

Committee(s): Health and Wellbeing Board	Date(s): 7 th May 2013
Subject: Final Joint Health and Wellbeing Strategy	Public
Report of: Director of Community and Children's Services & Interim Director of Public Health	For Decision
<p><u>Summary</u></p> <p>This report presents the final City of London Joint Health and Wellbeing Strategy for approval subsequent to the consultation exercise concluded in April 2013</p> <p>The draft strategy outlines the City of London Health and Wellbeing Board's commitment to improving the health of City workers, as well as residents.</p> <p>Recommendations</p> <ul style="list-style-type: none"> • That the Board approves the content of this report and adopts the Joint Health and Wellbeing Strategy set out in Appendix One 	

Main Report

Background

1. The NHS's public health functions were transferred to local authorities by the Health and Social Care Act 2012 on 1st April, 2012. This gave local authorities the duty to advance the health and wellbeing of people who live or work in their area. It also requires local authorities to set up Health and Wellbeing Boards, and for those Health and Wellbeing Boards to produce an annual Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS). The City of London already has a JSNA in place; however, this is the first time that a JHWS has been produced for the City of London.
2. The Department of Health has also released a number of Outcomes frameworks. A key measure of success for Health and Wellbeing Boards will be their ability to influence improvements measured according to The Public Health Outcomes Framework (nationally there are over 60 Public Health outcomes). The Shadow Board have previously discussed the outcome frameworks and another paper being considered today asks the Board to formally identify their priority outcome indicators for 2013/14.
3. Although local authorities are now required to provide certain mandated public health functions under the Act, such as support to the Clinical Commissioning Group, sexual health services and the National Child Measurement Programme (NCMP), the majority of public health functions are not mandatory, and levels of provision must be determined locally, according to need.

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

Current Position

5. The City's Health and Wellbeing Board in its inaugural meeting will need, amongst other procedural issues, to agree its Joint Health and wellbeing Strategy (JHWS).
6. The JHWS is intended to cover the three year period from 2013/14. The strategy will be refreshed annually to reflect the changes that have taken place over the year, and to ensure the City is compliant with its statutory obligations. Formal public consultation was undertaken from the period November 2012 to April 2013 and the draft strategy has been revised to take account of the suggestions and feedback set out in the previous report.
7. The strategy identifies the need to manage the public health transition smoothly; to improve joint working and integration; and to address key health and wellbeing challenges across the resident population. These are identified as:
 - More people with mental health issues can find effective, joined up help
 - More people in the City are socially connected and know where to go for help
 - More rough sleepers can get health care, including primary care, when they need it
 - More people in the City take advantage of Public Health preventative interventions, with a particular focus on at-risk groups (includes the 3 following areas of focus)
 - People in the City are screened for cancer at the national minimum rate
 - Children in the City are fully vaccinated
 - Older people in the City receive regular health checks
 - More people in the City are warm in the winter months
 - More people in the City have jobs: more children grow up with economic resources
 - City air is healthier to breathe
 - More people in the City are physically active
 - There is less noise in the City
8. These priorities align to the City's JSNA priorities, and are also expected to contribute both directly and indirectly to improving outcomes on the Public Health Outcomes Framework, as well as the Adult Social Care Outcomes Framework and the NHS Outcomes Framework.

9. As local authorities also have a duty to advance the health and wellbeing of people who work in that area, the JHWS identifies three key areas for improving worker health and wellbeing:
 - Fewer City workers live with stress, anxiety or depression
 - More City workers have healthy attitudes to alcohol and City drinking
 - More City workers quit or cut down smoking
10. The consultation on the JSNA did not ask consultees to consider the needs of the two different groups (residents and workers) against each other and come up with overall priorities.

Conclusion

11. The Joint Health and Wellbeing Strategy demonstrates the commitment of the Health and Wellbeing Board to discharge its new public health responsibilities, whilst responding to local need. Once approved, it will provide a valuable framework for improving the health of both residents and workers in the City of London.
12. A more detailed Action Plan is currently being developed to address the responses received which needs to take due account of all the consultation responses and will be reported to the Board at its next meeting.

Appendices

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

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