Public Document Pack

Health and Wellbeing Board

Date: **TUESDAY, 7 MAY 2013**

Time: **1.45pm**

Venue: **COMMITTEE ROOM 4 - WEST WING, GUILDHALL**

Members:
Revd Dr Martin Dudley, *nominated representative of Chairman of Policy & Resources Committee*
Angela Starling, *nominated representative of Chairman of Community & Children's Services Committee*
Vivienne Littlechild
Gareth Moore
Deputy Joyce Nash
Deputy John Tomlinson, *Chairman of Port Health & Environmental Services Committee*
Ade Adetosoye, *Director of Community & Children's Services*
Jon Averns, *Director of Environmental Health & Public Protection*
Dr Sohail Bhatti, *Interim Director of Public Health, City & Hackney*
Simon Murrells, *Assistant Town Clerk*
Superintendent Norma Collicott, *City of London Police*
Dr Gary Marlowe, *Clinical Commissioning Group representative*
Sam Mauger, *Healthwatch*

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

Lunch will be served in the Guildhall Club at 1pm

John Barradell
Town Clerk and Chief Executive

AGENDA

1. **WELCOME AND INTRODUCTIONS**

2. **APOLOGIES FOR ABSENCE**

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

4. **ORDERS OF THE COURT OF COMMON COUNCIL**
   To receive the orders of the Court of Common Council from 25 April 2013

   For Information
   (Pages 1 - 2)

5. **ELECTION OF CHAIRMAN**
   Members are requested to elect a Chairman of the Health & Wellbeing Board for 2013/14.

   For Decision

6. **ELECTION OF DEPUTY CHAIRMAN**
   Members are requested to elect a Deputy Chairman of the Health & Wellbeing Board for 2013/14.

   For Decision

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

   For Information
   (Pages 3 - 8)

8. **FINAL JOINT HEALTH AND WELLBEING STRATEGY**
   Report of the Director of Community and Children's Services & Interim Director of Public Health

   For Decision
   (Pages 9 - 32)

9. **JOINT HEALTH AND WELLBEING STRATEGY CONSULTATION**
   Report of the Director of Community and Children's Services & Interim Director of Public Health

   For Information
   (Pages 33 - 44)

10. **HEALTH AND WELLBEING BOARD PERFORMANCE INDICATORS**
Report of the Director of Community and Children's Services

For Decision
(Pages 45 - 56)

11. **UPDATE REPORT**
Report of the Director of Community & Children's Services

To Follow

12. **FUTURE DATES FOR 2013/14 HEALTH & WELLBEING BOARD MEETINGS**
Members are asked to note the future meeting dates of the Health & Wellbeing Board meetings in 2013:

- 4th July 2013
- 6th September 2013
- 6th November 2013

All meetings will begin at 1:45pm

For Information

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

14. **EXCLUSION OF THE PUBLIC**
MOTION - That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A of the Local Government Act.

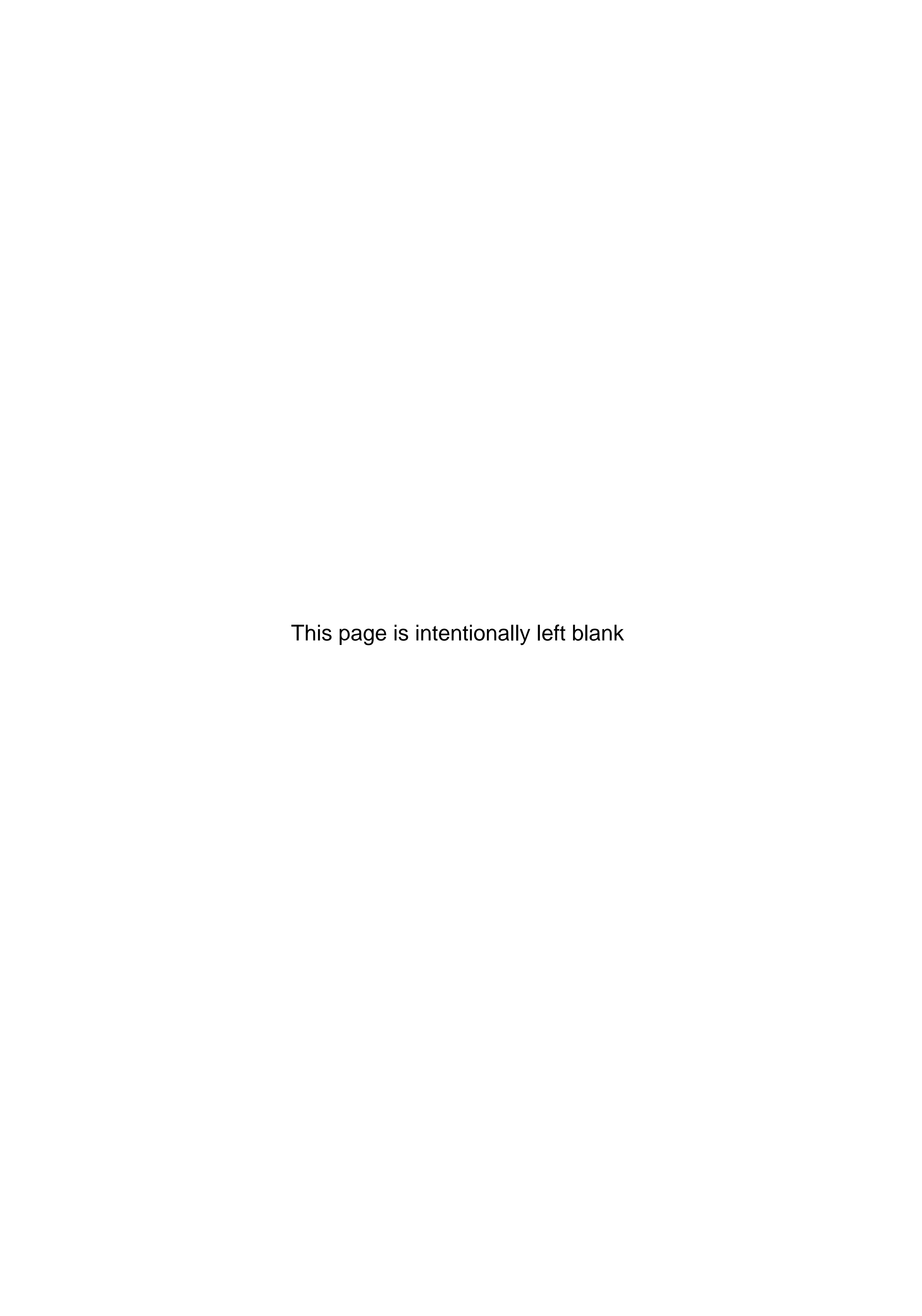
For Decision

Non Public Agenda

15. **NON-PUBLIC MINUTES OF THE SHADOW HEALTH & WELLBEING BOARD MEETING**
To note the non-public minutes of the meeting held on 4 March 2013.

For Information
(Pages 57 - 58)

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



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HEALTH & WELLBEING BOARD

1. **Constitution**
   A Non-Ward Committee consisting of,

   - three Members elected by the Court of Common Council (who shall not be members of the Health and Social Care Scrutiny Sub-Committee)
   - the Chairman of the Policy and Resources Committee (or his/her representative)
   - the Chairman of Community and Children's Services Committee (or his/her representative)
   - the Chairman of the Port Health & Environmental Services Committee (or his/her representative)
   - the Director of Public Health or his/her representative
   - the Director of the Community and Children's Services Department
   - a representative of Healthwatch appointed by that agency
   - a representative of the Clinical Commissioning Group (CCG) appointed by that agency
   - the Chairman of the SaferCity Partnership Steering Group (or in his/her place, the Deputy Chairman)
   - the Environmental Health and Public Protection Director
   - a representative of the City of London Police appointed by the Commissioner

2. **Quorum**
   The quorum consists of five Members, at least three of whom must be Members of the Common Council or officers representing the City of London Corporation.

3. **Membership 2013/14**

   1 (1) Joyce Carruthers Nash, O.B.E., Deputy
   1 (1) Vivienne Littlechild J.P., *for three years*
   1 (1) Gareth Wynford Moore, *for two years*

   Together with the Members referred to in paragraph 1.

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

a) carrying out all duties conferred by the Health and Social Care Act 2012 ("the HSCA 2012") on a Health and Wellbeing Board for the City of London area, among which:-

   i) to provide collective leadership for the general advancement of the health and wellbeing of the people within the City of London by promoting the integration of health and social care services; and

   ii) to identify key priorities for health and local government commissioning, including the preparation of the Joint Strategic Needs Assessment and the production of a Joint Health and Wellbeing Strategy.

   All of these duties should be carried out in accordance with the provisions of the HSCA 2012 concerning the requirement to consult the public and to have regard to guidance issued by the Secretary of State;

b) mobilising, co-ordinating and sharing resources needed for the discharge of its statutory functions, from its membership and from others which may be bound by its decisions; and

c) appointing such sub-committees as are considered necessary for the better performance of its duties.

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HEALTH AND WELLBEING BOARD

Monday, 4 March 2013

Minutes of the meeting of the Health and Wellbeing Board held at on Monday, 4 March 2013 at 1.45pm

Present

Members:
Vicky Hobart (Chairman)
Revd Dr Martin Dudley
Jon Averns
Superintendent Norma Collicott
Dr Gary Marlowe
Jakki Mellor-Ellis
Simon Murrells

In Attendance
Graham Fisher – Toynbee Hall
Tim Sims – Fiona Reed Associates
Fiona Reed – Fiona Reed Associate

Officers:

Natasha Dogra	-	Town Clerk's Department
Neal Hounsell	-	Community and Children's Services Department
Leiann Bolton-Clarke	-	Town Clerk's Department
Sarah Greenwood	-	Community and Children's Services
Derek Read	-	Department of the Built Environment
Peter Shadbolt	-	Department of the Built Environment

1. **WELCOME AND INTRODUCTIONS**
   All Members of the Shadow Health and Wellbeing Board introduced themselves. Vicky Hobart chaired the meeting. The Board welcomed Mr Graham Fisher, from Toynbee Hall (Co-Opted Health Information & Signposting Executive Board Member, representing Healthwatch City of London) to the meeting as an observer.

2. **MINUTES AND ACTIONS FROM LAST MEETING**
   The minutes of the meeting held on 23 January 2013 were agreed as a correct record.

   Matters Arising

   Local Pharmacies Presentation – Members queried whether further consideration had been given to allocating resources towards advertising services provided by pharmacies to residents and workers in the City. Officers informed the Board that contracts for services would be settled by 31 March

2013, after which it would be clearer as to which services would require advertising.

Governance Arrangements – The Board was informed that the Chairman of Policy and Resources Committee would be nominating a Member to represent him on the Board in due course. Members were also informed that the Community and Children's Services Committee had agreed to delegate authority as follows:

- Delegated to the Director of Community and Children's Services (or, pending commencement of his post, the Interim Director of Community and Children's Services) authority to enter into (i) the Service Level Agreement with LB Hackney in respect of the contracts for services; (ii) the City contracts for services; and (iii) the partnership agreements in respect of arrangements, all in order to ensure that the City has in place appropriate arrangements for the exercise of its public health functions when they are transferred to the City on 1st April 2013.
- Delegated to the Town Clerk in consultation with the Chairman of Community and Children's Services authority to agree the appointment of the Director of Public Health (jointly with LB Hackney and LB Newham, as part of a joint appointment panel).

RECEIVED.

3. **RAPID HEALTH IMPACT ASSESSMENT OF THE LOCAL PLAN**

The Board received a report of the Director of Community and Children's Services and considered the draft Local Plan which set out the City Corporation's vision, strategy, objectives and policies for planning the City of London. It was currently undergoing a period of consultation, before a final version of the plan was prepared and published in autumn 2013. Responses to the consultation were due on 11 March 2013.

Officers informed the Board that as the Local Plan would have an impact on health and wellbeing in the City it was identified that the Health and Wellbeing Board should respond to the consultation. A draft response was been prepared for the Board to approve.

The draft was developed by the City and Hackney Public Health Directorate with input from primary care commissioning, City and Hackney Clinical Commissioning Group, the Commissioning Support Unit and the NHS Healthy Urban Development Unit. The response has been developed using the Healthy Urban Development Unit (HUDU)'s Watch Out for Health Impact Assessment Tool.

With regards to the recommendation relating to amenity space Members agreed that privately owned facilities taking part in the Community Toilet Scheme must be well sign-posted for members of the public, and asked that this be reflected in the recommendation. Members also agreed that in order to

strength recommendations 14, 15, 24 and 25 the word 'should' would be replaced by 'must'.

RESOLVED:
Members endorsed the response and its recommendations with the agreed amendments.

4. **CENSUS UPDATE**
The Board received a report of the Director of the Built Environment report summarising the initial findings from the Census of Population 2011 concerning City residents. Members were informed that the Census 2011 found that the usual resident population of the City was 7,400 formed of 4,100 males and 3,300 females. This represented a slight increase on the 7,200 figure for the previous Census in 2001.

Officers informed Members that the official total for 2011 included 1,055 usual residents with a second home elsewhere but excluded a further 1,370 usual residents from elsewhere who have a second home in the City. If all these people were included then the total figure for City residents who might be present some of the time would be 8,770 which could be expressed as about 9,000.

The Board were informed that Census data is a key element of the demographic models used to project resident population figures into the future. The Census 2011 figures were being used to update existing population projections produced by central government and the GLA. It was likely that previous resident projections for the City would be revised downward slightly as the Census data did not show as much growth here during the past decade as was previously projected. However, it was likely for London as a whole that the resident population projections would be revised upward significantly to take account of high migration and population growth in London during the past decade.

Members said that discussions had taken place at CCG regarding a cross boundary out of hours service for neighbouring boroughs to reciprocate contracts in health related areas. The scheme would be piloted in the City, and extended to neighbouring boroughs if it worked successfully.

RECEIVED.

5. **SUBSTANCE MISUSE PARTNERSHIP PLANNING FOR 2013**
The Board received a report of the Director of Community and Children's Services and were informed that on 12 November 2012 the Substance Misuse Team moved from the Town Clerk's Department to the People Directorate within DCCS. From April 2013 substance misuse forms part of the Public Health responsibility of local authorities and would therefore be adopted by the City of London Corporation.

Members were informed that during 2012/13 the Substance Misuse Partnership (SMP) received approximately £369,000 in funding via the Primary Care Trust and the Home Office, plus an additional £29,000 from the Safer City Partnership. Funding streams have changed under the new arrangements and the majority of funding has been incorporated into the Public Health allocation.

In response to a query from Members, Officers said that a review of substance misuse services would be undertaken during 2013/14 in partnership with Hackney Borough Council. The 2013/14 business plan had therefore been formulated based on a maintained level of funding for the transitional year.

Members of the Board queried whether people held in custody suites whose drug use equipment was taken off them upon arrest were given clean equipment on being released by the Police. Officers said although this practice was not currently taking place it was being investigated.

RESOLVED:

1. Members noted the report and business plan for 2013/14; and
2. Agreed the business planning objectives.

6. **UPDATE REPORT**

The Board received a report of the Director of Community and Children's Services. Members were informed of key updates to subjects of interest to the Board where a full report was not required.

Staffing

Further to the Board's January update, a number of staffing changes have progressed in preparation for the City of London's new responsibilities in April 2013.

Appointment of the Director of Public Health – the Board was informed that the shortlisting of applications had taken place on the 28th January and the interviews were taking place on the 8th March.

Community and Children's Services – the restructure of the Strategy and Performance team in preparation for the transfer of the public health function to the City of London has progressed into the personal consultation phase. All managers affected by changes had had personal meetings and the opportunity to comment on the manager level job descriptions.

Executive Policy Officer – in order to support the Health and Wellbeing Board discharge its health and wellbeing function, a new post had been created as part of Community and Children's services' departmental restructure to provide policy and business support. The job description was currently being evaluated.

Health and Wellbeing strategy consultation progress and Love Health event feedback

The Board was informed that the health day, titled "Love Health" ran on the 14th February in the Livery Hall. 30 organisations had interactive stalls at the event, including Boots, Pod, Planet Organic and Cycle Surgery, as well as a range of City partners and COL teams.

223 participants were observed entering the Livery Hall to attend the event. It was thought that an additional 50+ Corporation staff may have also entered the event via the Guildhall internal doors.

Out of Hours Service
Members were informed that the out of hours GP service was currently provided by Harmoni, contracted by a Consortium of five PCTs (before clusters were created) with City and Hackney PCT as the lead. In preparation for the transfer of responsibilities to the Clinical Commissioning Group (CCG), City and Hackney PCT appointed a management consultancy – Libre – to manage the 2012/2013 contract.

Officers informed the Board that from April 2013, commissioning of the out of hours service would become the responsibility of the CCG, with support from the Commissioning Support Unit. The CCG has agreed to continue with Harmoni as the provider from April and to develop a new specification for a City and Hackney specific out of hours service for commencement no later than October 2013. To this end, the CCG organised a workshop on 27 February with clinicians and users to define new specification details, standards, and monitoring arrangements.

Adult Social Care Annual Report (Local Account)
The City carried out the Adult Social Care User Survey for the first time. Members were informed that the City had an excellent response rate of 63%. Constructive user engagement through the Adult Advisory Group (AAG) meetings to approve changes in policy and protocol.

Health and Wellbeing Conference
On the 25th February, London Councils, the Joint Improvement Partnership and NHS London hosted a London Health and Wellbeing Conference. Four members of the City of London's Shadow Health and Wellbeing Board attended.

RECEIVED.

7. **ANY OTHER BUSINESS**
Members of the Board congratulated Vicky Hobart, Public Health Consultant and chair of the City of London shadow Health and Wellbeing Board on her appointment as the Director of Public Heath for Redbridge and Waltham Forest. Members thanked Vicky for the advice and expertise she had bought to the Board meetings, and wished her well for the future.

8. **EXCLUSION OF THE PUBLIC**
MOTION - That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A of the Local Government Act.

9. **NON-PUBLIC MINUTES**
Members agreed the non-public minutes of the meeting held on 23 January 2013.

10. **ANY OTHER NON-PUBLIC BUSINESS**
The Board discussed one area of concern under this agenda item.

The meeting ended at 3.00pm

Chairman

Contact Officer: **Natasha Dogra**
Tel: 020 7332 1434
Email: Natasha.dogra@cityoflondon.gov.uk

Committee(s): Health and Wellbeing Board	Date(s): 7th May 2013
Subject: Final Joint Health and Wellbeing Strategy	Public
Report of: Director of Community and Children's Services & Interim Director of Public Health	For Decision

Summary

This report presents the final City of London Joint Health and Wellbeing Strategy for approval subsequent to the consultation exercise concluded in April 2013

The draft strategy outlines the City of London Health and Wellbeing Board's commitment to improving the health of City workers, as well as residents.

Recommendations

- That the Board approves the content of this report and adopts the Joint Health and Wellbeing Strategy set out in Appendix One

Main Report

Background

1. The NHS's public health functions were transferred to local authorities by the Health and Social Care Act 2012 on 1st April, 2012. This gave local authorities the duty to advance the health and wellbeing of people who live or work in their area. It also requires local authorities to set up Health and Wellbeing Boards, and for those Health and Wellbeing Boards to produce an annual Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS). The City of London already has a JSNA in place; however, this is the first time that a JHWS has been produced for the City of London.

2. The Department of Health has also released a number of Outcomes frameworks. A key measure of success for Health and Wellbeing Boards will be their ability to influence improvements measured according to The Public Health Outcomes Framework (nationally there are over 60 Public Health outcomes). The Shadow Board have previously discussed the outcome frameworks and another paper being considered today asks the Board to formally identify their priority outcome indicators for 2013/14.

3. Although local authorities are now required to provide certain mandated public health functions under the Act, such as support to the Clinical Commissioning Group, sexual health services and the National Child Measurement Programme (NCMP), the majority of public health functions are not mandatory, and levels of provision must be determined locally, according to need.

4. The City of London's Joint Strategic Needs Assessment has already identified priority areas of need, based on a comprehensive review of the available data for the City, local intelligence and consultation. Priorities were identified according to the following criteria:
    - Are there significant unmet needs amenable to intervention?
    - Is this an issue which affects a significant proportion of the population (directly or indirectly)
    - Is this issue a significant contributor to inequalities in health and wellbeing?
    - Is this an issue which significantly affects vulnerable groups?
    - Is this a national/London priority?

Current Position

5. The City's Health and Wellbeing Board in its inaugural meeting will need, amongst other procedural issues, to agree its Joint Health and wellbeing Strategy (JHWS).

6. The JHWS is intended to cover the three year period from 2013/14. The strategy will be refreshed annually to reflect the changes that have taken place over the year, and to ensure the City is compliant with its statutory obligations. Formal public consultation was undertaken from the period November 2012 to April 2013 and the draft strategy has been revised to take account of the suggestions and feedback set out in the previous report.

7. The strategy identifies the need to manage the public health transition smoothly; to improve joint working and integration; and to address key health and wellbeing challenges across the resident population. These are identified as:

- More people with mental health issues can find effective, joined up help
- More people in the City are socially connected and know where to go for help
- More rough sleepers can get health care, including primary care, when they need it
- More people in the City take advantage of Public Health preventative interventions, with a particular focus on at-risk groups (includes the 3 following areas of focus)
    - People in the City are screened for cancer at the national minimum rate
    - Children in the City are fully vaccinated
    - Older people in the City receive regular health checks
- More people in the City are warm in the winter months
- More people in the City have jobs: more children grow up with economic resources
- City air is healthier to breathe
- More people in the City are physically active
- There is less noise in the City

8. These priorities align to the City's JSNA priorities, and are also expected to contribute both directly and indirectly to improving outcomes on the Public Health Outcomes Framework, as well as the Adult Social Care Outcomes Framework and the NHS Outcomes Framework.

9. As local authorities also have a duty to advance the health and wellbeing of people who work in that area, the JHWS identifies three key areas for improving worker health and wellbeing:

- Fewer City workers live with stress, anxiety or depression
- More City workers have healthy attitudes to alcohol and City drinking
- More City workers quit or cut down smoking

10. The consultation on the JSNA did not ask consultees to consider the needs of the two different groups (residents and workers) against each other and come up with overall priorities.

Conclusion

11. The Joint Health and Wellbeing Strategy demonstrates the commitment of the Health and Wellbeing Board to discharge its new public health responsibilities, whilst responding to local need. Once approved, it will provide a valuable framework for improving the health of both residents and workers in the City of London.

12. A more detailed Action Plan is currently being developed to address the responses received which needs to take due account of all the consultation responses and will be reported to the Board at its next meeting.

Appendices

Appendix One: Final City of London Joint Health and Wellbeing Strategy

Contact:
Farrah Hart, Policy Development Manager | *farrah.hart@cityoflondon.gov.uk* | *020 7332 1907*

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City of London
Joint Health and Wellbeing Strategy

"The aim of the joint health and wellbeing strategy is to jointly agree what the greatest issues are for the local community based on evidence in JSNAs, what can be done to address them; and what outcomes are intended to be achieved."

Department of Health, 2012

Introduction

The City of London is a unique area – it contains several populations in one space, with different needs and health issues. According to the Census (2011) there are nearly 7,400 people who live in the City as residents (1,000 of whom have lived here for less than 5 years). The number of dwellings is projected to increase by 110 per annum. There are also 430,000 people who have jobs in the City (Nomis: Labour Market Profile 2011), as well as students, visitors and rough sleepers.

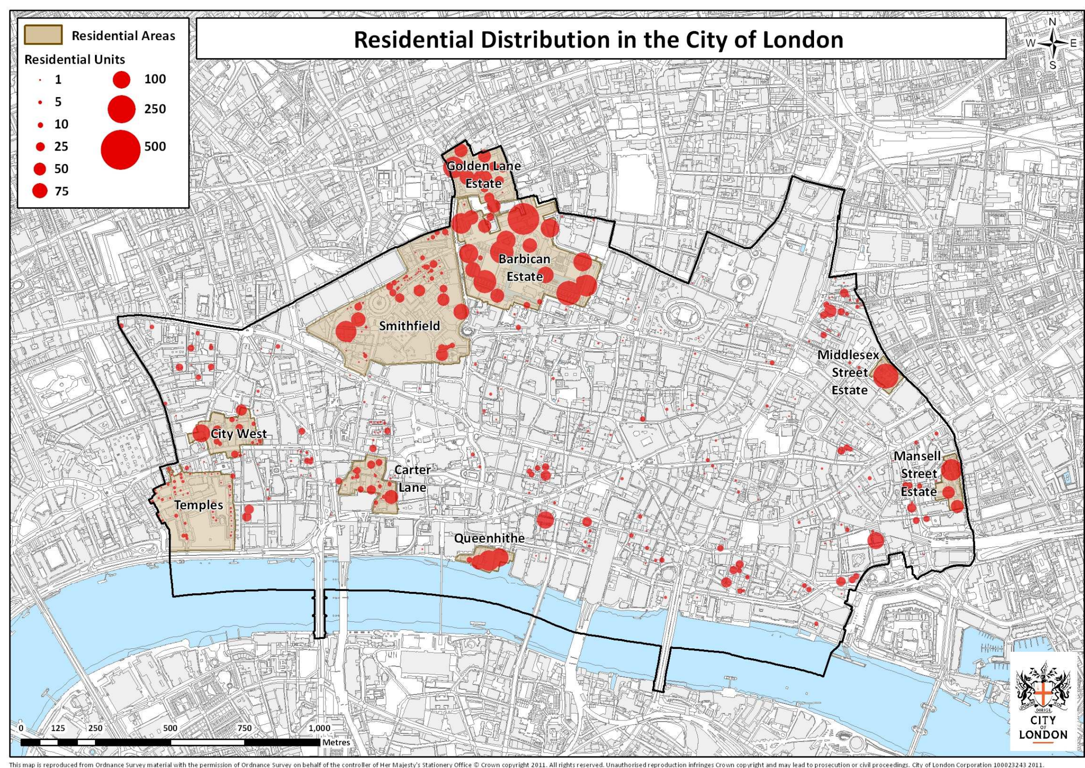

Figure 1: Residential Distribution, based on residential units (COL Planning Department)

The City of London has the highest daytime population density of any local authority in the UK, with over 380,000[1] people packed into just over a square mile of space, which is urban and highly developed. This is projected to increase to 428,000 by 2026.

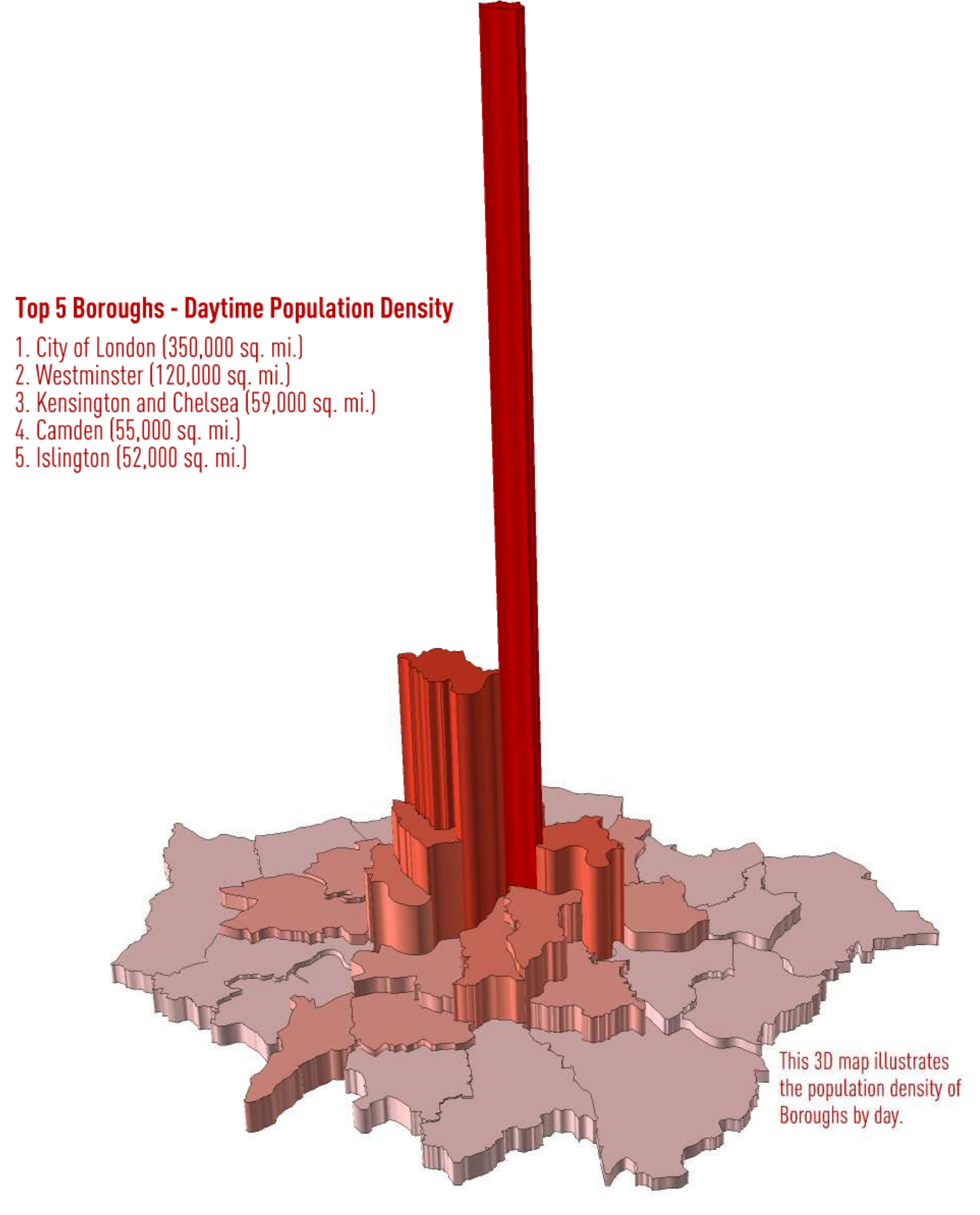

Figure 2: London's daytime population

[1] Includes workers, students, visitors and residents

The City of London Corporation is responsible for local government and policing within the Square Mile. It also has a role beyond the Square Mile, as a port health authority; a sponsor of schools; and the manager of many housing estates and green spaces across London.

When Public health responsibilities moved to local authorities in April 2013, the Health and Wellbeing Board of the City of London Corporation took over the statutory responsibility for undertaking the annual Joint Strategic Needs Assessment (JSNA) exploring local health needs and the Joint Health and Wellbeing Strategy.

This is the first Health and Wellbeing Strategy produced by the City of London, and it will be refreshed annually, to reflect the changing public health landscape and responsibilities, both during and after the transition. The full transition plan is available on request – appendix 1.

Approach

The Health and Wellbeing Board, through the joint Health and Wellbeing Strategy, aims to align the City's approach to the NHS Outcomes Framework, the Adult Social Care Outcomes Framework and the Public Health Outcomes Framework, through improving the integration of services, particularly between the NHS and local authority. A National Children and Young People's Outcome Framework is currently in development. The Department of Health has identified the Health and Wellbeing Board as the place that brings the three outcomes frameworks together and takes a lead in tackling health inequalities and the wider determinants of health.

The full list of outcomes that the board will be judged against is included as appendix 2.

Who we are

The City's Health and Wellbeing Board involves representation from the following partners:

- Elected members of the City of London Corporation*
- Officers of the City of London Corporation, including the Director of Community and Children's Services* and the Director of Environmental Health and Public Protection
- Chairman or Deputy Chairman of the Safer City Partnership
- The Director of Public Health for the City of London*
- City and Hackney Clinical Commissioning Group*
- HealthWatch; contract awarded to Age UK*
- The City of London Police

The Health and Wellbeing Board became fully operational in April 2013, and the partners marked with an asterisk are the statutory members, who will be responsible for implementing this strategy.

Timeline

This strategy is intended to cover the three year period from 2012/13 to 2015/16. As we are in a time of transition, we intend to refresh this strategy annually to reflect the changes that have taken place.

Table 1. Timeline

December	First draft strategy published for consultation
January - March	Public engagement and consultation
April	Consultation period finishes
April 2013	The Health and Wellbeing Board takes on statutory footing
May 7th 2013	Final strategy published and signed off by Health and Wellbeing Board
Summer 2014	First strategy refresh
Summer 2015	Second strategy refresh

A strategy for health and wellbeing in the City of London

Although we already spend much time protecting people from threats to their health, we want the City to be more than just a safe place. The Health and Social Care Act 2012 presents us with an opportunity to positively influence the health of everyone who lives and works in the City, enabling them to live healthily, preventing ill health developing, and promoting strong and empowered groups of individuals who are motivated to drive positive change within their communities and businesses.

Wellbeing is a positive physical, social and mental state, and is more than just an absence of illness. When a person feels well, they are more likely to value their health and make positive decisions about the way they live. Good mental wellbeing can lead to reduced risk-taking behaviour (such as excessive alcohol intake or smoking), and may improve educational attainment and work productivity.

We know what it takes for people to live healthily. Workers and residents can take their own steps to improve health, and we know that big improvements in health can result from the following[2]:

1. Not smoking or breathing others' smoke
2. Eating a healthy diet
3. Being physically active
4. Achieving and maintaining a healthy weight
5. Moderating alcohol intake
6. Preventing harmful levels of sun exposure
7. Practicing safer sex

[2] Adapted from The Chief Medical Officer's Ten Tips For Better Health (Department of Health, 2004)

8. Attending cancer screening
9. Being safe on the roads
10. Managing stress

However, we also know that health and wellbeing is bigger than just asking individuals to take steps to improve their own health; we also need to ensure that no-one is disproportionately disadvantaged by their circumstances and environment, preventing them from living as healthily as they might like to.

We know that the health of our residents and workers is influenced by social, cultural, economic, psychological and environmental factors, and that these factors can have a cumulative effect throughout a person's life[3]. If we are to improve the health of the whole community, rather than just those who find it easy to adopt healthy behaviours, we need to look at the broader context of people's lives – their income and education; their friends and social networks; the place where they live; the air that they breathe; the beliefs they have about their own health and their ability to make changes; and the individual biological factors that may influence their health. These are "the causes of the causes".

This means that often the best way to help a person's health lies outside what the NHS can do – for example, helping someone to find employment can provide them with a higher income, to buy better quality food for themselves and their families; they will be in a better position to find decent housing and be able to afford to heat it. By meeting new people at work, they can gain new friends and build up social networks, which can help to improve their mental health. Additionally, the routine of working, the sense of identity, and the ability to provide can all have a positive effect on a person's mental wellbeing.

As well as employment, we know that there are several other key priority areas that have a huge impact on people's lives and their health. These were identified by Professor Sir Michael Marmot as:

1. Give every child the best start in life.
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill health prevention.

Local authorities are therefore ideally placed to work with health services and other local partners to make a real impact on health and wellbeing. We know there are communities in the City, who find it harder to access services; who are less connected with others; and whose life circumstances make it very difficult for them to make positive changes.

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[3] Marmot M (2010) *Fair Society, Healthy Lives.* University College London

Through the Health and Wellbeing Board, we want this strategy to encourage services, organisations and individuals to work together to prevent where we can; and intervene early when problems do develop; and take steps to reduce the harms arising from behaviours or actions that we cannot prevent.

Within the City, the small size of the resident population presents a number of challenges to strategic planning. It is often difficult for us to get meaningful data about health needs and service provision. Many national statistics are based on taking a "percentage sample" of the population, and using this sample to extrapolate to the whole population, but in the City, this means that they will only have spoken to a handful of people, who may or may not be representative of the City's wider resident population. Additionally, some health conditions only affect a very small number of City residents each year – it is difficult for us to use these numbers to identify trends that are more than just random variation.

For this reason, it is even more vital that we use a combination of quantitative evidence from the JSNA and other health needs assessments, combined with local and community intelligence, to determine our priorities.

Conversely, we also have a huge number of commuters entering the City every day, about whom very little information is collected. The Office of National Statistics collects information about how many people work in the City and in what sectors, but if we want to find out about their health and wellbeing needs, we have to commission this research ourselves.

Strategic Principles

We want our health and wellbeing strategy to influence the Public Health, NHS and Social Care Outcomes, and the Children and Young People's Outcomes, that will make the most difference to the lives of people in the City. We want to acknowledge and support good work we are already undertaking, whilst helping us meet up-coming challenges, including an ageing population, a reduction in household income for many families in the area, and an uncertain economic outlook.

Our priorities are determined through:

- The numbers of people affected
- The severity or impact of the issue
- Can we do anything about it – are there cost-effective, evidence based steps we can take to tackle the issue?
- Does it tie into the objectives of the City's Corporate Plan, which aims to support businesses and communities?
- Will the City be a better place to live and work if we tackle this issue?
- Is there a current gap in provision or service that we have identified?
- Do we have the resources to tackle this (or are there resources that we can get)?

- Was this identified as a priority in the JSNA, or is there strong consensus that this is an issue for local people?

What we understand from the evidence contained in the JSNA.

Although small, the City is by no means homogeneous. Lots of different kinds of people live here, ranging from professionals who work in the City's firms who live alone and in couples, to a growing community of retired people many of whom live alone, as well as whole communities who struggle to make ends meet. The number of rough sleepers in London in growing, and many find their way into the City of London at night, because it is a safe and relatively quiet place to sleep. Although people in the City are diverse, there is also a strong sense of community, and the vast majority who live and work here say they are satisfied with the area. The City has a strong infrastructure of services and agencies, as well as grass-roots organisations and committed individuals who help to make this place thrive.

City JSNA 2011/12

The City is mostly a business district, with some areas of high-density housing. As well as the office workers who come into the City in the daytime, the City's bars and restaurants are increasingly popular with visitors in the evenings. The City has an increasingly international worker and resident community, and an ageing resident population. The City borders onto five London boroughs, and residents often have to access services that are delivered outside the Square Mile. The City shares NHS services with Hackney, and the new Clinical Commissioning Group will cover City and Hackney. The catchment area of the City's only GP practice does not cover the whole City, so residents in the east access GP services from Tower Hamlets.

In surveys, the City scores highly as a place to live and work, and it has excellent transport links and cultural services. The City is an urban area, and suffers from poor air quality. Particulate matter and nitrogen dioxide levels are both very high, and there were also 706 noise complaints last year. There are numerous open spaces in the City but they tend to be very small.

Despite being such a small geographical area, the City of London has the fifth highest number of rough sleepers in London. Most rough sleepers are white, older males, with problems relating to alcohol and mental health.

The City provides jobs for around 430,000 people, with around 60% of these in the banking, finance and insurance sectors. Around 75% of City workers are professionals, managers or associate professionals, with the remaining quarter in other occupations, including administrative and sales roles. Unemployment benefits claimants rates are low for the City overall, but worklessness is concentrated into particular geographical areas and housing estates.

The housing in the City is different from in other areas: 90% of flats are 2-bed or smaller. Fuel poverty amongst City residents is stable at 6.4%, but the last census showed that many pensioners live alone in the City. There has been improvement in the City's deprivation ranking in recent years, however huge gaps remain between the areas of Portsoken (40% most deprived) and Barbican (10% least deprived), with 41% of Portsoken children still living in poverty. A local survey showed that 40% of working age lead tenants on the Golden Lane Estate and Middlesex St Estate were not in work, and it is thought that welfare reforms may have a serious impact upon some City residents.

There has been a recent increase in the numbers of bars and restaurants that are staying open late and at weekends, but this is not without its disadvantages. There is a high rate of alcohol related crime, which accounts for 25% of total crime, and is patterned according to "city drinking hours". However, in the past year, there have been drops in reported crime for drug offences, violence, burglary and criminal damage.

There is a high smoking rate amongst workers, which is reported to be linked to stress; however, City smoking cessation services have a quit rate of 39%. There are no reliable figures about smoking rates in City residents, but we know that smoking is the single biggest contributor to health inequalities in the UK. Alcohol-related deaths and hospital admissions are very low for City residents; however, there are no figures that relate to the many non-residents who drink in the City's licensed premises.

We have no data on obesity or healthy eating in the City; however, it is known that there is a low rate of physical activity amongst residents, especially amongst adult women (45% inactive). It can be difficult to exercise in the City, as there is limited green space, and most private gyms in the Square Mile are very expensive. Subsidised membership for residents is available, however, for City residents at the Golden Lane Leisure Centre.

Most babies born to City mothers are born outside the City, with the majority in Camden (at University College Hospital) or Tower Hamlets (in the Royal London Hospital). The numbers relating to NEETS, teenage pregnancies, pregnant smokers, infant deaths and low birth weight babies are so tiny that they often cannot be disclosed (i.e. there are fewer than five cases of each per year). Data on childhood obesity in the City is unreliable, because we have very few children, but there is 100% participation in PE, and a good range of sports and physical activity projects for young people. Data show that vaccination rates for MMR (measles, mumps and rubella, also known as German measles) are below average compared to both the UK and London, but that the 5-in-1 vaccine, which confers protection against diphtheria, tetanus, whooping cough, polio and bacterial meningitis, has rates that are above average.

Life expectancy in the City is still the highest in the country (82.2 years for men and 89.2 years for women). There is, however, a lack of data around key medical

conditions that may affect the City's resident population. One in six older people in the City receive care packages, and there are thought to be a number of carers in the City, who are generally old (average age 64) and have been caring for a long time (average duration 14 years). Local survey data tell us that older people living on the Golden Lane Estate and Middlesex Street Estate have high rates of disability and poor health.

As well as the JSNA, the City of London Corporation and NHS East London and the City commissioned a piece of research to look at the public health and primary healthcare needs of City workers – this research uncovered that a very hard-working and generally healthy group of people work in the City, but that they take risks with alcohol; smoke at a higher than average rate; and many report feeling very stressed. We believe there is potential to tackle some of these issues amongst City workers, which will prevent them storing up health problems for later in life, as well as making them happier and more productive employees right now.

Proposed priorities

We have identified three key areas for the Health and Wellbeing Board to focus upon over the next three years. These are as follows:

1. Bedding-in the new system – maximising opportunities for promoting public health amongst the worker population, and taking on broader responsibilities for health.
    - Ensuring that the transition does not create gaps or deficiencies
    - Identifying areas of priority action; watching brief; and business as usual
    - Creating staffing and commissioning structures that can identify and meet the needs of the population
    - Maintaining and improving public health intelligence, to build up a clearer picture of our needs and resources in the City.
    - Finding out more about particular issues – drugs, sexual health, sex workers, primary care access.

2. Improving joint working and integration, to provide better value
    - Reaching a mutually beneficial agreement, and maintaining a stable relationship between the London Borough of Hackney and the City of London for the delivery of public health, including some shared services, from April 2013
    - Defining the City's role in relation to other CCGs and local authorities, especially Tower Hamlets – key areas include referrals and discharges; tripartite funding; rehabilitation services; district nursing; and community psychiatric nurses.
    - The membership of the Health and Wellbeing Board and named individuals will ensure harmonisation between plans and strategies within and outside the City (See list of other plans and strategies below)

3. Addressing key health and wellbeing challenges.
    a. An extensive consultation exercise was carried out which helped identify priority areas – see table (p11) below. These areas and responses endorsed our approach but also provided us with additional areas for further development.

Particular areas which emerged in the consultation were:

Lack of information about needs and attributes (of our workers, in particular)
Better integration between services to ensure vulnerable people (especially) have continued provision
Obesity & nutrition in general
Better collaborative working with businesses to address worker health (including stress)
Access to health promoting facilities (affordability of leisure activities)

The most important overall issue that emerged from the consultation was the issue of mental ill-health and how it was addressed, for both residents and workers.

Key health and wellbeing challenges

1. Residents
Ensuring that all City residents are able to live healthily, and improving access to health services.

2. Rough Sleepers
Working with health and outreach services to ensure rough sleepers are given the range of support they need.

Table 2. Key health and wellbeing challenges for residents and rough sleepers

	Priority	Particularly vulnerable groups	Evidence base	Assets	JSNA priority	Framework[4]		
						PH	SC	NHS
Ensure that more people with mental health issues can find effective, joined up help	1	Rough sleepers Older people with dementia Carers	JSNA Service Mapping Residents' accounts of unsatisfactory experiences	GPs City Advice, Information and Advocacy Services Housing Service LB Hackney	Mental health Homelessness	1.6 1.7 1.8 2.23 4.9 4.16	1F 1H	1.5 2.5 2.6 4.7
Enable more people in the City to become socially connected and know where to go for help	6	Older people Carers Rough sleepers	Census Pensions data Evidence of the health impacts	Older people's groups Community Engagement Worker Carers' service	Social isolation Fuel poverty Mental Health	**1.18** 2.23 4.13	1A 1D	2.4

[4] These refer to the Public Health; Social Care; and NHS outcomes framework indicators that are associated with each priority. A full list of outcomes framework indicators can be found in appendix 2.

			of social isolation	City Advice, Information and Advocacy Services GPs				
Ensure that more rough sleepers can get health care, including primary care, when they need it	7	Rough sleepers	CHAIN database	Homelessness Outreach Service Homeless Health Provision	Homelessness Mental health			
More people in the City should take advantage of Public Health preventative interventions, with a particular focus on at-risk groups (includes the 3 following areas of focus)								
• Ensure that people in the City are screened for cancer at the national minimum rate	10	Portsoken residents; BME residents; People on care packages; Older people	JSNA. Evidence that cancer screening can improve healthy life expectancy.	GPs Community Groups Community Engagement Worker	Cancer prevention	**2.19** **2.20** **4.5**		1.4
• Ensure that children in the City are fully vaccinated	8	Children	JSNA	GPs Community Engagement Worker	Childhood immunisations	**3.3**		
• Ensure that older people in the City receive regular health	5	Older people Carers People on care	JSNA Evidence on carers' health	GPs Community Groups Community Engagement	Cardiovascular disease	**2.22** 4.4		1.1

checks		packages		Worker				
Confirm that more people in the City are warm in the winter months	11	Priority groups as identified by JSNA	JSNA	Housing Service Community Groups City Libraries Core Strategy requires that new dwellings should meet the standards of the Code for Sustainable Homes, which requires high standards of insulation and energy efficiency.	Fuel poverty	**1.17** 4.15		
Ensure that more people in the City have jobs: more children grow up with economic resources	2	People in deprived areas Children NEETs Young carers	JSNA	Jobcentre Plus Apprenticeships Adult Learning Service City STEP Community Engagement Worker Portsoken Community Centre City Libraries Planning Department: Employment for local residents is promoted by the Local Procurement Charter, supported by planning obligations under the policies of the Core Strategy	Worklessness Child poverty Fuel poverty Mental health Homelessness Welfare reforms	**1.1** 1.5 1.8	1E 1F	2.2 2.5

Confirm that City air is healthier to breathe	3	People with particular health conditions (COPD, asthma); Children; Older people	JSNA	Environmental Health, City Air Strategy Police Core Strategy restricts developments that could give rise to air pollution, discourage motor vehicle use and promote active travel and public transport.	Air quality	**3.1**		
Be assured that more people in the City are physically active	4	Residents who find it difficult to access leisure facilities Older people	JSNA	Golden Lane Leisure Centre City Sports Development team Community Engagement Worker Transport Planning Police Planning: Core Strategy, Open Spaces Strategy, environmental enhancement strategies and various transport strategies seek to protect recreational facilities and open spaces and promote further provision	Cardiovascular disease Social isolation	1.9 2.12 **2.13**		(1.1)
Ensure that the City is a less noisy place	9	People with mental health	JSNA	Environmental Health City of London Police	Mental health			

		issues		City Noise Strategy Antisocial behaviour protocols Core Strategy resists developments that increase noise.				
Children and YP priorities		*Placeholder, in case we need to include something from the new outcomes framework that is planned*						

3. Workers

Working with City employers and City workers to prevent ill health, reduce sick days and improve the productivity of City businesses. It is acknowledged that many of the challenges that apply to residents also apply to workers.

				Assets		Framework		
						PH	SC	NHS
Ensure that fewer City workers live with stress, anxiety or depression	1	Low-paid workers	City worker health research	City businesses, HSE standards, Livery Companies Environmental Health,	Mental health Smoking Alcohol Cardiovascular disease	1.9 **2.23**		
Ensure that more City workers have healthy attitudes to alcohol and City drinking	2		City worker health research	Substance Misuse Partnership City of London Police Safety Thirst London Ambulance Service DH alcohol strategy Core Strategy and Statement of Licensing Policy	Alcohol Cardiovascular disease Cancer	1.9 **2.18**		(1.3)
Ensure that more City workers quit or cut down smoking	2	Low-paid workers	City worker health research	Pharmacists GPs Employers City Street Cleansing Team	Smoking Cardiovascular disease Cancer	1.9 **2.14** (2.1) (2.3)		(1.1) (1.2) (1.4) (1.6)

Table 3. Key health and wellbeing challenges for City workers

What are the other plans which influence health and wellbeing in the City?

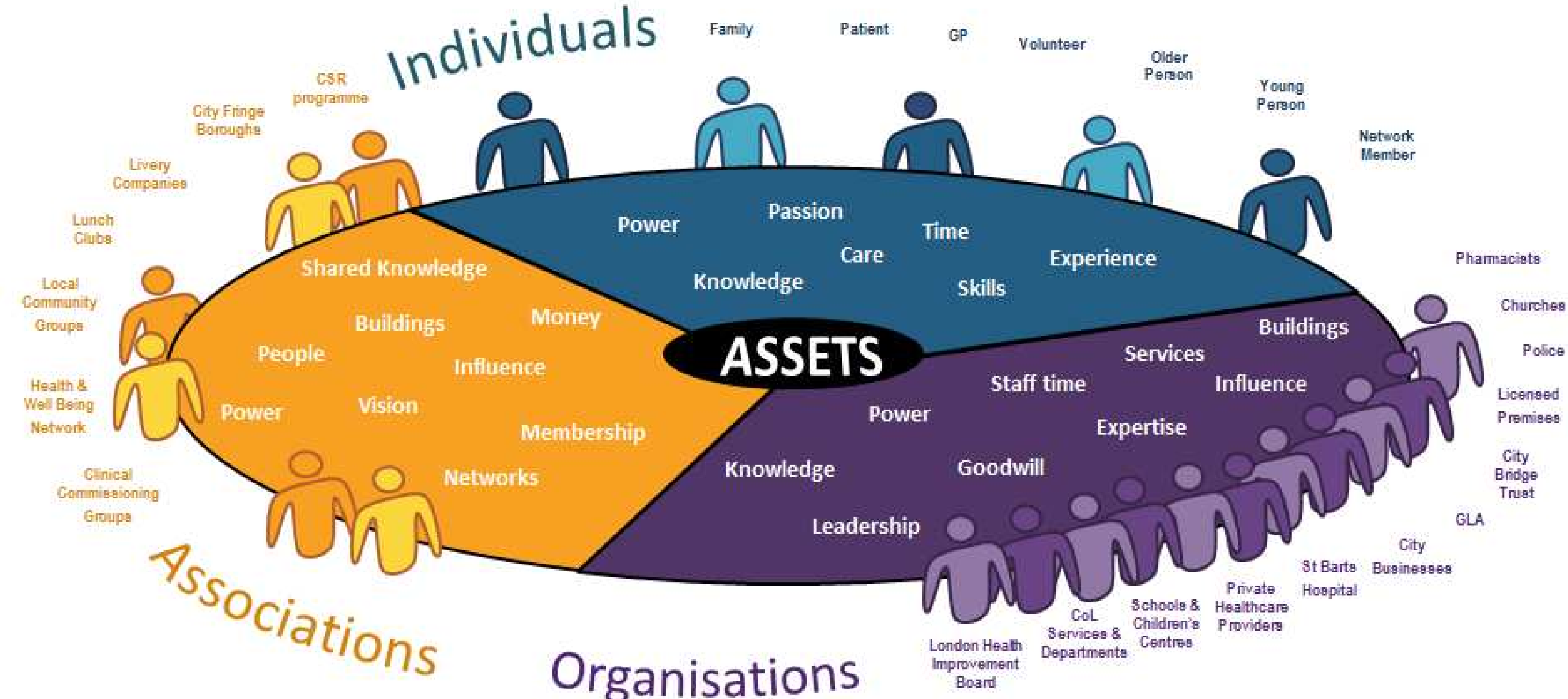
Plan/Strategy	Shadow HWB member responsible for harmonisation
Corporate plan, Core Strategy & Local Plan.	Assistant Town Clerk
Children and Young People's plan	Director of Community and Children's Services
Safer City Partnership	Director of Environmental Health and Public Protection
Policing Strategy	City of London Police
Substance misuse partnership	Director of Community and Children's Services
Planning and transport strategies	To be agreed
Environmental health	Director of Environmental Health and Public Protection
DCCS Business Plan	Director of Community and Children's Services
Annual reports of the Adults and the Children's Safeguarding Boards	Director of Community and Children's Services
Cultural Strategy	Assistant Town Clerk
CCG Commissioning Strategy	City and Hackney Clinical Commissioning Group

Figure 3. The Planning Cycle at the City of London – The Golden Thread

Resources and assets

The estimated public health allocation for the City of London was given in January 2013 as £1.651m for 2013/14, rising to £1.697m in 2014/15; however, the allocation is expected to fall in the longer term.

As well as financial resources, the Health and Wellbeing Board will need to call on the resources and assets across partners and the wider community if it is to deliver this strategy. The following diagram illustrates the organisations, groups and individuals who we will work with.



Appendices

1. Transition plan
2. Full list of Outcomes Framework indicators
3. What we are already doing around each of our priorities
4. Action plan (in preparation)
5. Engagement and communications plan (in preparation)
6. CCG commissioning intentions

Appendices are not included in this draft – please contact healthycity@cityoflondon.gov.uk if you require them.

List of Acronyms

BME	Black and Minority Ethnic
CCG	Clinical Commissioning Group
COL	City of London
COPD	Chronic obstructive pulmonary disease
CSR	Corporate Social Responsibility
DCCS	Department of Community and Children's Services
DH	Department of Health
GLA	Greater London Authority
GP	General Practitioner
HSE	Health and Safety Executive
HWB	Health and Wellbeing Board
JSNA	Joint Strategic Needs Assessment
NEET	Not in Education, Employment or Training
PCT	Primary Care Trust
PE	Physical Education
PH	Public Health
SC	Social Care
YP	Young People

Committee(s):	Date(s):
Health and Wellbeing Board	7th May 2013
Subject: Joint Health and Wellbeing Strategy Consultation	**Public**
Report of: Director of Community and Children's Services & Interim Director of Public Health	**For information**

Summary

This report provides a summary of the response to the Joint Health and Wellbeing Strategy (JHWS) consultation.

The JHWS consultation was conducted between November 2012 and April 2013.

Recommendation(s)

Members are asked to:

- Note this report and its contents

Main Report

Background

1. This report provides a summary of the responses to the consultation about the Joint Health and Wellbeing Strategy.

Current Position

1. The Joint Health and Wellbeing Strategy has been presented to the following committees and meetings:

Community and Children's Services	8th November 2012
Port Health and Environmental Services	13th November 2012
Health and Social Care Scrutiny Sub-Committee	20th November 2012
Energy and Sustainability Sub Committee	3rd December 2012
Transport and Sustainability Forum	6th December 2012
Rough Sleepers Strategy Group	17th December 2012
Health and Wellbeing Libraries meeting	10th January 2013
LINk Steering Group Meeting	21st January 2013
Mansell Street Community Health Day	2nd February 2013

2. The details of the strategy consultation were uploaded onto the City's public consultation database, paper copies of the draft strategy and consultation questionnaire were held in the Guildhall Library.
3. The draft strategy and questionnaire link to the public consultation database were uploaded to the City's internet and intranet pages.

4. The City Of London Corporation organised a health day, titled “Love Health” on the 14th February in the Livery Hall, aimed at City workers (including City of London staff), employers, residents and Members with extended opening hours available to Members following the Court of Common Council meeting that day.

5. Invitations and posters were extensively used, and during the day there were also consultation presentations with an interactive survey as well as other interactive stands and displays from health providers including advice.

6. The online survey and event responses have been collated, together with the small number of written responses.

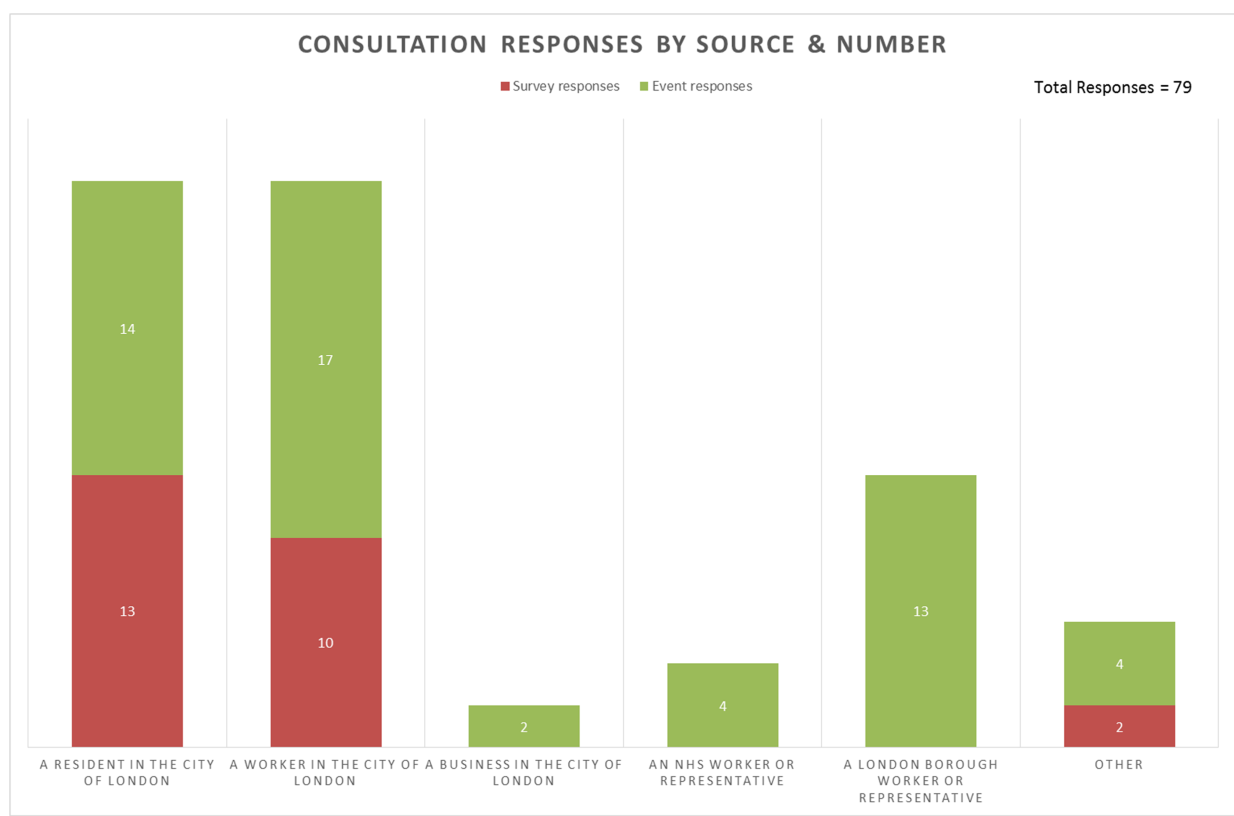


Figure 1 Responses by Source, Type and Numbers

7. There were a total of 79 responses received, 54 from the “Love Health” event and 25 survey responses.

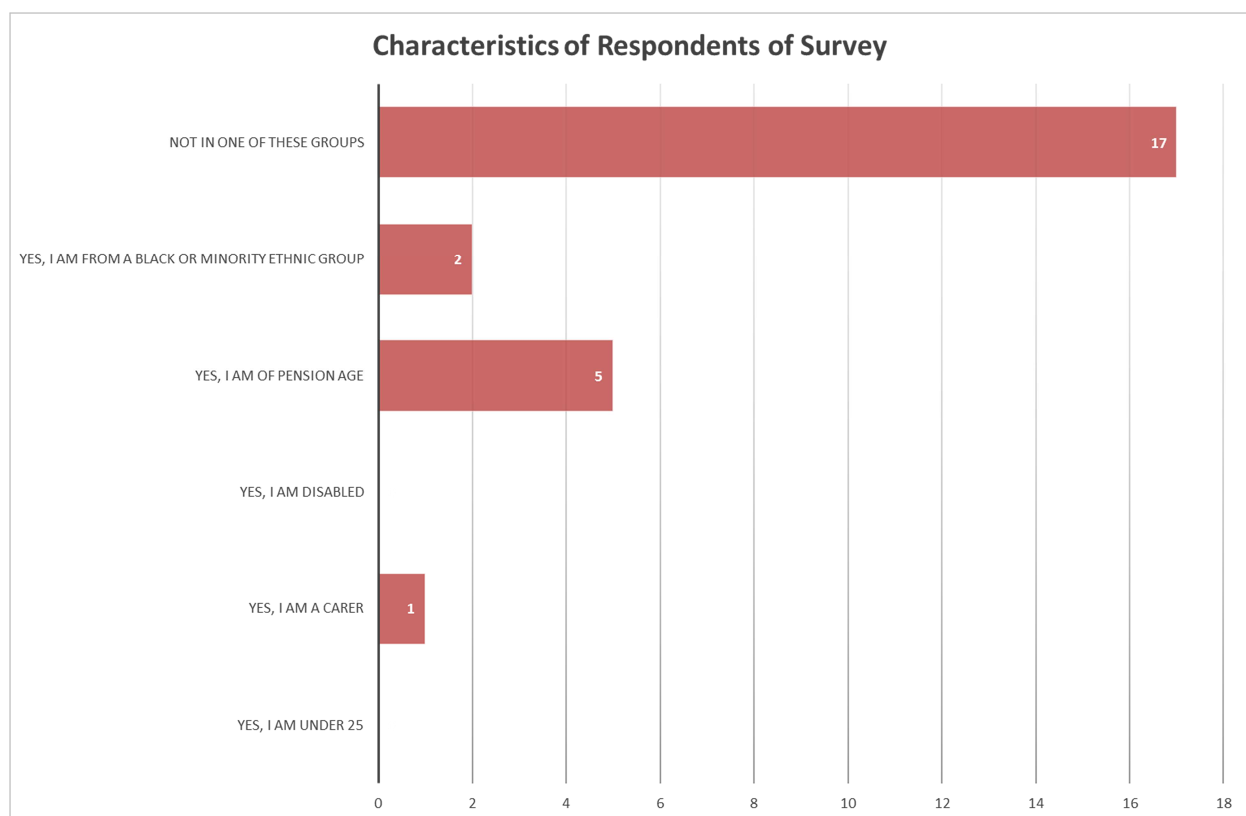


Figure 2 Characteristics of Survey Respondents

8. Though no demographic data was taken at the event, survey respondents (Figure 2) show that there were no responses from the disabled and those under 25 years of age.

9. When asked to rank their 3 top preferences (Figure 3), the top 5 choices were (out of 59 responses), in order:
   i. More people with mental health issues can find effective, joined up help
   ii. More people in the City have jobs: more children grow up with economic resources
   iii. City air is healthier to breathe
   iv. More people in the City are physically active
   v. Older people in the City receive regular health checks

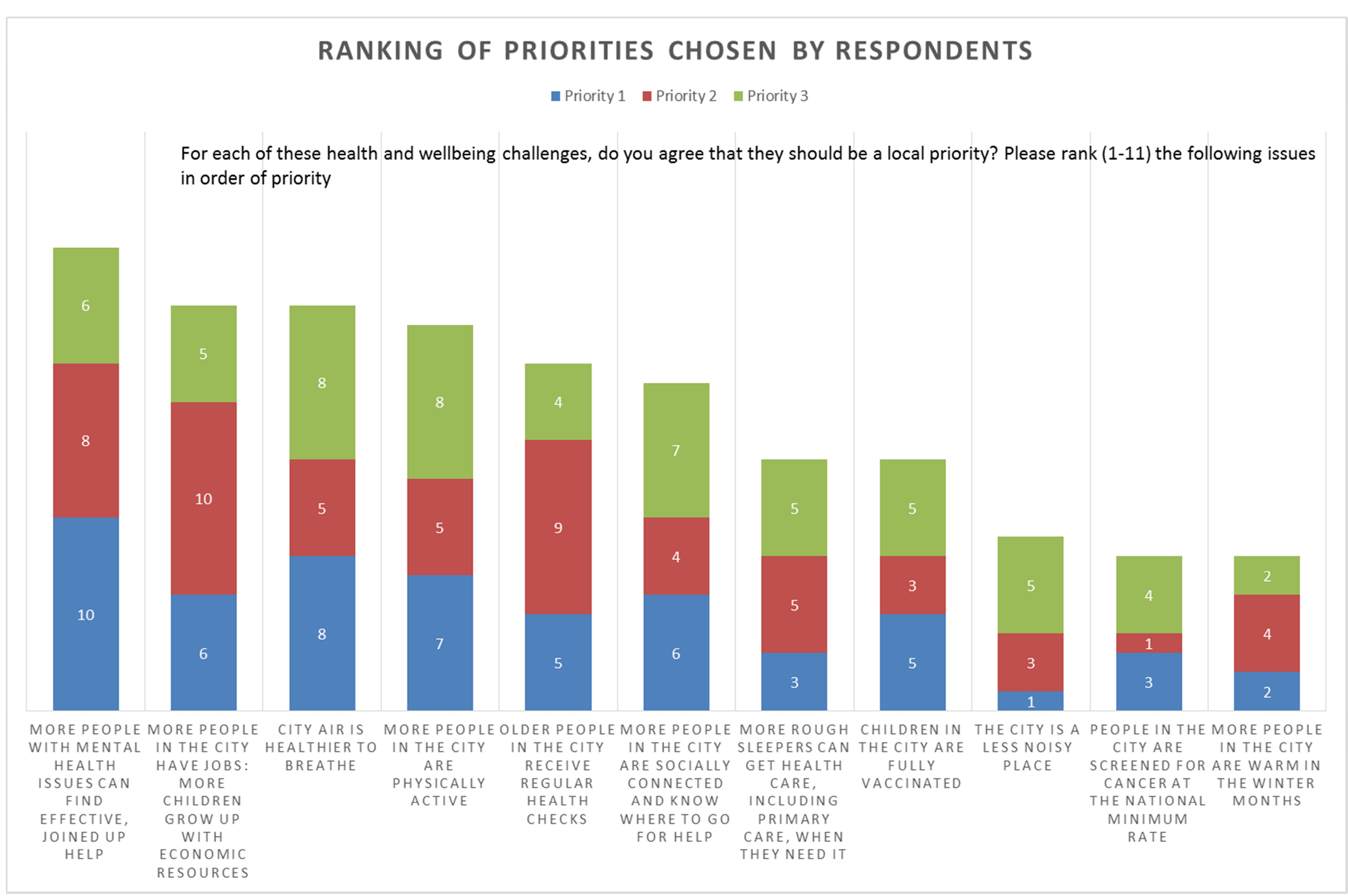


Figure 3 Priorities Favoured by Respondents (weighted)

10. Question 3 asked about any issues that might be missing. Table 1 shows the responses.

Table 1 Suggestions about missing items

Are any health and wellbeing challenges missing? If so, please state below and tell us why you think they are a particular issue for City residents.
Not enough information
Access to sexual health services for workers during working hours?
Stress amongst City workers
Dental care is poor in NHS and expensive private
The outsourcing of social care for the elderly and disabled should be brought back to a managed service - I find it shocking that individuals are supposed to organise it themselves through external agencies.
More green spaces... more facilities to keep fit/well being (not over-priced private gyms/spas) which are open at weekend!... monthly farmers market... more NHS GPs... facilities to help with preventative measures (to combat diabetes, high cholesterol, etc)... retirement enclaves for elderly residents with on site health service, social club, co-op, salon, etc.
You need a more comprehensive policy on prevention of health problems and the role of primary care in this. You have omitted access to home care and ensuring that the closure of the City services have not resulted in poorer and more expensive care or no care at all. You also say nothing about help for people with disabilities. Your list above is odd in that some items cover a small number of people while others cover everyone, yet all the aspects of care named are very important.
Chiropodist and dental care for older people - both improve quality of life
Need to merge health & social care budgets. Too many people fall between the cracks.
Care provision for elderly and children
Obesity prevention, availability of nutritious foods
What is the City doing re Falls Prevention for the over 65s? Also is there a strategy to reduce accidents in the home for the under 5s?
could be cleaner, less noisy, less pollution, more greener place, more parks, more trees

11. When a prioritisation request was made about worker’s health, the priority that had highest collective support (out of 64 responses) was a concern about the mental health of city workers (Figure 4), followed by concerns about alcohol and smoking.

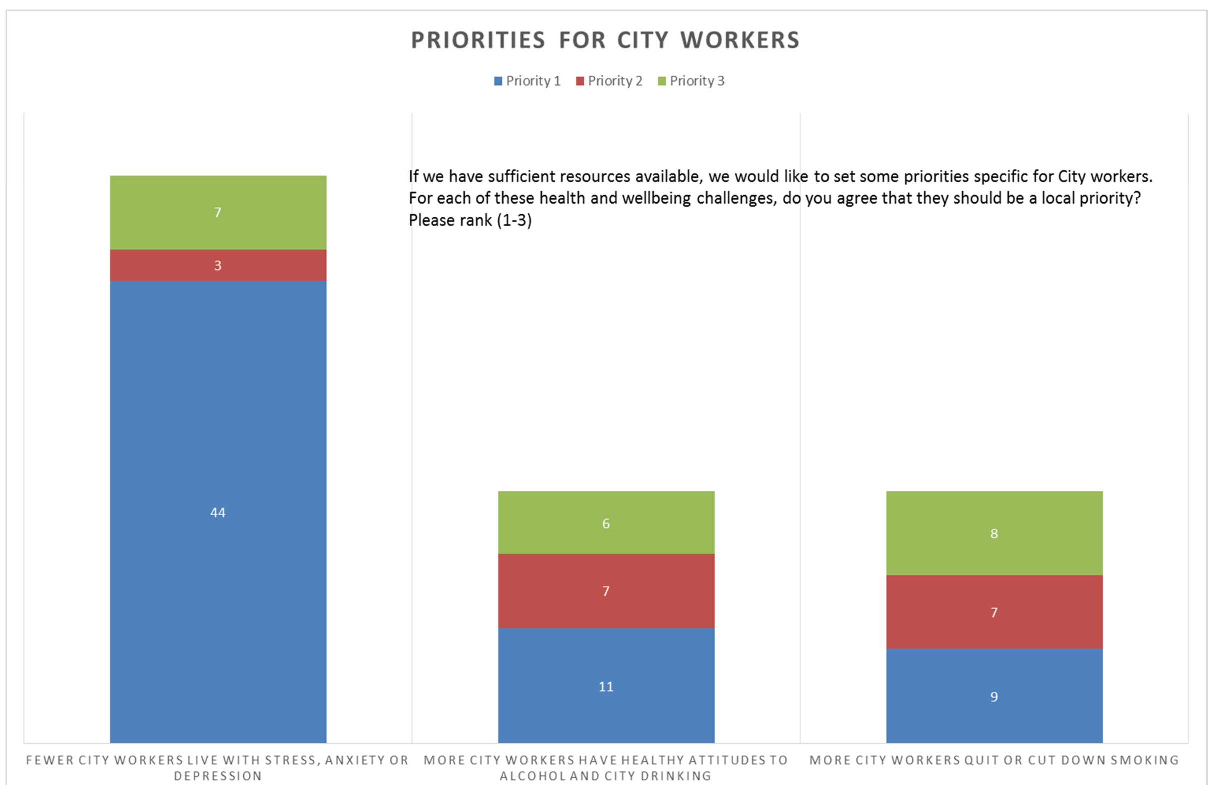
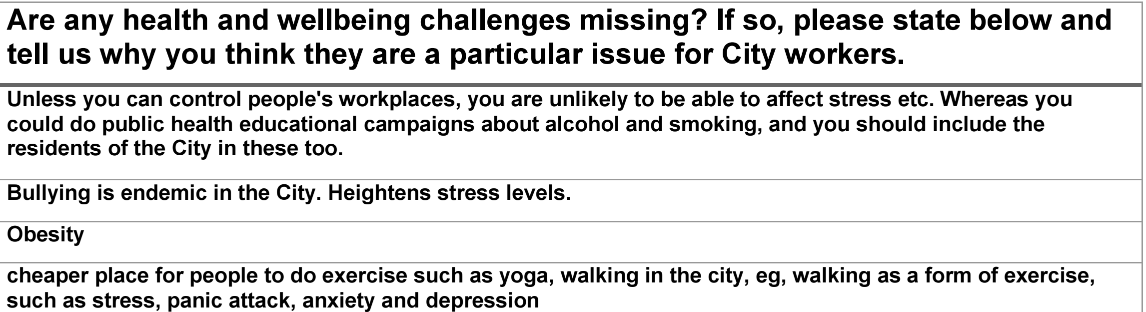


Figure 4 City Worker Health Priorities

12. When asked about any important issues that might be missing for city workers in the strategy, Table 2 shows the responses received.

Table 2



Are any health and wellbeing challenges missing? If so, please state below and tell us why you think they are a particular issue for City workers.
Unless you can control people's workplaces, you are unlikely to be able to affect stress etc. Whereas you could do public health educational campaigns about alcohol and smoking, and you should include the residents of the City in these too.
Bullying is endemic in the City. Heightens stress levels.
Obesity
cheaper place for people to do exercise such as yoga, walking in the city, eg, walking as a form of exercise, such as stress, panic attack, anxiety and depression

13. In response to the question about how these issues might be tackled, particularly if there were insufficient resources, there were a variety of approaches suggested (Table 3). These focussed on collaboration and integration of activities but also suggested some punitive measures such as bans and random testing

14. There were 3 written responses and also a senior officer's workshop held on 27th February to discuss how they could help contribute to the Corporation's new duty to improve health and wellbeing. Though not part of the formal consultation, they show the range and enthusiasm of participants. The notes of the facilitators are reproduced in Appendix 1.

Table 3

Do you have any ideas for how we can tackle these issues, particularly if we don't get much funding to do so?
Encourage the multi-nationals and the large City companies to fund outreach work to the smaller, SME companies who can't afford Occ Health services and EAPs
Ban smoking in the street. Reduce number of drinking places. Tell employers to provide the money needed for counselling
Companies should take more responsibility for their workers.
The City is not exactly poor! Funding for all public health priorities should be sufficient to do the job right. If it isn't, the responsibility should not be in your hands and you should make this very clear to the people who have shifted this responsibility to you. The citizens of the City also need to be informed if the funding is not sufficient and join with you to call for it to be increased.
Encourage employers to do random testing for alcohol & drugs. Zero tolerance attitude by employers of alcohol & drug abuse & bullying. Transparent statistics regarding the problem.
Ensure work places have proper communication channels up and down for staff. Prevent bullying.
Use internal business networks
charge individuals at an affordable price; that would promote health issues for people who can't manage otherwise

15. The response from the Department of the Built Environment related to reinforcing the alignment of the Strategy with the City's other plans and policy statements. The comments particularly focussed on planning policies but noted the potential opportunity for cross-linkages within the Core Strategy, the revised Local Plan and the Health & Wellbeing Strategy.

Conclusion

16. The consultation process for the Health & Wellbeing Strategy was extensive and successful in reaching a wide audience. It was less successful in reaching the young (under 25) and the disabled.

17. Comments received and the analysis of the respondents indicates that the general direction of the Strategy is sound. There is a need to better link it to existing and new policies of the Corporation, but this can be done through a managed process over a period of time.

18. The clear priority area for both residents and workers is mental health. There may be underlying reasons for this, such as substance abuse, bullying or a macho work culture. The opportunities for better collaborative working across all sectors, including city businesses, was also highlighted.

Appendices

- Appendix 1 – Senior Manager's Workshop Notes

Dr Sohail Bhatti, Interim Director of Public Health
sohail.bhatti@cityoflondon.gov.uk

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APPENDIX 1

Senior Manager's Workshop on Health & Wellbeing
27th February, 2013

Senior Managers in the Corporation were asked to identify a key public health priority for the City and to suggest some actions that could be taken to address it

<u>Group 1</u>

Improving Health of City Workers/COL Staff

- Replicate the health improvement work at Epping Forest in the City, e.g. lunchtime fitness walks
- Smoking cessation sessions at corporation sites e.g. Spitalfields (workers and tenants)

<u>Group 2</u>

Exercise for Healthy Living

- Use of open spaces for mental and physical wellbeing via design, promotion, trim trails, play areas
- Planning policies to encourage walking, cycling, exercise, mobility
- Encouragement with businesses – various city award schemes, provision of gyms/membership schemes
- Barbican – displays/promotion
- Schools/education
- Disabilities being taken into account – looking at kerbs, pavement etc access
- Sporting facilities provided by City Corporation
- Libraries – promotion/information – gateway to schemes, running classes – City
- Residential estates exercise friendly
- Walking tour for staff as part of induction

<u>Group 3</u>

- Health awareness week
    - use of exercise in public spaces exercising at desk etc
- Extra category in sustainable city awards
    - for investing in staff health
- Urban gym art creation
    - using infrastructure to exercise

Group 4

Healthy Eating
Suicides in City – stress
Smoking

- First aid training/emergency aid –
    - 1 day course (agreed by managers as part of induction)
    - Explaining that people aren't 'liable'
    - Defibrilating training and strategic location of equipment (City Surveyors and Open Spaces)
    - Provide source of information online (IS/PRO)
    - Provide sources of information in libraries (CHL)
    - Prioritise security & reception staff (City Surveyor's)

Group 5

Alcohol and substance awareness campaign

Deployment:

- Raising employers' awareness of statistics, (commission research)
- Encouraging employers to recognise it as an issue (productivity/image etc)
- Walk-in advice sessions

Group 6

Exercise through walking

- Thirty minute walks lunchtime – cultural sites/events
- One mile runs – open space track demarcated
- Expertise in-house
- QR codes to show cultural offering at each end

- Music/creative activities – Barbican Centre/Libraries

- CHL – Info Centre/Libraries/Tower Bridge give out info/short walks

- Barbican Centre – Foyers/theatres – info

- Open spaces – design routes/provide tracks

- Town Clerk's – publicise events

- Built environment – Route design/accessibility advice

Group 7

- Lifestyle changes which impact on the attendance at work of City workers (through obesity/alcohol/diet/bad backs)
- Target SME's who are unlikely to have access to Occupational Health Services – prevention and speedy access to services (physio)
- Town Clerks – OH services – offer programme of education on prevention
- Chamberlains – resources + technology and support programme, e.g. as COL currently offers physio services which bypass NHS

Group 8

Mental health in worker population
stress related and not being tackled by businesses

- Schools – addressing proactively – partners and outside of City
- Business contacts from security and contingency team
- Business rate lists – all sizes of businesses enable targeting (Chamberlains)
- Hotline of occ health support for small businesses (BHE funding)

Group 9

Stress/depression/mental health/suicide

- Corporate responsibility to promote services
- Independent support/presence of Samaritans etc in the City
- Training for business managers leaders to identify stress/risk factors
- Quiet/chill-out zones in the City
- Church/faith counselling centres
- Promotion of City assets to chill out
- Design of open spaces to promote solitude/relaxation

Sexual Health/Exploitation/Assaults in City based Hotels

Group 10

- Bugs –
  - Hands
- Obesity
  - Stations
  - Food sellers (Gild)
  - Exercise
    - Route to work
    - Walk new (subjective)
  - Poor of the City

- Farmers markets bringing good food from the City’s major markets to the City’s workers
- Schools – pupils health, planning/policy
- Dept of Environment – using comms from renew bins, love food – hate waist
- Mental Health – Healthy, fit
- Cultural – free checks – wider; desk top yoga – advertise?
- Ch – Funding healthy food – changing subsidies for the Gild so that healthier food is cheaper
- Surveyors – Recreational areas for health
- Economic Development - shops
- Media - Apps to exercise/different walks in City, Apps through CCTV to see weight etc

Committee(s):	Date(s):
Health and Wellbeing Board	7 May 2013
Subject: Health and Wellbeing Board Performance Indicators	**Public**
Report of: **Director of Community and Children's Services**	**For Decision**

Summary

This report ask Members to consider the key outcome indicators which will be used to monitor the effectiveness of the Health and Wellbeing Strategy, the ongoing monitoring mechanisms for those and the approval of two Public Health indicators for inclusion within the departmental business plan.

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

The outcome frameworks are already monitored by existing groups and a number of children's specific indicators are monitored by the Children's Executive Board as part of its ongoing monitoring responsibility. The Department of Community and Children's services has the responsibility for the delivery of the public health function going forward and a number of associated actions within the business plan.

Appendix 2 sets out the recommended indicators mapped against health and wellbeing strategy priorities

Recommendation

Members are asked to:

a. Agree the key outcome indicators for the HWB and the Health and Wellbeing Strategy
b. Consider asking the CEB to recommend children's indicators for the children's 'placeholder section' of the HWB
c. Review the proposed indicators for inclusion within the Department of Community and Children's Services business plan (paragraph 8) and
d. Agree the proposed annual monitoring of all the key indicators as part of the health and wellbeing strategy update, and exception reporting where performance is either poor or significantly above target.

Main Report

Background

1. Alongside the development of the legislation surrounding Health and Wellbeing Boards and the Health and Social Care Act 2012, the Government has consulted on three national outcomes frameworks which support and guide the work of Clinical Commissioning Groups, Local Authorities and Health and Wellbeing Boards. A diagram showing how the three frameworks interact is attached at Appendix 1. All three frameworks consist of a number of indicators which are either being collected through existing monitoring mechanisms, and a number of new indicators, the methodology of which is being finalised. The frameworks are:
    a. The Public Health Outcomes Framework (PHOF)
    b. The NHS Outcomes Framework (NHSOF)
    c. The Adult Social Care Outcomes Framework (ASCOF)

2. Members of the Health and Wellbeing Board (HWB) received briefings on the frameworks at the February and March HWB development days. A number of outcome indicators were recommended to the Board by officers responsible for the individual outcomes frameworks. They were chosen because they demonstrate progress against the Health and Wellbeing Strategy, are nationally mandated for quality premiums (NHS), locally agreed NHS priorities, or they are linked to national agendas (Adult Social Care). At the most recent development day, Members discussed these recommendations and requested they be re-ordered to match the health and wellbeing strategy objectives - this is attached at Appendix 2.

Current Position

3. Appendix 2 sets out the latest available performance information for all the indicators. This has not changed since the March 2013 development day as a number of end of year outturn figures are not yet available.

    <u>Children's Indicators</u>

4. The health and wellbeing strategy sets out a number of priorities, including some relevant to children and young people. It is unclear at this stage whether the children's health outcomes framework will have the same statutory standing as the three set out in paragraph 1. In recognition of the ongoing development of the children's framework, the strategy includes a 'placeholder' so that relevant national indicators can be included as they are developed.

5. The Children's Executive Board has agreed a performance monitoring mechanism for any indicators being collected and reported on by partners (including a number of health indicators and children's social care indicators). It has delegated monitoring responsibility for these to its sub groups, with exceptions only being reported to the Children's Executive Board (CEB)

6. The Health and Wellbeing Board may wish to consider requesting the CEB recommend appropriate children's indicators for inclusion in the Health and Wellbeing Strategy in the 'placeholder' section until such a time when the Government determines which national indicators form part of a children's outcome framework.

Departmental Business Plan

7. The annual business plan for the Department of Community and Children's Services was agreed by the Community and Children's Services committee at its April 2013 meeting. It contains a number of actions, (shown below) related to the new Local Authority responsibility for public health. The Health and Wellbeing Board are asked to consider which of the PHOF indicators should be included within the departmental business plan as an effective method of monitoring these actions.

Improvement/delivery actions	Target Date	Measure of success	Resources
1.1 Review and re-commission key public health contracts.	March 2014	KPI 1 and 2 - Public Health	£1.6 million public health grants
• Develop new public health services for City workers	Septe mber 2013	Outcomes Framework indicators (TBC May 2013)	
• Integrate health and wellbeing priorities into the Corporate objectives	March 2014	Health and Wellbeing Board deliver services	Existing departmental budgets and resources

8. The suggested PHOF indicators for inclusion within the business plan are shown below. If national targets are not in place within six months, local indicators will be developed.

NEW: Potential workplace health indicator	Indicator and baseline data is not yet known by Public Health England
PHOF 2.22 - Take up of the NHS Health Check Programme	Baseline data is not yet known by Public Health England

Reporting and Monitoring Mechanisms

9. All of the indicators within the three Outcomes Frameworks are already collected and monitored by other groups or organisations: PHOF (Department of Community and Children's Services and Public Health Transition Group), ASCOF (People's Management Team within Community and Children's Services and the City and Hackney Adult Safeguarding Board, NHS (The Clinical Commissioning Group and the Health Outcomes Sub Group of the CEB). As such HWB Members had discussed at their development day the potential for annual reports to the HWB (as part of the health and wellbeing strategy update) and exception reporting where one of the existing monitoring groups identifies either poor or significantly above target performance against an indicator.

Conclusion

10. Members are asked to consider the indicators at appendix 2, mapped against the health and wellbeing strategy priorities and:
    a. Agree the key outcome indicators for the HWB and the Health and Wellbeing Strategy
    b. Consider asking the CEB to recommend children's indicators for the children's 'placeholder section' of the HWB
    c. Review the proposed indicators for inclusion within the Department of Community and Children's Services business plan (paragraph 8) and
    d. Agree the proposed annual monitoring of all the key indicators as part of the health and wellbeing strategy update, and exception reporting where performance is either poor or significantly above target.

Appendices

- Appendix 1 – Outcomes Frameworks
- Appendix 2 – recommended outcomes indicators mapped against the Health and Wellbeing Strategy Priorities

Background Papers:

Health and Wellbeing Board Development Day Outcomes Frameworks Discussion Paper March 2013

Sarah Greenwood Commissioning and Performance Manager
T: 020 7332 2594 E: sarah.greenwood@cityoflondon.gov.uk

Overview of the Outcomes Frameworks **Appendix 1**

Public Health Outcomes Framework	NHS Outcomes Framework	Adult Social Care Outcomes Framework
1. Improving the wider determinants of health		
2. Health improvement		
3. Health protection		
4. Healthcare public health and preventing premature mortality	1. Preventing people from dying prematurely	
	2. Enhancing quality of life for people with long term conditions	1. Enhancing the quality of life for people with care and support needs
		2. Delaying and reducing the need for care and support
	3. Helping people to recover from episodes of ill health or following injury	
	4. Ensuring that people have a positive experience of care	3. Ensuring that people have a positive experience of care and support
	5. Treating and caring for people in a safe environment and protecting them from avoidable harm	4. Safeguarding adults who are vulnerable and protecting them from avoidable harm

Health and Wellbeing Board Outcomes linked to Strategy

Appendix 2

Shown below are the Health and Wellbeing strategic priorities, shown against their City of London performance indicators and their individual outcomes frameworks.

DOMAIN FRAMEWORK	
ASCOF	Adult Social Care Outcomes Framework
NHSOF	National Health Service Outcomes Framework
PHOF	Public Health Outcomes Framework

	More people with mental health issues can find effective, joined up help			
	Domain	Indicator	Current Performance	
1	ASCOF 1 - Enhancing quality of life for people with care and support needs	1F - Proportion of adults in contact with secondary mental health services in paid employment	0 clients out of a total of 5. Local PI (ASC 1) could report quarterly	↓
2		1H - Proportion of adults in contact with secondary mental health services living independently, with or without support	0 clients out of a total of 5 as at December 2012	↓
3	NHSOF 1 - Preventing people from dying prematurely	Excess under 75 mortality rate in adults with serious mental illness	Data not yet available	
4	NHSOF 2 - Enhancing quality of life for people with long-term conditions	Proportion of people feeling supported to manage their condition	Proportion of people answered yes in C&H – 0.48, compared to 0.52 in England (C&H significantly lower)	↓
5	PHOF 2 - Health improvement	2.22 - Take up of the NHS Health Check Programme	Potential indicator for inclusion once data is known	

	More people in the City are socially connected and know where to go for help			
	Domain	Indicator	Current Performance	
6	ASCOF 1 - Enhancing quality of life for people with care and support needs	1A - Enhancing quality of life for people with care and support needs	Annual Survey (new for 2012/13)	
7		1C - Proportion of people using social care who receive self-directed support and those receiving direct payments	72% compared to national target of 75% based on population of 167 clients as at December 2012	← →
8		1D - Carer reported quality of life	Carers Survey (new for 2012/13)	
9	ASCOF 3 - Ensuring that people have a positive experience of care and support	3A Overall satisfaction of people who use services with their care and support	Annual User Survey - 64%	← →
10		3B Overall satisfaction of carers with social services	Annual Carers Survey (new for 2012/13)	← →
11		3C The proportion of carers who report that they have been included or consulted in discussions about the person they care for	Annual Carers Survey (new for 2012/13)	← →
12		3D The proportion of people who use services and carers who find it easy to find information about services	Annual User Survey - 70%	← →
13	ASCOF 4 - Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm	4B The proportion of people who use services who say that those services have made them feel safe and secure	Annual User Survey - 83%	← →

	More rough sleepers can get health care, including primary care, when they need it			
	Domain	Indicator	Current Performance	
14	NHSOF 1 - Preventing people from dying prematurely	Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare - adults	C&H – 2419 YLL per 100,000 (DSR). Higher than national average – 2228 per 100,000 (but not significantly different)	← →
15		Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare - CYP	Data not yet available	

	More people in the City take advantage of Public Health preventative interventions, with a particular focus on at-risk groups			
	Domain	Indicator	Current Performance	
16	ASCOF 2 - Delaying and reducing the need for care and support	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement/rehabilitation services	89% (based on 19 clients) as at December 2012	↑
17	NHSOF 1 - Preventing people from dying prematurely	Under 75 mortality rate from cardiovascular disease	C&H – 79 deaths per 100,000, significantly higher than England at 58 per 100,000	↓
18		Under 75 mortality rate from respiratory disease	C&H – 37 deaths per 100,000, significantly higher than England at 24 per 100,000	↓
19		Under 75 mortality rate from liver disease	Proxy indicator: emergency admissions for alcohol related liver disease. C&H – 5.8 per 100,000 compared to England average of 25 per 100,000 population	↑

20		Under 75 mortality rate from cancer	C&H – 108 deaths per 100,000, not significantly different to England at 107 per 100,000	←→
21		One and Five-year survival from all cancers (and breast, lung and colorectal cancers)	Data not yet available	
22		Excess under 75 mortality rate in adults with serious mental illness	Data not yet available	
23		Infant mortality	Data not yet available	
24		Neonatal mortality and stillbirths	Data not yet available	
25		Five year survival from all cancers in children	Data not yet available	
26		Excess under 60 mortality rate in adults with a learning disability	Data not yet available	
27	NHSOF 2 - Enhancing quality of life for people with long conditions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)	C&H 225 per 100,000, significantly less than England at 929 per 100,000	↑
28		Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	C&H 74 per 100,000, significantly less than England at 319 per 100,000	↑
29		Estimated diagnosis rate for people with dementia	Data not yet available	
30	NHSOF 3 - Helping people to recover from episodes of ill health or following injury	Emergency admissions for acute conditions that should not usually require hospital	C&H – 270 per 100,000, significantly lower than England at 1036 per 100,000	↑

		admission		
31		Emergency admissions for children with Lower respiratory tract infections	C&H – 78 per 100,000, significantly lower than England at 365 per 100,000	↑
32		Total health gain as assessed by patients for elective procedures - Knee replacement	EQ-5D index 0.243 for C&H, significantly lower than 0.295 for England	↓
33	NHSOF 4 - Ensuring that people have a positive experience of care	4C Patient experience of primary care: Friends and family test	Data not yet available	
34	NHSOF 5 - Treating and caring for people in a safe environment and protect them from avoidable harm	5.2 Incidence of healthcare associated infection (HCAI): i - MRSA ii - C. difficile	C&H significantly lower than England average for incidence of MRSA with 0.7 cases per 100,000 compared to 1.8 per 100,000 and 8 cases of C. diff per 100,000 compared to 28 per 100,000 in England	↑
35	PHOF 2 - Health improvement: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities	2.2a Cancer screening coverage – breast cancer	66.7 compared to 76.9 for England based on a population of 421	↓
36		2.2b Cervical cancer	58 compared to 75.5 for England (based on population of 1304)	↓
37		2.22 Take up of the NHS Health Check Programme	Potential indicator for inclusion once data is known	
38	PHOF 3 - Health protection	3.3 Population vaccination coverage	Potential indicator for inclusion once data is known	

More people in the City are warm in the winter months

	Domain	Indicator	Current Performance	
39	PHOF 1 - Improvements against wider factors that affect health and wellbeing and health inequalities	1.17 Fuel poverty	Potential indicator for inclusion once data is known	

More people in the City have jobs: more children grow up with economic resources

	Domain	Indicator	Current Performance	
40	PHOF 1 - Improvements against wider factors that affect health and wellbeing and health inequalities	1.1 Children in poverty	18.7 compared to 21.1 for England (based on numerator of 125)	←→
41	ASCOF 1 - Enhancing quality of life for people with care and support needs	1E - Proportion of adults with learning disabilities in paid employment	0 clients currently based on population of 15 at December 2012	↓

City air is healthier to breathe

42	Domain	Indicator	Current Performance	
	PHOF 3 - Health protection: The population's health is protected from major incidents and other threats, while reducing health inequalities	3.1 Fraction of mortality attributable to air pollution	9.0 compared to England average of 5.6 (modelled on air quality)	↓

More people in the City are physically active

	Domain	Indicator	Current Performance	
43	PHOF 2 - Health improvement: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities	2.13 - Proportion of physically active and inactive adults	Data not yet available	
44		2.22 - Take up of the NHS Health Check Programme	Potential indicator for inclusion once data is known	

	The City is a less noisy place			
	Domain	Indicator	Current Performance	
45	PHOF 1 - Improvements against wider factors that affect health and wellbeing and health inequalities	1.4 Percentage of population affected by noise: number of complaints about noise	67.3 compared to 7.8 for England but numerator and denominator relate to different populations	↓

Children and Young People priorities [Placeholder Only]		
Domain	Indicator	Current Performance

Agenda Item 15

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

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