

Committee(s):	Date(s):
Health and Wellbeing Board	7 th May 2013
Subject: Joint Health and Wellbeing Strategy Consultation	Public
Report of: Director of Community and Children's Services & Interim Director of Public Health	For information
<p>Summary</p> <p>This report provides a summary of the response to the Joint Health and Wellbeing Strategy (JHWS) consultation.</p> <p>The JHWS consultation was conducted between November 2012 and April 2013.</p> <p>Recommendation(s)</p> <p>Members are asked to:</p> <ul style="list-style-type: none"> Note this report and its contents 	

Main Report

Background

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

Current Position

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

Community and Children's Services	8 th November 2012
Port Health and Environmental Services	13 th November 2012
Health and Social Care Scrutiny Sub-Committee	20 th November 2012
Energy and Sustainability Sub Committee	3 rd December 2012
Transport and Sustainability Forum	6 th December 2012
Rough Sleepers Strategy Group	17 th December 2012
Health and Wellbeing Libraries meeting	10 th January 2013
LINK Steering Group Meeting	21 st January 2013
Mansell Street Community Health Day	2 nd February 2013
2. The details of the strategy consultation were uploaded onto the City's public consultation database, paper copies of the draft strategy and consultation questionnaire were held in the Guildhall Library.
3. The draft strategy and questionnaire link to the public consultation database were uploaded to the City's internet and intranet pages.

4. The City Of London Corporation organised a health day, titled “Love Health” on the 14th February in the Livery Hall, aimed at City workers (including City of London staff), employers, residents and Members with extended opening hours available to Members following the Court of Common Council meeting that day.
5. Invitations and posters were extensively used, and during the day there were also consultation presentations with an interactive survey as well as other interactive stands and displays from health providers including advice.
6. The online survey and event responses have been collated, together with the small number of written responses.

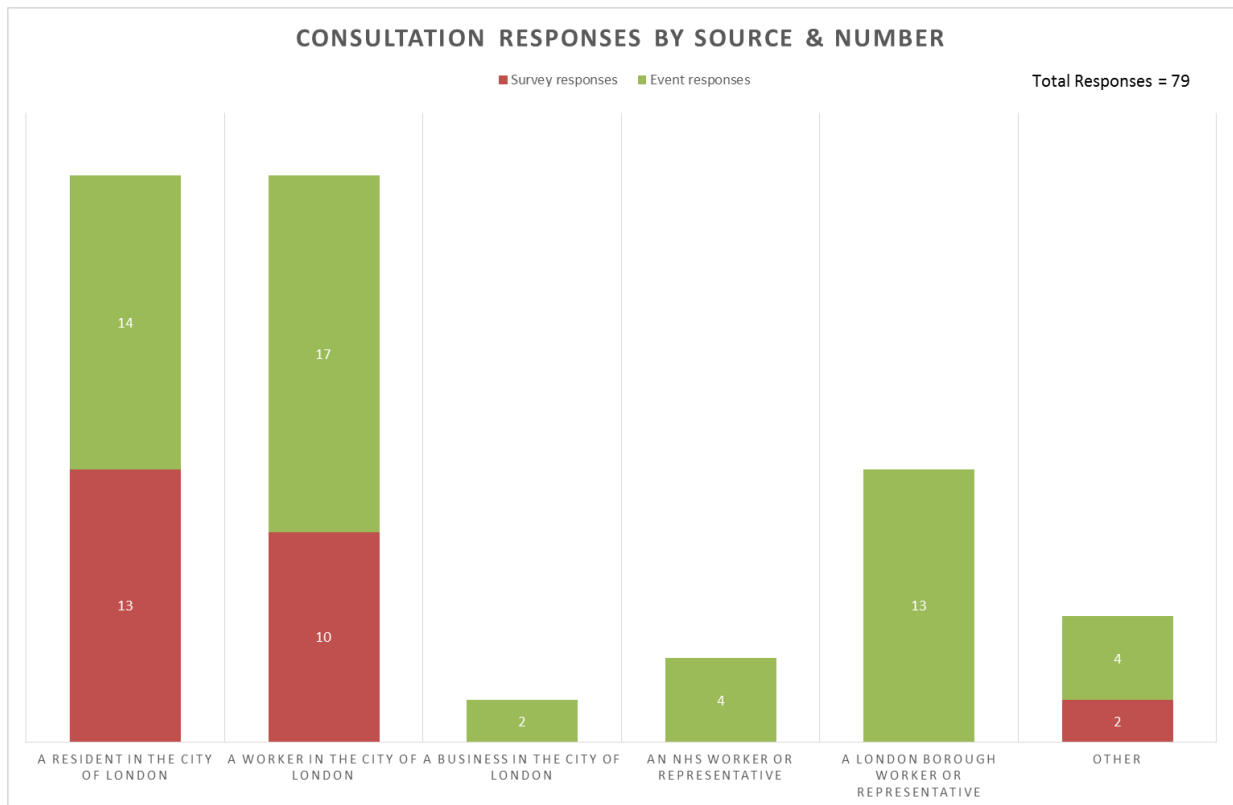


Figure 1 Responses by Source, Type and Numbers

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

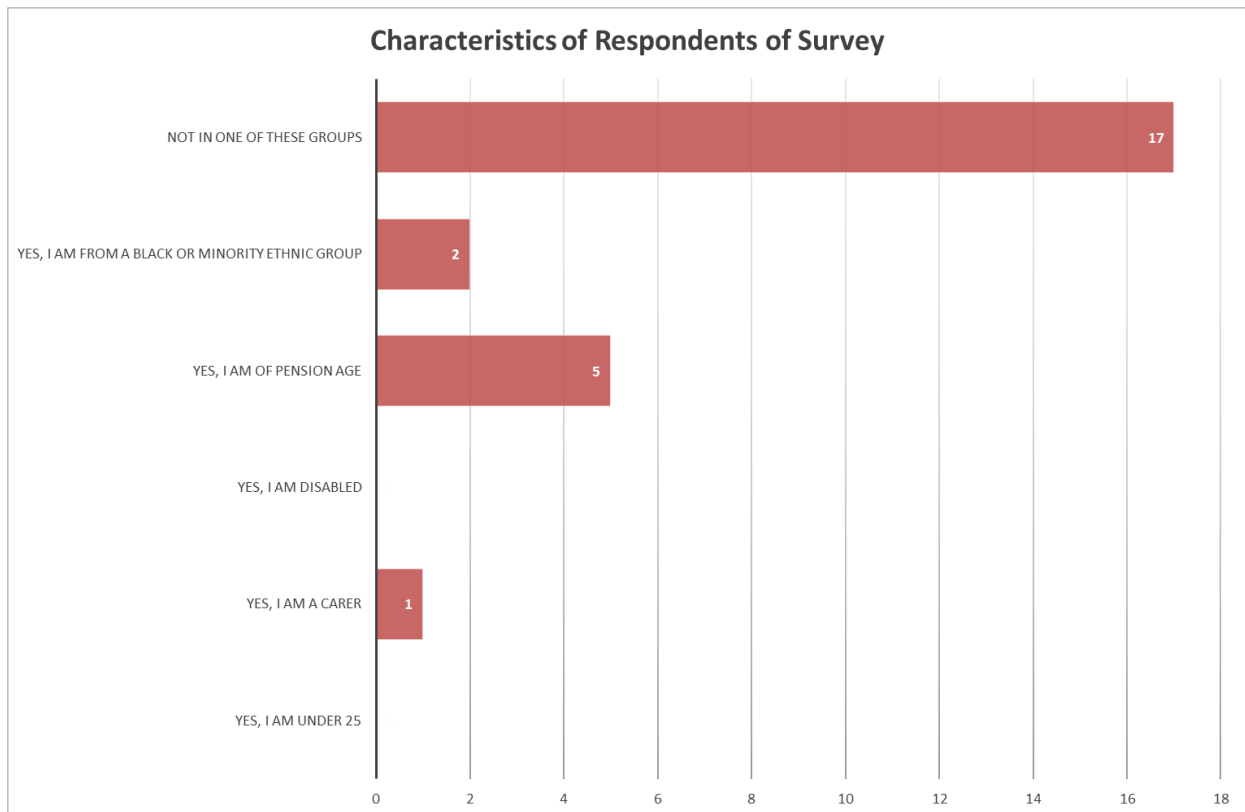


Figure 2 Characteristics of Survey Respondents

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

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

RANKING OF PRIORITIES CHOSEN BY RESPONDENTS

■ Priority 1 ■ Priority 2 ■ Priority 3

For each of these health and wellbeing challenges, do you agree that they should be a local priority? Please rank (1-11) the following issues in order of priority

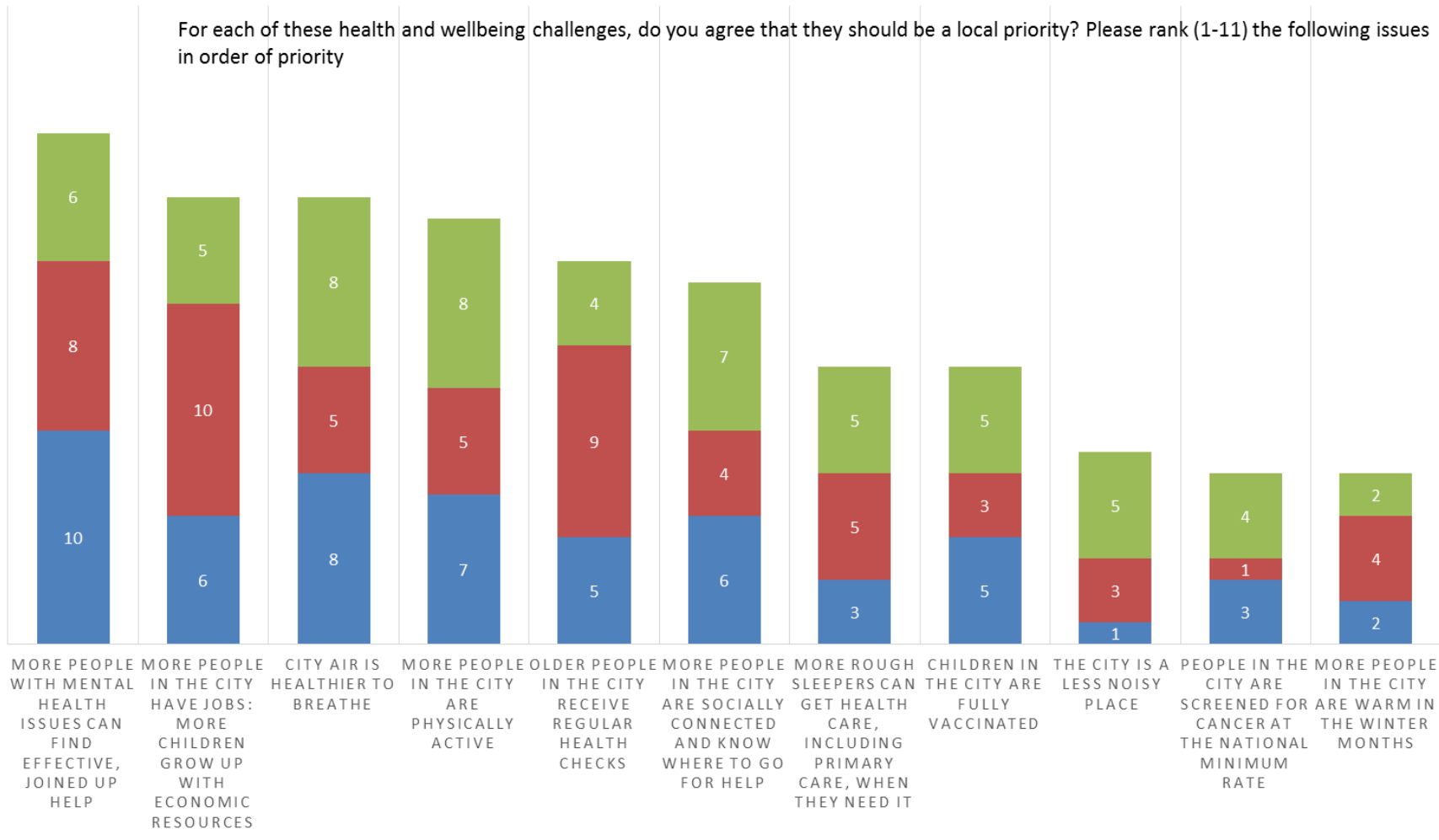


Figure 3 Priorities Favoured by Respondents (weighted)

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

Table 1 *Suggestions about missing items*

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

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

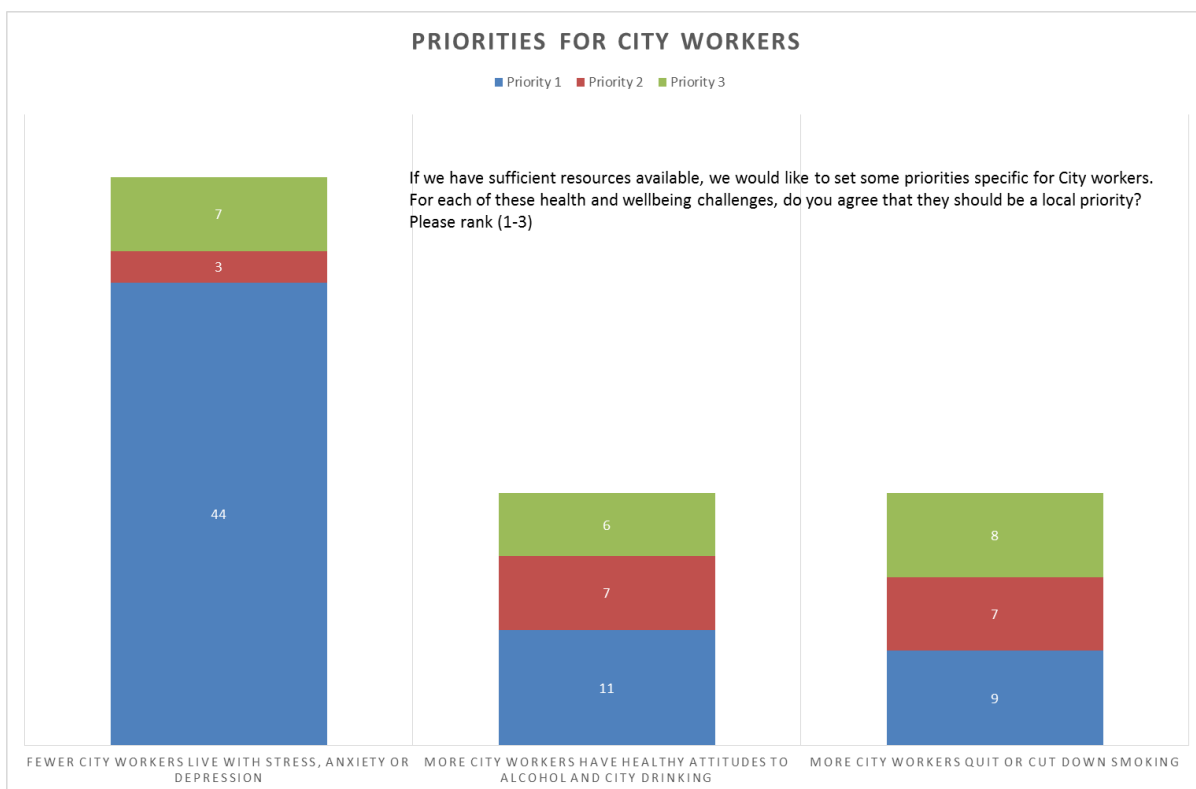


Figure 4 City Worker Health Priorities

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

Table 2

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

13. In response to the question about how these issues might be tackled, particularly if there were insufficient resources, there were a variety of approaches suggested (Table 3). These focussed on collaboration and integration of activities but also suggested some punitive measures such as bans and random testing
14. There were 3 written responses and also a senior officer's workshop held on 27th February to discuss how they could help contribute to the Corporation's new duty to improve health and wellbeing. Though not part of the formal consultation, they show the range and enthusiasm of participants. The notes of the facilitators are reproduced in Appendix 1.

Table 3

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

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

Conclusion

16. The consultation process for the Health & Wellbeing Strategy was extensive and successful in reaching a wide audience. It was less successful in reaching the young (under 25) and the disabled.
17. Comments received and the analysis of the respondents indicates that the general direction of the Strategy is sound. There is a need to better link it to existing and new policies of the Corporation, but this can be done through a managed process over a period of time.
18. The clear priority area for both residents and workers is mental health. There may be underlying reasons for this, such as substance abuse, bullying or a macho work culture. The opportunities for better collaborative working across all sectors, including city businesses, was also highlighted.

Appendices

- Appendix 1 – Senior Manager's Workshop Notes

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