

Committee	Dated:
Health and Wellbeing Board	15 June 2018
Subject: City Worker Health Research	Public
Report of: Penny Bevan, Director of Public Health	For Decision
Report author: Xenia Koumi, Project Officer, Department of Community and Children's Services	

Summary

The last major piece of research carried out on the health needs of City workers was six years ago, in 2012. "The Public Health and Primary Healthcare Needs of City Workers" provided valuable intelligence, which informed the Joint Strategic Needs Assessment and was used to lobby for resourcing and shaped commissioning of public health services for the Square Mile's worker population.

Since 2012 the landscape has shifted in some areas, including the further growth of the City's worker population, the Brexit vote and the significant increase in mental health awareness. It would be prudent to carry out follow-up research to explore current City worker health issues and how receptive City workers may now be to existing and new interventions.

Recommendations

Members are asked to:

- Note the report.
- Approve the proposal to undertake research on the health and wellbeing needs of City workers.

Main Report

Background

1. Since 2012, the Public Health team has commissioned several major pieces of work into workplace health and the health needs of City workers. These include
 - a. The public health and primary healthcare needs of City workers (2012)
 - b. Best practice in promoting employee health and wellbeing in the City of London (2014)
 - c. Mapping public healthcare and private healthcare provision in the City (2015)
2. The public health and primary healthcare needs of City workers formed the basis of a health needs assessment for City workers, taking the place of routine data

for which very little was available at the time. It should be noted that since 2014, new census data analyses have given us a great deal more insight into City workers, but at the time, data about this group was very scarce.

3. This research provided valuable intelligence that informed the Joint Strategic Needs Assessment. This information was also used to lobby for resourcing and shape commissioning of public health services for the Square Mile's worker population.
4. There have been significant changes since 2012. The number of City workers has increased significantly, from approximately 360,000 to almost half a million. The vote to leave the EU has created an environment of uncertainty in the City, particularly among the larger, multinational companies employing many EU nationals. Mental health awareness has significantly increased, both at a national level and also locally, with many City-specific initiatives established in the past six years. These are just a few examples of many aspects that may have had a substantial impact on the health and wellbeing needs of City workers.
5. Despite the major shifts, we suspect that many of the key issues – namely mental health, alcohol, substance misuse and smoking – will still be pertinent to City workers. What may have changed is how City workers view these issues, and how receptive they may now be to interventions (for example, the recent rise in e-cigarette usage presents new opportunities to help people quit smoking; increased mental health literacy may enable people to seek help or be more receptive to helping others seek help).
6. Through engagement with the City's worker population and employers, via initiatives such as Business Healthy, Dragon Café in the City and other channels such as research on specific areas carried out by third party organisations, we have been able to collect anecdotal information on the health and wellbeing needs and perceptions of City workers, however, this is not comprehensive enough for us to draw accurate conclusions that would shape services.

Current Position

7. New research would enable the Public Health and Commissioning teams, and other colleagues across the City Corporation to better understand the current health and wellbeing needs of City workers and identify gaps. This would also help inform a more targeted use of resources, to see where existing services could be improved and where new services may be needed.
8. After initial discussions with the City Corporation's research team, a two-step process is recommended (detailed below), to be carried out over the course of 2018/19.

Proposals

9. Phase one: Leverage the Business Healthy network of HR, Health and Safety and wellbeing leads within City organisations, to find out which issues and themes identified by the 2012 research are still pertinent and which other issues

have come to the fore since then. This would involve a mixed-methods approach to gather quantitative and qualitative data (including email and Mailchimp polls), which would be developed by the Public Health team, with support from research colleagues in Economic Development. Mental health was not explored in a detailed manner in the 2012 research and this initial step would allow a more in-depth look at determinants within this wider area, including stress, anxiety and depression, targets, job insecurity, debt, gambling and financial wellbeing and long working hours, for example. Some resources would be allocated to incentivise contacts to take part in this stage of the research.

10. There are many existing datasets and reports that would be used to verify the outcomes of this stage of the research, including those published by the Bank Workers' Charity, Mind, the City Mental Health Alliance, the ONS and Public Health England.
11. Phase two: Develop a specification and go out to market to commission an external organisation to carry out more in-depth research with workers around the key issues. This would include focus groups, roundtable discussions and phone interviews, collecting mainly qualitative data to provide further insight into key issues, their drivers, and challenges faced by workers and employers alike. Troubleshooting and addressing issues would also be explored, to provide more clarity on how the City Corporation can fulfil its statutory responsibilities to protecting and supporting the health and wellbeing of its worker population. This approach will also be key to determining the barriers to accessing support for health and wellbeing, as well as behavioural insights.
12. There are many benefits to this two-step approach when compared with commissioning a traditional piece of research, as was done in 2012. For example, it presents an opportunity to engage with the Business Healthy membership and get organisations' buy-in to worker health and wellbeing in the City, enabling them to feel like a valuable part of the process.
13. Findings from both phases of the research will be presented to the Health and Wellbeing Board, as will a final report prior to publication. This final report will be a summary of in-depth findings around the identified topics and recommended actions.
14. The findings included in a completed research report may also present communications and publicity opportunities, which will be discussed with the corporate communications team.

Corporate & Strategic Implications

15. The proposal to undertake research on the health and wellbeing needs of City workers relate to the Department of Community and Children's Services' Business Plan (2017-22), which lists a priority objective as health and wellbeing, specifically that "people of all ages enjoy good health and wellbeing". It also relates to the following objectives of the City's Joint Health and Wellbeing Strategy (2017-20): Priority 1 – Good mental health for all; Priority 2 – "A healthy urban environment"; and Priority 5 – "Promoting healthy behaviours"

16. The proposal also relates to the City Corporation's Corporate Plan (2018-23), where a corporate outcome within the strategic objective of "contributing to a flourishing society" is that "people enjoy good health and wellbeing".

Implications

17. Resources required include officer time, an agreed budget for incentives and commissioning external research – the cost of which is to be determined, with advice from the City Corporation's research team. Decisions about financial spend will be brought back to the Health and Wellbeing Board and to Community and Children's Services Committee for approval.

Conclusion

18. Since the last piece of in-depth research was conducted into the health and wellbeing needs of City workers in 2012, the landscape has changed significantly. A new research project is proposed, which would help inform the resourcing, shaping and delivery of Public Health and commissioned services, to ensure they continue to support the statutory obligations of the City Corporation in the best possible way.

Appendices

- None

Xenia Koumi

Project Officer – Business Healthy, Department of Community and Children's Services

T: 020 7332 3378

E: xenia.koumi@cityoflondon.gov.uk