

<b>Committee(s):</b>	<b>Date(s):</b>
Health and Wellbeing Board	24.04.2015
<b>Subject:</b> Health and Wellbeing Board update report	<b>Public</b>
<b>Report of:</b> Director of Community and Children's Services	<b>For Decision</b>

### 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.

#### Local updates

- Substance Misuse Health Needs Assessment for the City of London
- London Health and Wellbeing Boards Conference 2015
- Pharmaceutical Needs Assessment
- Better Health for London: next steps report

#### Policy updates

- Events
- Health and Wellbeing Boards
- NHS, Public Health and integrated care
- Obesity and exercise
- Causes of mortality
- Social determinants of health
- Children and young people
- Older people

In order to make the papers for future Health and Wellbeing Board meetings more concise, it is proposed that in future the update report only contains updates on local initiatives or policy issues directly relevant to the City of London. More general policy updates relating to health and wellbeing issues will be summarised in a policy bulletin to be sent to Members in between meetings of the Board.

### Recommendation

Members are asked to:

- Note the report.
- Approve the format for future update reports and email policy bulletins.

### Main Report

1. This report updates Members on key developments and policy issues. Details of where Members can find further information are also included.

2. In order to make the papers for future Health and Wellbeing Board meetings more concise, it is proposed that in future the update report only contains updates on local initiatives or policy issues directly relevant to the City of London. More general policy updates relating to health and wellbeing issues will be summarised in a policy bulletin to be sent to Members in between meetings of the Board.

## **LOCAL UPDATES**

3. **Substance Misuse Health Needs Assessment for the City of London**  
The City of London Corporation is currently commissioning a combined substance misuse and tobacco control service due to start in October 2015. This service will focus on prevention of substance misuse issues and promotion of healthy behaviours for both City residents and workers.

In December 2014, the Substance Misuse Health Needs Assessment for the City of London and Hackney was published and will be used to commission the new service. It shows that drug misuse amongst City residents is low but that there is an issue nonetheless. There were 17 adults in treatment for drug misuse in 2013/14 in the City of London, an increase of two on the previous year. The estimated prevalence of use of opiates and crack cocaine is significantly lower than in England and London. In 2011/12 it is estimated that there were 26 opiates users, 23 crack cocaine users and 16 injecting drug users.

Nationally published modelled estimates suggest that almost 9% of City resident drinkers in City of London are higher-risk drinkers, which is greater than the London average. Estimates for binge drinking levels are much higher for the City of London resident population than London as a whole. Alcohol misuse is also an issue for City workers, with 47.6% of City workers drinking at increasing or higher levels (compared to 24.2% of the general population). City workers are at an increased risk of alcohol related harm.

The recommendations from the needs assessment are as follows:

- Consider more intensive outreach to engage with the large number of substance misusers who are not in contact with treatment services.
- Address service fragmentation issues by introducing a single substance misuse service. Improve co-ordination and communication between drug and alcohol services and different components of the individual services. Ensure common assessment, care and recovery approaches.
- Review the existing approach to implementation of alcohol screening, which could be more cost-effective when carried out in association with a 5-minute advice session, and consider adopting a more targeted approach to screening in the local community, including the use of screening in hospital settings.
- Review the existing provision for alcohol withdrawal/detoxification services and the potential for providing community-based alcohol detoxification with GP support, including the availability of detoxification for people living in nursing/residential accommodation.

- Consider greater integration of support for patients with substance misuse problems into primary care and the role of a GP with special interest in substance misuse to provide leadership, training and support to colleagues in primary care.
- Increase the level of service provision available for drinkers in the 'increasing risk' (hazardous drinking) category by providing interventions which help them to understand the risk associated with their behaviour.
- Address problems with service access by increasing provision over the weekends and evenings to facilitate access by non-resident City workers.

For a copy of the report 'A Substance Misuse Health Needs Assessment for the City of London', which draws out the findings for the City from the needs assessment, please contact [poppy.middlemiss@cityoflondon.gov.uk](mailto:poppy.middlemiss@cityoflondon.gov.uk).

The contact officer is Poppy Middlemiss: 020 7332 3002

#### 4. **London Health and Wellbeing Boards Conference 2015: Conquering the Twin Peaks**

Officers attended the London Health and Wellbeing Boards Conference on 12 March 2015. The conference featured a presentation of the findings from a recent study commissioned by London Councils into the successes and challenges experienced by London Health and Wellbeing Boards, with responses from senior London stakeholders across health and local government. The study examines how London's Health and Wellbeing Boards are doing two years after they took up their statutory roles and provides a comprehensive picture of the position of Health and Wellbeing Boards in London, their direction of travel and their future ambitions. It identifies a number of examples of where boards have added real value on specific issues. However, the vast majority of interviewees describe their board as being on a journey or "work in progress". The key challenge facing all boards is described by one interviewee as the "twin peaks" - the need to take action to both tackle the wider determinants of health and to play a systems leadership role, particularly in relation to the integration of health and care. The research suggests that an effective Health and Wellbeing Board is able to create the conditions in which there is genuine collaboration between key players in the local health and wellbeing system, provide effective system leadership and ensure effective engagement with the public and other stakeholders.

The full report is available here: <http://www.londoncouncils.gov.uk/node/25543>

The contact officer is Poppy Middlemiss: 020 7332 3002

#### 5. **Pharmaceutical Needs Assessment**

The Pharmaceutical Needs Assessment 2015-18 (PNA) has now been published. The PNA contains information about local need, current community pharmacy services and gaps in provision. The PNA will be used by NHS England to commission future pharmacy services in the area. The information contained in the PNA will also inform the commissioning plans of City of London Corporation, LB Hackney and City & Hackney CCG.

The PNA finds that current pharmacy provision meets the current and projected future needs of the resident and working populations. However there is some scope for improvement, particularly by extending access to repeat dispensing services and increasing public health provision through pharmacies for both City residents and workers.

The PNA can be viewed online:

<http://www.hackney.gov.uk/Assets/Documents/Pharmaceutical-needs-assessment.pdf>

The contact officer is Sarah Thomas: 020 7332 3223

6. **Better Health for London: next steps report**

This report outlines how the Mayor of London Boris Johnson, NHS England, PHE, London Councils and the 32 GP-led clinical commissioning groups have come together to outline how, individually and collaboratively, they will work towards London becoming the world's healthiest major city. It sets out shared ambitions and how progress will be measured against goals of improving the health of London's population; improving access to GPs; and reducing health inequalities. The Health and Wellbeing Board is currently exploring how they can progress a number of recommendations from the Better Health for London report in the City of London.

The report is available here:

[http://www.london.gov.uk/sites/default/files/Better%20Health%20for%20London%20Next%20Steps\\_1.pdf](http://www.london.gov.uk/sites/default/files/Better%20Health%20for%20London%20Next%20Steps_1.pdf)

The contact officer is Sarah Thomas: 020 7332 3223

## **POLICY UPDATES**

### **EVENTS**

7. **Health and wellbeing board chairs/adult social care portfolio-holders induction session – 9 July 2015, London**

If you are new to the role of health and wellbeing board chair (vice-chair) or adult social care portfolio-holder there are two opportunities to attend a free induction session. The session will brief you on the policy key issues and context you will be working in, the support on offer and an opportunity to network.

[http://www.local.gov.uk/events/-/journal\\_content/56/10180/7086986/EVENT](http://www.local.gov.uk/events/-/journal_content/56/10180/7086986/EVENT)

8. **Leadership essentials for health and wellbeing board chairs and vice chairs – 3-4 September 2015, Coventry**

Health and wellbeing boards are entering a critical phase of their development. The role of the chair is pivotal in maintaining relationships with partners through difficult conversations, promoting shared ownership of and collective leadership for the board and ensuring accountability to the

community. This two day residential session gives chairs and vice chairs an opportunity to come together to have space to think and reflect, share experiences and actively learn from each other through the Local Government Association's approach to leadership development.

[http://www.local.gov.uk/events/-/journal\\_content/56/10180/7081486/EVENT](http://www.local.gov.uk/events/-/journal_content/56/10180/7081486/EVENT)

## HEALTH AND WELLBEING BOARDS

### 9. **Stick with it! A review of the second year of the Health and Wellbeing Improvement Programme**

Shared Intelligence was commissioned by the Local Government Association (LGA) to carry out a review of its Health and Wellbeing Improvement Programme in its second year. The purpose of this review is to do three things: understand the impact of the programme; capture system learning, and; make a significant contribution to the national body of knowledge on health and wellbeing boards. This final report draws together conclusions from across the three objectives.

<http://www.local.gov.uk/documents/10180/6101750/Stick+with+it+-+a+review+of+the+second+year+of+the+health+and+wellbeing+improvement+programme/>

## NHS, PUBLIC HEALTH AND INTEGRATED CARE

### 10. **Population health systems: going beyond integrated care**

Integrated care has become a key focus of health service reform in England in recent years, as a response to fragmentation within the NHS and social care system. Yet efforts to integrate care services have rarely extended into a concern for the broader health of local populations and the impact of the wider determinants of health. This is a missed opportunity. This paper from the Kings Fund aims to challenge those involved in integrated care and public health to 'join up the dots', seeing integrated care as part of a broader shift away from fragmentation towards an approach focused on improving population health.

[http://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/population-health-systems-kingsfund-feb15.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/population-health-systems-kingsfund-feb15.pdf)

### 11. **A guide to community-centred approaches for health and wellbeing**

Local government and the NHS have important roles in building confident and connected communities as part of efforts to improve health and reduce inequalities. The project 'Working with communities: empowerment evidence and learning' was initiated jointly by PHE and NHS England to draw together and disseminate research and learning on community-centred approaches for health and wellbeing. This report presents the work undertaken in phase 1 of the project and provides a guide to the case for change, the concepts, the varieties of approach that have been tried and tested and sources of evidence.

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/417515/A\\_guide\\_to\\_community-centred\\_approaches\\_for\\_health\\_and\\_wellbeing\\_full\\_report\\_.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417515/A_guide_to_community-centred_approaches_for_health_and_wellbeing_full_report_.pdf)

12. **In good health: public health teams in local authorities, year 2**  
In its latest report capturing the views of those working in public health within local authorities, the Royal Society for Public Health (RSPH) has noted a number of improvements but cautions that politics and financial constraints may be hindering progress. The RSPH report has found that the numbers believing the move of public health teams into local authorities was leading to improvements in health outcomes had more than doubled (from 15% in 2014 to almost nearly 40%).  
[http://www.rsph.org.uk/filemanager/root/site\\_assets/our\\_work/reports\\_and\\_publications/publichealth\\_03.02.15.ind.2\\_.pdf](http://www.rsph.org.uk/filemanager/root/site_assets/our_work/reports_and_publications/publichealth_03.02.15.ind.2_.pdf)
13. **Practical guides to engaging with CCGs and health and wellbeing boards**  
These guides are aimed at voluntary organisations and they provide support in developing relationships with CCGs and health and wellbeing boards. These two briefings are based on the experiences of a range of voluntary organisations who have established strong partnerships with local health bodies. Their knowledge and tips have been translated into a number of practical steps organisations can take to engage better with these groups.  
Engaging with CCGs:  
[http://www.compactvoice.org.uk/sites/default/files/engaging\\_with\\_clinical\\_commissioning\\_groups.pdf](http://www.compactvoice.org.uk/sites/default/files/engaging_with_clinical_commissioning_groups.pdf)  
Engaging with HWBs:  
[http://www.compactvoice.org.uk/sites/default/files/engaging\\_with\\_health\\_and\\_wellbeing\\_boards.pdf](http://www.compactvoice.org.uk/sites/default/files/engaging_with_health_and_wellbeing_boards.pdf)
14. **Local leadership, new approaches: improving the health of local communities**  
This report from PHE and LGA describes how local authorities and health teams are working together to improve the health of local communities through prevention and early intervention. It also features seven case studies, each of which describes a particular programme or close partnership between a local authority and local public health or health care teams, often with the additional support of the voluntary sector.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/407060/2014712\\_Local\\_leadership.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/407060/2014712_Local_leadership.pdf)

## OBESITY AND EXERCISE

15. **Making the case for tackling obesity - why invest?**  
This slideset of infographics illustrating the facts and figures about obesity, the costs, the benefits of investing and the potential routes to action. An accompanying reference sheet is included.  
[https://www.noo.org.uk/slide\\_sets](https://www.noo.org.uk/slide_sets)
16. **Exercise: The miracle cure and the role of the doctor in promoting it**  
The big four “proximate” causes of preventable ill-health are: smoking, poor nutrition, lack of physical activity and alcohol excess. Of these, the importance of regular exercise is the least well-known. This report from the Academy of Medical Royal Colleges calls on doctors to promote the benefits of regular

physical activity to their patients and to communities in their wider roles as 'advocates for health'. This report sets out what doctors can do on a one-to-one basis and in a broader way with communities and organisations, including their own as many doctors are themselves employers.

<http://www.aomrc.org.uk/general-news/exercise-the-miracle-cure.html>

## CAUSES OF MORTALITY

### 17. **Tackling the causes of premature mortality (early death)**

This briefing summarises NICE's recommendations for local authorities and partner organisations on tackling the more direct causes of premature mortality. It is particularly relevant to health and wellbeing boards and others with a responsibility for, or interest in, delivering the Department of Health's Public Health Outcomes Framework for England 2013 to 2016 and the government's call for action Living well for longer: a call to action to reduce avoidable premature mortality.

<http://www.nice.org.uk/advice/lgb26/chapter/introduction>

### 18. **Excess winter deaths and morbidity and the health risks associated with cold homes**

The guideline is for commissioners, managers and health, social care and voluntary sector practitioners who deal with vulnerable people who may have health problems caused, or exacerbated, by living in a cold home. It recommends that health and social care professionals, as well as those working in the heating, plumbing and electricity industries sign post people who live in cold homes to a single-point-of-contact system for help in making their home warmer. Local health and wellbeing boards should ensure that a single-point-of-contact health and housing referral service is designed and commissioned to help vulnerable people who live in cold homes.

<http://www.nice.org.uk/guidance/ng6>

## SOCIAL DETERMINANTS OF HEALTH

### 19. **Joining the dots – making healthcare work better for the local economy**

The Regional Studies Authority in association with the Smith Institute has launched a collection of essays addressing connections between healthcare, planning and economic development. The report features contributions from leading UK policy makers and practitioners, asking if the new architecture (such as the LEPs, Health and Wellbeing boards, and National Planning Policy Framework) alongside funding and commissioning systems can deliver real and lasting improvements. The essays exploring issues around work and health are of particular relevance to the City, given our priorities around worker health and promoting wellbeing in the workplace.

[http://www.regionalstudies.org/uploads/documents/Joining\\_the\\_dots-\\_making\\_healthcare\\_work\\_better\\_for\\_the\\_local\\_economy.pdf](http://www.regionalstudies.org/uploads/documents/Joining_the_dots-_making_healthcare_work_better_for_the_local_economy.pdf)

## CHILDREN AND YOUNG PEOPLE

### 20. **Improving young people's health and wellbeing: a framework for public health**

This framework has been developed by Public Health England as a resource to enable local areas in the delivery of their public health role for young people. It poses questions for councillors, health and wellbeing boards, commissioners, providers and education and learning settings to help them support young people to be healthy and to improve outcomes for young people.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/399391/20150128\\_YP\\_HW\\_Framework\\_FINAL\\_WP\\_3\\_.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/399391/20150128_YP_HW_Framework_FINAL_WP_3_.pdf)

21. **Health and wellbeing website for young people launched**

Created by young people for young people, the 'Rise Above' website aims to build emotional resilience in individuals aged 11 to 16 by equipping them with the skills and knowledge they need to make informed decisions, and help deal with the pressures of growing up. It also encourages conversations about the key health and wellbeing issues that affect teens and young people. The website has been developed by Public Health England.

<http://riseabove.org.uk/>

22. **Healthy child programme: rapid review to update evidence**

The 'Healthy Child Programme' (HCP) is the main universal health service for improving the health and wellbeing of children. From 1 October 2015, local authorities will take over responsibility from NHS England for planning and paying for public health services for babies and children up to 5 years old. These services include health visiting and the Family Nurse Partnership programme.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/409772/150305RapidReviewHealthyChildProg\\_FINAL\\_5\\_MARCH\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/409772/150305RapidReviewHealthyChildProg_FINAL_5_MARCH_2015.pdf)

23. **Social inequalities in early childhood health and development, evidence and policy implications**

This paper from the UCL Institute of Health Equity examines health inequalities in relation to early childhood health and development in order to discern the causes of social inequalities. It also examines available evidence in order to make recommendations for policy and practice.

<http://www.instituteofhealthequity.org/projects/drivers-social-inequalities-in-early-childhood-health-and-development-evidence-and-policy-implications>

24. **Promoting the health and wellbeing of looked-after children**

PHE has issued statutory guidance on the planning, commissioning and delivery of health services for looked-after children. This guidance is for: local authorities; commissioners of health services for children; NHS England; designated and named professionals for looked-after children; GPs, optometrists, dentists and pharmacists; managers and staff of services for care leavers, and personal advisers; teachers; health visitors, school nurses and any other professional who is involved in the delivery of services and care to looked-after children. It aims to ensure looked-after children have access to any physical or mental health care they may need.

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/413368/Promoting\\_the\\_health\\_and\\_well-being\\_of\\_looked-after\\_children.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf)



## OLDER PEOPLE

25. **Promising approaches to reducing loneliness and isolation in later life**  
This report by Age UK raises concerns around loneliness in older people and the public health risks that are associated with social isolation in later life. It sets out a new framework for understanding how to tackle the problem, presenting a range of projects and examples from around the country demonstrating the many, varied solutions needed for an effective response to a very personal problem. It calls on action from various sectors including social care, mental health and public health.  
[http://ageuk.org.uk/Documents/EN-GB/For-professionals/Policy/Promising\\_approaches-loneliness\\_and\\_isolation.pdf](http://ageuk.org.uk/Documents/EN-GB/For-professionals/Policy/Promising_approaches-loneliness_and_isolation.pdf)

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