverpool Street	71
Lime Street	**38**
Fenchurch Avenue	**36**
Austin Friars	**36**
Fetter Lane	56
Rolls Passage/Breams Buildings	**36**
22 Tudor Street	46
St Mary at Hill's Churchyard	**33**
Monument	41
St Pauls Churchyard	41
St Alphage Gardens	**34**
Whittington Gardens	42

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Diffusion tube sites to support the Transport Strategy

Site	Annual Mean (µgm^{-3})
Botolph Lane	49
Byward Street	67
Seething Lane	71
Crosswall	50
Minories	62
Stoney Lane	40
Heneage Lane	42
Camomile Street	68
150 Bishopsgate	74
St Mary Axe	50
Old Broad Street	40
Upper Thames Street	48
Blackfriars Bridge	62
Victoria Embankment	68
Fleet Street	62
Ludgate Hill	61
Museum of London	66
London Wall	65
West Poultry Ave	51
The Fable	58
North Old Baily	73

3. PM_{10} Data

EU limit value is 40 µgm^{-3}, World Health Organisation Guideline is 20µgm^{-3}

Site	Annual Mean (µgm^{-3})						
	2012	2013	2014	2015	2016	2017	2018
John Cass's Foundation Primary School	**19**	**22**	**20**	**23**	**24**	**23**	**21**
Beech St	**28**	**32**	**25**	**28**	**25**	**23**	**24**
Upper Thames St	**34**	**39**	**34**	41	**35**	**32**	**32**

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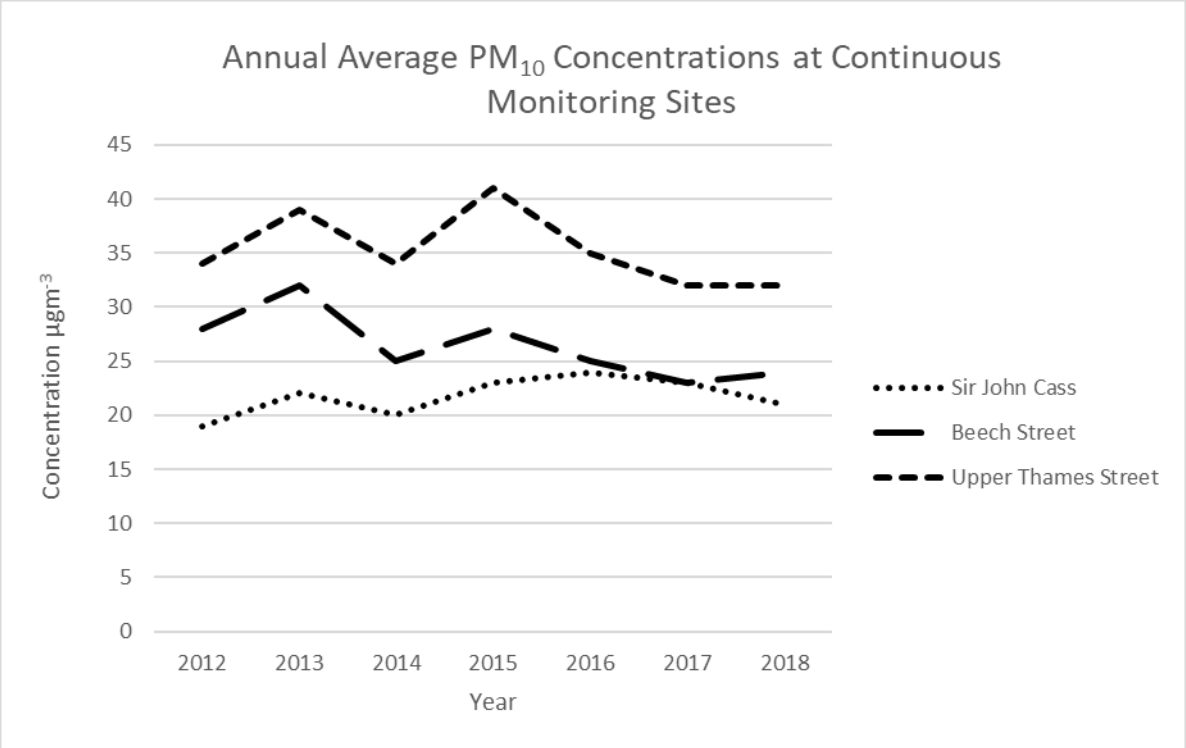
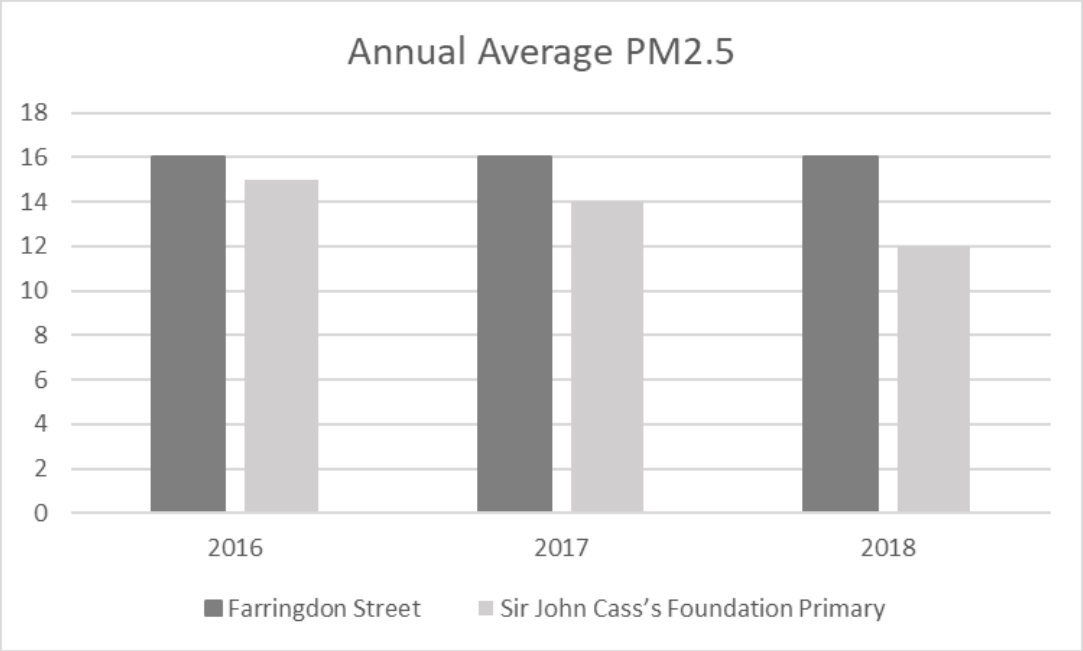


4. $PM_{2.5}$ Data

EU limit value is 25µg m^{-3}, World Health Organisation Guideline is 10µgm^{-3}

Site	Annual Mean (µgm^{-3})		
	2016	2017	2018
Farringdon Street	**16**	**16**	**16**
Sir John Cass's Foundation Primary	**15**	**14**	**12**



5. Air quality action plan update

The City Corporation has an Air Quality Strategy which details action being taken to improve air quality. Example of actions in 2018 include:

- Completion of a range of pilot interventions as part of a Low Emission Neighbourhood (LEN) programme.
- An electric vehicle charging pilot trial was undertaken by residents on the Barbican Estate
- The LEN funded Smithfield cargo bike delivery trial developed into an independently run permanent cargo-bike delivery service.
- Air Quality was embedded into the new Transport Strategy, the Responsible Business Strategy and the draft City Plan (Local Plan).
- Proposals were developed for an Emission Reduction Bill, to provide adoptive powers for London local authorities to control emissions from a range of combustion plant.
- The City Corporation idling engine action days project continued to expand with 19 London Boroughs involved.
- Levels of nitrogen dioxide at Sir John Cass's Foundation Primary School reduced even further, to 32μg/m^3.
- 33 large businesses pledged to take action to improve air quality.
- The City Corporation added an additional 3 electric vehicles to its fleet and updated vehicles where necessary for compliance with the Mayor of London Ultra Low Emission Zone.
- A bi-monthly air quality e-newsletter has been produced.

6. Monitoring locations

Air quality monitoring locations are reviewed annually. There are a number of core monitoring sites that are maintained. Other sites are added and removed according to the needs of research projects, planned programmes and local investigations or concerns. Locations at which monitoring is taking place during 2019 are shown in Figure 1 overleaf.

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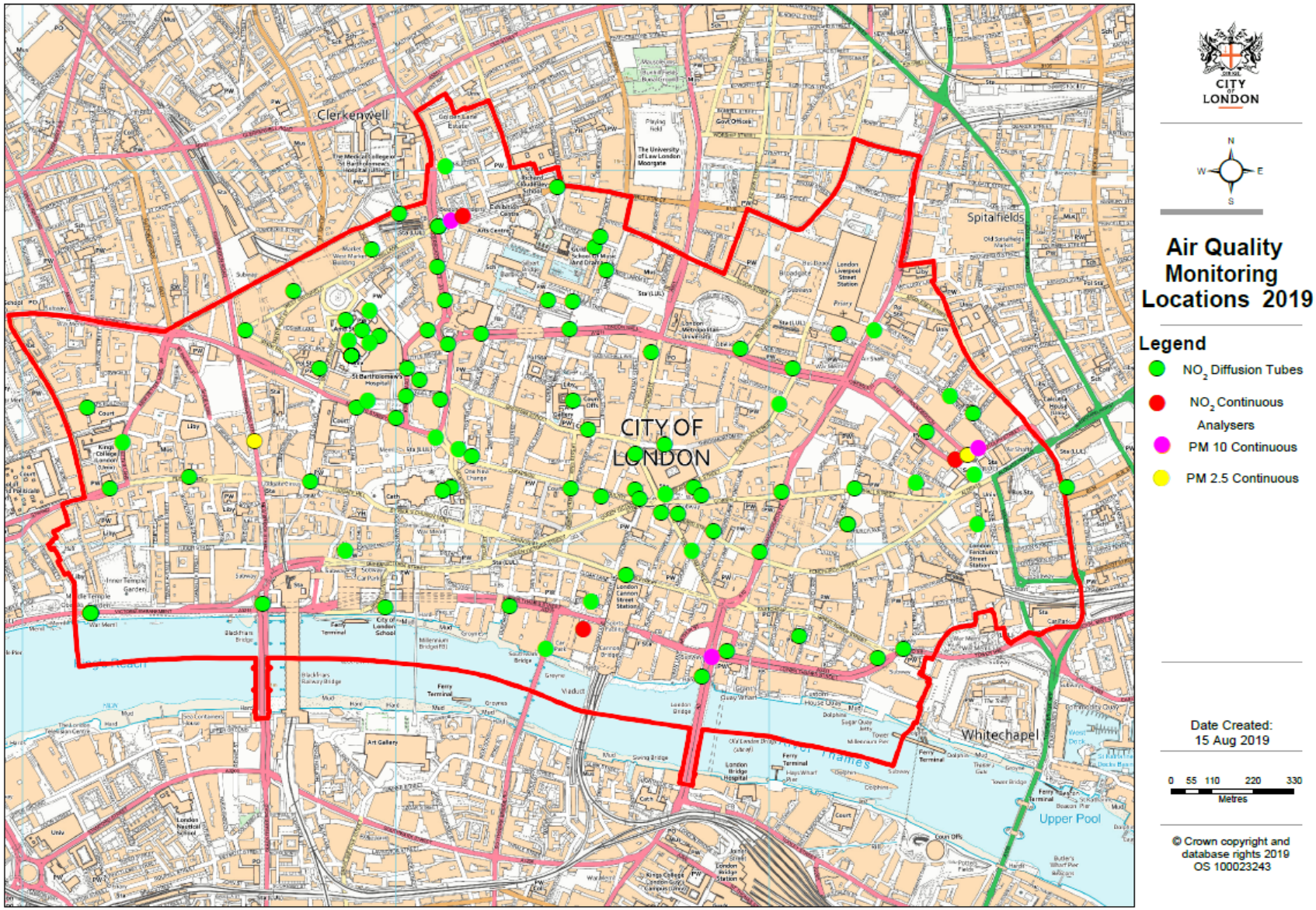
Figure 1: Air quality monitoring locations, 2019



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Committee:	Dated:
Health and Social Care Scrutiny Committee	26 February 2020
Subject: Use of Personal Budgets in Adult Social Care	**Public**
Report of: Director of Community and Children's Services	**For information**
Report author: Claire Giraud, Strategy Officer, DCCS	

Summary

This report summarised the approach to, and provides an update on, personalisation and the use of personal budgets by residents in City supported by the Corporation's Adult Social Care service.

Recommendations

Members are asked to:

- note the report.

Main Report

Background

1. Personalisation as a social care approach is described by the Department of Health as meaning that "every person who receives support, whether provided by statutory services or funded by themselves, will have choice and control over the shape of that support in all care settings".

2. Personalisation means starting with the individual. This person has strengths, preferences and aspirations as well as needs and a circle of family, friends and other resources and support mechanisms around them. It introduces the requirement for greater personal responsibility and for individuals to draw on their own resources, as well as those available through statutory and other services, to meet their needs in the best possible way. The individual is at the centre of the process of identifying their needs and making choices regarding their support and care.

3. Personalisation's application to adult social care was announced in Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care (2007) – a ground-breaking concordat between central government, local government and the social care sector.

4. Personalisation principles are central in applying the Care Act of 2014 as well as to the Mental Capacity Act of 2005.

Personal Budget

5. A personal budget is one way of approaching personalisation, it represents the overall cost of the care and support a local authority provides or arranges for a service user of adult social care. A personal budget is available to anybody who has been assessed as eligible for funded support under the care act, that includes service users and carers.

6. The amount of money in a personal budget can be spent in one of three ways:

    i. Managed account: the local authority manages the personal budget in line with the service user's wishes as agreed in the care plan. The local authority looks after the money, makes arrangements for the resident's care and support, and pay fees out of the resident's personal budget. For example, if a service user needs care and support at home, the authority arranges care services, usually provided by an agency, and pay them from the service user's personal budget.

    ii. Direct Payments - account managed by a third party: Similarly to a managed account, except a third party, sometimes called a broker, manages the service user's personal budget. This can be the actual service provider. These are often referred to as 'individual service funds'.

    iii. Direct Payments – self managed: the service user is given the personal budget money to spend himself on meeting needs, in line with his care plan, in the way that suits him best. Local authorities must encourage a variety of different providers and different types of services. This should give service users choice about accessing different care and support services. Service users may find agency home care inflexible.

City Context

7. The Corporation encourages personal management through an empowering assessment process that focuses on people's strength and encourages choice and independence as well as a philosophy of valuing the person as the expert in their own health; the Adult Social Care team uses advocacy (paid statutory advocacy or advocacy of friends and family) to encourage the use of Direct Payment.

8. The City of London Corporation is committed to ensuring that the option of Direct Payments is explored with, and understood by, residents who are eligible and who consent to receive them.

9. A Social Practitioner will consider a range of factors to determine a resident's eligibility to receive Direct Payments. The eligibility criteria will include, but not be limited to:

    - The resident's understanding on how Direct Payments differ from using commissioned care
    - The resident's understanding of their responsibilities in managing the funds provided, with support if necessary, to meet the outcomes identified in their Support Plan
    - The resident's understanding of the Financial Assessment process and their acknowledgement of the possibility that they might have to contribute towards their own care
    - The resident's ability to manage Direct Payments, with support if necessary, including fulfilling employer and contractual responsibilities.

10. Decisions on eligibility for a Direct Payment will be made promptly, and where a Direct Payment is not considered appropriate, the decision and reason will be recorded and shared with the resident.

11. All residents eligible for support who wish to explore a Direct Payment will be referred to the Direct Payment Service.

12. Direct Payments can be used to pay for support that meets the outcomes agreed within the Individual Support Plan.

13. Depending on an individual's assessed support needs, this could include attending an educational course, joining a local club or gym, buying services from a private care agency, or employing a Personal Assistant to provide support (although this cannot normally be family members who lives with the service user). If a resident chooses to employ a member of staff to provide them with personal care, City of London can signpost them to a payroll provider whose costs will be factored into their budget.

14. The support, services and/ or equipment with the Direct Payment must be legal and safe. They cannot be used to pay household bills, for food, or for things that would normally be provided by someone else e.g. Health Services.

15. Depending on a service user's health and social care needs, their care package may involve joint funding between the NHS and the local authority. Alternatively, service users may have a continuing NHS healthcare package funded in full by the NHS, but also receive additional social care funding from the local authority. Health personal budgets, for NHS funded services, can be delivered by way of a direct payment. Similar principles apply, although the NHS can refuse a direct payment if they do not think it is a cost-effective way of meeting a service user's healthcare needs. A service user could find themselves with two direct payments, one for healthcare and one for social care. In that case, the statutory guidance

stresses the importance of cooperation between both bodies to ensure the system is harmonised and runs smoothly. The corporation is committed to see this come to fruition in the future through integration and health transformation.

16. The City of London Corporation is seeking to improve its third party managed personal budget offer to support direct payment, but the market is challenging because dwindling. Still the City is committed to exploring the market to enhance its offer.

17. The Adult Social Care Team is always seeking to improve on the need to focus more on people's strength and be creative/innovative in support planning. It has a quality assurance system which includes its own audits and meetings as well as being subjects to internal audits. The Corporation's Adult Social Care team is confident that the correct framework, governance and review processes are in place.

City Figures

Type of Direct Payment	**Number of service users on 31/01/2020**
Third Party Managed	29
Self-Managed	6
Total	35

18. The total Direct Payment budget for service users in 2020 is

    Adult Social Care - £46,000
    Older People - £70,000
    TOTAL = £116,000

19. In the City, 39 carers received Direct payments in 2018/19 totalling around £18,000.

20. The number of adult social care users under direct payment has increased in recent years. Indeed, when the City chose to have a sole provider in domiciliary care, many services users chose to stay with their own providers.

21. The city has the second highest percentage of service users on direct payments amongst other London local authorities and joint first percentage of carers on direct payments.

Corporate & Strategic Implications

22. Personalisation in social care helps the corporation fulfils its corporate commitment to contributing to a flourishing society as well as the independence, involvement

and choice priority in the Department of Community and Children's Services Business Plan 2017–22.

Conclusion

23. The City of London Corporation is successfully implementing the personalisation approach to social care by encouraging adult social care service users to utilise the direct payment option for their personal budget.

24. Personalisation empowers service users to make decisions about their care with a focus on their strength whilst being creative and innovative in its approach to support planning.

Appendices

- None

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Health and Social Care Scrutiny Committee

Forward Plan and potential topics - 2020

DATES OF MEETINGS – ALL START AT 11 AM
26.2.20; 12.5.20; 3.11.20;

26 Feb 2020 11.00 am

	Topic	lead
1	**Use of Personal Budgets by ASC users**	Ian Tweedie/Claire Giraud
2	**Promoting right to choose/patients charter/patients first approach to City workers – issues paper**	Annie Roy
3	**Air Quality Deep Dive**	Ruth Calderwood

12 May 2020 11.00 am

	Topic	lead
1	**Barts Surgical Strategy**	Ralph Coulbeck
2	**ICU discharge protocol and pressures at the Royal London**	tbc
3	**Making Every Contact Count initiative - impact**	Andy Liggins
4		

Future topics

	Topic	Suggested meeting
1	**St Bartholomew's Hospital (Barts) Minor Injuries Unit**	
2	**Neighbourhood model for health and social care**	
3	**Delayed Transfers of Care, including the outcome of the 'Discharge to Assess' pilot**	
4	**Public Involvement and Transparency in Local Integrated Commissioning and ELHCP**	
5	**Government Green Paper on Social Care**	
6	**Mental Health services and support for children and young people**	
7	**Early intervention and Prevention programme**	
8	**City of London commissioned provision to prevent or delay uptake of formal social care services and reduce isolation**	
9	**Annual Healthwatch Report**	

	Annual report of City and Hackney Adults Safeguarding Board	
	Annual Assessment of the CCG	
	Tobacco Control	
	Integrated Commissioning workstreams: – Children Young People and Maternity/ Planned/Unplanned Care Workstream/Prevention Workstream	

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