Draft Joint Health And Wellbeing Strategy 2018 21

The Government has not fully thought through the implications of its social care reforms and may leave local authorities open to a deluge of disputes and legal challenges. MPs and Peers warn that without greater integration with health and housing, and a focus on prevention and early intervention, the care and support system will be unsustainable. The Committee also calls for a nationwide campaign to educate people about the need to pay for their own care, saying that adult care and support are poorly understood. Key recommendations include: a new power to mandate joint budgets and commissioning across health, care and housing, such as support for the frail elderly, making it simpler for NHS and local Councils to pool budgets; fast-tracking of care and support assessments for terminally-ill people; new legal rights for young carers to protect them from inappropriate caring responsibilities and ensure they get the support they need; an obligation on the Secretary of State to take into account the draft Bill's well-being principle when designing and setting a national eligibility threshold; independent resolution of disputes over decisions about care and support - and costs that count towards the cap - through a Care and Support Tribunal. In addition, the Committee makes a number of recommendations to improve health research and the education and training of NHS workers. The Committee also warns that restricting support and care to those with the highest levels of need will simply shunt costs into acute NHS care and undermines interventions to prevent and postpone the need for formal care and support.

12th report of Session 2009-10 : Drawing special attention to, draft Exeter and Devon (Structural Changes) Order 2010, draft Norwich and Norfolk (Structural Changes) Order 2010, report and Evidence

The Affordable Care Act, landmark health legislation passed in 2010, called for the development of the National Prevention Strategy to realize the benefits of prevention for all Americans¿ health. This Strategy builds on the law¿s efforts to lower health care costs, improve the quality of care, and provide coverage options for the uninsured. Contents: Nat. Leadership; Partners in Prevention; Healthy and Safe Community Environ.; Clinical and Community Preventive Services; Elimination of Health Disparities; Priorities: Tobacco Free Living; Preventing Drug Abuse and Excessive Alcohol Use; Healthy Eating; Active Living; Injury and Violence Free Living; Reproductive and Sexual Health; Mental and Emotional Well-being. Illus. A print on demand report.

Government response to HC 796-I, session 2010-11 (ISBN 9780215562050).

Enabling power: Public Bodies (Joint Working) Scotland Act 2014, s. 5 (1). Issued: 04.12.2014. Made: 27.11.2014. Laid before the Scottish Parliament: -. Coming into force: 28.11.2014. Effect: None. Territorial extent & classification: S. General. Supersedes draft S.S.I. (ISBN 9780111024522) issued 09.10.2014

This legislative scrutiny report on the Children and Families Bill deals with issues to do with adoption and looked after children (Part 1 of the Bill), family justice (Part 2), Special Educational Needs (Part 3), the Children's Commissioner (Part 5) and statutory rights to shared parental leave and pay (Part 6). The Report also includes an analysis of two issues connected with the Energy Bill.

This book takes a broad but detailed approach to public health in Europe and offers the most comprehensive analysis of this region currently available.

Royal assent, 27 March 2012. An Act to establish and make provision about a National Health Service Commissioning Board and clinical commissioning groups and to make other provision about the National Health Service in England; to make provision about public health in the

United Kingdom; to make provision about regulating health and adult social care services; to make provision about public involvement in health and social care matters, scrutiny of health matters by local authorities and co-operation between local authorities and commissioners of health care services; to make provision about regulating health and social care workers; to establish and make provision about a National Institute for Health and Care Excellence; to establish and make provision about a Health and Social Care Information Centre and to make other provision about information relating to health or social care matters; to abolish certain public bodies involved in health or social care; to make other provision about health care. Explanatory notes have been produced to assist in the understanding of this Act and will be available separately

Patient-centered, high-quality health care relies on the well-being, health, and safety of health care clinicians. However, alarmingly high rates of clinician burnout in the United States are detrimental to the quality of care being provided, harmful to individuals in the workforce, and costly. It is important to take a systemic approach to address burnout that focuses on the structure, organization, and culture of health care. Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being builds upon two groundbreaking reports from the past twenty years, To Err Is Human: Building a Safer Health System and Crossing the Quality Chasm: A New Health System for the 21st Century, which both called attention to the issues around patient safety and quality of care. This report explores the extent, consequences, and contributing factors of clinician burnout and provides a framework for a systems approach to clinician burnout and professional well-being, a research agenda to advance clinician well-being, and recommendations for the field.

This document sets out the draft legislation to implement proposals to reform provision for children and young people with special educational needs or with disabilities, following on from the green paper "Support and aspiration: a new approach to special educational needs and disability" (Cm. 8027, May 2011, ISBN 9780101802727) and responses to that consultation. The proposals provide significant improvements to the support given to children and young people, and to their parents. A single system would ensure children and young people received the support they need regardless of age or where they are taught, providing for them from birth until, where appropriate, their 25th birthday, with comparable statutory rights and protections throughout. Local authorities in England would be required to work with local health services, to plan and commission support across education, health and social care. They would also be required to set out a local offer of the services available to children, young people and their families. The current SEN statements and learning difficulties assessments would be replaced by a single assessment process. The resulting Education, Health and Care Plans would provide a commitment from all services to support educational and other outcomes. All young people and parents of children with an Education, Health and Care Plan would have the option of holding a personal budget, giving them greater control over how their support is delivered. The reforms would also strengthen the redress process.

The rapid growth of home health care has raised many unsolved issues and will have consequences that are far too broad for any one group to analyze in their entirety. Yet a major influence on the safety, quality, and effectiveness of home health care will be the

set of issues encompassed by the field of human factors research--the discipline of applying what is known about human capabilities and limitations to the design of products, processes, systems, and work environments. To address these challenges, the National Research Council began a multidisciplinary study to examine a diverse range of behavioral and human factors issues resulting from the increasing migration of medical devices, technologies, and care practices into the home. Its goal is to lay the groundwork for a thorough integration of human factors research with the design and implementation of home health care devices, technologies, and practices. On October 1 and 2, 2009, a group of human factors and other experts met to consider a diverse range of behavioral and human factors issues associated with the increasing migration of medical devices, technologies, and care practices into the home. This book is a summary of that workshop, representing the culmination of the first phase of the study. Decentralizing Health Services A Global Perspective Krishna Regmi, editor Current economic, demographic, and environmental shifts are presenting major challenges to health care systems around the world. In response, decentralization--the transfer of control from central to local authorities--is emerging as a successful means of meeting these challenges and reducing inequities of care. But as with health care itself, one size does not fit all, and care systems must be responsive to global reality as well as local demand. Decentralizing Health Services explores a variety of applications of decentralization to health care delivery in both the developing and developed worlds. Outfitted with principles, blueprints, and examples, this ambitious text clearly sets out the potential role of decentralized care as a major player in public health. Its models of service delivery illustrate care that is effective, inclusive, flexible, and in tune with the current era of preventive and evidence-based healthcare . Contributors point out opportunities, caveats, and controversies as they: Clarify the relationships among decentralization, politics, and policy Differentiate between political, fiscal, and administrative decentralization in health care systems Consider public/private partnerships in health systems Explain how the effects of decentralization can be evaluated. Present the newest data on the health outcomes of decentralization Explore some challenges and global issues of health systems in the 21st century And each chapter features learning goals, discussion questions, activities, and recommendations for further reading Heralding changes poised to revolutionize care, Decentralizing Health Services will broaden the horizons of researchers and administrators in health services, health economics, and health policy

Public health is a key concern of modern dental practitioners as they continue to play a vital role in the health of populations across the world. The second edition of Essential Dental Public Health identifies the links between clinical practice and public health with a strong emphasis on evidence-based medicine. Fully revised and updated for a second edition, this textbook is split into four parts covering all the need-to-know aspects of the subject: the principles of dental public health, oral epidemiology, prevention and oral health promotion, and the governance and organization of health services. Essential Dental Public Health is an ideal introduction to the field for dentistry undergraduates, as well as being a helpful reference for postgraduates and practitioners. Written by a leading author, this text provides a much needed account of UK public health and well-being policies and considers their influence on practice. With an emphasis on the importance of inter-agency and inter-professional approaches, this text is vital

reading for all students and practitioners of public health and well-being.

Special Needs & Cerebral Palsy is a new e-book in a collection of subject-themed e-books containing relevant key articles from Paediatrics & Child Health. The e-books provide a perfect source of revision for post-graduate exams in paediatrics and portfolio material for life-long learning. As well as mapping to the requirements of post-graduate training in paediatrics, these e-books also enable anyone with a short-term interest in a specific area to buy individual articles at a price-point that will give affordable access to all readers (from medical students to GPs and practitioners in related areas). The quality of user experience on mobiles, tablets and laptops will be an added bonus for learning on the move. About the journal The parent journal (http://www.paediatricsandchildhealthjournal.co.uk/) is a rolling, continuously updated review of clinical medicine over a 4-year cycle covering all the important topics for post-graduate exams in paediatrics. The journal's articles are refreshed, updated, augmented or replaced as appropriate each time the subject is due for revision to provide a concise overview of knowledge and practice core to the curriculum. Each article is written by invited experts and overseen by the relevant subject specialist on the Board. A trainee representative on the Board ensures relevance and accessibility for exam candidates.

Care and support affects a large number of people: eight out of 10 people aged 65 will need some care and support in their later years; some people have impairments from birth or develop them during their working life; some 5 million people care for a friend or relative, some for more than 50 hours a week. The current system does not offer enough support until a crisis point is reached, the quality of care is variable and inconsistent, and the growing and ageing population is only going to increase the pressure. Consequently, two core principles lie at the heart of this White Paper. The first is that individuals, communities and Government should do everything possible to prevent, postpone and minimise people's need for formal care and support. The system should be built around the promotion of people's independence and well-being. The second principle is that people should be in control of their own care and support, with personal budgets and direct payments, backed by clear, comparable information and advice that will allow individuals and their carers to make the choices that are right for them. This paper sets out the principles and approach, with sections covering: strengthening support within communities; housing; better information and advice; assessment, eligibility and portability for people who use care services; carers' support; defining high-quality care; improving quality; keeping people safe; a better local care market; workforce; personalised care and support; integration and joined-up care.

Additional written evidence is contained in Volume 3, available on the Committee website at www.parliament.uk/educom

What causes a person to flourish or languish? Or to be well or ill? How can the mental health and well-being of society as a whole, and individuals, be promoted and enhanced? This book explores the social, economic, political, cultural and environmental factors that affect mental health and well-being on a societal and individual level, and how prevention and intervention can enhance mental health. Taking a holistic approach to mental health, the book sets out effective strategies, from creating a supportive environment to building personal skills. Three extended case studies demonstrate how principles can be applied in practice in different situations: a specific social problem (suicide); a population group (young Black and minority ethnic groups); and a

medically defined problem (people with long term conditions). The book is a vital resource for strategic planners (including commissioners) working to promote mental health and wellbeing at a population level, as well as operational services delivering to specific individuals and groups. It addresses the role of generic service providers as well as being essential reading for mental health and public health students.

The anthrax incidents following the 9/11 terrorist attacks put the spotlight on the nation's public health agencies, placing it under an unprecedented scrutiny that added new dimensions to the complex issues considered in this report. The Future of the Public's Health in the 21st Century reaffirms the vision of Healthy People 2010, and outlines a systems approach to assuring the nation's health in practice, research, and policy. This approach focuses on joining the unique resources and perspectives of diverse sectors and entities and challenges these groups to work in a concerted, strategic way to promote and protect the public's health. Focusing on diverse partnerships as the framework for public health, the book discusses: The need for a shift from an individual to a population-based approach in practice, research, policy, and community engagement. The status of the governmental public health infrastructure and what needs to be improved, including its interface with the health care delivery system. The roles nongovernment actors, such as academia, business, local communities and the media can play in creating a healthy nation. Providing an accessible analysis, this book will be important to public health policy-makers and practitioners, business and community leaders, health advocates, educators and journalists.

Additional written evidence is contained in Volume 3, available on the Committee website at www.parliament.uk/healthcom

This is an important and timely collection in which recent research and interpretations are reported and debated. The papers provide a scholarly analysis of a range of significant issues, complexities and recurring themes.

Health and Social Care Act 2012Chapter 7The Stationery Office

What are public health services? Countries across Europe understand what they are, or what they should include, differently. This study describes the experiences of nine countries, detailing the ways they have opted to organize and finance public health services and train and employ their public health workforce. It covers England, France, Germany, Italy, the Netherlands, Slovenia, Sweden, Poland and the Republic of Moldova, and aims to give insights into current practice that will support decision-makers in their efforts to strengthen public health capacities and services. Each country chapter captures the historical background of public health services and the context in which they operate; sets out the main organizational structures; assesses the sources of public health financing and how it is allocated; explains the training and employment of the public health workforce; and analyzes existing frameworks for quality and performance assessment. The study reveals a wide range of experience and variation across Europe and clearly illustrates two fundamentally different approaches to public health services: integration with curative health services (as in Slovenia or Sweden) or organization and provision through a separate parallel structure (Republic of Moldova). The case studies explore the context that explain this divergence and its implications. This study is the result of close collaboration between the European Observatory on Health Systems and Policies and the WHO Regional Office for Europe, Division of Health Systems

and Public Health. It accompanies two other Observatory publications Organization and financing of public health services in Europeand The role of public health organizations in addressing public health problems in Europe: the case of obesity, alcohol and antimicrobial resistance(both forthcoming).

This paper is published alongside the Government white paper "Caring for our future: reforming care and support" (Cm. 8378, ISBN 9780101837828). The draft Bill takes forward the recommendations of the Law Commission report on adult social care (Law Com. 326, HC 941, session 2010-12, ISBN 9780102971682) which concluded that existing care and support legislation was outdated and confusing, making it difficult for people who need care and support, and carers, to know what they are entitled to and for local authorities to understand their responsibilities. The Bill will: modernise and consolidate the law, clarify entitlements; support broader needs of local communities; simplify the care and support system and processes. Key provisions include: statutory principles which embed the promotion of individual well-being; clear legal entitlements; everyone, including carers, should have a personal budget as part of their care and support plan; duties to ensure care and support continues when a person moves to a different local authority area; a new statutory framework for adult safeguarding. Others sections cover the establishment of Health Education England and the Health Research Authority, and allow for the abolition (subject to consultation) of the Human Fertilisation and Embryology Authority and Human Tissue Authority.

"An anthology of poems from around the world and across the centuries about illness and healing --physical, pyschological, and spiritual. With an introduction by Karl Kirchwey"--

Using archaeological sites and historic landscapes to promote mental well-being represents one of the most significant advances in archaeological resource management for many years. Prompted by the Human Henge project (Stonehenge/Avebury World Heritage Site), this volume provides an overview of work going on across Britain and the near Continent.

Driven grouse shooting, where flocks of Red Grouse are chased by lines of beaters so that they fly over lines of 'guns' that shoot the fast-flying birds, is a peculiarly British fieldsport. It is also peculiarly British in that it is deeply rooted in the British class system. This multi-million pound business dominates the hills of the north of England – the Pennines, the North Yorkshire Moors, the Cheviots – and throughout Scotland. Grouse shooting is big business. VERY big business And backed by powerful, wealthy lobbying groups, its tendrils run throughout British society. Inglorious makes the case for banning driven grouse shooting. The facts and arguments are presented fairly but the author, Mark Avery, states from the start why he has, after many years of soul-searching, come down in favour of an outright ban. There is too much illegal killing of wildlife, such as Buzzards, Golden Eagles, and, most egregiously of all, Hen Harriers; and, as a land use, it wrecks the ecology of the hills. However, grouse shooting is economically important, and it is a great British tradition. All of these, and other points of view, are given fair and detailed treatment and analysis – and the author talks to a range of people on different sides of the debate. The book also sets out Avery's campaign with Chris Packham to gain support for the proposal to ban grouse shooting, culminating in 'Hen Harrier Day', timed to coincide with the 'Glorious' 12th. Ever-controversial, Mark Avery is guaranteed to stir up a debate about fieldsports, the countryside and big business in a book that all British conservationists will want to read.

Regular physical activity is proven to help prevent and treat noncommunicable diseases (NCDs) such as heart disease, stroke, diabetes and

breast and colon cancer. It also helps to prevent hypertension, overweight and obesity and can improve mental health, quality of life and well-being. In addition to the multiple health benefits of physical activity, societies that are more active can generate additional returns on investment including a reduced use of fossil fuels, cleaner air and less congested, safer roads. These outcomes are interconnected with achieving the shared goals, political priorities and ambition of the Sustainable Development Agenda 2030. The new WHO global action plan to promote physical activity responds to the requests by countries for updated guidance, and a framework of effective and feasible policy actions to increase physical activity at all levels. It also responds to requests for global leadership and stronger regional and national coordination, and the need for a whole-of-society response to achieve a paradigm shift in both supporting and valuing all people being regularly active, according to ability and across the life course. The action plan was developed through a worldwide consultation process involving governments and key stakeholders across multiple sectors including health, sports, transport, urban design, civil society, academia and the private sector.

The Government recognises that many lifestyle-driven health problems are at alarming levels: obesity; high rates of sexually transmitted infections; a relatively large population of drug users; rising levels of harm from alcohol; 80,000 deaths a year from smoking; poor mental health; health inequalities between rich and poor. This white paper outlines the Government's proposals to protect the population from serious health threats; help people live longer, healthier and more fulfilling lives; and improve the health of the poorest. It aims to empower individuals to make healthy choices and give communities and local government the freedom, responsibility and funding to innovate and develop ways of improving public health in their area. The paper responds to Sir Michael Marmot's strategic review of health inequalities in England post 2010 - "Fair society, healthy lives" (available at http://www.marmotreview.org/AssetLibrary/pdfs/Reports/FairSocietyHealthyLives.pdf) and adopts its life course framework for tackling the wider social determinants of health. A new dedicated public health service - Public Health England - will be created to ensure excellence, expertise and responsiveness, particularly on health protection where a national response is vital. The paper gives a timetable showing how the proposals will be implemented and an annex sets out a vision of the role of the Director of Public Health. The Department is also publishing a fuller story on the health of England in "Our health and wellbeing today" (http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122238.pdf), detailing the challenges and opportunities, and in 2011 will issue documents on major public health issues.

This book considers the multidisciplinary aspects of longevity promotion, from the advocacy, historical, philosophical and scientific perspectives. The first part on longevity advocacy includes examples of pro-longevity campaigns, outreach materials, frequent debates and policy suggestions. The second part on longevity history includes historical analyses of life-extensionism as a social and intellectual movement. The third part on longevity philosophy surveys the aspirations and arguments for increasing healthy longevity in the philosophical and religious traditions of ancient Greece, India, the Middle East, in particular in Islam and Judaism, and the Christian tradition. Finally, the fourth part on longevity science includes brief discussions of some of the scientific issues in life extension research. These discussions are in no way exhaustive, but are intended to simulate additional interest, consultation and study of longevity science and its social and cultural implications.

Also includes information paragraphs on 8 instruments

From 1 April 2013 local government will have a responsibility to improve the health and wellbeing of local people. Councils are well placed to

make the most of a move away from a medical model of health, based on clinical treatment, to a social model, based on health promotion, protection and disease prevention. Central to the new system will be Health and Wellbeing Boards, whose members include councillors, GPs, directors of local services and community groups. They will need to focus on health promotion among all age groups. With few powers and no budget to commission services themselves, they will have to display leadership, build relationships and use their influence locally to turn their health and wellbeing strategies into reality. Health and Wellbeing Boards will be part of a complex new structure, and it is still unclear who will be in charge locally in the event of a health emergency. New arrangements for screening and immunisation services lack a local dimension. These services, along with public health services for children up to five years old and childhood immunisation services, could be devolved to public health staff within local government under Directors of Public Health. The Committee points to weaknesses in the grant formula and the Health Premium and calls on the Government to provide local authorities with community budgets to direct resources at people and places, rather than organisations. The Government also needs to address concerns about local authority and NHS access to each other's data.

This book offers a comprehensive overview of current research, policy, and practice developments in promoting mental health and well-being. It offers guidance on developing and delivering mental health promotion interventions across a variety of settings internationally. Chapters outline key mental health promotion concepts, implementation processes, and outcomes through empirical findings, practical advice based on successful evidence-based approaches, and templates for action. In addition, chapters answer key "how" questions on practical implementation as well as the "whys", providing rationales for mental health promotion and identifying the key factors and underlying principles that make these interventions work. The book includes examples of evidence-based practice with 17 case studies of innovative interventions from different international settings. These case studies illustrate the practical aspects of intervention development and delivery and the realities of implementing policies and programes outside of controlled research conditions. Topics featured in this book include: · Interventions that promote gender equality. · Community empowerment models of mental health promotion. · Mental health promotion in the home for children and parents. · Promoting social and emotional learning in schools. · Addressing stress and promoting mentally healthy workplaces. · Mental health promotion within primary health care. · Re-orienting mental health services to mental health promotion for service users and caregivers. Implementing Mental Health Promotion, Second Edition, is a must-have resource for researchers, clinicians and related professionals, and policymakers as well as graduate students across such interrelated disciplines as health promotion, public health, child and school psychology, social work, clinical psychology, child and adolescent psychiatry, health psychology, educational policy and practice, school nursing, occupational therapy, school counseling, and family studies.

In the United States, some populations suffer from far greater disparities in health than others. Those disparities are caused not only by fundamental differences in health status across segments of the population, but also because of inequities in factors that impact health status, so-called determinants of health. Only part of an individual's health status depends on his or her behavior and choice; community-wide problems like poverty, unemployment, poor education, inadequate housing, poor public transportation, interpersonal violence, and decaying neighborhoods also contribute to health inequities, as well as the historic and ongoing interplay of structures, policies, and norms that shape lives. When these factors are not optimal in a community, it does not mean they are intractable: such inequities can be mitigated by social policies that can shape health in powerful ways. Communities in Action: Pathways to Health Equity seeks to delineate the causes of and the solutions to health inequities in the United States. This report focuses on what communities can do to promote health equity, what actions are

needed by the many and varied stakeholders that are part of communities or support them, as well as the root causes and structural barriers that need to be overcome.

How do communities protect and improve the health of their populations? Health care is part of the answer but so are environmental protections, social and educational services, adequate nutrition, and a host of other activities. With concern over funding constraints, making sure such activities are efficient and effective is becoming a high priority. Improving Health in the Community explains how population-based performance monitoring programs can help communities point their efforts in the right direction. Within a broad definition of community health, the committee addresses factors surrounding the implementation of performance monitoring and explores the "why" and "how to" of establishing mechanisms to monitor the performance of those who can influence community health. The book offers a policy framework, applies a multidimensional model of the determinants of health, and provides sets of prototype performance indicators for specific health issues. Improving Health in the Community presents an attainable vision of a process that can achieve community-wide health benefits.

Aging is a process that encompasses virtually all aspects of life. Because the speed of population aging is accelerating, and because the data needed to study the aging process are complex and expensive to obtain, it is imperative that countries coordinate their research efforts to reap the most benefits from this important information. Preparing for an Aging World looks at the behavioral and socioeconomic aspects of aging, and focuses on work, retirement, and pensions; wealth and savings behavior; health and disability; intergenerational transfers; and concepts of well-being. It makes recommendations for a collection of new, cross-national data on aging populationsâ€"data that will allow nations to develop policies and programs for addressing the major shifts in population age structure now occurring. These efforts, if made internationally, would advance our understanding of the aging process around the world.

Building on the core competences for public health, this book focuses on key areas of surveillance and assessment of the population's health and wellbeing. It is concerned with assessing and describing the needs, health and wellbeing of specific populations, communities and groups. The authors also look at how to monitor these aspects of public health and explore qualitative and quantitative methods for measuring, analysing and interpreting health and wellbeing, needs and outcomes. Case studies, activities and research summaries are used throughout the book to help the reader understand how to apply theory to practice.

Evidence indicates that actions within four main themes (early child development, fair employment and decent work, social protection, and the living environment) are likely to have the greatest impact on the social determinants of health and health inequities. A systematic search and analysis of recommendations and policy guidelines from intergovernmental organizations and international bodies identified practical policy options for action on social determinants within these four themes. Policy options focused on early childhood education and care; child poverty; investment strategies for an inclusive economy; active labour market programmes; working conditions; social cash transfers; affordable housing; and planning and regulatory mechanisms to improve air quality and mitigate climate change. Applying combinations of these policy options alongside effective governance for health equity should enable WHO European Region Member States to reduce health inequities and synergize efforts to achieve the United Nations Sustainable Development Goals.

Dangerous levels of particulate matter (PM2.5 or PM10) and chemicals (such as NO2) in the air are contributing to tens of thousands of early deaths every year in UK cities. Yet the Committee found that Ministers appear to be actively trying to dilute safety standards to avoid EU fines. 30,000 deaths in the UK were linked to air pollution in 2008 - with 4,000 in London alone. But business plans produced by the Department for Transport and Defra do not even mention air quality – despite a commitment in the Coalition agreement to work towards full

compliance with EU air quality standards. The Government will be able to pass EU fines for air pollution breaches to local authorities, subject to new procedures in the Localism Bill. However, this report raises a number of concerns about the ability of councils to tackle this problem without coordination and assistance from central Government and points out that the causes of poor air quality are often beyond an individual authority's control. The committee is calling on the Government to establish a national framework of low emissions zones to help local authorities reduce traffic pollution. It is also urging Ministers to launch a public awareness campaign to drive air quality up the political agenda. Under European Union air quality laws the daily pollution levels of PM10 must not be above the legal limit on more than 35 days in a year. By the 21 April 2011 London had already exceeded this year's target, according to the Campaign for Clean Air in London.