



Health and Wellbeing Board

Date: FRIDAY, 24 APRIL 2015
Time: 1.45 pm
Venue: COMMITTEE ROOMS – 2 FLOOR, WEST WING. GUILDHALL.

Members: Ade Adetosoye
Jon Averbs
Deputy Billy Dove
Revd Dr Martin Dudley
Dr Penny Bevan
Superintendent Norma Collicott
Glyn Kyle
Vivienne Littlechild
Dr Gary Marlowe
Simon Murrells
Gareth Moore
Deputy Joyce Nash
Jeremy Simons

Co-opted Members: Paul Haigh

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

Lunch will be served in the Guildhall Club at 1pm
NB: Part of this meeting could be the subject of audio or video recording

John Barradell
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES OF ABSENCE**
2. **DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
3. **COURT ORDER**
To receive the order of the Court of Common Council from 23rd April 2015 (*to follow*).
4. **ELECTION OF CHAIRMAN**
To elect a Chairman in accordance in Standing Order 29.
For Information
5. **ELECTION OF DEPUTY CHAIRMAN**
To elect a Deputy Chairman in accordance in Standing Order 30.
For Decision
6. **MINUTES**
To receive the minutes of the previous meeting.
For Decision
(Pages 1 - 6)
7. **SPORTS AND PHYSICAL ACTIVITY STRATEGY**
Report of the Director of Community and Children's Services.
For Decision
(Pages 7 - 24)
8. **CHILD POVERTY UPDATE REPORT**
Report of the Director of Community and Children's Services.
For Decision
(Pages 25 - 28)
9. **ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH: HEALTH IN MIND**
Report of the Director of Public Health (*report circulated separately*).
For Information
(Pages 29 - 30)

10. **JOINT HEALTH AND WELLBEING STRATEGY ACTION PLAN PROGRESS REPORT**

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

For Decision
(Pages 31 - 40)

11. **HEALTHWATCH UPDATE**

Report of the Chair of Healthwatch

For Information
(Pages 41 - 46)

12. **HEALTH AND WELLBEING UPDATE REPORT**

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

For Decision.
(Pages 47 - 56)

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

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

15. **EXCLUSION OF PUBLIC**

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

Part 2 - Non Public Reports

16. **NON PUBLIC MINUTES**

To receive the non-public minutes of the previous meeting.

For Decision
(Pages 57 - 60)

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

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

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HEALTH AND WELLBEING BOARD

Friday, 20 February 2015

Minutes of the meeting of the Health and Wellbeing Board held at Guildhall on Friday, 20 February 2015 at 11.30 am

Present

Members:

Deputy Joyce Nash (Deputy Chairman) - *In the Chair*
 Ade Adetosoye
 Deputy Billy Dove
 Jon Averbs
 Dr Penny Bevan
 Paul Haigh
 Glyn Kyle
 Vivienne Littlechild
 Dr Gary Marlowe
 Gareth Moore
 Jeremy Simons

Officers:

Natasha Dogra	Town Clerk's Department
Emma Sawers	Town Clerk's Department
Laura Donegani	Town Clerk's Department
Neal Hounsell	Community and Children's Services Department
Chris Pelham	Community and Children's Services Department
Sarah Thomas	Community and Children's Services Department
Sarah Greenwood	Community and Children's Services Department
Simon Cribbens	Community and Children's Services Department
Doug Wilkinson	Department of the Built Environment
Lisa Russell	Department of the Built Environment

1. **APOLOGIES OF ABSENCE**
 Apologies had been received from Dr Dudley, Simon Murrells and Neil Roberts.

2. **DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
 Glyn Kyle declared an interest in item 18: Adult Social Care Commissioning Intentions as he was a trustee of a service contracted by the City of London Corporation.

3. **MINUTES**
Resolved: That the minutes of the previous meeting be agreed as an accurate record.

4. **ADULT SAFEGUARDING ANNUAL REPORT**

Members received a report that provided background information on the work of the City and Hackney Safeguarding Adults Board (CHSAB) - as set out in the CHSAB Annual Report 2013/14.

Members noted the information regarding the governance and membership of the Adult Safeguarding Board. Members further noted that Safeguarding Adult Boards would be placed on the same statutory footing as Children Safeguarding Boards as a result of the Care Act 2014, and as such Health and Wellbeing Boards would need to have regard for the adult safeguarding arrangements in their area.

Members thanked Officers for their work.

RECEIVED.

5. CHILDREN'S SAFEGUARDING ANNUAL REPORT

Members received an overview of the City of London Safeguarding Children arrangements for 2013/14 as reflected in the City and Hackney Safeguarding Children Board (CHSCB) Annual report 2013/14. The Annual Report provided detailed coverage of the work undertaken by partners and the CHSCB to ensure robust safeguarding arrangements were in place, as required by *Working Together to Safeguard Children* statutory guidance.

Officers complimented the partnership working between Town Clerk, Director of Community and Children's Services and the Independent Chair of the City and Hackney Safeguarding Board.

Members noted that there were 898 children living in the City of London of which 21% lived in low income families. Members agreed that tackling this should be a priority and the pressures facing children living in the City were different from other areas but were just as serious.

RECEIVED.

6. CCG COMMISSIONING INTENTIONS

Members were presented an overview of the City and Hackney Clinical Commissioning Group's (CCG) commissioning intentions for 2015/16.

Members noted that the CCG's five key ambitions were:

- Increase life expectancy
- Quality of life
- Quick recovery
- Good experience of care
- Patient safety

The CCG commission services in line with the following key objectives:

- Keep our health economy productive and efficient
- Maintaining referral rates, eliminating steps in the pathway which don't deliver patient benefit
- Reducing unnecessary emergency hospital activity

- Empower and support our patients to be in control of their health and decisions about their health
- Address concerns and feedback from our patients, members and stakeholders
- Align our work with Public Health commissioned services
- Prevention and wellbeing can impact on premature mortality and outcomes as much as what the CCG commissions
- Ensure parity of esteem between mental and physical health and focus on the mental health needs of our patients
- Ensure that primary care has the skills and capacity to remain the first point of contact and handle the work arising from our plans
- Align services across providers to deliver improved clinical quality and outcomes and joined up clinical behaviours
- Ensure safe and effective 7 day services which deliver patient satisfaction
- Improve our performance against CCG outcomes and NHS Constitution rights.

Members noted that the application to delegate authority of the commissioning of primary care services in the City and Hackney had been recently approved.

RECEIVED.

7. GP CONTRACT CHANGES AND OUT OF AREA REGISTRATIONS

Members received a summary of the report from NHS England, *Out of Area GP Registrations from 5 January 2015: Update for City of London Health and Wellbeing Board*. This outlined the changes to GP contracts from January 2015. As a result of these changes, GP practices that choose to would be able to accept registrations from patients who are not resident in their practice area. However, there are no plans for the GP practice located within the City to do this. Members noted the ongoing challenge of providing healthcare services to the City's working population.

RECEIVED.

8. CITY OF LONDON RESPONSE TO LONDON HEALTH COMMISSION (BETTER HEALTH FOR LONDON REPORT)

Members noted that at the 28th November 2014 meeting of the Health and Wellbeing Board (HWB), Members received a presentation from Dr Yvonne Doyle, London Regional Director for Public Health England, in regards to the Better Health for London report from the London Health Commission.

The report was a "call to action" for London and proposed measures to combat the public health threats posed by tobacco, alcohol, obesity, lack of exercise and pollution, as well as a raft of recommendations around the provision of health services in London, to make London a healthier place.

Members agreed that the officer working group would need to include officers from the Open Spaces and Built Environment departments to ensure adequate consultation was undertaken.

Resolved – Members:

- Approved the formation of an officer working group to further explore a number of the recommendations from the Better Health for London report, selected because they closely reflect the HWB's strategic priorities. The working group will identify how these recommendations can be implemented in the City and report back to the HWB in six months.
- Approved the suggested recommendations for the City to lead on the investigation of:
 1. Smoke free parks and open spaces
 2. Encouraging more Londoners to walk 10,000 steps a day and supporting employers to incentivise their employees to walk to work
 3. Promotion of workplace health initiatives
 4. Local health promotion day ('Imagine Healthy London Day')
 5. Additional GP services

9. PHARMACEUTICAL NEEDS ASSESSMENT UPDATE

Members noted that The Health and Wellbeing Board had a statutory obligation to produce a Pharmaceutical Needs Assessment (PNA) by 1 April 2015. The PNA contained information about local need, current community pharmacy services and gaps in provision. The PNA would be used by NHS England to commission future pharmacy services in the area. The information contained in the PNA would also inform the commissioning plans of City of London Corporation, LB Hackney and City & Hackney CCG.

Members considered a summary of the key findings for the City. Current pharmacy provision met the current and projected future needs of the resident and working populations. Members noted that there was some scope for improvement, particularly by extending access to repeat dispensing services and increasing public health provision through pharmacies for both City residents and workers. Members asked Officers to ensure that the pharmacy located on Goswell Road be included in future plans.

Resolved – Members delegated authority to the Chairman and Deputy Chairman, in consultation with the Director of Public Health, to approve the PNA for publication.

10. SAFER CITY PARTNERSHIP UPDATE

Members noted the update report on the activities of the Safer City Partnership in relation to the Partnership Plan 2014/2015. Officers drew Members' attention to the recent Counter Terrorism Bill which was making its way through Parliament.

Members agreed that Officers should also investigate issues of conflict resolution on the City's estates. Officers assured Members that they would keep this issue on their list of priorities going forward.

RECEIVED.

11. HEALTHWATCH UPDATE

Members were provided with an update on the activities and campaigns of Healthwatch City of London which involved:

- Bank of America Merrill Lynch event with City of London memory group
- Update on Barts NHS Trust
- Healthwatch City of London response to the Ultra Low Emission Zone consultation
- Training held with Adult Social Care team
- Feedback from Healthwatch City of London annual conference and AGM
- Summary work plan 2014-16

RECEIVED.

12. HEALTH AND WELLBEING UPDATE REPORT

Members received the report of key updates to the Board.

RECEIVED.

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

There were no questions.

14. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

Members considered one item of urgent business in relation to the Golden Lane Playground area refurbishment. Members noted that the proposed project aimed to replace an insecure, unsightly facility which is not fit for purpose and not of benefit to the community, with one which provides safe, stimulating play opportunities for young children and contributes to the environmental enhancement of the Grade II listed housing estate. Raising the floor will be required to create the new, more accessible playground.

RECEIVED.

15. EXCLUSION OF PUBLIC

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

16. NON PUBLIC MINUTES

Resolved: That the non- public minutes of the previous meeting be agreed as an accurate record.

17. PUBLIC HEALTH COMMISSIONING INTENTIONS

The Committee received the report of the Director of Community and Children's Services.

18. **SOCIAL CARE COMMISSIONING INTENTIONS**

The Committee received the report of the Director of Community and Children's Services.

19. **GOVERNANCE ARRANGEMENTS FOR ADULT WELLBEING PARTNERSHIP AND CHILDREN'S EXECUTIVE BOARD**

The Committee received the report of the Director of Community and Children's Services.

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

There were no questions.

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

There was one item of urgent business.

The meeting ended at 12.35 pm

Chairman

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Committee	Dated:
Health and Wellbeing Board	24 April 2015
Subject: Sports and Physical Activity Strategy	Public
Report of: Director of Community and Children's Services	For Decision

Summary

This report introduces the draft Sports and Physical Activity Strategy.

The Strategy has been developed through extensive consultation with partners including the City's commissioned sports and leisure provider Fusion Lifestyle, who will play an integral part in its delivery.

The Strategy identifies three key strategic themes: partnership working, awareness raising and behaviour change. An action plan has been developed to deliver a range of outcomes grouped under the three strategic themes.

Recommendation

Members are asked to:

- Approve the Sports and Physical Activity Strategy.

Main Report

Background

1. The City of London has commissioned the development of a Sports and Physical Activity Strategy to provide a vision and priorities for sport and physical activities for the next five years.
2. The Strategy has been developed to reflect the national, regional and local policy context. This includes the Joint Health and Wellbeing Strategy which includes a commitment to address key health and wellbeing challenges including the need:
 - to consider obesity and nutrition in the City population
 - for better collaborative working with businesses to address worker health (including stress)
 - to improve access to health-promoting facilities, in particular the affordability of leisure activities.

Current Position

3. The Strategy has undertaken a review of current and future need based on demographic and market segmentation analysis of resident and worker populations. It also sets out an overview of existing sport and physical activity provision (facilities and activities) within the City of London and surrounding areas, and provides an assessment of areas for improvement and opportunities to increase participation.
4. In addition to the above analysis, the Strategy has been informed through extensive consultation with a range of internal and external stakeholders. These included public health colleagues, neighbouring local authorities, governing bodies including London Sport, local schools, and voluntary organisations and deliver partners including City Gateway, Healthwatch and Age UK London. Residents were engaged through groups on Avondale Square, Dron House and Golden Lane, the Barbican Tuesday Club and Spice Timecredits.
5. The analysis and consultation processes informed the identification of three strategic themes:
 - partnership working
 - awareness
 - behaviour change.
6. The strategy seeks to apply these to a number of groups within the City of London with varying priority levels. High priority groups include:
 - low paid City workers
 - children & young people
 - older residents
 - BME resident groups
 - disabled people.
7. Lower priority groups whose needs will also be addressed by the themes include other City workers and working age residents.
8. The three strategic themes are addressed through a detailed action plan. The action plan will be delivered through a range of partners, including Fusion Lifestyle, and overseen by the City's Commissioning, Performance and Policy team. Progress on implementation will be reported to the Adult Wellbeing Partnership.

Proposals

9. A draft City of London Sports and Physical Activity Strategy has been prepared for Members' consideration. The executive summary and action plan are presented in Appendix 1.

Corporate & Strategic Implications

10. The Sports and Physical Strategy will support delivery of the City's Core Strategy which contains the "City Communities" vision stating:

“The City will have a network of high quality social and community facilities in accessible locations to foster cohesive and healthy communities. Links between the City residents and those of neighbouring boroughs will be strengthened and closer co-operation will provide a stronger sense of community and more efficient services.

11. The Strategy also supports delivery of the Joint Health and Wellbeing Strategy and Open Spaces Strategy.

Conclusion

12. The Sports and Physical Activity Strategy provides the City with a five year vision for better partnership working, increased awareness and greater participation to maximise the benefit that leisure and sports activity can have on the health and wellbeing of City residents and workers.

Appendices

- Appendix 1 – Sports and Physical Activity Strategy – Executive Summary

Simon Cribbens

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City of London Corporation

Sport and Physical Activity Strategy, 2015-2020

Executive Summary



EXECUTIVE SUMMARY

1. The City of London Corporation delivers sport and physical activity within the 'Square Mile' primarily through the Golden Lane Sport & Fitness Centre. In 2012, Fusion Lifestyle was appointed to be the managing partner for the delivery of Golden Lane Sport & Fitness and the City's Sports Development Service. Over the past two years, it has re-opened the refurbished Leisure Centre, increased the Sports Development staff, secured funding from Public Health for Exercise Referral and obtained Quest for Sports Development for the Borough.
2. When Fusion Lifestyle commenced the contract there was an existing Sports and Physical Activity Strategy (titled – *Mile's More Active*) which has shaped the delivery across the square mile and at locations across London which are owned by the City Corporation. Although it was not fully formally adopted by the City Corporation, it has acted as a guide for the City of Corporation and Fusion Lifestyle since 2012.
3. The Sport, Leisure and Culture Consultancy (SLC) was appointed to support The City of London Corporation and Fusion Lifestyle in the development of a new Sport and Physical Activity Strategy for 2015-2020
4. Specific objectives were:
 - To set out how the City Corporation should adapt to the changing environment in which it is working
 - To provide an approach to how the City demonstrates the impact of its activities and projects
 - To provide a vision and priorities for Sport and Physical Activity for the next five years.
5. The brief envisaged:
 - The development of a comprehensive strategy and action plan for Sport and Physical Activity over the next five years
 - The review of the impact of the previous strategy against its targets
 - The exploration of need within the borough, encompassing the resident and worker populations
6. An in depth strategic review of national, regional and local strategies was undertaken to inform the development of the strategy. This highlighted the priority given to improving health and increasing physical activity and the challenges specific to the City of London including a very high density workday population, limited open space or accessible facility provision, pockets of high deprivation and health inequalities and cultural and estate-based access barriers.
7. The resident and worker populations of the City of London will continue to grow over the coming years. The City's resident population is following an ageing trend and the proportion of children and young people will remain low. In contrast the worker population will almost certainly retain its current characteristics e.g. dominated by young males. This will increasingly present greater challenges in relation to sport and physical activity, as the contrast between resident demand and worker demand in terms of provision will likely diverge.
8. The population of the City shows a relatively high degree of affluence and good health which often has a positive correlation with physical activity levels, although it should be noted that there are some pockets of greater deprivation and self-reported poorer health within the City.

9. A significantly larger proportion than both the England and London average travel less than 2km to work, suggesting that many of the residents of the City of London are also City workers. Given this proximity to residents' workplaces, there is also a significant opportunity to encourage active travel among residents.
10. The needs of children and young people must also be taken into account. It is estimated that 21% of the 898 0-19 year olds living in the City of London live in low income homes. The prevalence of overweight and obese children in the City and Hackney Teaching Primary Care Trust is also above the national and regional averages, suggesting that physical activity among children and young people needs to be addressed.
11. The distribution of members of Golden Lane Sport & Fitness, the City's principal public leisure facility, shows that a high proportion of members are drawn from the non-resident worker population, presumably due to its proximity to their workplace. Among City of London residents, the majority of members appear to live in the areas immediately surrounding the facility. Few are drawn from elsewhere in spite of the City of London resident discounts. This is even true of residents from the Mansell Street and Middlesex Street estate, although even more significant discount are offered in line with those for residents of Golden Lane. This suggests that there are other factors acting as barriers for these residents.
12. Given the City of London's small size and high density, there is an unsurprising lack of many types of provision.
13. Demand for keep fit / gym activities are generally well provided for in terms of health and fitness facilities and studios. This is due in large part to the high demand for gym provision generated by the large worker population. Accordingly, many of the facilities are aimed at this market, with high-end facilities catering for members only. There are also a reasonable number of pools for the size of the borough although access to these is generally quite restricted. While affluence is high among City of London residents, many of these facilities will be beyond the means of the more deprived groups, particularly in priority areas e.g. in the east of the borough. The need to purchase a membership at many of these facilities could also act as a deterrent to those on lower incomes.
14. Outdoor facilities such as grass and artificial pitches and tennis courts / MUGAs are very limited, and residents will often have to travel to access facilities of this type. This is inevitable given the lack of open space in the City, but efforts should be made to ensure that there is clear signposting to appropriate nearby facilities. Collaboration with neighbouring boroughs to negotiate equitable access terms where resident discounts are in place could also be explored.
15. There are a number of sports halls in the City that are current designated for private use. These could serve as valuable community spaces where a range of inclusive fitness classes could be delivered outside of school hours if community access were to be agreed.
16. The City's leisure and sports development provider, Fusion Lifestyle, runs a number of initiatives and programmes to raise physical activity levels in the borough, however they are challenged by the lack and limitations of facilities and consistency of external funding. Even so, there appear to be a reasonable range of programmes and initiatives to engage with the community. Youth provision in particular appears to be strong, with less provision in place to encourage increased physical activity among inactive adults. Signposting and awareness are key to ensuring the most is made of these programmes in the future.

17. Comprehensive consultation has been jointly undertaken by SLC and Fusion Lifestyle with a number of stakeholders, neighbouring authorities, schools, voluntary groups, residents groups and potential delivery partners.
18. Key findings from the consultation are as follows:
 - The City will always have significant restrictions on opportunities for sport and physical activity and thus a more innovative approach is required to meet people's needs.
 - Across central London there is an issue with sports club capacity and a lack of school / club links which needs to be addressed in many boroughs.
 - Cost and programming of activities are currently significant barriers to participation.
 - There are insufficient facilities / activities for children aged 10-15 and a lack of promotion of activities for elderly residents.
 - Some estates have limited provision and thus opportunities nearby need to be signposted for those that can travel, with more localised solutions for those that cannot.
 - Lack of awareness is a major issue – marketing and signposting of activities need to be improved.
 - Residents need to be made aware of and encouraged / incentivised to utilise facilities and take part in activities away from where they live.
19. Overall, the current level of provision in terms of facilities is reasonable considering the inherent limitations of the borough. There is likely to be very limited scope to increase this in the future, although there is the potential to explore increased access of facilities for residents at off peak times albeit, this would have to be done with the complicity of commercial operators. Increasing awareness of opportunities both within the borough and in neighbouring boroughs would also be of significant benefit.
20. A wide range of programmes are currently being delivered within the borough, with varying levels of success and impact. It is crucial to ensure that these programmes are targeted and marketed efficiently to maximise their impact.
21. There is also scope to enhance programmes delivered in local communities with the aim of engaging inactive groups. These programmes require careful consideration and sensitive delivery to ensure they are targeted to meet the needs of specific resident groups, and would benefit from links with "Community Champions" to encourage uptake and engagement.
22. Programmes aimed at older residents are currently popular, but are likely to be attracting principally the most segments active within this community. Efforts should be made to adapt the programmes on offer to engage less confident residents and those with more significant physical barriers, through taster sessions, use of voluntary group leaders as advocates and adapted programming both in terms of activities offered and venues. It is also possible that the membership requirement for this programme acts as a barrier for some potential participants.
23. The continued impact of existing youth programmes should be ensured through the establishment of links with sports club to provide participants with development pathways and opportunities to engage further in sports in which they have acquired an interest.
24. Initiatives are required to encourage greater use of outdoor space and active travel if this is feasible given the concerns relating to air pollution. The City Corporation may also wish to consider ways in which it can influence people's day to day behaviour to counterbalance the impact of increasingly sedentary lifestyles.

25. The current state analysis has highlighted a range of issues and opportunities which have been developed into three key themes to set the context for strategic action planning.
26. The key themes will be applied to a number of groups within the City of London with varying priority levels. High priority groups include:
 - Low paid City workers
 - Children & young people
 - Older residents
 - BME resident groups
 - Disabled people.
27. Lower priority groups whose needs will also be addressed by the themes include other City workers and working age residents.
28. The three themes are as follows which are explained in greater detail below:
 - Partnership Working
 - Awareness
 - Behaviour Change.

Partnership Working

29. The consultation feedback has highlighted the opportunities that greater collaborative working can develop, both internally within the Corporation and also externally with neighbouring Boroughs and partners in sport and physical activity development. This, combined with the limited physical infrastructure available to residents and workers and reliance on signposting and collaborative working will be a key foundation for the strategy.
30. Key elements of this theme will focus on improving access to facilities and open spaces, cross borough working and coordinated programmes to meet the needs of residents and city workers. To ensure outcomes are evidenced, improved monitoring and evaluation of those programmes will be a key element of this theme.
31. The strategy will be directed and led by a Sport and Physical Activity Strategy Steering Group with key partners represented across Public Health, Adult Skills, Leisure, Parks and Open Spaces and Planning. It is recommended that the draft terms of reference are jointly developed by the project steering group.

PARTNERSHIP WORKING – EXAMPLE FROM ACTION PLAN

ACTION – Increase community access to facilities within City of London.

SUB-ACTION – Engage with commercial partners, TFL, planning, community groups, church leaders, schools (including academies) etc. and use influence to increase community access to facilities.

YEAR 1 TARGET – Identify 3 new facilities with improved access for residents and workers.

Awareness

32. The need for improved awareness of opportunities for residents and city workers is apparent from the analysis and consultation. This theme will seek to address issues such as improving

awareness of low paid city workers and residents of opportunities to improve their health and wellbeing through sport and physical activity.

33. Supporting this theme will be an audit of clubs and groups which provide opportunities for sport and physical activity within reach of residents, many of which are based outside of the City Corporation's boundaries. This audit will form the basis of improved communications and signposting of opportunities for targeted groups and communities within the City of London.
34. Finally, there is an identified need to improve the awareness of referral programmes through employers which presents a real opportunity to support the health and wellbeing of all workers within the Square Mile accessing services provided by the Corporation.

AWARENESS – EXAMPLE FROM ACTION PLAN

ACTION – Identify and communicate physical activity opportunities for low paid City workers

SUB-ACTION 1– Explore research to understand composition, baseline activity levels and needs of low paid City workers

YEAR 1 TARGET – Research commissioned

SUB-ACTION 2 – Establish audit of opportunities for low paid City workers.

YEAR 1 TARGET – Research commissioned

SUB-ACTION 3- Communicate to low paid City workers

YEAR 2 TARGET – Implementation of Communications programme.

Behaviour Change

35. The fundamental challenge coming through the consultation and analysis of data reviewed facing the City Corporation is enabling behaviour change amongst its high risk residents and City workers in relation to their levels of sport and physical activity.
36. It is proposed that this theme provides a key platform for a multi-agency approach to supporting better health outcomes. This theme through its strategic objectives will support the following actions:
 - Encouraging active travel and physical activity opportunities to be integrated into new infrastructure projects. Encourage greater self-awareness and reliance in improving health through public campaigns.
 - Developing specific targeted interventions for low paid City workers / young people / older residents and of differing levels of physical ability linked to target group appropriate signposting and targeted programmes.
 - Developing a Healthy Schools Partnership within the City Corporation's boundaries.
 - Through a co-ordinated campaign across the square mile encourage more active lifestyle choices through day to day activity.

BEHAVIOUR CHANGE – EXAMPLE FROM ACTION PLAN

ACTION – Influence improvement of health and activity levels of City Workers

SUB-ACTION 1– Identify an interface between Public Health and Employers

YEAR 1 TARGET – Interface identified

SUB-ACTION 2 – Deliver Public Health awareness messages particularly around smoking cessation, stress and alcohol abuse.

YEAR 1 TARGET – Develop plan for programme of interventions

SUB-ACTION 3- Encourage employers to sign up to Healthy Workplace Charter or equivalent.

YEAR 1 TARGET – 5 major employers to sign up annually.

37. A strategic action plan has been developed to support the achievement of key outcomes from the three themes identified for the Sport and Physical Activity Strategy. The action plan has been developed as a separate document which will be reviewed and updated annually from April 2016. The action plan, correct as of April 2015 can be found in Section 9 of this report.
38. Implementation of the strategy will be overseen by the city’s Commissioning, Policy and Performance team and reported to the Adult Wellbeing Partnership and the City’s Health and Wellbeing Board.

Partnership Working

#	Action (linked to theme)	#	Sub-Actions	Timeframe	Owner	Partnership support	Resource Implications	Targets		
								Year 1	Year 2	Year 3-5
PW1	Establish Steering Group for the delivery of the five year strategy	1.1	Establish members, terms of reference, structure, action plan delivery etc	April 2015 (3 months from sign off)	Lorna Corbin (Public Health - City of London) TBC	Key stakeholders (list)	Partner time	Meeting 6 x per annum	Meeting Quarterly	Meeting Quarterly
PW2	Increase community access to facilities within City of London	2.1	Engage with commercial partners, political partners (e.g. GLA), TFL, planning, community groups, church leaders, schools including academies etc an use influence to increase community access to facilities	Year 1-5	tbc	Key stakeholders (list) Plus TFL, GLA, London Sport, Neighbouring Boroughs	Partner time	Identify 3 new facilities with improved access for residents and workers	Identify 3 new facilities with improved access for residents and workers	Identify 3 new facilities to significantly improve access for residents and workers
Pa ₃ Page 19	Increase cross-borough working	3.1	Identify opportunities to share best practice from neighbouring Boroughs	Year 2-5	Fusion	Neighbouring Boroughs	Partner time		Implement 2 x programmes / interventions resulting from collaboration	Implement 3 x programmes / interventions resulting from collaboration
		3.2	Work collaboratively to establish a clubs audit for CoL residents	Year 1	Fusion	Neighbouring Boroughs	£5-10k	Commission research		
		3.3	Work collaboratively to establish a physical activity opportunities audit for CoL residents	Year 1	Fusion		£5-10k	Commission research		
PW4	Establish Monitoring and Evaluation for the strategy	4.1	Monitoring and evaluation from year 1 to year 5 to establish a baseline of activity - method to be determined by Steering Group	Year 1	tbc	Key stakeholders (list)	tbc	Baseline activity levels established for target groups		Repeat research to assess progress
PW5	Assessment of events	5.1	Develop calendar of City of London events related to sport and physical activity and identify where they are located and which are publically funded to support more strategic planning	Year 1	Steering Group	Key stakeholders (list)	Partner time	Calendar developed		
		5.2	Determine need to rationalise / enhance / restructure events calendar	Year 2	Steering Group	Key stakeholders (list)	Partner time		Planning meetings to influence programme across City to address duplication and gaps in provision	

Awareness

#	Action (linked to theme)	#	Sub-Actions	Timeframe	Owner	Partnership support	Resource Implications	Targets		
								Year 1	Year 2	Year 3-5
A1	Improved physical signage to Golden Lane and other facilities	1.1	N/A	Year 3-5	Planning		tbc	Funding for signage sourced	Signage in place	
A2	Identify and communicate physical activity opportunities for low paid City workers	2.1	Explore research to understand composition, baseline activity levels and needs of low paid City workers	Year 1	Public Health	tbc	tbc	Research commissioned		Repeat research to assess progress
		2.2	Establish audit of opportunities for low paid	Year 1	Steering Group	tbc	tbc	Research commissioned		Repeat research to assess progress
		2.3	Communicate to low paid City workers	Ongoing	Steering Group				Implementation of communications programme	Research awareness of City Workers of improved awareness to assess progress
Page 20	Continue to use City Resident magazine and estate specific newsletters as way of engaging with and seeking feedback from City residents	3.1	Provide targetted copy to publications relating to sport and physical activity opportunities including testimonials etc	Ongoing	Fusion & other partners		Partner time	Regular and coordinated approach to supporting awareness amongst targetted groups linked to evaluation of take up	Regular and coordinated approach to supporting awareness amongst targetted groups linked to evaluation of take up	Regular and coordinated approach to supporting awareness amongst targetted groups linked to evaluation of take up
		3.2	Track referrals from publications to physical activity attendance	Ongoing	Fusion & other partners		Partner time	Evaluation every 6 months	Evaluation every 6 months	Evaluation every 6 months
A4	Marketing	4.1	Determine and deliver appropriate marketing strategy for target groups	Year 2-5	CoL PRO and Fusion Marketing		Partner time		Implement strategy	Implement strategy
		4.2	Measure impact of targetted marketing	Ongoing	Delivery Partners				Monitor effectiveness of strategy	Monitor effectiveness of strategy

#	Action (linked to theme)	#	Sub-Actions	Timeframe	Owner	Partnership support	Resource Implications	Targets		
								Year 1	Year 2	Year 3-5
A5	Increase awareness of self-referral to Referral programmes through employers	5.1	Communicate availability of referral programmes in City through self-referral to non resident City workers	Ongoing	Public Health		Partner time	Establish baseline take up of referral programmes from non city workers	Improved take up of referral programmes from non city workers 10%	Improved take up of referral programmes from non city workers 20%
A6	Communicate audits of clubs and physical activity opportunities to residents, workers etc	6.1	Establish multiple channels for the dissemination of audits of clubs and physical activity opportunities	Ongoing	Multiple Channels - possibly through a branded campaign linked with London Sport	Neighbouring Boroughs, London Sport	Partner time and investment tbc	Delivery of information through targetted Channels	Update of Audit in Year 2 and delivery of information through targetted Channels	Update of Audit in year 3 and delivery of information through targetted Channels

Behaviour Change

#	Action (linked to theme)	#	Sub-Actions	Timeframe	Owner	Partnership support	Resource Implications	Targets		
								Year 1	Year 2	Year 3-5
B1	Continue to encourage active travel through infrastructure and regeneration projects	1.1	Identify and deliver opportunities to encourage increased active travel	Ongoing	Planning		Project related	Evidence of active travel design delivery	Evidence of active travel design delivery	Evidence of active travel design delivery
B2	Influence improvement of health and activity levels of City Workers	2.1	Identify an interface between Public Health and Employers	Year 1	Public Health	CoL contacts with Major Employers	Partner time and investment tbc	Interface identified		
		2.2	Deliver public health awareness messages particularly around smoking cessation, stress, alcohol abuse	Year 2-5	Public Health	Major Employers	Partner time and investment tbc. Seek to identify a sponsor(s) to fund campaign (Charitable Fund)	Develop plan for programme of interventions	Delivery of programme	Delivery and evaluation of programme
		2.3	Encourage employers to sign up to Healthy Workplace Charter or equivalent	Year 1-5	Public Health	CoL contacts with Major Employers		5 major employers to sign up annually	5 major employers to sign up annually	5 major employers to sign up annually
B3	Develop a range of interventions for low paid City Workers in response to research piece in A2	3.1	Following completion of research piece in A2, identify physical activity opportunities that meet the needs of low paid city workers in terms of activity, programming, cost, access and deliver through delivery partners	Year 2-5	Steering Group / Delivery Partners	Delivery Partners tbc	Partner time and investment tbc	Develop plan for programme of interventions	Delivery of programme	Delivery and evaluation of programme
B4	Establish Healthy School Partnership	4.1	Signposting of clubs, progression pathways etc from the club / opportunity audit	Year 2-5	Fusion	Public Health and Education		Develop plan for programme of interventions	Signposting delivered	Signposting delivered and monitored
		4.2	Work towards making Sir John Cass an exemplar of a healthy school	Year 2-5	Fusion	Public Health and Education	Fusion and Sir John Cass School			
		4.3	Explore potential of a research study linked to direct partnership with schools re: activity levels of students and attainment of educational standards	Year 3-5	Public Health	Fusion, Partners	tbc	Research Study brief developed	Research Study implemented	Research Study evaluation

#	Action (linked to theme)	#	Sub-Actions	Timeframe	Owner	Partnership support	Resource Implications	Targets		
								Year 1	Year 2	Year 3-5
B5	Increase range of activities on offer for all young people (residents) and their participation rates	5.1	Gap analysis of provision based on audit of existing clubs / opportunities and audit of current participation levels	Year 1	Fusion	Public Health and Education	Partner time	Gap analysis /audit undertaken	Implement first phase of additional activities highlighted from gap analysis. Review Impact.	Implement second phase of additional activities highlighted from gap analysis. Review impact-target 10 % increase in participation.
B6	Continue to support specific localised health and physical activity opportunities and programmes in existence based on identified need	6.1	Target BME groups, women, families, multi-generational opportunities etc.	Ongoing	Fusion	Public Health and Adult Skills	Possible commissioning opportunities	Ongoing linked to specific targets	Ongoing linked to specific targets	Ongoing linked to specific targets
B7	Continue to provide and enhance programmes for older residents	7.1	Enhance provision for older men and women	Ongoing	Delivery Partners	Public Health and Adult Skills	Possible commissioning opportunities	Ongoing linked to specific targets	Ongoing linked to specific targets	Ongoing linked to specific targets
		7.2	Tier provision to encourage 65+ to engage more and target less active and more socially isolated age groups	Ongoing	Delivery Partners	Public Health and Adult Skills	Possible commissioning opportunities	Ongoing linked to specific targets	Ongoing linked to specific targets	Ongoing linked to specific targets
B8	Encourage more active lifestyle choices through day to day activity	8.1	E.g. encourage use of stairs rather than lift in office buildings or escalators in tube stations etc through signage indicating calories burned per floor	Year 2-5	Public Health		Partner time and investment tbc		Implementation of initiative	Evaluation of initiative

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Committee(s)	Dated:
Health and Wellbeing Board Community and Children's Services Committee	24.04.2015 08.05.2015
Subject: Child Poverty Update Report	Public
Report of: Director of Community and Children's Services	For Decision

Summary

The City of London Child Poverty Needs Assessment was conducted in 2014. It found that child poverty remains an issue in the City, despite being the City being one of the least deprived local authority areas in the UK.

There are currently a variety of services and interventions available to tackle child poverty in the City. Overall the City provides quality services for those currently engaged. However, services may be uncoordinated, confusing for families to navigate, or families may not currently be engaging. The work that has been undertaken as a result of the Child Poverty Needs Assessment recognises the high quality services available in the City, but proposes that further action could be taken to tackle the issue. A case management model is proposed, which would provide targeted, tailored and intensive work with families around employment and training for adults and education and aspiration-raising activities for children. This approach would support families to engage with and navigate services, and would tackle the root causes of poverty.

Recommendation(s)

Members are asked to:

- Endorse the development of a case management model as an approach to tackling child poverty in the City.

Main Report

Background

1. The Child Poverty Needs Assessment was approved by the Health and Wellbeing Board in July 2014 and by the Community and Children's Services Committee in September 2014. Members requested that officers report back on progress after 6 months.
2. The Health and Wellbeing Board has identified child poverty as a priority, and has included it in the Joint Health and Wellbeing Strategy. It is also a departmental priority for the Department of Community and Children's Services. Additionally, child poverty is a Public Health Outcomes Framework indicator,

which is used by the Government to measure the City of London's success in meeting its local authority duties to promote the health and wellbeing of its population.

3. The Child Poverty Needs Assessment highlighted the following key issues:
 - Child poverty remains an issue in the City, with major differences in deprivation between areas. Portsoken has the highest rates of child poverty.
 - According to the national figures, 110 City children (14%) were living in poverty in 2011. This figure was calculated using the relative poverty measure (defined as the proportion of children living in families in receipt of out-of-work benefits or tax credits where their reported income is less than 60% of the median income), based upon records of 790 children living in the City. In May 2014, analysis of local data identified a total of 1062 children living in the City of London, of whom 21% (218) were in low-income households (defined as living in a household with a low income supplemented by benefits), with 11% in workless households. According to the same dataset there are 113 low-income and 66 workless families in the City. The national indicator and the local figure have different definitions so they are not directly comparable, but they give an indication of the scale of the problem.
 - Both national and local trends show increasing pressures on families, which could make it very challenging for the City to reduce child poverty.
 - The small numbers of families in poverty known to our services face a diverse range of challenges. Of the families already engaging with services, front-line workers already know the profile of their vulnerable families very well.
 - The most deprived families are more likely to have been in persistent poverty for generations, resulting in a lack of ambition for the children from poorer families, so aspiration-raising activities for young people may be beneficial.
 - Families in poverty tend to live in social housing estates (Golden Lane, Middlesex Street and Mansell Street estates). Evidence suggests that the Portsoken area has the greatest need for intervention.
 - These families are both workless and working. Parental employment is key to lifting families out of poverty. However, there are some key challenges around employment; many families in poverty are lone parent households, or households where one parent is already working. As parents are both income-poor and time-poor, affording and scheduling childcare is a challenge. There is also increasing concern for families who are in employment but on a low income supplemented by benefits, with low rates of pay combined with casual, part-time or zero-hour contracts.
 - The City offers a range of different activities and interventions available for the small number of families who are in need. Overall the City provides quality services for those currently engaged. There are, however uncoordinated services, which may be confusing for families to navigate.
4. The key recommendations from Child Poverty Needs Assessment were as follows:
 - Investigate mechanisms for “pulling” together of efforts, based on the needs of individual estates in the City.

- Review current Housing strategies, to establish to what extent they continue to support families in need living in City Estates when they move to out-of-borough estates.
- Investigate means to improve tracking of young people entering secondary schools (age 11 and up).
- Investigate whether the City can improve support to older children through youth provision and better uptake of the apprenticeship scheme.
- Investigate what can be done to improve uptake of ESOL locally.
- Investigate whether development deals include commitments to local City of London resident employment.
- Investigate how the City can improve navigation/uptake of the many services we offer.
- Work with housing to consider potential options for helping the next generation aspire higher and address overcrowding by helping young adults to secure their own tenancies.

Current Position

5. An officer working group identified that the majority of this work is already underway. There are high quality services provided by the City of London to raise aspirations for children and increase family incomes through employment opportunities for parents. However, there is recognition that families may not be aware of the services that exist to support them, or may be accessing services in an uncoordinated way.
6. In addition, there are a number of other initiatives that are underway and will make an impact in this area, including a review of youth service provision, work with the Chief Officers' Group to encourage all departments across the Corporation to pull together to tackle poverty in the City, especially regarding employment interventions, and a data mapping project in DCCS that will provide us with better insight into families' circumstances and contact with services.
7. Best practice from pilot projects to tackle child poverty in other local authority areas indicates that a case management model can be highly effective. A dedicated case worker works with a family in poverty to help them navigate the services that are available, and provide advice and support tailored to their needs. A similar approach could be used in the City, with a particular focus on training and employment opportunities for parents to help lift families out of poverty, and aspiration-raising activities for young people to encourage them to aim higher. An intervention of this type will allow us to directly tackle the root causes of child and family poverty.

Proposals

8. Members are asked to endorse the development of a case management model as an approach to tackling child poverty in the City.
9. A further update will be provided to the Health and Wellbeing Board and Children and Community Services Committee after six months once a firm proposal for commissioning and delivery of the service has been developed.

Corporate & Strategic Implications

10. Reducing child poverty supports the Joint Health and Wellbeing Strategy:

- *Ensure that more people in the City have jobs: more children grow up with economic resources (reduce child poverty).*

11. It supports the aims of the Children and Young People's Plan 2012-2015:

- *Continue to close the gap in attainment and skills between disadvantaged groups and their peers.*
- *Focus on helping young people adopt a healthy lifestyle and be aware of the resources available in the City.*

12. It also supports the following strategic aims in the Housing Strategy 2014-2019:

- *Continue to manage the demand for social housing fairly and transparently, giving priority to those in greatest need and making efficient use of our housing by tackling overcrowding and under-occupation.*
- *Reduce inequalities in our more deprived areas through a targeted, area-based approach to earlier intervention.*
- *Build better, safer and more sustainable neighbourhoods through improvements to security, access, outdoor spaces and community facilities on our estates, and tackling anti-social behaviour.*
- *Preventing homelessness through closer partnership working, addressing the impact of welfare reform and improving access to support.*

Conclusion

13. Child poverty remains a pressing issue for a small but significant number of families in the City. High quality services are offered in the City to tackle many of the issues associated with child poverty, such as parental unemployment or low wages, education and training opportunities and youth services. However, services may be uncoordinated, confusing for families to navigate, or families may not currently be engaging.

14. A case management model is proposed, which would provide targeted, tailored and intensive work with families around employment and training for adults and education and aspiration-raising activities for children. This approach would support families to engage with and navigate services, and would tackle the root causes of poverty.

Background Papers

Child Poverty Needs Assessment (18 July 2014, HWB / 12 September 2014 CCS)

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Committee(s)	Dated:
Health and Wellbeing Board	24.04.2015
Subject: Annual Report of the Director of Public Health: Health in Mind	Public
Report of: Director of Public Health	For Information

Summary

Health in Mind is the Annual Report of the Director of Public Health for 2014/15. It focuses on mental health in the City of London and Hackney.

Recommendation(s)

Members are asked to:

- Note the Annual Report of the Director of Public Health, *Health in Mind*.

Main Report

Background

1. The Health and Social Care Act 2012 states that “the Director of Public Health for a local authority must prepare an annual report on the health of the people in the area of the local authority”.

Current Position

2. *Health in Mind* is the Annual Report of the Director for Public Health. Copies have been distributed to HWB Members and the report is also available online: <http://www.hackney.gov.uk/Assets/Documents/Public-Health-Annual-Report-2014-15.pdf>
3. The report focuses on mental health in the City and Hackney. Mental health is a key issue, with one in four people experiencing a mental health problem at some point in their lives, and the government seeking to give equal weight to mental health and physical health. The report discusses the the underlying causes and consequences of poor mental health, and describes the particular issues for different groups in the City and Hackney: children and young people, adults, older people and the issues around substance misuse.
4. The report also describes the achievements Public Health has made over the past year, and the priorities for the coming year.

Conclusion

5. Members are asked to note the Annual Report of the Director of Public Health, *Health in Mind*.

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Committee(s)	Dated:
Health and Wellbeing Board	24.04.2015
Subject: Joint Health and Wellbeing Strategy Action Plan Progress Report	Public
Report of: Director of Community and Children's Services	For Decision

Summary

In September 2014, the Health and Wellbeing Board (HWB) approved an action plan to support the Joint Health and Wellbeing Strategy (JHWS). The action plan set out how each of the key priorities would be delivered. This report provides an overview of progress and shows that we are on track to deliver the required health and wellbeing outcomes for residents, rough sleepers and workers in the City of London.

In addition, the JHWS will require a further annual refresh in 2015 and Members are asked to agree a process for this.

Recommendation(s)

Members are asked to:

- Note the report.
- Approve the process for refreshing the JHWS and action plan in 2015 (proposed development day or workshop for HWB Members in July 2015).

Main Report

Background

1. In May 2014, the HWB approved a process for refreshing the JHWS and formulating an action plan.
2. At a Development Day in June 2014, the HWB revisited the JHWS priorities and identified potential actions for them. These were then placed into a draft framework and circulated to Health and Wellbeing Board members, to gain further comments and to prioritise actions, and City of London Healthwatch also organised a public engagement event to ask local people to contribute their views on how the strategy should be implemented.
3. In September 2014, the HWB approved the action plan for implementing the JHWS. The action plan covers two years to the end of the strategy period (April 2016). The HWB also agreed that progress reports will be submitted to every six months.
4. The JHWS and action plan are available via the Health and Wellbeing pages on the City of London website: <https://www.cityoflondon.gov.uk/services/health-and-wellbeing/Pages/health-and-wellbeing-board.aspx>

5. Performance reports are also submitted to the HWB every six months and include a range of health and wellbeing performance indicators (most recently in November 2014, with the next report due in June 2015). Together with the performance reports, this progress report aims to pull together activity from across the different priority areas of the JHWS and enable the Board to monitor progress and identify further actions.

Current Position

6. The table below highlights key activities and progress in each of the JHWS priority areas, including future actions that have been identified:

Priority	Progress update
Residents	
More people in the City are socially connected and know where to go for help	<ul style="list-style-type: none"> • City Advice Service: We are currently re-commissioning the City Advice Service, with the aim of increasing the number of people accessing the service and giving people in the City the information, advice and guidance they need to help them maintain or improve their health and wellbeing. The service will promote independence and help people to maintain or improve their quality of life and prevent them from needing increasing levels of support, as well as connecting them with services and activities. • Adult Community Support Services: We are currently tendering a combined service for older people in the City, carers and people living with dementia and their families. This will include group sessions, coffee mornings, 1:1 support and information and advice. • Social prescribing: The CCG is piloting a social prescribing model to improve the health of isolated over 50s and people with type 2 diabetes. The scheme aims to link people to non-medical services, such as local voluntary services or community activities to help improve their health and wellbeing. • Volunteering: We are continuing to work with SPICE to encourage volunteering in the City. The Time Credits scheme is a great success, with numbers of people signed up and credits earned/spent well above target. • Social isolation research: As part of our Knowledge Transfer Partnership with Goldsmiths University, we are working on a research project into social isolation in the City. This research aims to examine the factors that contribute to the social isolation of residents in the City of London, and recommend community approaches and policy initiatives to increase social connectivity.
More people in the City are physically active	<ul style="list-style-type: none"> • Exercise on referral: This service continues to consistently hit targets, as reported to the HWB during bi-annual reporting. We are currently tendering a Health Checks, Obesity and

	<p>Physical Activity service which includes exercise on referral and community exercise classes, along with healthy eating and advice. This also incorporates the Community Health Engagement Coordinator role which is currently in place in Portsoken, but will be given an expanded role across the City. The service is due to start in October 2015.</p> <ul style="list-style-type: none"> • Healthy Schools: We are working with Sir John Cass Foundation Primary School to develop a healthy schools programme, which includes joint exercise classes for parents and children during the week, family walks throughout the City on Saturdays, healthy cooking classes, and fresh food stalls held in the school playground once a week. The programme is already underway, and progress reports will be brought to HWB. • Promoting walking: The City of London Corporation continues to promote sustainable modes of transport, especially walking and cycling. For instance, the Transport team work with an organisation called Living Streets who encourage walking by conducting street audits, running 'Walk Doctor' sessions for City businesses and running campaigns to promote walking in the City and our estates. The City is also continually striving to improve the street scene to ensure a pleasant walking environment, and to encourage more people to make use of open spaces for physical activity. For instance, the Open Spaces Strategy was adopted in January 2015 and highlights the important role that green spaces play in promoting healthy lifestyles, reducing stress and preventing illness. • Golden Lane Leisure Centre: The Centre continues to see an increase in usage by local schools and encourages participation from children and young people e.g. promoting Swim School referrals. The Centre retained its Quest accreditation following the annual review. Fusion were integral in commissioning the new Sport and Physical Activity Strategy for the City of London. An in-depth strategic review of national, regional and local strategies was undertaken to inform the development of the strategy. This highlighted the priority given to improving health and increasing physical activity and the challenges specific to the City of London, including a very high density workday population, limited open space or accessible facility provision, pockets of high deprivation and health inequalities and cultural and estate-based access barriers. • Sports Development: The team were awarded 'Excellent' in their recent Quest Assessment, with 'Health and Wellbeing', and 'Working with Older People' recognised as key areas of strength. New initiatives include Escape Pain (a rehabilitation programme for people with chronic knee pain in partnership with health sector colleagues), Walking Football and Community Fit Club. Projects for children and young people
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	<p>in the City continue to develop well. A highlight is the Youth Community Sports Project (football coaching sessions across a number of City of London Estates), with the Golden Lane session in particular becoming so successful it has been relocated and now attracts over 40 participants each week.</p>
<p>City air is healthier to breathe</p>	<ul style="list-style-type: none"> • Air Quality Strategy: An updated Air Quality Strategy for 2015 – 2020 has been published for consultation. • Air quality promotion: An air quality reception was held at Mansion House in September 2014, addressed by Lord Mayor and Mayor of London. In November, an Air Quality Breakfast Seminar was held in Livery Hall with presentations from London Councils, King’s College and an air quality consultant. Attendees included CoL Members and officers and members from other local authorities. These events are highlighting air quality as a London-wide issue, as the City relies on cooperation from other authorities to reduce pollution in the Square Mile. • Local projects: <ul style="list-style-type: none"> - Barbican and Mansell Street residents monitored local air quality in a year-long citizen science project. A reception was held at the Guildhall for Barbican residents to mark the end of the monitoring programme. - The first Cleaner Air Action Days were launched in the City of London to tackle idling engines with the support of 30 large City businesses. - Worked with Bart’s Health NHS Trust to reduce their local impact on air quality and train clinicians to provide advice to vulnerable patients about poor air quality. - Staff from a number of departments across the City Corporation attended internal air quality workshops. - Sustainable City Award for Air Quality awarded to inMidtown business improvement district. - Over 6000 downloads of the CityAir App. - An additional 15 businesses have pledged to take action to reduce their impact on local air quality under the CityAir programme. - Installed greening in Sir John Cass School playground and green roofs, worked with the children to raise awareness of air pollution and provide pollution alerts direct to the school. • Planned work in the next six months includes: <ul style="list-style-type: none"> - Cleaner Air Action Days with residents and businesses. - A review of how the urban realm can be managed to reduce exposure to air pollution. - Application for further funding from the Mayors Air Quality Fund. - Publish revised Air Quality Strategy. - Install PM2.5 analyser at Sir John Cass School. - Assess the impact of timed closure zones on air quality. - Continue to work with Barts Health NHS Trust.

	<ul style="list-style-type: none"> - Install further greening at Sir John Cass School, subject to funding.
The City is a less noisy place	<ul style="list-style-type: none"> • Noise Strategy: The Noise Strategy Action Plan will be submitted to the next meeting of the HWB, and will outline the steps to be taken to further manage and reduce noise, whilst also mitigating the effects on the wellbeing of residents, workers and visitors. The strategy is available online: www.cityoflondon.gov.uk/business/environmental-health/environmental-protection/Pages/Noise-strategy-and-policy.aspx. • Local Plan: The City's Local Plan has been launched and includes policies on protection from excessive noise and regard to acoustic design to create tranquil space and minimise noise. These are also embedded in the new Open Spaces Strategy. • Anti-social behaviour: Launched the new anti-social behaviour powers held in the Anti-Social Behaviour, Crime and Policing Act 2014 with a City training seminar. This is an additional tool available to be considered in the control of noise from the night time economy and other sources. • Responsible licensing: We continue to support the Safety Thirst scheme, which includes consideration of noise from the night time economy.
More people with mental health issues can find effective, joined up help	<ul style="list-style-type: none"> • Mental health needs assessment: The needs assessment has now been completed for City and Hackney. A City Supplement is now being developed, considering the mental health needs of both residents and workers. Following this a strategy for mental health and commissioning options will be brought to the HWB and CCS Committee for approval. • CCG: Mental health is identified as a priority issue in the CCG's commissioning intentions and forward plan. • Dementia Strategy: We are implementing the Dementia Strategy, which commits the commits us to becoming a 'Dementia Friendly City', where residents and local retail outlets and services will show and understanding and awareness of the disease and offer support in a respectful and meaningful way. The City now has a Dementia Friendly Champion who has rolled out an extensive awareness-raising and training programme. Other achievements include work on the Legible London signage system, the City Memory Club, joint working with other agencies, and the new cases diagnosed as a result.
More people in the City have jobs: more children grow up with economic resources (reduce child	<ul style="list-style-type: none"> • The City of London Child Poverty Needs Assessment was conducted in 2014. It found that child poverty remains an issue in the City, despite being the City being one of the least deprived local authority areas in the UK. • There are currently a variety of services and interventions available to tackle child poverty in the City. Overall the City provides quality services for those currently engaged.

poverty)	<p>However, services may be uncoordinated, confusing for families to navigate, or families may not currently be engaging.</p> <ul style="list-style-type: none"> • The work that has been undertaken as a result of the Child Poverty Needs Assessment recognises the high quality services available in the City, but proposes that further action could be taken to tackle the issue. • A proposal for a case management model is being presented to the HWB and CCS Committee in April/May 2015. If approved, this model could provide targeted, tailored and intensive work with families around employment and training for adults and education and aspiration-raising activities for children. This approach would support families to engage with and navigate services, and would tackle the root causes of poverty.
More people in the City are warm in the winter months	<ul style="list-style-type: none"> • Fuel poverty: We do not have accurate, up-to-date data on the numbers of people living in the City who suffer from fuel poverty. The most recent national statistics from 2012 show that the City of London has the lowest level of fuel poverty in the country; just 2.4% of households, compared to 8.9% across all local authorities in London. We can therefore assume that problems with being able to afford to heat their homes are likely to effect a very small number of households during the winter months due to the condition of our housing stock (some of which only has single glazing), and our knowledge of incomes vs. living costs for some communities in the City. Ahead of next winter we will request an update from Housing regarding the progress of their asset management programme, specifically window replacement, and if necessary take steps to reduce fuel poverty for those households in need.
Rough sleepers	
More rough sleepers can get health care, including primary care, when they need it	<ul style="list-style-type: none"> • Homelessness strategy: We are implementing the homelessness strategy, which includes specific support to tackle rough sleeping. • Outreach GP: An outreach GP is provided for rough sleepers in the City, working closely with our homelessness outreach service which aims to address physical health, mental health and substance misuse needs in a holistic way. • Tuberculosis (TB): We support a TB find and treat mobile x-ray screening service, which also tests for other blood-borne viruses.
City Workers	
Fewer City workers live with stress, anxiety or depression	<ul style="list-style-type: none"> • Business Healthy: Mental health is a key issue for City businesses, and we are supporting them through Business Healthy, our workplace health programme. This has included a master class for City business leaders in February focusing on stress and performance, and ongoing peer support and resources through our Business Healthy circle meetings and

	<p>newsletters. Over the coming months we will be improving the Business Healthy website to ensure that it is a hub of resources and information sharing for people interested in workplace health. This short video outlines the key workplace health issues that we focus on: youtu.be/kAuOJc71dkw</p> <ul style="list-style-type: none"> • Workplace health centre proposals: We are continuing to explore options for the proposed workplace health centre . The project brings together preventative public health services such as tobacco control, exercise on referral, health checks, stress counselling, blood tests and inoculations together with a gym in a well-publicised location. This is designed to address the significant need and demand by City workers for public health and primary care services set out in the research report 'The Public Health and Primary Healthcare Needs of City Workers' (2012). A working group, with members from Barts NHS, Fusion, and the City of London Corporation, has been set up to try and determine the best possible location and work out whether the project is feasible. We are still in the early stages of the development of his project and further updates will be brought to the HWB. • Mental Health Needs Assessment: The City Supplement of the Mental Health Needs Assessment will look at the mental health needs of City workers.
<p>More City workers have healthy attitudes to alcohol and City drinking</p>	<ul style="list-style-type: none"> • Integrated Substance Misuse and Tobacco Control Services: We are currently tendering for the new Integrated Substance Misuse and Tobacco Control Services, which will start on 1st October 2015. This will include a remit on alcohol for City workers, and a key element of prevention and promotion of healthy behaviours and attitudes. • Substance Misuse Partnership: Campaigns run by the Substance Misuse Partnership have included Alcohol Awareness Week, Healthy Workplaces Week, awareness training sessions with City businesses and a relaunch of the drug and alcohol resources with businesses. The resources can be found online: www.cityoflondon.gov.uk/services/health-and-wellbeing/drugs-and-alcohol/substance-misuse-partnership, and a useful video is also online: youtu.be/BU-wh8XoMmo • Business Healthy: Our members have identified alcohol and substance misuse as a key issue. In support of this we have hosted a masterclass on addiction in the workplace.
<p>More City workers quit or cut down smoking</p>	<ul style="list-style-type: none"> • Fixed-penalty notice scheme: The scheme is ongoing and reduces smoking-related litter in the City. Officers are also able to provide advice about support to quit e.g. in litter hot-spots officers will conduct proactive education work before enforcing fines. Businesses are encouraged to sign up to the Business Environmental Charter and take responsibility for smoking-related litter around their buildings, and are provided with support such as talks for staff on quitting smoking. • Smokefree children's play areas: This scheme has been

	<p>trailed at three open spaces and one housing estate in the City to create pleasant smokefree open spaces and reduce harmful exposure to smoke.</p> <ul style="list-style-type: none"> • Smoking Harm Reduction Pilot: The pilot ended on 31st March 2015. A report with the results of this will be brought to the next HWB. Quit rates continue to be high in the City. • Integrated Substance Misuse and Tobacco Control Services: We are in the middle of the tender for the new Integrated Substance Misuse and Tobacco Control Services, which will start on 1st October 2015.
Mandatory public health interventions	<ul style="list-style-type: none"> • Sexual Health: We continue to commission services through LB Hackney. Barts Health and Boots service is still running and continues to be very busy. • NHS Health Checks: Current service continues to perform well. New service being tendered as per discussion under physical activity above to be more holistic, and will be in place by October 2015. • National Child Measurement Programme: Continue to commission through LB Hackney as per report to HWB in February. • Public Health advice to CCG: We are currently exploring with Tower Hamlets CCG options for cross-border commissioning where services in Tower Hamlets are not equivalent to those in the City, and looking at referral pathways in to City commissioned PH services.

7. As the activities described in the above table demonstrate, good progress is being made against the JHWS action plan and this will ensure that the agreed outcomes are delivered. Where appropriate, further actions have been identified to ensure this progress continues. There are no areas for concern where additional action is required.
8. The next progress report will be submitted to the November meeting of the HWB.
9. The current JHWS runs for a three year period from 2012/13 to 2015/16 and will be re-written next year. As the health system was undergoing a time of transition at the time of the strategy's original approval in May 2013, it was agreed that the strategy should be refreshed annually, to reflect changing responsibilities and population health needs. The strategy was refreshed in 2014 and will be due for a second refresh in 2015.

Proposals

10. It is proposed that the HWB agree to refresh the JHWS again this year, in order to review strategy, priorities and accompanying action plan. This could take the format of a development day or shorter facilitated workshop (of around 2 hours), preferably in July 2015.
11. A full consultation is not required for the refresh, although key partners will be asked for their views and input from local people can be made through Healthwatch.

Corporate & Strategic Implications

12. The action plan supports the JHWS, which is the key strategy of the HWB.
13. It is a statutory requirement for HWBs to produce a JHWS, and for it to be kept up-to-date.

Conclusion

14. Good progress is being made against the action plan to deliver priority areas in the JHWS.
15. The JHWS is due to be revisited in summer 2015 to refresh the priorities and action plan.

Background Papers

30th May 2014 – Joint Health and Wellbeing Strategy Update

18th July 2014 – Development Day: Joint Health and Wellbeing Strategy refresh

30th September 2014 – Joint Health and Wellbeing Strategy: Action Plan

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Committee(s):	Date(s):
Health and Wellbeing Board	24.04.2015
Subject: Healthwatch update report	Public
Report of: Chair of Healthwatch	For Information

Summary

Healthwatch City of London provides regular update reports to inform the Health and Wellbeing Board of their activities and campaigns.

The attached report covers the following:

- Update on Barts NHS Trust
- CCG workshop on integrated care
- Healthwatch Chair's involvement with Sustainable City Awards

Recommendation(s)

Members are asked to:

- Note the report

Appendices

- Appendix 1 – Healthwatch City of London, Report to Health and Wellbeing Board April 2015

Healthwatch City of London

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Report to Health and Wellbeing Board April 2015

This report is for information and will cover three areas:-

- 1 Update on Barts NHS Trust**
 - 2 CCG workshop on integrated care**
 - 3 Healthwatch Chair's involvement with Sustainable City Awards**
-

1. Barts NHS Trust

Healthwatch City of London has been in contact with Barts Trust over the lack of stimulation in wards that care for older people. Following feedback from patients and input from nursing staff at Barts our ongoing concern has been lack of stimulation which could improve the quality of the patient experience and well being. Televisions have been purchased for Thistle ward at Newham University Hospital but are yet to be installed and at Royal London the televisions can only be used by purchasing a TV card which many patients cannot afford. Healthwatch met with the Chair of Bart's Health Trust Sir Stephen O'Brien and the Deputy Chief Nurse for Barts and raised these issues highlighting the fact that the television issue had been ongoing since July 2014 which is not acceptable. Since the meeting we have now heard from Sir Stephen O'Brien that the scope of the work at Newham has now been finalised and that the PFI partner will work closely with the ward staff in order to ensure that the installation will be undertaken as quickly and as efficiently as possible. We also requested the older person's wards be given priority for a new scheme of volunteering that will enable items such as board games and puzzles to be used to greater effect. A volunteer has been organised for the older persons ward at Royal London. We are also investigating the possibility of setting up a fund to pay for the television cards that are required in many Barts hospital wards.

Whipps Cross University Hospital

The Care Quality commission – CQC – inspected the Whipps Cross Hospital in November 2014 and following the inspection report on the quality of services at the hospital the Trust Development Authority (TDA) announced that Barts Health Trust – which is the Trust responsible for Whipps Cross Hospital - should be placed into 'special measures'. The CQC report can be viewed here: <http://www.cqc.org.uk/location/R1HKH>

The local Healthwatches including the City of London Healthwatch have been heavily involved with the CQC and the subsequent Quality Summit which led to the TDA decision. It is sincerely hoped that this decision will lead to the necessary changes being implemented to ensure local patients are getting the best possible care from the hospital. It is acknowledged that very few patients are City residents but City of London Healthwatch wants to ensure that every City resident is provided with excellent hospital care.

All the local Healthwatches are pleased that the patient concerns raised over the last couple of years have subsequently been identified by the CQC and are now being taken seriously

by the TDA with a clear recognition that changes are needed. Patient care and safety must remain the paramount focus during this time of change. We would also like to ensure that staff are supported during this difficult time and they are recognised and valued for their hard work and areas of excellent care.

Healthwatch City of London would welcome wider patient and public community involvement in the improvement plans and patient and public feedback on the quality of care received in other parts of Bart's Trust.

2. Workshop on integrated care

Issues relating to delayed care and an inconsistent patient pathway particularly for City patients with GP's in Tower Hamlets has been raised by Healthwatch with the City and Hackney CCG. A workshop was recently organised on 17 March 2015 at the Guildhall by the CCG to look at integrated care - specific attendees were invited from across the boroughs to look at proposals for integrated care. A representative from Healthwatch City attended to provide the patient voice. The most important aspect to the workshop was that attendees from City, Hackney, Tower Hamlets and Islington participated to accommodate the fact that people from Islington were Neaman practice patients and City residents were registered with GP's outside the City boundaries. Some other issues highlighted included:

- There is some confusion over nursing services - City and Hackney residents receive nursing care from the Homerton but some residents with Tower Hamlets GPs receive nursing care from Tower Hamlets
- The importance of sharing care records and IT systems across boundaries
- A single point of access to pathways is needed for city residents including those with GP's beyond the City boundaries
- The different boroughs have different names for staff e.g. care navigators/care co-ordinators which can cause confusion
- There are Community pharmacists in each quadrant of City and Hackney which was agreed by the GP's attending to be a very useful resource

One of the case studies that was fed into the workshop was the following piece directly from a service user of mental health services in City and Hackney:

Mental Health Services – a patient's view

I have been following the consultation on the changes to Older Adult Functional Inpatient Services in City & Hackney and Tower Hamlets by the East London Foundation Trust which involves the facilities moving to Mile End.

As a City resident who has experienced mental health issues I already know what it is like to have to travel to Hackney to use the Homerton facilities as an inpatient for mental health services. You are taken away from the area you know and the surroundings can often seem alien to both residents and their families. I am concerned that the buildings for older people are moving to Mile End - this will be an even longer journey for the families of City residents. At a time when you are at your most vulnerable both patients and their visitors need surroundings that are familiar and comfortable to them.

Dementia can be a hugely distressing state and whilst attitudes and understanding amongst staff at hospitals has greatly improved we still need to ensure that people are treated with the dignity required for living with dementia. Many changes take place as we get older - changes in relationships, our physical health and lifestyle changes. To have to go to a different borough for our treatment is another change that could have a detrimental affect on treatment.

A small ward at Barts would be ideal for City residents although I know this is a big ask! It is difficult for people to visit their loved ones in the Homerton and will be even worse in Mile End – there are limited travel links to the City and if family are working this can mean them travelling in rush hour. My consultant used to be based at Barts but he has now moved to the Donald Winicott Centre in Hackney which is a really long journey for me. Why do City residents always get pushed to other boroughs? I have recently attended the consultation events run by East London Foundation Trust and the Kings Fund on these issues where I gave my views from the perspective of a City resident – although we are small in numbers we need to continue to ensure our voice is heard.

3. Healthwatch Chair's involvement with Sustainable City Awards

Healthwatch City of London were included in the judging panel of the RSA accredited Sustainable City Awards 2014-2015 in the new Health and Wellbeing category and attended the awards ceremony in Mansion House earlier this week. The award was made to Nomura International plc, who know that the good health of employees is vital if companies are to ensure that staff remain at peak productivity. This is why their headquarters building at Angel Lane offers a wealth of facilities and services for the 3,600 staff that work there. These include four eating areas, a state of the art gym, private consultation areas where employees can visit a nurse, doctor, dentist, counsellor or occupational health specialist, a bicycle bay (including a maintenance area, lockers and showers) and even a kitchen garden on the roof. When this is combined with regular health education and screening panels, the judges thought that Nomura set a very high bar for other City employers to emulate.

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Committee(s):	Date(s):
Health and Wellbeing Board	24.04.2015
Subject: Health and Wellbeing Board update report	Public
Report of: Director of Community and Children's Services	For Decision

Summary

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

Local updates

- Substance Misuse Health Needs Assessment for the City of London
- London Health and Wellbeing Boards Conference 2015
- Pharmaceutical Needs Assessment
- Better Health for London: next steps report

Policy updates

- Events
- Health and Wellbeing Boards
- NHS, Public Health and integrated care
- Obesity and exercise
- Causes of mortality
- Social determinants of health
- Children and young people
- Older people

In order to make the papers for future Health and Wellbeing Board meetings more concise, it is proposed that in future the update report only contains updates on local initiatives or policy issues directly relevant to the City of London. More general policy updates relating to health and wellbeing issues will be summarised in a policy bulletin to be sent to Members in between meetings of the Board.

Recommendation

Members are asked to:

- Note the report.
- Approve the format for future update reports and email policy bulletins.

Main Report

1. This report updates Members on key developments and policy issues. Details of where Members can find further information are also included.

2. In order to make the papers for future Health and Wellbeing Board meetings more concise, it is proposed that in future the update report only contains updates on local initiatives or policy issues directly relevant to the City of London. More general policy updates relating to health and wellbeing issues will be summarised in a policy bulletin to be sent to Members in between meetings of the Board.

LOCAL UPDATES

3. **Substance Misuse Health Needs Assessment for the City of London**
The City of London Corporation is currently commissioning a combined substance misuse and tobacco control service due to start in October 2015. This service will focus on prevention of substance misuse issues and promotion of healthy behaviours for both City residents and workers.

In December 2014, the Substance Misuse Health Needs Assessment for the City of London and Hackney was published and will be used to commission the new service. It shows that drug misuse amongst City residents is low but that there is an issue nonetheless. There were 17 adults in treatment for drug misuse in 2013/14 in the City of London, an increase of two on the previous year. The estimated prevalence of use of opiates and crack cocaine is significantly lower than in England and London. In 2011/12 it is estimated that there were 26 opiates users, 23 crack cocaine users and 16 injecting drug users.

Nationally published modelled estimates suggest that almost 9% of City resident drinkers in City of London are higher-risk drinkers, which is greater than the London average. Estimates for binge drinking levels are much higher for the City of London resident population than London as a whole. Alcohol misuse is also an issue for City workers, with 47.6% of City workers drinking at increasing or higher levels (compared to 24.2% of the general population). City workers are at an increased risk of alcohol related harm.

The recommendations from the needs assessment are as follows:

- Consider more intensive outreach to engage with the large number of substance misusers who are not in contact with treatment services.
- Address service fragmentation issues by introducing a single substance misuse service. Improve co-ordination and communication between drug and alcohol services and different components of the individual services. Ensure common assessment, care and recovery approaches.
- Review the existing approach to implementation of alcohol screening, which could be more cost-effective when carried out in association with a 5-minute advice session, and consider adopting a more targeted approach to screening in the local community, including the use of screening in hospital settings.
- Review the existing provision for alcohol withdrawal/detoxification services and the potential for providing community-based alcohol detoxification with GP support, including the availability of detoxification for people living in nursing/residential accommodation.

- Consider greater integration of support for patients with substance misuse problems into primary care and the role of a GP with special interest in substance misuse to provide leadership, training and support to colleagues in primary care.
- Increase the level of service provision available for drinkers in the 'increasing risk' (hazardous drinking) category by providing interventions which help them to understand the risk associated with their behaviour.
- Address problems with service access by increasing provision over the weekends and evenings to facilitate access by non-resident City workers.

For a copy of the report 'A Substance Misuse Health Needs Assessment for the City of London', which draws out the findings for the City from the needs assessment, please contact poppy.middlemiss@cityoflondon.gov.uk.

The contact officer is Poppy Middlemiss: 020 7332 3002

4. **London Health and Wellbeing Boards Conference 2015: Conquering the Twin Peaks**

Officers attended the London Health and Wellbeing Boards Conference on 12 March 2015. The conference featured a presentation of the findings from a recent study commissioned by London Councils into the successes and challenges experienced by London Health and Wellbeing Boards, with responses from senior London stakeholders across health and local government. The study examines how London's Health and Wellbeing Boards are doing two years after they took up their statutory roles and provides a comprehensive picture of the position of Health and Wellbeing Boards in London, their direction of travel and their future ambitions. It identifies a number of examples of where boards have added real value on specific issues. However, the vast majority of interviewees describe their board as being on a journey or "work in progress". The key challenge facing all boards is described by one interviewee as the "twin peaks" - the need to take action to both tackle the wider determinants of health and to play a systems leadership role, particularly in relation to the integration of health and care. The research suggests that an effective Health and Wellbeing Board is able to create the conditions in which there is genuine collaboration between key players in the local health and wellbeing system, provide effective system leadership and ensure effective engagement with the public and other stakeholders.

The full report is available here: <http://www.londoncouncils.gov.uk/node/25543>

The contact officer is Poppy Middlemiss: 020 7332 3002

5. **Pharmaceutical Needs Assessment**

The Pharmaceutical Needs Assessment 2015-18 (PNA) has now been published. The PNA contains information about local need, current community pharmacy services and gaps in provision. The PNA will be used by NHS England to commission future pharmacy services in the area. The information contained in the PNA will also inform the commissioning plans of City of London Corporation, LB Hackney and City & Hackney CCG.

The PNA finds that current pharmacy provision meets the current and projected future needs of the resident and working populations. However there is some scope for improvement, particularly by extending access to repeat dispensing services and increasing public health provision through pharmacies for both City residents and workers.

The PNA can be viewed online:

<http://www.hackney.gov.uk/Assets/Documents/Pharmaceutical-needs-assessment.pdf>

The contact officer is Sarah Thomas: 020 7332 3223

6. **Better Health for London: next steps report**

This report outlines how the Mayor of London Boris Johnson, NHS England, PHE, London Councils and the 32 GP-led clinical commissioning groups have come together to outline how, individually and collaboratively, they will work towards London becoming the world's healthiest major city. It sets out shared ambitions and how progress will be measured against goals of improving the health of London's population; improving access to GPs; and reducing health inequalities. The Health and Wellbeing Board is currently exploring how they can progress a number of recommendations from the Better Health for London report in the City of London.

The report is available here:

http://www.london.gov.uk/sites/default/files/Better%20Health%20for%20London%20Next%20Steps_1.pdf

The contact officer is Sarah Thomas: 020 7332 3223

POLICY UPDATES

EVENTS

7. **Health and wellbeing board chairs/adult social care portfolio-holders induction session – 9 July 2015, London**

If you are new to the role of health and wellbeing board chair (vice-chair) or adult social care portfolio-holder there are two opportunities to attend a free induction session. The session will brief you on the policy key issues and context you will be working in, the support on offer and an opportunity to network.

http://www.local.gov.uk/events/-/journal_content/56/10180/7086986/EVENT

8. **Leadership essentials for health and wellbeing board chairs and vice chairs – 3-4 September 2015, Coventry**

Health and wellbeing boards are entering a critical phase of their development. The role of the chair is pivotal in maintaining relationships with partners through difficult conversations, promoting shared ownership of and collective leadership for the board and ensuring accountability to the

community. This two day residential session gives chairs and vice chairs an opportunity to come together to have space to think and reflect, share experiences and actively learn from each other through the Local Government Association's approach to leadership development.

http://www.local.gov.uk/events/-/journal_content/56/10180/7081486/EVENT

HEALTH AND WELLBEING BOARDS

9. **Stick with it! A review of the second year of the Health and Wellbeing Improvement Programme**

Shared Intelligence was commissioned by the Local Government Association (LGA) to carry out a review of its Health and Wellbeing Improvement Programme in its second year. The purpose of this review is to do three things: understand the impact of the programme; capture system learning, and; make a significant contribution to the national body of knowledge on health and wellbeing boards. This final report draws together conclusions from across the three objectives.

<http://www.local.gov.uk/documents/10180/6101750/Stick+with+it+-+a+review+of+the+second+year+of+the+health+and+wellbeing+improvement+programme/>

NHS, PUBLIC HEALTH AND INTEGRATED CARE

10. **Population health systems: going beyond integrated care**

Integrated care has become a key focus of health service reform in England in recent years, as a response to fragmentation within the NHS and social care system. Yet efforts to integrate care services have rarely extended into a concern for the broader health of local populations and the impact of the wider determinants of health. This is a missed opportunity. This paper from the Kings Fund aims to challenge those involved in integrated care and public health to 'join up the dots', seeing integrated care as part of a broader shift away from fragmentation towards an approach focused on improving population health.

http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/population-health-systems-kingsfund-feb15.pdf

11. **A guide to community-centred approaches for health and wellbeing**

Local government and the NHS have important roles in building confident and connected communities as part of efforts to improve health and reduce inequalities. The project 'Working with communities: empowerment evidence and learning' was initiated jointly by PHE and NHS England to draw together and disseminate research and learning on community-centred approaches for health and wellbeing. This report presents the work undertaken in phase 1 of the project and provides a guide to the case for change, the concepts, the varieties of approach that have been tried and tested and sources of evidence.

www.gov.uk/government/uploads/system/uploads/attachment_data/file/417515/A_guide_to_community-centred_approaches_for_health_and_wellbeing_full_report_.pdf

12. **In good health: public health teams in local authorities, year 2**
 In its latest report capturing the views of those working in public health within local authorities, the Royal Society for Public Health (RSPH) has noted a number of improvements but cautions that politics and financial constraints may be hindering progress. The RSPH report has found that the numbers believing the move of public health teams into local authorities was leading to improvements in health outcomes had more than doubled (from 15% in 2014 to almost nearly 40%).
http://www.rsph.org.uk/filemanager/root/site_assets/our_work/reports_and_publications/publichealth_03.02.15.ind.2_.pdf

13. **Practical guides to engaging with CCGs and health and wellbeing boards**
 These guides are aimed at voluntary organisations and they provide support in developing relationships with CCGs and health and wellbeing boards. These two briefings are based on the experiences of a range of voluntary organisations who have established strong partnerships with local health bodies. Their knowledge and tips have been translated into a number of practical steps organisations can take to engage better with these groups.
 Engaging with CCGs:
http://www.compactvoice.org.uk/sites/default/files/engaging_with_clinical_commissioning_groups.pdf
 Engaging with HWBs:
http://www.compactvoice.org.uk/sites/default/files/engaging_with_health_and_wellbeing_boards.pdf

14. **Local leadership, new approaches: improving the health of local communities**
 This report from PHE and LGA describes how local authorities and health teams are working together to improve the health of local communities through prevention and early intervention. It also features seven case studies, each of which describes a particular programme or close partnership between a local authority and local public health or health care teams, often with the additional support of the voluntary sector.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/407060/2014712_Local_leadership.pdf

OBESITY AND EXERCISE

15. **Making the case for tackling obesity - why invest?**
 This slideset of infographics illustrating the facts and figures about obesity, the costs, the benefits of investing and the potential routes to action. An accompanying reference sheet is included.
https://www.noo.org.uk/slide_sets

16. **Exercise: The miracle cure and the role of the doctor in promoting it**
 The big four “proximate” causes of preventable ill-health are: smoking, poor nutrition, lack of physical activity and alcohol excess. Of these, the importance of regular exercise is the least well-known. This report from the Academy of Medical Royal Colleges calls on doctors to promote the benefits of regular

physical activity to their patients and to communities in their wider roles as 'advocates for health'. This report sets out what doctors can do on a one-to-one basis and in a broader way with communities and organisations, including their own as many doctors are themselves employers.

<http://www.aomrc.org.uk/general-news/exercise-the-miracle-cure.html>

CAUSES OF MORTALITY

17. **Tackling the causes of premature mortality (early death)**

This briefing summarises NICE's recommendations for local authorities and partner organisations on tackling the more direct causes of premature mortality. It is particularly relevant to health and wellbeing boards and others with a responsibility for, or interest in, delivering the Department of Health's Public Health Outcomes Framework for England 2013 to 2016 and the government's call for action Living well for longer: a call to action to reduce avoidable premature mortality.

<http://www.nice.org.uk/advice/lgb26/chapter/introduction>

18. **Excess winter deaths and morbidity and the health risks associated with cold homes**

The guideline is for commissioners, managers and health, social care and voluntary sector practitioners who deal with vulnerable people who may have health problems caused, or exacerbated, by living in a cold home. It recommends that health and social care professionals, as well as those working in the heating, plumbing and electricity industries sign post people who live in cold homes to a single-point-of-contact system for help in making their home warmer. Local health and wellbeing boards should ensure that a single-point-of-contact health and housing referral service is designed and commissioned to help vulnerable people who live in cold homes.

<http://www.nice.org.uk/guidance/ng6>

SOCIAL DETERMINANTS OF HEALTH

19. **Joining the dots – making healthcare work better for the local economy**

The Regional Studies Authority in association with the Smith Institute has launched a collection of essays addressing connections between healthcare, planning and economic development. The report features contributions from leading UK policy makers and practitioners, asking if the new architecture (such as the LEPs, Health and Wellbeing boards, and National Planning Policy Framework) alongside funding and commissioning systems can deliver real and lasting improvements. The essays exploring issues around work and health are of particular relevance to the City, given our priorities around worker health and promoting wellbeing in the workplace.

http://www.regionalstudies.org/uploads/documents/Joining_the_dots-_making_healthcare_work_better_for_the_local_economy.pdf

CHILDREN AND YOUNG PEOPLE

20. **Improving young people's health and wellbeing: a framework for public health**

This framework has been developed by Public Health England as a resource to enable local areas in the delivery of their public health role for young people. It poses questions for councillors, health and wellbeing boards, commissioners, providers and education and learning settings to help them support young people to be healthy and to improve outcomes for young people.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/399391/20150128_YP_HW_Framework_FINAL_WP_3_.pdf

21. **Health and wellbeing website for young people launched**

Created by young people for young people, the 'Rise Above' website aims to build emotional resilience in individuals aged 11 to 16 by equipping them with the skills and knowledge they need to make informed decisions, and help deal with the pressures of growing up. It also encourages conversations about the key health and wellbeing issues that affect teens and young people. The website has been developed by Public Health England.

<http://riseabove.org.uk/>

22. **Healthy child programme: rapid review to update evidence**

The 'Healthy Child Programme' (HCP) is the main universal health service for improving the health and wellbeing of children. From 1 October 2015, local authorities will take over responsibility from NHS England for planning and paying for public health services for babies and children up to 5 years old. These services include health visiting and the Family Nurse Partnership programme.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/409772/150305RapidReviewHealthyChildProg_FINAL_5_MARCH_2015.pdf

23. **Social inequalities in early childhood health and development, evidence and policy implications**

This paper from the UCL Institute of Health Equity examines health inequalities in relation to early childhood health and development in order to discern the causes of social inequalities. It also examines available evidence in order to make recommendations for policy and practice.

<http://www.instituteofhealthequity.org/projects/drivers-social-inequalities-in-early-childhood-health-and-development-evidence-and-policy-implications>

24. **Promoting the health and wellbeing of looked-after children**

PHE has issued statutory guidance on the planning, commissioning and delivery of health services for looked-after children. This guidance is for: local authorities; commissioners of health services for children; NHS England; designated and named professionals for looked-after children; GPs, optometrists, dentists and pharmacists; managers and staff of services for care leavers, and personal advisers; teachers; health visitors, school nurses and any other professional who is involved in the delivery of services and care to looked-after children. It aims to ensure looked-after children have access to any physical or mental health care they may need.

www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf

OLDER PEOPLE

25. **Promising approaches to reducing loneliness and isolation in later life**
This report by Age UK raises concerns around loneliness in older people and the public health risks that are associated with social isolation in later life. It sets out a new framework for understanding how to tackle the problem, presenting a range of projects and examples from around the country demonstrating the many, varied solutions needed for an effective response to a very personal problem. It calls on action from various sectors including social care, mental health and public health.
http://ageuk.org.uk/Documents/EN-GB/For-professionals/Policy/Promising_approaches-loneliness_and_isolation.pdf

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

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