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| <b>Committee:</b>   | <b>Dated:</b>                                      |
| City of London Police Authority Board   | 16/12/2020   |
| City of London Joint Health and Wellbeing Strategy refresh – update and engagement                        | <b>Public</b>                                      |
| <b>Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?</b> | <b>1, 2, 3, and 4<br/>5 and 8<br/>9, 11 and 12</b> |
| <b>Report of:</b><br>Andrew Carter, Director of Community and Children’s Services                         | <b>For Information</b>                             |
| <b>Report author:</b><br>Zoe Dhami, Strategy Officer  |  |

## Summary

The City of London Joint Health and Wellbeing Strategy (JHWBS) must be refreshed for 2021–24. The JHWBS reviews the needs of our population and reflects the priorities set by the Health and Wellbeing Board for that strategic period. The JHWBS is of particular importance as its priorities span all City of London Corporation departments, the voluntary and community sector (VCS), and the Integrated Care Partnership. This includes the work of the City of London Police (CoLP).

This report will update Members on the work undertaken to date on developing this strategy, and invites recommendations on engagement.

## Recommendations

Members are:

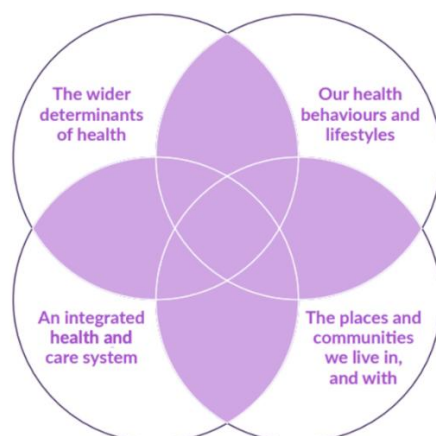
- asked to note the progress made on developing the 2021–24 JHWBS
- invited to provide any recommendations on engagement in establishing the JHWBS priorities.

## Main Report

### Background

1. The unequal distribution of population health outcomes is driven by a complex interaction of individual, community and structural factors. Tackling health inequalities and improving population health requires action at multiple levels and across all sections of society. This means addressing all four ‘pillars’ of a population health system, as described by the King’s Fund (see Figure 1 below).

**Figure 1: King's Fund Population Health Framework<sup>1</sup>**



2. An effective, integrated health and care system is key to meeting population health needs and tackling inequalities, but is insufficient on its own. The biggest drivers of population health outcomes are linked to social, economic and environmental conditions (income, employment, education, housing, transport, and so on). Structural inequalities linked to these 'wider determinants' make the most significant contribution to health inequalities – as has been illustrated by the current pandemic.
3. As well as health behaviours (including smoking, physical activity, diet and alcohol), which themselves are socially patterned, this framework also emphasises the importance of 'place' – our neighbourhoods and communities – as key drivers of health and wellbeing at an individual and population level. Therefore, working with and drawing on the assets within our local communities must be central to our response to tackling health inequalities.
4. In September 2020, the Health and Wellbeing Board (HWBB) endorsed the recommendation to use the King's Fund population health framework to support co-ordinated local action to tackle health inequalities, and to guide the development of the JHWBS. Further, it was endorsed that a 'health in all policies' approach should be adopted to help inform the priorities for the 2021–24 JHWBS. Please see Appendix 1 for the full report.
5. An engagement session was held with the Health and Wellbeing Board on 10 November 2020, which included attendance from the City of London Police. The outcomes from the session were:

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<sup>1</sup> Buck et al (2018), [A vision for population health: towards a healthier future](#), King's Fund

- agreement to extend and align the sign-off date with Hackney's JHWBS development (November 2021)
- agreement to co-ordinate and work with Hackney on engagement and key areas of crossover between the two JHWB strategies
- consensus that engagement for the strategy must be far-reaching, ensuring that methods are used to engage with hard-to-reach groups.

## **Current Position**

6. Development of the JHWBS is currently in the research and engagement phase.

## *Research*

7. A data synthesis has been compiled using local and national data to highlight the gaps in our current knowledge of stakeholders. There are several hard-to-reach groups, including:
  - East City of London residents (which inevitably includes residents registered at Tower Hamlets GP practices)
  - hidden workforce
  - unpaid carers (both adult and child)
  - children living in poverty.
8. Further work will be undertaken to map all existing strategies and formalise how these will contribute to the JHWBS priorities.
9. Existing strategies, services, assets and information gathered through the data synthesis and engagement will be mapped against the four pillars of the population health framework. It is anticipated that priority actions will evolve from areas of overlap in the Venn diagram (see Figure 1).

## *Engagement*

10. A coherent and comprehensive engagement plan is being developed. The intention is to approach the VCS (groups that the City Corporation currently works with as well as new groups) to engage with hard-to-reach groups on behalf of the City Corporation. The advantage of this approach is the existing relationship between the VCS and the target group. A review has been completed on charities registered within the City of London to understand if their work is conducted within the Square Mile and with whom. It is hoped that this review can open further avenues of engagement.
11. A series of engagement sessions are being planned with the City of London VCS. This will provide an opportunity to identify VCS to undertake engagement on our behalf. Those identified will then attend an engagement preparation workshop. Engagement packs will be put together for each target group to assist third parties undertaking engagement on behalf of the City Corporation and ensure continuity. This method will also be used with any Service team frontline staff.

12. A City of London Engagement Framework has been developed to set out clear guidance on the approach and principles to be undertaken when engaging with residents, workers and service users. Please see Appendix 2.

### *Engagement during COVID-19*

13. It is acknowledged that consultation during the pandemic may limit the amount of face-to-face engagement that is undertaken. Surveys will be sent out through traditional City Corporation communication channels, and internal engagement can be conducted through Microsoft Teams, Zoom, or Google Meet.
14. Throughout COVID-19, our frontline staff and VCS have maintained contact with their clients. We will rely on these existing methods, in line with national guidance on safe interaction, to proceed with our engagement plan.
15. For example, discussions with the company 'Clean for Good' on how to engage with their workforce has already provided new engagement methods for the City Corporation. This includes utilising the widely used WhatsApp communication app.
17. The main issues highlighted at present are to ensure that:
- we do not create a digital divide, but present many methods to speak with our public
  - our public do not get 'consultation fatigue'.

To mitigate these issues, we will be working with a wide range of organisations, such as Healthwatch, and working across Service teams to co-ordinate any other planned engagement. The City Corporation will also benefit from the Hackney Communications Team that will support the engagement plan.

### *Oversight Structure*

18. The development of the JHWBS will have strategic oversight from the City and Hackney Health Inequalities Steering Group. The Health and Wellbeing Advisory Group will act as Task and Finish Group. It is anticipated that both the City Corporation and Hackney Task and Finish Groups will be meeting and working together.

### *Next steps*

19. A workshop is being planned for the beginning of 2021 for both the Hackney and the City of London Health and Wellbeing Boards. This workshop will focus on mapping both City and Hackney's assets, services and research to date against the four pillars of the population health framework (Figure 1).

The outcomes of this discussion will highlight who we need to engage with using the 'Ladder of Engagement and Participation' approach (Figure 2).

**Figure 2: The 'Ladder of Engagement and Participation'**



## Corporate & Strategic Implications

19. The JHWBS aligns with and will support the following outcomes of the Corporate Plan:

### **Contribute to a flourishing society**

1. People are safe and feel safe
2. People enjoy good health and wellbeing
3. People have equal opportunities to enrich their lives and reach their full potential
4. Communities are cohesive and have the facilities they need

### **Support a thriving economy**

5. Businesses are trusted and socially and environmentally responsible
8. We have access to the skills and talent we need

### **Shape outstanding environments**

9. We are digitally and physically well-connected and responsive
11. We have clean air, land and water and a thriving and sustainable natural environment
12. Our spaces are secure, resilient and well-maintained.

## Equalities implications

20. The JHWBS will be developed through an explicit inequalities lens – to ensure that sufficient focus is placed on inequalities that have deepened as a result of COVID-19 (for example, linked to ethnicity and deprivation), and that our plans are broadened to directly address the needs of vulnerable groups that have not been prioritised previously (such as people living in insecure, overcrowded accommodation who are at increased risk of infection and may have limited access to services).
21. The JHWBS will have strategic support from the City and Hackney Health Inequalities Steering Group and an Equalities Impact Assessment will be undertaken.

## **Conclusion**

22. The JHWBS is an important piece of work for the City Corporation. As part of the Health and Social Care Act 2012, the City Corporation is responsible for promoting the wellbeing of all the people who live or work in the City of London. As the determinants of people's health lie largely outside the healthcare system, it is the social, physical and economic policies that can have a substantial impact on health. Developing the strategy within a 'health in all policies' approach requires system-wide action, with a specific focus on actions in the areas of overlap and intersection of the four 'pillars' – where the greatest opportunities to reduce underlying health inequalities are expected.
23. Engagement must be undertaken across all City Corporation departments to understand the impact of our work on our population health. Such engagement will aid the Health and Wellbeing Board in setting the right strategic priorities for 2021–24.
24. Members are asked to note the progress made in developing the JHWBS and are invited to provide any recommendations on ensuring our engagement is comprehensive.

## **Appendices**

- Appendix 1 – Health and Wellbeing Board Report – population health framework
- Appendix 2 – City of London Engagement Framework

### **Zoe Dhami**

Strategy Officer, Department of Community and Children's Services

E: [Zoe.Dhami@cityoflondon.gov.uk](mailto:Zoe.Dhami@cityoflondon.gov.uk)