Strategy

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

Department of Health, 2012

Introduction

The City of London is a unique area – it contains several populations in one space, with different needs and health issues. As well as around 11,000 people who live in the City as residents, there are over 360,000 people who travel into the City every day to work, as well as students, visitors and rough sleepers.

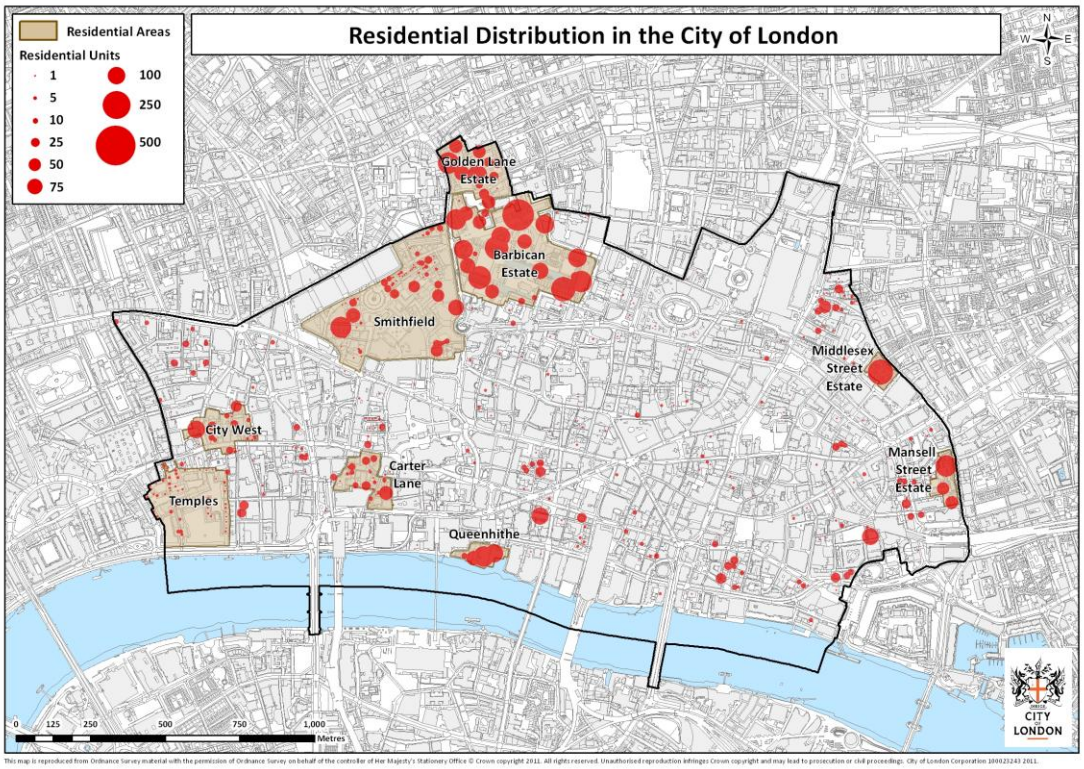


Figure 1: Residential Distribution, based on residential units (COL Planning Department)

The City of London has the highest daytime population density of any local authority in the UK, with over 380,000 people packed into just over a square mile of space, which is urban and highly developed.

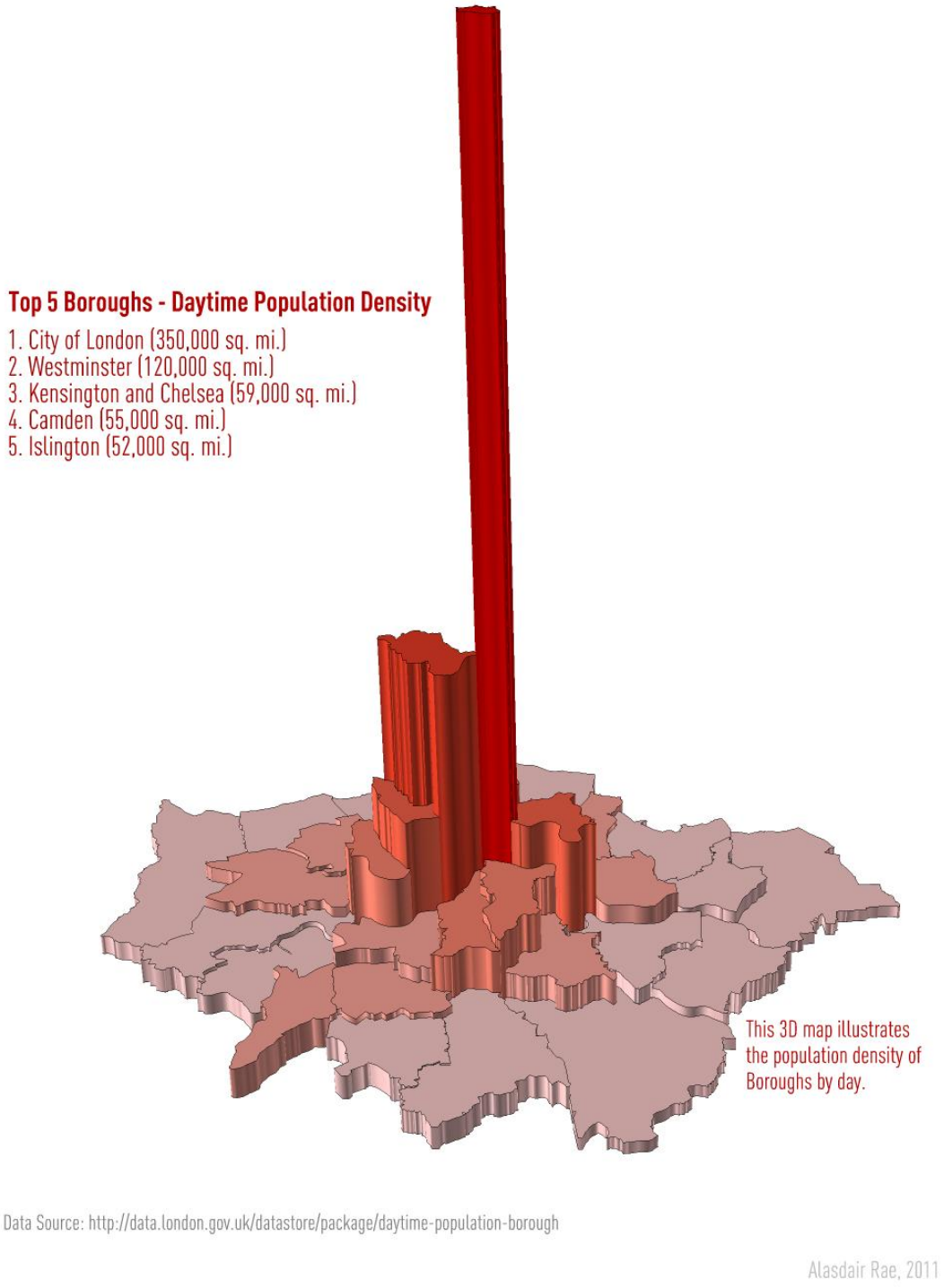


Figure 2: London's daytime population

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

When public health responsibilities transition to local authorities in April 2013, the Health and Wellbeing Board of the City of London Corporation will take over the

statutory responsibility for undertaking the annual Joint Strategic Needs Assessment (JSNA) exploring local health needs and Joint Health and Wellbeing Strategy.

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

Approach

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

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

Who we are

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

- Elected members of the City of London Corporation*
- Officers of the City of London Corporation, including the Director of Community and Children's Services* and the Director of Environmental Health and Public Protection
- The Director of Public Health for City and Hackney, NHS East London and the City*
- City and Hackney Clinical Commissioning Group*
- The City Local Involvement Network (City LINk – to be replaced by HealthWatch in April 2013)
- The City of London Police*

The Shadow Board will become fully operational in April 2013, and the partners marked with an asterisk will become statutory partners, who will be responsible for implementing this strategy.

Timeline

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

Table 1. Timeline

October	First draft strategy published for consultation
November - January	Public engagement and consultation
January	Consultation period finishes
February	Final strategy published
April 2013	The Health and Wellbeing Board takes on statutory footing
Summer 2014	First strategy refresh
Summer 2015	Second strategy refresh

A strategy for health and wellbeing in the City of London

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

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

We know what it takes for people to live healthily. Workers and residents can take their own steps to improve health, and we know that big improvements in health can result from the following[1]:

1. Not smoking or breathing others' smoke
2. Eating a healthy diet
3. Being physically active
4. Achieving and maintaining a healthy weight
5. Moderating alcohol intake
6. Preventing harmful levels of sun exposure
7. Practicing safer sex
8. Attending cancer screening
9. Being safe on the roads
10. Managing stress

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

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

We know that the health of our residents and workers is influenced by social, cultural, economic, psychological and environmental factors, and that these factors can have a cumulative effect throughout a person's life[2]. If we are to improve the health of the whole community, rather than just those who find it easy to adopt healthy behaviours, we need to look at the broader context of people's lives – their income and education; their friends and social networks; the place where they live; the air that they breathe; the beliefs they have about their own health and their ability to make changes; and the individual biological factors that may influence their health. These are "the causes of the causes".

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

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

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

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

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

Within the City, the small size of the resident population presents a number of challenges to strategic planning. It is often difficult for us to get meaningful data about health needs and service provision. Many national statistics are based on

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

taking a “percentage sample” of the population, and using this sample to extrapolate to the whole population, but in the City, this means that they will only have spoken to a handful of people, who may or may not be representative of the City’s wider resident population. Additionally, some health conditions only affect a very small number of City residents each year – it is difficult for us to use these numbers to identify trends that are more than just random variation.

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

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

Strategic Principles

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

Our priorities are determined through:

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

What we understand from the evidence contained in the JSNA.

Although small, the City is by no means homogeneous. Lots of different kinds of people live here, ranging from professionals who work in the City’s firms who live

alone and in couples, to a growing community of retired people many of whom live alone, as well as whole communities who struggle to make ends meet. The number of rough sleepers in London in growing, and many find their way into the City of London at night, because it is a safe and relatively quiet place to sleep. Although people in the City are diverse, there is also a strong sense of community, and the vast majority who live and work here say they are satisfied with the area. The City has a strong infrastructure of services and agencies, as well as grass-roots organisations and committed individuals who help to make this place thrive.

City JSNA 2011/12

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

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

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

There are few figures relating to resident employment; however the City provides jobs for around 360,000 people, with around 60% of these in the banking, finance and insurance sectors. Around 75% of City workers are professionals, managers or associate professionals, with the remaining quarter in other occupations, including administrative and sales roles. Unemployment benefits claimants rates are low for the City overall, but worklessness is concentrated into particular geographical areas and housing estates.

The housing in the City is different from in other areas: 90% of flats are 2-bed or smaller. Fuel poverty amongst City residents is stable at 6.4%, but the last census showed that many pensioners live alone in the City. There has been improvement in the City's deprivation ranking in recent years, however huge gaps remain between the areas of Portsoken (40% most deprived) and Barbican (10% least deprived), with 41% of Portsoken children still living in poverty. A local survey showed that 40% of working age lead tenants on the Golden Lane Estate and Middlesex St Estate were

not in work, and it is thought that welfare reforms may have a serious impact upon some City residents.

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

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

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

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

Life expectancy in the City is still the highest in the country (82.2 years for men and 89.2 years for women). There is, however, a lack of data around key medical conditions that may affect the City's resident population. One in six older people in the City receive care packages, and there are thought to be a number of carers in the City, who are generally old (average age 64) and have been caring for a long time (average duration 14 years). Local survey data tell us that older people living on the Golden Lane Estate and Middlesex Street Estate have high rates of disability and poor health.

As well as the JSNA, the City of London Corporation and NHS East London and the City recently commissioned a piece of research to look at the public health and

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

Proposed priorities

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

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

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

3. Addressing key health and wellbeing challenges – see table below

Key health and wellbeing challenges

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

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

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

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

care, including primary care, when they need it			Outreach Service Homeless Health Provision	Mental health			
More people in the City take advantage of Public Health preventative interventions, with a particular focus on at-risk groups (includes the 3 following areas of focus)							
• People in the City are screened for cancer at the national minimum rate	Portsoken residents; BME residents; People on care packages; Older people	JSNA. Evidence that cancer screening can improve healthy life expectancy.	GPs Community Groups Community Engagement Worker	Cancer prevention	**2.19** **2.20** **4.5**		1.4
• Children in the City are fully vaccinated	Children	JSNA	GPs Community Engagement Worker	Childhood immunisations	**3.3**		
• Older people in the City receive regular health checks	Older people Carers People on care packages	JASNA Evidence on carers' health	GPs Community Groups Community Engagement Worker	Cardiovascular disease	**2.22** 4.4		1.1
More people in the City are warm in the winter months	Priority groups as identified by JSNA	JSNA	Housing Service Community Groups City Libraries	Fuel poverty	**1.17** 4.15		
More people in the City have jobs: more children grow up with economic resources	People in deprived areas Children	JSNA	Jobcentre Plus Apprenticeships Adult Learning	Worklessness Child poverty Fuel poverty	**1.1** 1.5 1.8	1E 1F	2.2 2.5

	NEETs Young carers		Service City STEP Community Engagement Worker Portsoken Community Centre City Libraries Planning Department	Mental health Homelessness Welfare reforms			
City air is healthier to breathe	People with particular health conditions (COPD, asthma); Children; Older people	JSNA	Environmental Health, City Air Strategy Police	Air quality	**3.1**		
More people in the City are physically active	Residents who find it difficult to access leisure facilities Older people	JSNA	Golden Lane Leisure Centre City Sports Development team Community Engagement Worker Transport Planning Police	Cardiovascular disease Social isolation	1.9 2.12 **2.13**		(1.1)
The City is a less noisy place	People with mental health issues	JSNA	Environmental Health City of London Police City Noise Strategy Antisocial behaviour protocols	Mental health			

Children and YP priorities	*Placeholder, in case we need to include something from the new outcomes framework in the autumn*						

3. Workers

Working with City employers and City workers to prevent ill health, reduce sick days and improve the productivity of City businesses.

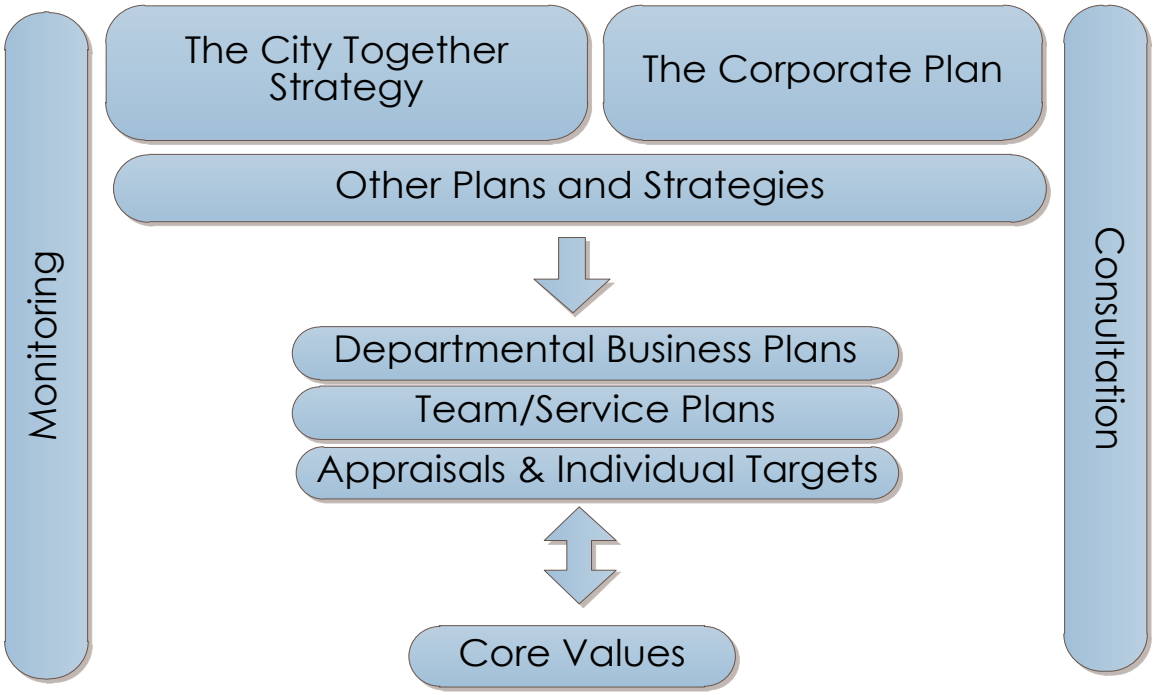
Table 3. Key health and wellbeing challenges for City workers

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

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

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

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

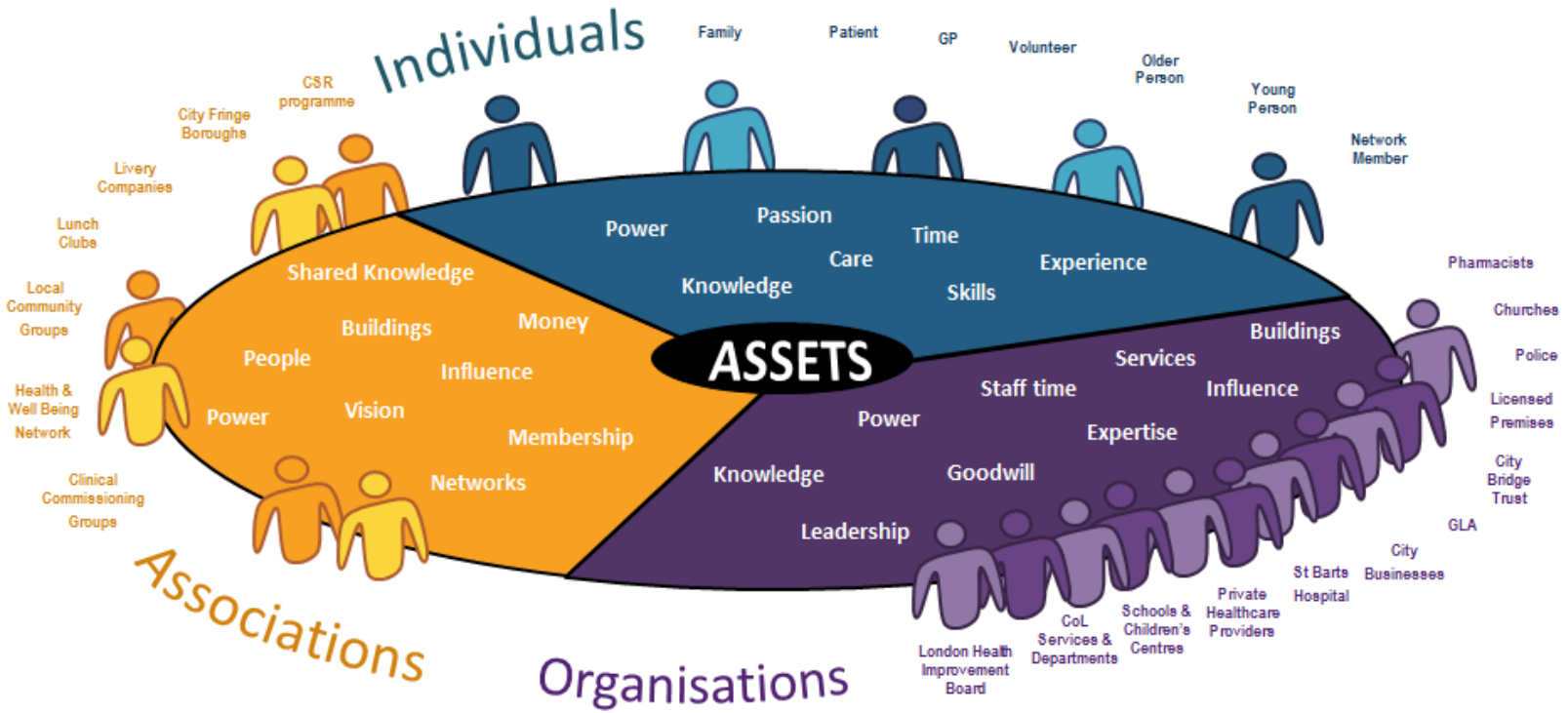


Resources and assets

The estimated public health allocation for the City of London was given in February 2012 as £1.355m. The estimated allocation for 2012/13 is £1.422m. These are based on historic PCT spend and future public health responsibilities.

The Department of Health has stated that it would not expect the local authority public health ring-fenced grants to fall in real terms from these values. The Department of Health has not yet considered resource allocation to meet the public health needs of the non-resident population – this may have an impact if the City worker population is factored in.

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



Appendices

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

Appendices are not included in this draft – please contact Farrah Hart if you require them.

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