



Report – Health and Wellbeing Board

Health and Wellbeing Board Update

To be presented on Thursday, 1st May 2014

*To the Right Honourable The Lord Mayor, Aldermen and Commons
of the City of London in Common Council assembled.*

SUMMARY

1. It is a little over a year since the City Corporation became responsible for promoting the wellbeing of all the people who live or work in the City of London, in accordance with the Health & Social Care Act 2012. The purpose of this report is to provide the Court with an update on the activities undertaken so far to promote wellbeing and to advise on the priorities and objectives for the future.
2. The City Corporation's work in this area is delivered through its Health & Wellbeing Board whose principal statutory remit is to provide collective leadership in this area and seek to influence within the City Corporation and beyond for the purpose of advancing health and wellbeing. The Board is made up of Members of the Court of Common Council, City Corporation officers and representatives of a number of relevant organisations. The full membership is set out in the Appendix to this report.
3. As an essential first step, a Joint Strategic Needs Assessment was carried out. This Assessment profiles the health and wellbeing needs of the people in the locality and is conducted jointly with the London Borough of Hackney as we share a health budget, and much of our data is currently aggregated with Hackney. It brings together information on local health needs and looks ahead at emerging challenges and projected future needs.
4. Key achievements over the past year are detailed in the main report and examples include:

- launching the City of London’s commitment to workforce health, through the Business Healthy conference,
 - working to improve local air quality and
 - increasing patient and public involvement in decision-making through City of London Healthwatch.
5. In practice the Health and Wellbeing Board’s responsibilities are reflected in the ongoing work of various departments and Committees of the City Corporation together with a range of other organisations and bodies. Its responsibilities clearly impact upon the businesses, workers and residents of the City. Health and wellbeing is at the heart of place-making, as what is considered a “good” space is ultimately a place that contributes to health, happiness and wellbeing. Of course a number of City Corporation Committees already work, explicitly and otherwise, on these issues.
6. The Health and Wellbeing Board exists to help different parts of the City Corporation further understand their impact on health, and how health and wellbeing contributes to the success and sustainability of the City.

RECOMMENDATION

7. We **recommend** that Members receive the report.

MAIN REPORT

Background

8. The Health and Social Care Act 2012 (“The HSCA 2012”) received Royal Assent on 27 March 2012. One of the key aspects of the reform is that Local Authorities in England have taken over the responsibility for health improvement of local populations, including both residents and workers.
9. The City of London’s Health and Wellbeing Board is responsible for carrying out duties conferred by the HSCA 2012. These include:
- providing collective leadership for the general advancement of the health and wellbeing of the people within the City of London by promoting the integration of health and social care services, with a special interest in ‘worker health’;
 - providing advice, assistance and support to encourage partnership arrangements.
 - encouraging providers of “health related services” to work closely with the Board, Social Care Services and Health Service Commissioners
 - identifying key priorities for health related commissioning, including the preparation of the Joint Strategic Needs Assessment and the production of a Joint Health and Wellbeing Strategy.

10. This means that the City Corporation is accountable for improving health outcomes and healthy life expectancy for people in the locality. We will be benchmarked using Public Health Outcomes Framework indicators and will be answerable to the Department of Health, and local people, if outcomes decline over time.
11. The framework referred to above is a far-reaching set of indicators that includes many of the wider social elements that help to determine health, including:
 - Road accidents
 - Violent crime
 - Sickness absence
 - Noise complaints
 - Air pollution
 - Suicides
 - Utilisation of outside space for health or exercise reasons
 - Employment for people with health conditions
 - Smoking prevalence
 - Physical activity
 - Social isolation
 - Pupil absence
 - Children in poverty
12. Work on these is delivered by various departments and Committees of the City Corporation. These issues also clearly impact upon the businesses, workers and residents of the City.
13. To help deliver this work, the City's Health and Wellbeing Board is seeking to maintain a "Health in all Policies" approach, which recognises that public policies at all levels have health impacts, whether positive or negative. Policies affecting the natural environment, the built environment, activities such as working, shopping, playing and learning, the local economy, including wealth creation and markets, and people's lifestyles, all affect the health of individuals and communities in the City.
14. The Health and Wellbeing Board does not have the power to direct how others, including within the City Corporation itself, allocate their budget priorities. Instead, it seeks to achieve its objectives through maintaining policy priorities and by influencing for the purposes of advancing health and wellbeing. For example, the Board can seek to influence decisions through advice and guidance to the Common Council and can suggest funding allocations be made from the public health budget to deliver the health & wellbeing objectives.
15. The Health and Wellbeing Board may also seek to influence spending decisions particularly through setting policy direction in the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy. The Assessment has appraised recent Census data and shows that the life

expectancy in the City of London is higher than other areas. Other examples of information provided by the JSNA include the fact that a quarter of City workers are smokers, which is an issue that needs to be tackled urgently. The JSNA also found that 20% of City residents are registered with GPs outside the City – this has implications for how cross-border health services are provided and encourages the City and GPs to work together to promote healthy living for all those who work and live in the City.

Current Position

16. Key achievements over the past year include: -

- Launching the City of London's commitment to workforce health, through the Business Healthy conference and setting up the Business Healthy network of employers
- Working with across the City Corporation to help raise awareness of the public health issues associated with 20mph speed limits in the City
- Working with other departments to act upon improving local air quality
- Producing the City's first Joint Health and Wellbeing Strategy, which has been used to influence the commissioning of local hospitals and health services by the NHS City and Hackney Clinical Commissioning Group
- Producing the City's first JSNA City Supplement
- Working with local residents to formulate a plan for integrating local health and social care services, with funding from the Better Care Fund
- Increasing patient and public involvement in decision-making, through City of London Healthwatch.
- Hosting the Love Health Event which was a celebration of health and wellbeing in the City of London. Nearly 200 people attended and learnt how to improve their wellbeing with healthy tips and tricks; and took away of products and information.
- Hosting the Workplace Health conference for Chief Executive Officers in the City of London to learn how to encourage their staff to be healthier in the workplace.

17. The Health and Wellbeing Board is leading on the City of London's commitment to workplace health. Poor health in the workplace is estimated to cost the British economy over £100 billion annually, with sickness absence and high staff turnover due to poor health severely impacting productivity and making businesses less competitive. The City of London is uniquely positioned to lead this agenda, because of our huge working population and our core values in supporting businesses.

18. The Health and Wellbeing Board has also been looking at the impact of air quality and how that might be improved: an issue that we cannot avoid because of our geographical location, but one that we can influence through our relationships with neighbouring London boroughs, the Greater London Authority and national Government. Air quality is an issue that raises concerns amongst local residents and workers, and which would attract criticism if the City of London Corporation was not seen to be acting upon it, both to reduce in concert with others and to mitigate by listening to and facilitating partners around the issue, we are positioning the City of London Corporation as a

responsible Local Authority that is working with London and others to make the capital – and especially the City – a better, more sustainable place to live, work and do business in.

19. The Health & Wellbeing Board whilst seeking to tackle some big issues, is also concerned with the smaller ones, that involve stitching together initiatives and priorities in different parts of the City Corporation and between external City partners, in order to create coherent and innovative solutions.
20. One such example has been the Fixed Penalty Notice pilot. There is a high rate of smoking amongst City workers (25% compared to the London average of 17%), which impacts upon their own health and also affects their work productivity and absence rates. We identified smoking as a priority for workers' health within the Health and Wellbeing Strategy.
21. The Street Cleansing Team, the Public Health team, and Boots the Chemist acted together to set up a novel pilot approach to incentivising workers to quit smoking. Street Enforcement Officers are able to issue a £50 Fixed Penalty Notice Fine to people who drop cigarette butts in the City, or who smoke in no-smoking areas. The team is now able to offer a £50 refund, given in Boots vouchers, to any smoker who has been fined but then manages to successfully quit smoking, within a specified timeframe, with the help of smoking cessation services in the City.

CONCLUSION

22. The City of London has a duty to help improve the lifestyles of those who live and work in the City. The Health and Wellbeing Board is making good progress in this respect, and by working closely with our partners, will form a valuable body of intelligence for informing commissioning of health initiatives and encouraging the wellbeing of our residents and workers.

All of which we submit to the judgement of this Honourable Court.

DATED this 2nd day of April 2014.

SIGNED on behalf of the Committee.

The Reverend Dr Martin Raymond Dudley
Chairman, Health and Wellbeing Board

Governance

Membership

23. The non-ward Committee consists of the following: -

- three Members elected by the Court of Common Council (who shall not be members of the Health and Social Care Scrutiny Sub-Committee)
- the Chairman of the Policy and Resources Committee (or his/her representative)
- the Chairman of Community and Children's Services Committee (or his/her representative)
- the Chairman of the Port Health & Environmental Services Committee (or his/her representative)
- the Director of Public Health or his/her representative
- the Director of the Community and Children's Services Department
- a representative of Healthwatch appointed by that agency
- a representative of the Clinical Commissioning Group (CCG) appointed by that agency
- A representative of the SaferCity Partnership Steering
- the Environmental Health and Public Protection Director
- a representative of the City of London Police appointed by the Commissioner

24. Full voting rights apply to all of the above statutory members.

25. As with other Committees of the Court of Common Council, Elected Members are unable to appoint substitute Members. Other Statutory Members of the Board may nominate a single named individual who will substitute for them and have the authority to make decisions in the event that they are unable to attend a meeting.

26. The Board may appoint up to two co-opted non-City Corporation representatives with experience relevant to the work of the Health and Wellbeing Board.

Quorum

27. The quorum consists of five Members, at least three of whom must be Members of the Court of Common Council or Officers representing the City of London Corporation.

Sub-Committees and Working Groups

28. The Board may establish and appoint to sub-committees and working groups. The Board may delegate any of its functions to sub-committees or working groups or request them to undertake task and finish reviews or project work in the pursuit of the Board's goals.

29. Members of a sub-committee or working group may be a Statutory or Co-opted Member of the Board or any Elected Member of the Court of Common Council. Additional members of a sub-committee or working group will be

agreed by the Board. Sub-committees and working groups will cease to exist upon a decision by the Board.

30. Terms of Reference

To be responsible for:-

- a) carrying out all duties conferred by the Health and Social Care Act 2012 (“the HSCA 2012”) on a Health and Wellbeing Board for the City of London area, among which:-
 - i. to provide collective leadership for the general advancement of the health and wellbeing of the people within the City of London by promoting the integration of health and social care services; and
 - ii. to identify key priorities for health and local government commissioning, including the preparation of the Joint Strategic Needs Assessment and the production of a Joint Health and Wellbeing Strategy.
- b) All of these duties should be carried out in accordance with the provisions of the HSCA 2012 concerning the requirement to consult the public and to have regard to guidance issued by the Secretary of State;
- c) mobilising, co-ordinating and sharing resources needed for the discharge of its statutory functions, from its membership and from others which may be bound by its decisions; and
- d) appointing such sub-committees as are considered necessary for the better performance of its duties.