City of London Corporation

Accuracy Matters

[A]Document control

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1.1			
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1. Background[CH]

[A]City and Hackney Joint Strategic Needs Assessment

The City of London has a statutory duty to conduct Joint Strategic Needs Assessment (JSNA) as required. This is a process which examines the health and wellbeing needs of the people in the locality. The City currently conducts JSNA with the London Borough of Hackney, as we share a health budget and much of our data is currently aggregated with Hackney's. This joint document is published as the City and Hackney Health and Wellbeing Profile.

JSNA brings together detailed information on local health and wellbeing needs and looks ahead at emerging challenges and projected future needs. JSNA is an ongoing, iterative process, led by the Public Health Team and involving the City of London Corporation (Community and Children's Services), NHS City and Hackney Clinical Commissioning Group (CCG), City of London Healthwatch, the voluntary and community sector and other partners.

[A]The City Supplement: a City digest

The City Supplement is the first report to pull together all the data that is available and disaggregated specific to the City's population. This includes evidence from the City and Hackney JSNA process, as well as evidence from independent reports commissioned by the City to inform the health needs of the City's population.

The City and Hackney Health and Wellbeing Profile was refreshed in January 2014. Although this refresh has met the statutory minimum requirements, it does not provide all the information needed to commission local services in the City; nor does it provide a complete sense of the City as a separate place to Hackney.

As a result, this City Supplement has been produced to provide a City-focused Health and Wellbeing Profile, as requested by the City of London's Health and Wellbeing Board.

[B]What the City Supplement is used for[1]

- To supplement the City and Hackney Health and Wellbeing Profile in providing a City-focused picture of the health and wellbeing needs of the City of London (now and in the future), covering residents, workers and rough sleepers.
- To inform decisions about how the City designs, commissions and delivers services, and also about how the urban environment is planned and managed.
- To improve and protect health and wellbeing outcomes across the City while reducing health inequalities.
- To provide partner organisations with information on the changing health and wellbeing needs of the City of London at a local level, to support better service delivery.

[1] London Borough of Croydon (2012)

- As the evidence base for the Joint Health and Wellbeing Strategy, to identify important health and wellbeing issues for the City and support the development of action plans for the priorities named in the strategy.

[A]The social determinants of health

The social determinants of health are "the socio-economic conditions that influence the health of individuals, communities and jurisdictions as a whole. These determinants also establish the extent to which a person possesses the physical, social and personal resources to identify and achieve personal aspirations, satisfy needs and cope with the environment."[2]

The beginning of every chapter summarises key findings from the needs assessment. These are followed by recommendations based on evidence and questions addressing challenges for commissioners.

Lack of income, inappropriate housing, unsafe workplaces and poor access to healthcare are some of the factors that affect the health of individuals and communities. Similarly, good education, public planning and support for healthy living can all contribute to healthier communities.

[B]The health map

Barton and Grant and the UK Public Health Association strategic interest group (2006)[3] developed a health map which shows how individual determinants – including a person's age and sex and hereditary factors – are nested within the wider determinants of health. The health map (below) places people at the centre but sets them within the global ecosystem, which includes:

- natural environment
- built environment
- activities such as working, shopping, playing and learning
- local economy, including wealth creation and markets
- community – social capital and networks
- lifestyle

These are the social, economic and environmental determinants of health.

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[2] Raphael, D (2004) *Social Determinants of Health: Canadian perspectives*. Toronto: Canadian Scholars' Press Inc.

[3] Barton, H and Grant, M (2006) 'A health map for the local human habitat'. *The Journal of the Royal Society for the Promotion of Health*, 126 (6), 252–253. ISSN 1466–424

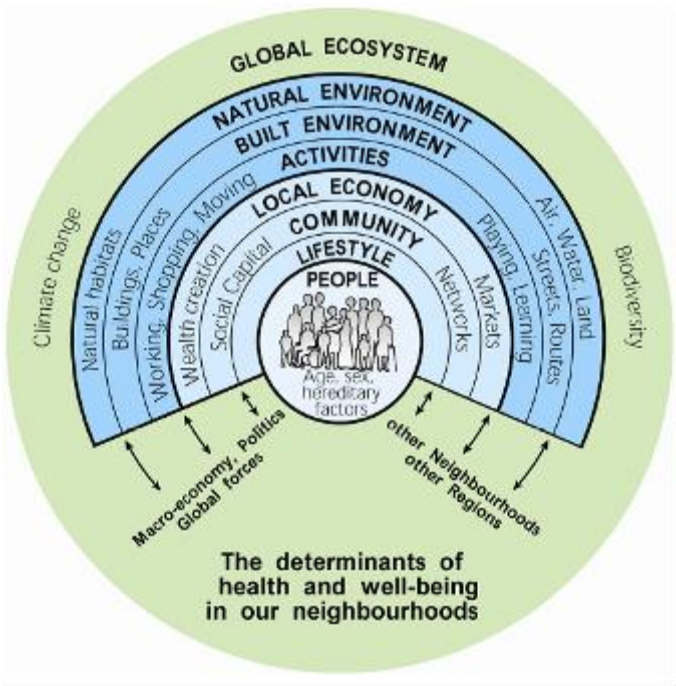


Figure 1.1 Health map

The health map above challenges the notion that health is the domain of the NHS and brings it squarely into the arena of local government. In fact, many would argue that the health sector has a relatively minor role in addressing inequalities and the social determinants of health. The majority of local government services impact on or can influence the conditions in which people live and work and, to a certain extent, the life chances of individuals.

[A]Health in All Policies

Health in All Policies (HiAP) is a collaborative approach that integrates and articulates health considerations into policymaking across all sectors, and at all levels, to improve the health of all communities and people.

As shown above, public policies at all levels have health impacts which need to be accounted for. The HiAP[4] approach aims to improve the accountability of policymakers for health impacts at all levels of policymaking by: taking into account the health and health system implications of decisions across sectors; seeking synergies; and avoiding harmful health impacts in order to achieve better population health and health equity.

Incorporating health considerations into policies across all sectors is challenging and, even when decisions are made, implementation may only be partial or unsustainable. One public health think tank[5] suggests the following actions to achieve successful collaboration:

- identify shared goals

[4] Ministry of Social Affairs and Health, Finland (May 2013) *Health in All Policies: Seizing opportunities, implementing policies*

[5] Association of State and Territorial Health Officials. See: www.astho.org/HiAP/?terms=health+in+all+policies

- engage partners early and develop relationships
- define a common language
- activate the community
- leverage funding

The JSNA process takes a collaborative approach between different partners for identifying health needs and seeks to establish a common language for intervention. It can be considered the first step in establishing groundwork for a health in all policies approach.

[A]Life course approach

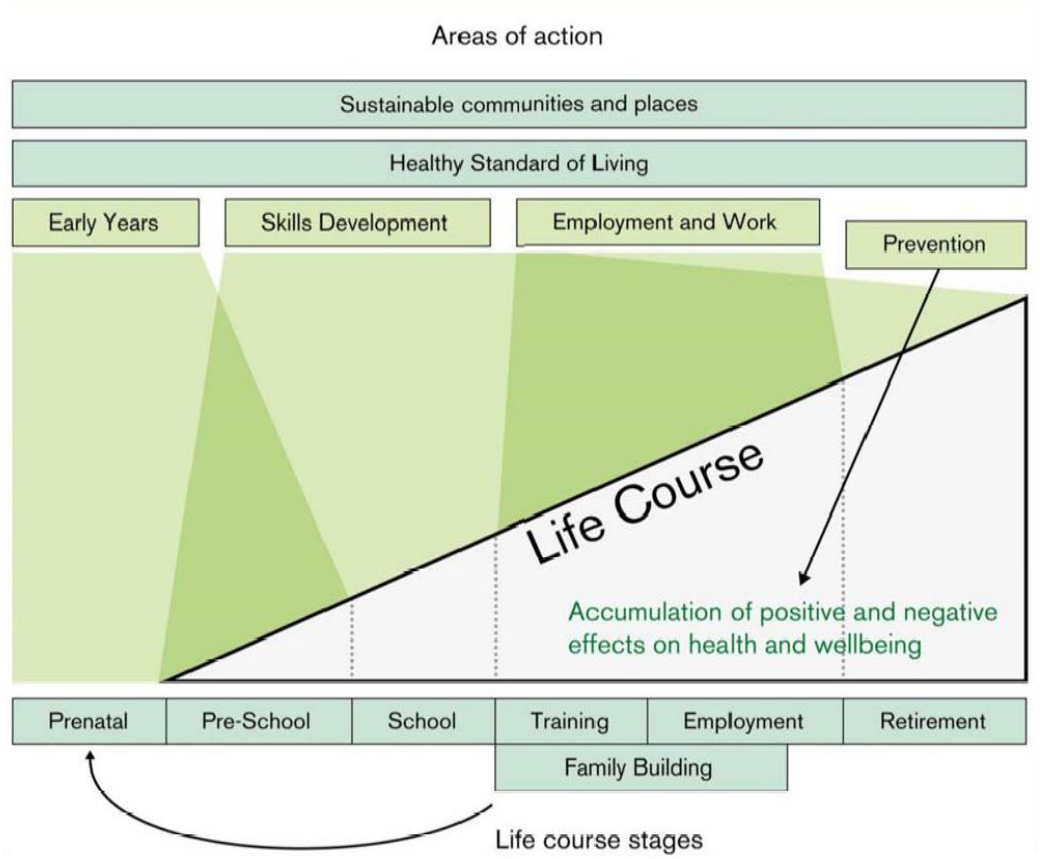
A complementary way to view the effects of social determinants of health is to take a temporal rather than a spatial approach.

This is the approach taken by the Marmot Team in their 2010 report on health inequalities in England, *Fair Society, Healthy Lives*[6].

- The report takes the broadest view of the factors that affect health but describes these principally in terms of the life course, set in a context of sustainable communities and healthy standards of living.
- A particular emphasis is given to the beginning of the story: action to reduce health inequalities must start before birth and be followed through the life of a child. The top recommendation of the report is that every child should be given the best start in life.
- The report also identifies the many opportunities through school and education, working life and older life to minimise adverse health impacts and maximise positive impacts.

[6] Marmot M (2010) Fair Society, Healthy Lives

Figure 1.2. Areas of action and intervention across the life course



[A]Format of the City Supplement

The City Supplement incorporates both a spatial view of health and wellbeing – beginning with the population profile and socio-economic context – and a life course view, moving from the needs of infants, children and young people to the needs of adults and older people.

Together, these two ways of describing health and wellbeing needs provide a comprehensive view of the issues that need to be considered when planning for the protection and improvement of the health and wellbeing of the people of the City of London.

The City Supplement follows the structure of the life course approach, with chapters ranging from community and early life through to later life.[7] Below is a brief overview of the topics covered in each section:

Section	Definition	Topic areas
Community life	Influences on health and wellbeing occurring through the environment	Community cohesion and neighbourhood attachment, air quality, transport, green spaces, noise pollution, leisure and cultural facilities, climate change, crime and safety

[7] London Borough of Croydon (2012)

Early life and family life	Most aspects of health and wellbeing from birth up to age 18, followed by aspects relating to families	Young people's policy context, demographics, education and training, poverty and deprivation, families and households, maternity
Working age	Aspects of health and wellbeing relating to those aged between 16 and 65	The City's economy, jobs within the City, education and qualifications, unemployment and out-of-work benefits, workplace health, sexual health, smoking, physical activity, alcohol, substance misuse, carers, disability, mental health
Later life	Over 65 years of age	Older people, end-of-life care, life expectancy, infectious disease, chronic disease
Healthy living	Health outcomes and usage of health and social care services	Health services, disease prevalence, social care services and usage, voluntary and community service assets

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[A]Limitations of the dataset

[B]Resident data

City resident-specific data has always been challenging to obtain and report due to the small numbers involved, which makes it difficult to compare with local and national indicators. Historically, health-specific data has been aggregated with data for Hackney due to pooled budgets. This is a challenge for the City, as without the disaggregated figures it is difficult to decipher if any trends observed truly represent the City population or are mainly a reflection of Hackney.

To paint a clearer picture of the City's needs, aggregated figures reported jointly for the City and Hackney have been omitted from this report.
For a full overview of figures, including those that have been aggregated, see the City and Hackney JSNA.

[B]City worker data

In October 2013, a new release of Census 2011 data estimated the population and characteristics of the workday population across England and Wales. This Census intelligence is the first of its kind, and is of particular importance to the City of London since the workday population is 56 times higher than the resident population. Two independent reports have also been commissioned to provide

insights into the health needs of City workers: *The Public Health and Primary Healthcare Needs of City Workers* and *Insight into City Drinkers*.[8,9]

[B]Rough sleeper data

The main source of data on rough sleepers in the City comes from the Combined Homelessness and Information Network (CHAIN) database. The CHAIN database is commissioned and funded by the Greater London Authority and managed by Broadway. Research into rough sleeper health needs has also been recently conducted by NHS North West London.

For more information on data sources and a detailed explanation of data limitations, please see **Error! Reference source not found.**, 'Data limitations'.

[8] *The Public Health and Primary Healthcare Needs of City Workers* (2012)
[9] *Insight into City Drinkers* (2012)