Committee(s):	Date(s):
Health and Wellbeing Board	18 July 2014
Subject: Information report	**Public**
Report of: Policy Development Manager	**For Information**

Summary

This report is intended to give Health and Wellbeing Board Members an overview of key updates on subjects of interest to the Board where a full report is not necessary.   Details of where Members can find further information, or contact details for the relevant officer are set out within each section as appropriate.

Local updates

- 20mph speed limit
- Draft Open Space Strategy
- Winterbourne View Review Update
- Business Healthy Update

Policy updates

- Events
- Health Inequalities
- Older People
- Smoking
- Alcohol
- Environmental Health
- Communicable Diseases
- Health and Wellbeing Board Guidance
- Public Health Guidance/Tools

Recommendation(s)

Members are asked to:
- Note the update report, which is for information

Main Report

Background

1.   In order to update Members on key developments and policy, information items which do not require a decision have been included within this highlight report. Details on where Members can find further information, or contact details for the relevant officer are set out within each section as appropriate.

LOCAL UPDATES

20mph speed limit

2.   The speed limit across most of the City of London will change from 30 mph to 20 mph on Sunday 20 July 2014. The area to have a 20 mph speed limit is shown on the map below. The whole of the City is included except for the A3211 between Victoria Embankment and Byward Street; the lanes and alleys between this red route and the River Thames; and the A1210 Mansell Street, Goodman's Yard and Minories. Transport for London will, in conjunction with the City's 20 mph speed limit, trial a 20 mph speed limit on two of the red routes through the City for which Transport for London is the local traffic authority, from Farringdon Street to Blackfriars Bridge and from Norton Folgate to London Bridge.
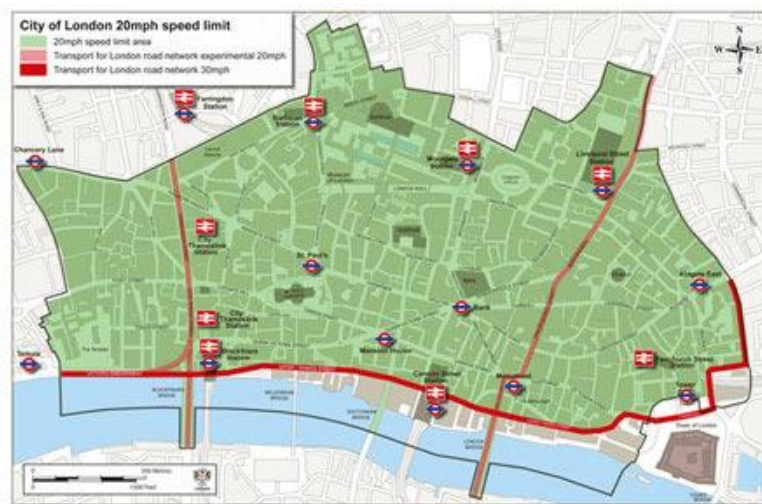
3.   The City estimates that these measures, taken together, will reduce road traffic casualties by around 30 (or 7%) per annum. The analysis that produced this estimate reviewed those locations where and times when existing average traffic speeds were above 20 mph.

4.   The new speed limit will be enforced by the City of London Police using their existing approach emphasizing compliance rather than penalties. Enforcement will be targeted at locations where average speeds remain above 20 mph.

5.   The area of the new speed limit will be clearly communicated using traffic signs and road markings.

6.   The new speed limit is an important part of the *City of London Road Danger Reduction Plan*

7.   The contact officer is Craig Stansfield: 020 7332 1702

Draft Open Space Strategy

8.   The Draft Open Space Strategy has been jointly prepared by the Built Environment and Open Spaces Departments to support the City's Core Strategy. The Strategy sets out how the Corporation intends to protect and enhance the City's gardens and other spaces. It explains how the number of open spaces will be increased to keep pace with the City's growing working population, ensuring that spaces are well managed, attractively designed, provide facilities for play and recreation, and support wildlife.   The new strategy builds upon and updates the current Open Space Strategy, which was adopted in 2008.

9.   The Draft Strategy was approved by the Open Spaces Committee on 2nd June and the Planning & Transportation Committee on 10th June. It has been issued for public consultation until 25th July 2014. The Strategy will be adopted in the autumn.

10.   The Draft Strategy can be seen on the City's web site: www.cityoflondon.gov.uk/openspacestrategy; printed copies can be provided on request. It is accompanied by a number of supporting documents including a health impact assessment. Comments on the Draft Strategy are welcome.

11.   Contact: Lisa Russell: 020 7332 1857   lisa.russell@cityoflondon.gov.uk

Winterbourne View Review update

12.   The Adult Social Care Service (ASC) has 13 Service Users with a Learning Disability. 7 live within the City and receive support within their own homes and 6 are in placements outside the City. ASC continues to have funding responsibility for those placed outside the City, and to review each person 6-monthly.

13.   None of the adults we work with currently would meet the criteria of an adult with challenging behaviour and complex Learning Disabilities as was the case for those adults who resided at Winterbourne View which was a health-funded assessment unit.

14.   ASC undertook completion of the stocktake, previously circulated to the HWB, with the understanding that whilst we had no current service users who would meet the criteria, (as described above), we would use the guidance and principles set down which asked every local area to review each person in health-funded placements and seek to reassess them and bring them back in to their locality by June 2014.

15. ASC used the best practice principles to redefine our Statutory Review process for all adults in a care home setting, regardless of their Learning or Physical Disability, Mental Health or Age, and revised our review template to have a more focused and personalised support plan, that looked in more depth at medication and possible over-use of anti-psychotics.

16. New outcomes for the review were set out as follows:
     - The social worker will always seek to meet the key worker, home GP or home nurse to discuss medical needs.
     - To always invite family members and document relatives' views as well as the service users' wishes and feelings where ever possible.
     - To assess capacity at each review.

17. In many ways, our review documentation and established workforce already lent itself to this personalised approach to Care Home Reviews, but Winterbourne undoubtedly tightened up the importance of sound professional social work reports with an emphasis on reading medical notes and meeting as part of the multi-disciplinary team when holding the review, and making the home more accountable for its actions.

18. The main area that we have formalised is to raise the status of the review and designate a qualified social worker who has Care Home Reviews as her specialist area. Another important outcome has been having the confidence to carry out unannounced visits to placements where our service users are placed. This challenges providers to maintain high standards and transparency at all times, especially when service users do not have frequent visits from relatives. The Winterbourne Stocktake messages and lessons learnt have been demonstrated through the above custom and practice within Adult Social Care.

19. With the preparation and planning well underway for the Care Act in 2015, which will see Safeguarding Adults Boards being placed on a statutory footing, as well as the Supreme Court ruling on the Deprivation of Liberty Safeguards, it is felt that the principle contained within the Winterbourne review can now best be met within the ongoing work regarding Safeguarding Adults, the Care Act and the Mental Capacity Act.

20. A full report on the Care Act will be presented later in the year, which encompasses in legislation all the best practice principles and makes them a Duty of Adult Social Care, rather than a Power.

21. The contact officer is Marion Willicome Lang: 020 7332 1216

Business Healthy Update

A poster presentation on the Business Healthy initiative was presented at the Faculty of Public Health's annual conference on July 3rd 2014.

Delivering public health to a working population
- tackling the "work hard, play hard" culture

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Introduction

The City of London presents a common public health conundrum on a unique scale. Hundreds of thousands of people spend the majority of their waking hours within the area, but are not entitled to access local health services.

How do public health professionals in urban areas work in partnership with businesses to promote health in their commuter populations?

The Square Mile is a financial district with a distinct "work hard, play hard" culture that poses multiple risks and opportunities for public health. Local firms have traditionally been resistant to external attempts to effect change in working practices.
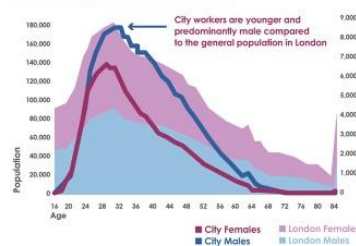
Needs assessment

Needs assessment has identified a young, risk-taking population with specific issues around mental health (stress, depression and anxiety), which impact upon their use of alcohol, tobacco and other substances.
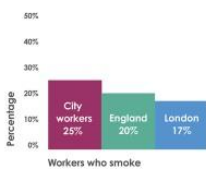
33.3% of City workers report that their job causes them to be regularly stressed
(sample size 2,728)

Age and sex profile of City workers

City workers are younger and predominantly male compared to the general population in London

Legend: City Females, City Males, London Females, London Males

City workers who smoke
(sample size 2,728)

| City workers 25% | England 20% | London 17% |

Workers who smoke

Alcohol (sample size 740)
Increasing risk = Not yet necessarily experiencing alcohol-related harms, but increasing their risk of health and social problems.

| City workers 33% | England 20% | London 19% |

Workers who drink at increasing risk
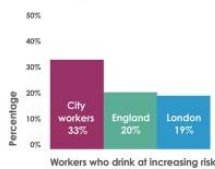
Alcohol
Higher risk = Higher risk drinkers are already experiencing alcohol-related harms and many have some level of alcohol dependency.

| City workers 12% | England 4% | London 3% |

Workers who drink at higher risk
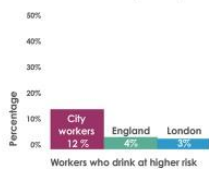
Research on best practice

We commissioned a literature review on best practice in workplace health interventions relevant to the City, and interviews with City firms on their current practice, to see where the gaps were.

➡ We also developed a website to act as a repository of information about workplace health best practice, to inform City firms.

The research found that many firms were aware that staff health and wellbeing links to the bottom line:

➡ For example, they were aware of the links between staff engagement and productivity, CSR enhancing global brand profiles, organisational culture and employee retention and recruitment.

Despite this, the research found that current interventions were not always needs-led

➡ Many employers focussed on interventions that were easy to administer and monitor (for example, gym memberships); whereas some firms felt uncomfortable about tackling mental health issues, feeling worried about taboo or stigmatisation of individuals

The research found that firms could go further by drawing upon the latest evidence, and taking more holistic, systematic and employee-led approaches.

Engagement with key partners

National

PHE – Priority 5. Improving health in the workplace by encouraging employers to support their staff, and those moving into and out of the workforce, to lead healthier lives

Business in the Community – national coalition of businesses committed to improving workplace health

City of London

City of London Corporation – local authority responsibility to promote the health and wellbeing of people who live or work in the City

London

GLA – Responsible for administering the London Healthy Workplace Charter (which the City of London was a pilot area for)

City Mental Health Alliance – a coalition of City-based employers who aim to break down the stigma attached to mental health and to create a culture where mental wellbeing is nurtured as part of good business practice in the City of London.

Engagement with businesses

We held a conference at the Mansion House, hosted by the Lord Mayor, inviting Chairmen and Chief Executives from City firms of all sizes, ranging from huge multinationals to SMEs.

- Speakers included **Duncan Selbie, Dame Carol Black, Stephen Bevan,** and **Steve Boorman**, as well as representatives from **BITC, Bupa, KPMG** and the **City Mental Health Alliance**.

- We received media sponsorship from the **Financial Times**

- We developed the **Business Healthy Circle** – a networking group for City businesses to share best practice, be kept informed about workplace health initiatives, and to help shape the City of London's support offer to local firms.

- Over 40 firms have joined the Business Healthy Circle to date, representing both large and SME organisations from a range of different sectors.

Conclusions

Local firms are becoming increasingly receptive to the business case for workplace wellbeing, and are beginning to engage with the co-production of interventions and sharing of best practice.

Work with local businesses has shown that top-level engagement is essential for getting organisational buy-in, as is engaging key partners who are also working in this space.

This programme has already informed work in neighbouring authorities, and will be used to develop co-funded models of workplace wellbeing with employers, as well as to influence local health service development, particularly in light of recent GP contract changes.

References

¹Public Health Action Support Team (2012) The Public Health and Primary Healthcare Needs of City Workers. City of London Corporation.

² ibid

ᵢᵢ Alcohol Academy (2012) Insight into City drinkers. City of London Corporation.

ᵛ Cavill Associates Ltd in association with the University of Salford (2014) Best practice in promoting employee health and wellbeing in the City of London. City of London Corporation.

Acknowledgements

CITY OF LONDON

BUSINESS HEALTHY

POLICY UPDATES

Events

22. **Supporting health and wellbeing board chairs: a sector-led approach to improving local leadership**
     14 –15 October 2014
     This is an opportunity for Chairs and Vice-Chairs of health and wellbeing boards to come together to have space to think and reflect, share experiences, network and actively learn from each other. The session will be led by Local Government Association (LGA) peers who are health and wellbeing board Chairs as well as input from national partners.
     http://www.local.gov.uk/documents/10180/6204572/Supporting+health+and+wellbeing+boards/ab125429-9a64-4702-aa19-b61f2b284af5

Health Inequalities

23. **I am more than one thing**
     This report builds on existing evidence to highlight women's experiences of poor mental health and wellbeing and their interactions with the mental health system. It also aims to identify support needs or barriers that women encounter in the process of seeking support across the voluntary and statutory sector. http://www.whec.org.uk/wordpress/wp-content/uploads/downloads/2014/05/I-am-more-than-one-thing-Full-Report.pdf

24. **The importance of promoting mental health in children and young people from black and minority ethnic communities**
     This briefing looks at the policy framework for mental health service provision and provides examples of existing practice which promote mental health for BME children and young people. It also highlights the impact of poor or incomplete data on commissioning and provision of mental health services for BME children and young people. It looks at specific factors that put children and young people from BME communities at risk of developing mental health problems as well as protective factors that can help build resilience.
     http://better-health.org.uk/sites/default/files/briefings/downloads/Health%20Briefing%2033(2).pdf

25. **Tackling health inequalities: the case for investment in the wider public health workforce**
     This report calls for greater investment and better understanding of the impact of the wider public health workforce - people who are not professionally qualified public health practitioners, but have the ability or opportunity to positively impact public health in their community. This includes health trainers, health champions, and non-health professionals. It argues that this "wider workforce" could be instrumental in reducing the burden of health inequalities – the financial cost of which was last estimated at close to £60bn.
     http://www.rsph.org.uk/download.cfm?docid=3DC0A455-BB28-4ECB-9E9C0486403EC56A

Older people

26. **Looking forward to later life: taking an early action approach to ageing in our society**
   This report calls for an early action approach to preventative action and argues that this would result in a 'triple dividend' of improved lives, costing less, contributing more.
   http://www.community-links.org/uploads/documents/LATER_LIFE_web.pdf

28. **What is the evidence on the economic impacts of integrated care?**
   This policy summary reviews the existing evidence on the economic impact of integrated care approaches. Whereas it is generally accepted that integrated care models have a positive effect on the quality of care, health outcomes and patient satisfaction, it is less clear how cost effective they are. The authors found that the evidence base in this field was not strong enough to thoroughly assess the cost-effectiveness of integrated care and that a readjustment of expectations in terms of its assessment was therefore required.
   http://www.euro.who.int/__data/assets/pdf_file/0019/251434/What-is-the-evidence-on-the-economic-impacts-of-integrated-care.pdf

29. **Care Act 2014: launch of care and support consultation**
   This consultation seeks views on how local authorities should deliver the care and support reforms in the 2014 Care Act. The draft regulations and guidance have been developed by working with expert groups, including users of care and support, local authority staff, voluntary sector organisations, social workers, and national representative bodies including those drawn from local government. The consultation is open until Friday 15th August 2014. A further consultation on the reforms that come into effect from April 2016 - which include the cap on care costs - will take place this autumn.
   http://careandsupportregs.dh.gov.uk

30. **Care Act 2014 Part 1: factsheets**
   The Care Act received Royal Assent on 14th May 2014. These factsheets have been produced to accompany Part One of the Act and provide an overview and the duties and powers that local authorities will have in the future.
   https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets

31. **Best practice in the design of residential environments for people living with dementia and sight loss** This research reveals how clever design of living spaces can improve the lives of people who are living with two common conditions - dementia and sight loss. The evidence-based guidelines help make homes more accessible for people with both conditions and were developed after researchers gathered the views and experiences of people living with dementia and sight loss, their families and carers and a wide range of professionals.

http://www.pocklington-
trust.org.uk/Resources/Thomas%20Pocklington/Documents/PDF/Research%
20Publications/rf-42-design-for-dementia-and-sight-loss.pdf

Smoking

32. **Electronic cigarettes: reports commissioned by PHE**
These reports, commissioned by PHE, examine the evidence on risks and
opportunities presented by electronic cigarettes. *Electronic cigarettes* takes a
broad look at the issues relating to e-cigarettes including their role in tobacco
harm reduction, potential hazards, potential benefits and regulation. *E-
cigarette uptake and marketing* examines use of e-cigarettes by children and
young people, the scale and nature of current marketing and its implications,
in particular in relation to its potential appeal to young people.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/
311887/Ecigarettes_report.pdf

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/
311491/Ecigarette_uptake_and_marketing.pdf

Alcohol

33. **WHO Global status report on alcohol and health 2014**
This report provides country profiles for alcohol consumption in the 194 WHO
Member States, as well as the impact on public health and policy responses.
It found that worldwide, 3.3 million deaths in 2012 were due to harmful use of
alcohol.
http://www.who.int/substance_abuse/publications/global_alcohol_report/en/

34. **A measure of change: an evaluation of the impact of the public health
transfer to local authorities on alcohol - interim report**
This report looks at local alcohol services and commissioning following the
transfer of Public Health teams to local authorities. It is based on a survey of
CCGs, Directors of Public Health and service providers in 30 local authority
areas. It finds a greater focus on alcohol issues but expresses concerns over
funding.
http://alcoholresearchuk.org/wp-content/uploads/2014/05/A-Measure-of-
Change_Interim-Report1.pdf

Environmental Health

35. **Heatwave plan for England 2014**
The Heatwave Plan for England aims to prepare for, alert people to, and
prevent, the major avoidable effects on health during periods of severe heat in

England. It recommends a series of steps to reduce the risks to health from prolonged exposure to severe heat.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/310598/10087-2902315-TSO-Heatwave_Main_Plan_ACCESSIBLE.pdf

Communicable disease

36. **Making it work: a guide to whole system commissioning for sexual and reproductive health and HIV**
     Commissioning responsibilities for sexual and reproductive health (SRH) and HIV have undergone changes over the past 18 months, now shared between NHS England, local authorities and CCGs. These changes have brought both new opportunities and new challenges. There are plans to develop a guide to whole system commissioning for SRH and HIV. The guide will consider all those involved in commissioning SRH and HIV services and recommend a flexible and adaptable approach, which meets the needs of local populations.
     https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/313866/Guide_to_whole_system_sexual_and_reproductive_health_and_HIV_commissioning_FINAL_DRAFT_2.pdf

Public Health Framework/Tools

37. **Health and wellbeing board priorities across England**
     This interactive map allows users to search the priorities of health and wellbeing boards across England, as well as view the health and wellbeing strategies for each area and explore data reports containing key measures of health and wellbeing at local authority and ward levels.
     http://www.local.gov.uk/health-and-wellbeing-boards/-/journal_content/56/10180/6111055/ARTICLE

38. **General practice in England**
     This briefing note provides general background information on NHS primary medical services provided by GPs in England. It has been updated to include sections on specific elements of the new GP contract including the introduction of named GPs for over 75s and increased choice of GP practice, as well as background to extended opening hours, out-of-hours services and waiting times for appointments.
     http://www.parliament.uk/briefing-papers/SN06906.pdf

39. **Department of Health corporate plan 2014-15**
     The plan focuses on how the DH will support the Secretary of State to deliver his strategic objectives.
     https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/320698/DH_corporate_plan.pdf

40. **Who we are and what we do: our business plan for 2014 to 2015**
     This business plan for 2014 and 2015 sets out Public Health England's (PHE) core functions, outlines the key steps and actions it will be the taking over the

next year to protect and improve the public's health and reduce inequalities, and highlights some of its achievements in its first year. The accompanying letter from Jane Ellison MP confirms the role the government expects PHE to play in the health and care system in 2014 to 2015.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/319696/Business_plan_11_June_pdf.pdf

41. **Knowledge strategy: harnessing the power of information to improve the public's health**
This document describes the strategic approach to information and knowledge that the public health system needs to take in order to improve and protect public health and reduce inequalities. The knowledge strategy was developed following an extended and open consultation process and incorporates responses from local government, national organisations and key partners.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/320506/PHE_Knowledge_Strategy.pdf

Health and Wellbeing Board Guidance

42. **A councillor's guide to the health system in England**
This briefing provides an overview to the health system since the reforms which were introduced in the Health and Care Social Act 2012. It describes the different parts of the health system, how they work together and the wider role for local authorities in health and social care.
http://www.local.gov.uk/documents/10180/5854661/A+councillor's+guide+to+the+health+system+in+England/430cde9f-567f-4e29-a48b-1c449961e31f

43. **Municipal futures: how we might begin to think differently about local government**
This collection of essays discusses the future of local government. Amongst the issues discussed, it looks at the social responsibility and role of local authorities in relation to health and social care.
http://www.lgiu.org.uk/wp-content/uploads/2012/06/MUNICIPALFUTURES.pdf

44. **Functions of the local public health system**
This document sets out the public health functions of local authorities in England and is intended to replace the draft minimum standards for public health teams published by the Faculty of Public Health (FPH) in November 2013.
http://www.fph.org.uk/uploads/Functions%20of%20the%20local%20PH%20system%20FINAL%20200514.pdf

45. **Developing collective leadership for health care**
This paper argues that collective leadership – as opposed to command-and-control structures – provides the optimum basis for caring cultures. Collective leadership entails distributing and allocating leadership power to wherever expertise, capability and motivation sit within organisations. This paper explains the interaction between collective leadership and cultures that value

compassionate care, by drawing on wider literature and case studies of good organisational practice. It outlines the main characteristics of a collective leadership strategy and the process for developing this.
http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/developing-collective-leadership-kingsfund-may14.pdf

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