Public Document Pack

Health and Wellbeing Board

Date: **FRIDAY, 12 JUNE 2020**

Time: **1.45 pm**

Venue: **VIRTUAL PUBLIC MEETING (ACCESSIBLE REMOTELY)**

Members:
Marianne Fredericks, Court of Common Council (Chairman)
Deputy Joyce Nash, Court of Common Council (Deputy Chairman)
Randall Anderson, Chairman of Community & Children's Services Committee
Jon Averns, Markets & Consumer Protection Department
Gail Beer, Healthwatch
Matthew Bell, Policy and Resources Committee
Natasha Brady, City of London Police
Andrew Carter, Director of Community and Children's Services
Mary Durcan, Court of Common Council
David Maher, NHS City and Hackney CCG
Dr Gary Marlowe, Clinical Commissioning Group (CCG)
Sandra Husbands, Director of Public Health
Jeremy Simons, Chairman of Port Health and Environmental Services Committee

Enquiries: **Leanne Murphy**
leanne.murphy@cityoflondon.gov.uk

Accessing the virtual public meeting

Members of the public can observe this virtual public meeting at the below link
https://youtu.be/TlwbctotkV4

John Barradell
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES**

2. **DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**

3. **MINUTES**
To agree the public minutes and summary of the meeting held on 28 February 2020.

For Decision
(Pages 1 - 8)

4. **ADDRESSING HEALTH INEQUALITIES AMONG CITY WORKERS**
Report of the Director of Community and Children's Services.

For Decision
(Pages 9 - 18)

5. **COVID-19 UPDATE**
Oral update on the latest position.

For Discussion

6. **HEALTH AND WELLBEING BOARD UPDATE REPORT**
Report of the Director of Community and Children's Services.

For Information
(Pages 19 - 22)

7. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**

8. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

9. **EXCLUSION OF PUBLIC**
MOTION - That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A of the Local Government Act.

For Decision

Part 2 - Non-Public Reports

10. **NON-PUBLIC MINUTES**
To agree the non-public minutes of the meeting held on 28 February 2020.

For Decision
(Pages 23 - 24)

11. **NON-PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**

12. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE BOARD AGREES SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

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HEALTH AND WELLBEING BOARD

Friday, 28 February 2020

Minutes of the meeting of the Health and Wellbeing Board held at on Friday, 28 February 2020 at 11.00 am

Present

Members:
Marianne Fredericks (Chairman)
Deputy Joyce Nash (Deputy Chairman)
Randall Anderson - Chairman of Community and Children's Services Committee
Jon Averns - Director of Markets and Consumer Protection
Natasha Brady - City of London Police
Mary Durcan – Court of Common Council
David Maher - NHS, City and Hackney Clinical Commissioning Group (CCG)
Dr Gary Marlowe - Clinical Commissioning Group (CCG)
Sandra Husbands – Director of Public Health
Steve Stevenson - HealthWatch City of London

Officers:

Simon Cribbens	-	Community & Children's Services Department
Dr Andy Liggins	-	Interim Public Health Consultant
Kate Smith	-	Town Clerk's Department
Xenia Koumi	-	Community and Children's Services
Christine Denington	-	Markets and Consumer Protection
Chandni Tanna	-	Town Clerk's Department
Leanne Murphy	-	Town Clerk's Department

1. **APOLOGIES FOR ABSENCE**
Apologies were received from Gail Beer (Healthwatch were represented by Steve Stephenson), Matthew Bell, Andrew Carter and Jeremy Simons.

The Chairman gave public thanks to Julie Mayer for her tenure clerking the Board and welcomed Leanne Murphy as the new clerk.

2. **DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
There were no declarations.

3. **MINUTES**
RESOLVED - That the minutes of the meeting held on 22 November 2019 be approved.

Matters arising

Mental Health Centre
Members were provided with a progress update regarding the Mental Health

Centre. It was noted that asbestos had been identified in the building causing delays, but a formal launch of the Centre was still planned for May to coincide with mental health awareness week.

Sport and Physical Activity Strategy

Members were informed that the City Corporation's Sport and Physical Activity Strategy for 2020-25 had been approved and funding been had secured for feasibility studies. This work would be incorporated within the Governance Review.

4. **ANNUAL REVIEW OF THE BOARD'S TERMS OF REFERENCE**

Members considered a report of the Town Clerk in respect of the Annual Review of the Committee's Terms of Reference.

It was noted that the Board did not currently have a representative of the SaferCity Partnership Steering Group (now called SaferCity Partnership) and that 'Environmental Health and Public Protection Director' should be changed to 'Port Health and Public Protection Director'.

A Member was also unsure in what capacity they were a representative on the Board and the Town Clerk agreed to investigate for clarity.

RESOLVED – that:–

1. The Terms of Reference of the Board be approved for submission to the Court of Common Council in April 2020, and that any further changes required in the lead up to the Court's annual appointment of committees be delegated to the Town Clerk, in consultation with the Chairman and Deputy Chairman; and

2. The frequency of the meetings remains at 5 times a year.

5. **HEALTHIER CATERING COMMITMENT FOR FOOD BUSINESSES IN THE CITY OF LONDON**

Members received a report of the Director of Markets & Consumer Protection providing an update detailing the delivery of an action area pledge the City of London Corporation made when they signed the Local Government Declaration on Sugar Reduction and Healthier Food.

Members were informed that this was a London-wide scheme in 24 Local Authorities. To date, eight businesses had signed up in the City including two small food chains. It was noted that larger chains were subject to more scrutiny and separate assessment criteria drawn up by HCC steering group & City Hall are currently out to consultation.

The City Corporation have developed 33 ambitious criteria for the City including the Corporation's sustainability goals, such as a strategy for food waste reduction, reducing single use plastics, increasing recycling and Safety Thirst considerations. Businesses must achieve a minimum of 20 criteria to be part of the scheme.

An Officer highlighted the increasing culture and reliance on fast food/takeaways in the City, particularly with workers. It was hoped that the scheme with businesses and public health messaging would support local communities to make healthier choices.

A Member noted that food left at the end of the day and sold cheaply or given to charity should not be regarded as waste. Officers confirmed that redistribution of surplus meals/ingredients should be considered as part of a business's operational Food Waste Prevention & Reduction Plan and food needed to be stored at the adequate temperature and distributed with a delivery note for consumption that day for safety.

In response to queries regarding schemes in other boroughs to donate food to school breakfast clubs, recycling and the lack of compostable waste bins in the City, Officers agreed to follow up with relevant individuals and departments on these matters.

The Chairman suggested adding the health and cleanliness ratings of businesses to the City Corporation's website and for businesses to have a sticker on the door to identify them to members of the public. It was also recommended that this be promoted through Business Healthy.

RECEIVED.

6. **CORPORATE SPONSORSHIP GUIDANCE ON FOOD AND DRINK**
Members considered a report of the Director of Community and Children's Services regarding the draft Corporate Sponsorship Guidance on Food and Drink.

Members were advised that the guidance was developed by the City Corporation's Public Health team with input from the Chamberlain's Department, and departmental leadership teams across the organisation. The guidance forms one of the City Corporation's pledges with regards to its Declaration on Sugar Reduction and Healthier Food.

It was noted that the guidance was endorsed by the Summit Group on 24 February 2020.

RESOLVED – That Members:-

- Note the report;
- Endorse the guidance.

7. **ACCESS TO DEFIBRILLATORS IN THE CITY OF LONDON**
Members considered a report of the Director of Community and Children's Services providing a progress update regarding access to defibrillators in the City of London.

Members were informed that the safety team continued to work with all departments and that there were currently 43 defibrillators across all City Corporation sites. With regards to public access defibrillators, there was a need to ensure the public were aware where they were, that they were accessible and visible. Funding was being explored to fund additional defibrillators.

In response to a query, it was noted that all defibrillators in the country were listed on two public databases: London Ambulance Service (LAS) and British Heart Foundation. Of the 91 defibrillators in the City, approximately 75% are visible and the City Corporation continues to actively encourage other to make theirs visible as visibility is known to improve survival rates.

With regards to confusion concerning paragraph 7 concerning accreditation with the LAS requiring further internal discussion, Members were advised that formal training for accreditation was required and further discussion were needed with the Health and Safety team.

A Member questioned how “fool proof” defibrillators were and how many incidents there had been of an unexpected person needing to use one in the event of an emergency. Members were advised that it was important for defibrillators to be easily accessible and easy to use which was covered in basic first aid training. Officers confirmed the approximate percentages of the use of defibrillators by healthcare/trained staff versus untrained/public responders was as follows: healthcare staff = 10%, trained responders = 50%, trained public = 30%, untrained public = 10%.

A Member noted that outcomes were good within the Square Mile but questioned accessibility to defibrillators in less developed parts of the City. An Officer confirmed that all ambulance and police responders in the City carried defibrillators and there were ongoing discussions for construction sites to hold defibrillators in their offices and be made available to the public when needed. The Chairman noted a black taxi driver project whereby drivers carried defibrillators which could be accessed in cases of an incident and inform the police.

In response to queries concerning how to promote defibrillators in businesses, Members were advised that best practice was visibility and signage promoting defibrillators. This was also covered in the contractor scheme within the City.

The Chairman recommended that businesses be encouraged to work with the defibrillator accreditation schemes and for an article to go in the Business Healthy magazine.

RESOLVED – That Members support that the City of London Corporation:-

- continues its focus on the detection and prevention of heart disease (including the promotion of smoking cessation, physical activity, healthy eating and better air quality);

- encourages the registration of all defibrillators on the LAS accreditation scheme / The Circuit https://www.thecircuit.uk in order to maximise access for the public and first responders;
- reconsiders whether to increase the number of public access defibrillators at members' discretion, if suitable funding were identified, noting that the current density of defibrillators is already high within the City.

8. **NEW INTERVENTIONS AND APPROACHES FOR ROUGH SLEEPERS: FINAL REPORT SUMMARY**

Members received a report of the Director of Community and Children's Services summarising the key findings and recommendations from the 'New Interventions and Approaches for Rough Sleepers' report commissioned from Homeless Link in March 2019.

Members were advised that subject to approval by the Court of Common Council on 5 March 2020, funding would hopefully be secured for a permanent Assessment Centre in the City and a minimum of 30 beds in a hostel for homeless people with high complex needs. Members agreed these were needed services and a big achievement.

The Board gave thanks to Officers for their hard work in this area.

RECEIVED.

9. **HEALTHWATCH CITY OF LONDON PROGRESS REPORT**

Members received a report by Healthwatch City of London providing an update on the progress made since HealthWatch City of London (HWCoL) was established as a Charitable Incorporated Organisation (CIO) in September 2019.

Members were informed that HWCoL was out of set-up stage and the facility now fully operational. It was noted three staff members were being recruited for with interviews taking place next week. The Chairman recommended targeting the local student accommodation buildings for volunteers.

An Officer stated that the City Corporation remained supportive of HWCoL and continued to provide funding and resources to the charity.

With regards to comments concerning a local community centre, Members were informed that this was not within the City Corporation's gift and that recommendations would be made to the local community to set up a local advisory group. It was noted that the HWCoL would continue to work with the Tower Hamlets HeathWatch.

RECEIVED.

10. **LOCAL PLAN AND HEALTH IMPLICATIONS**

Members received a verbal update of the Director of the Built Environment concerning local plan and health implications.

The Board received the following note:

> *On 3 October 2019, following committee business, a Member of the Planning policy team gave us a presentation on new policy on health Impact Assessments (HIA's) in the draft Local Plan, which they are currently reviewing. They gave a PowerPoint presentation on HIA's and their intention to create a new policy in the draft Plan which will require applicants seeking planning permission for developments to fill out a Healthy City Checklist, and for larger developments to carry out and submit a Rapid or Full HIA. This requirement will help ensure that developments in the City consider how their development will affect the health of workers, residents, visitors and students. Policy officers will produce guidance for developers on what City-specific issues they should be focussing on and a checklist to ensure they have complied. They will consult with members of this committee when drafting the HIA guidance later this year.*
>
> *The HIA policy has now been included in the draft Plan, which has been considered by the Local Plans sub-committee and will be going to Planning and Transportation Committee on the 31 March, followed by Policy and Resources Committee and Court of Common Council in May. It will then be subject to a further round of public consultation in the summer before being submitted to the Secretary of State for a public examination.*
>
> *To help in developing this guidance, the Healthy Urban Development Unit (HUDU) are going to conduct a training session on 13 March in the morning at Walbrook Wharf to explain how to carry out Health Impact Assessments and how to adapt them to the City's unique circumstances. If anyone is interested in attending, numbers permitting, please contact Lisa Russell at lisa.russell@cityoflondon.gov.uk.*

A Member suggested that the GCI maps be updated to show the healthier food outlets in the City.

It was noted that the guidance was missing the health care needs of student accommodation and messaging for students on how to access healthcare provision. A Member suggested pushing S106 levy requests on developers.

11. **HEALTH AND WELLBEING BOARD UPDATE REPORT**

Members received a report of the Director of Community and Children's Services an providing an overview of local developments and policy issues related to the work of the Board where a full report is not necessary. An update regarding Coronavirus (COVID-19) was included.

Coronavirus (COVID-19)

Members were advised that COVID-19 was a developing situation in terms of cases, the countries affected and number of deaths. The current national alert level status of the UK was moderate, but this was subject to change on a daily

basis. The City Corporation is following Public Health England's (PHE) guidance including adhering to the "catch it, bin it, kill it" strategy for sneezing and coughing, and handwashing. Also, the four phases set out by Government in its response to the COVID-19: contain, delay, research and mitigate. External stakeholders are also being directed to this advice.

It was noted that plans were in place for staff, businesses, and the residential community in the City should the situation worsen including cancellation of mass gatherings if deemed necessary. HR advice was being followed and a communications plan in place to engage internally and externally.

With regards to the Port Health Service including the ports of London, the tidal Thames and Heathrow Airport, the Corporation continues to work with PHE to ensure there are no signs of illness on vessels, but it has remained business as usual.

A Member noted that the situation was constantly evolving and that even the daily data on reported cases was out of date. As this was a new virus, it was difficult to resolve as it was not yet understood.

RECEIVED.

12. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
There were no questions.

13. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**
There were no items.

14. **EXCLUSION OF PUBLIC**
RESOLVED - That under Section 100A (4) of the Local Government Act 1972 the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Part 1 (Schedule 12A) of the Local Government Act.

15. **NON-PUBLIC MINUTES**
RESOLVED - That the non-public minutes of the meeting held on 22 November 2019 be approved.

16. **ROUGH SLEEPING OPTIONS APPRAISAL - NEW INTERVENTION PROPOSAL**
Members received a report of the Director of Community and Children's Services setting out new intervention proposals for the Rough Sleeping Options Appraisal.

17. **NON-PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
There were no questions.

18. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE BOARD AGREES SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**
There were no items.

19. **CONFIDENTIAL MINUTES**
RESOLVED - That the confidential minutes of the meeting held on 22 November 2019 be approved.

The meeting ended at 12.30 pm

Chairman

Contact Officer: Leanne Murphy
Leanne.murphy@cityoflondon.gov.uk

Committee: Health and Wellbeing Board – For decision	**Date:** 12 June 2020
Subject: Addressing Health Inequalities among City Workers	**Public**
Report of: Andrew Carter - Department of Community and Children's Services	**For Decision**
Report author: Xenia Koumi – Public Health Specialist, Department of Community and Children's Services	

Summary

According to a report published by Public Health England earlier this month, which provided a descriptive review of data on disparities in the risk and outcomes from COVID-19, "the impact of COVID-19 has replicated existing health inequalities and, in some cases, increased them"[1].

The provision of support by the City of London Corporation to local businesses in their recovery planning and a return to the "new normal" presents an opportunity to address and reduce, and to not further exacerbate, existing health inequalities among the City's 522,000-strong workforce and particularly among the "hidden" workforce. This focus is important, timely and aligned with the City Corporation's Public Health responsibilities.

Recommendations

Members are asked to:

- Note the report.
- Where possible and appropriate, advocate for health inequalities among City workers to be considered in recovery planning across the Square Mile, with a view to contributing to reducing them as a longer-term aim.
- Support measures being taken by other teams and Departments across the Corporation, to proactively address and reduce health inequalities among the City's worker population and especially among "hidden" workers in routine, service and manual roles.

[1] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/889195/disparities_review.pdf

Main Report

Background

1. The COVID-19 pandemic has served to shine a light on health and other associated inequalities in wider public consciousness. The UK's Public Health community has been committed to tackling health inequalities for at least the past decade, since the publication of The Marmot Review report, "Fair Society, Healthy Lives" in 2010.
2. A report published by Public Health England (PHE) in June 2020, which presented findings based on surveillance data available to PHE at the time of its publication, confirmed that "the impact of COVID-19 has replicated existing health inequalities and, in some cases, increased them". Some groups have experienced disproportionately high rates of cases and deaths depending on their ethnicity and/ or socioeconomic background.
3. The PHE report found that "people from Black ethnic groups were most likely to be diagnosed with COVID-19. Death rates from COVID-19 were highest among people of Black and Asian ethnic groups." London has seen the highest rates of COVID-19 diagnoses and deaths.
4. The PHE report also reports that "populations who are socially excluded, such as vulnerable migrants, tend to have the poorest health outcomes, putting them at the extreme end of the gradient of health inequalities. This is a consequence of being exposed to multiple, overlapping risk factors, such as facing barriers in access to services, stigma and discrimination."
5. Data recently published by the Office for National Statistics (ONS), which reviewed information available up to that date[2], shows that the highest rates of deaths involving COVID-19 have been seen among men in "elementary" occupations, which include security guards, low-skilled workers in construction and low-skilled service occupations (including kitchen and catering assistants, waiters and cleaners).
6. It also shows that among the lowest-skilled workers, men working in "elementary" security occupations have had the highest rate of death involving COVID-19. Among women, only one of the nine major occupational groups – caring, leisure and other service occupations - had a statistically significantly higher mortality rate for deaths involving COVID-19 than the rate of death involving COVID-19 among women of the same age in the general population.
7. The link between individuals in occupations that have been hardest hit by COVID-19 may be partly due to the nature of roles in those occupations, as they are usually unable to work remotely, are heavily people-facing or requiring close or frequent contact with other individuals. However, it is likely that wider inequalities – health and otherwise – experienced by individuals working in those occupations are a contributing factor.

[2] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/coronaviruscovid19relateddeathsbyoccupationenglandandwales/deathsregistereduptoandincluding20april2020#overview-of-coronavirus-related-deaths-by-occupation

Current Position

8. While people who work in the City of London tend to be richer, younger and in a higher social grade than workers elsewhere in the capital, there is a large and mostly "hidden" workforce working behind the scenes in routine, service and manual roles, which helps the Square Mile to operate as a business, visitor and cultural destination. They tend to be less well-off, older and in a lower social grade.
9. In addition, "hidden" workers in the City may be more likely to come from BAME backgrounds and experience poorer health. According to a YouGov study in 2019, those working in the City earning less than £30,000 a year were more likely to be African, Caribbean or Bangladeshi and more likely to have asthma (21% compared with 10% average among the wider City workforce). They may belong to communities that have experienced high numbers of death and severe disease as a result of COVID-19 and the emotional, social and financial impacts of the pandemic may continue to be felt for some time.
10. Across London in 2019 more than one-quarter (26%) of London's workforce was employed in routine, manual or service occupations[3], including security, cleaning, catering, hospitality, taxi driving and low-skilled construction. During the ongoing pandemic, many of these roles have been identified as "essential".
11. Data recently published by the Government shows that within the sectors comprising routine, manual or service occupations across the UK, 18% of Black workers were in "caring, leisure and other services" jobs, the highest percentage out of all ethnic groups; 41% of workers from the combined Pakistani and Bangladeshi ethnic group were in the three least skilled types of occupation ("elementary", "sales and consumer services" and "process, plants and machine operatives" jobs, with the latter including taxi and cab drivers); and the percentage of workers in "elementary" jobs, including security, cleaning, hospital porters, shelf-fillers and waiters and waitresses, was the highest in the Black (16%), White Other (15%) and Other (15%) ethnic groups[4].
12. Prior to lockdown measures being introduced by the UK Government, people working in the City in retail, accommodation and food services made up 6% of the City's workforce[5].
13. The Taylor Review stated that having a job is linked to positive health outcomes and that low quality work can harm worker health, as does unemployment.[6].
14. Many individuals working as part of the "hidden" workforce face inequalities that have direct and indirect consequences for their health. These can include low pay, language barriers or lack of understanding of the health system and how to access it, or working multiple jobs and/ or during nights or weekends, making it difficult to access healthcare support.
15. Pre-COVID-19 data (2017) showed that people working in caring, leisure and service roles already had the highest sickness rates compared with other skilled and unskilled occupations[7]. While PHE reported an overall decline of almost one-

[3] https://www.nomisweb.co.uk/reports/lmp/la/1946157247/report.aspx#tabempocc
[4] https://www.ethnicity-facts-figures.service.gov.uk/work-pay-and-benefits/employment/employment-by-occupation/latest
[5] https://www.cityoflondon.gov.uk/business/economic-research-and-information/Documents/city-statistics-briefing.pdf
[6] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/627671/good-work-taylor-review-modern-working-practices-rg.pdf
[7] https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/sicknessabsenceinthelabourmarket

quarter in smoking rates across England between 2014 and 2019, they remain high among those in routine and manual occupations[8].

16. Regarding work, they may experience poor working conditions and precarious employment, which means they are not able to challenge bad working practices. In addition, as they may work remotely on clients' sites, this makes it difficult for their actual employers to provide workplace health initiatives to support them and also to communicate with them to signpost to support services. While the client organisations they may provide cleaning or security services to, for example, may offer on-site health and wellbeing interventions for their direct employees, it is not common practice that these are extended to employees of contractors. This leads to further inequalities when compared with City workers in desk-based, "white collar" roles.
17. There is a growing body of evidence highlighting inequalities faced by people working in routine, service and manual roles.
18. Recent publications from Samaritans[9] and The Chartered Institute of Building (CIOB)[10] have highlighted the increased risks of poor mental health and suicide among middle-aged men on low incomes and men working in manual roles in the construction industry respectively. A report published in July 2019 by the Latin American Women's Rights Service (LAWRS), called "The Unheard Workforce", presented the experiences of Latin American migrant women residing in London and working in low-paid occupations – cleaning, hospitality and domestic work[11]. The Royal Society for Public Health produced a policy paper focusing on the mental health of the hospitality workforce in 2019[12] - a sector that has particularly suffered as a result of COVID-19.
19. Tackling health and wider inequalities faced by certain groups within the City's 522,000-strong workforce has been a focus within the City Corporation and has been undertaken in a cross-organisational manner. For example, in 2019 the Public Health team's Business Healthy, with support from Environmental Health, collaborated with the Greater London Authority to host a session focusing on this issue and engaging with employers in the routine, service and manual sectors to explore best practice and showcase the business case[13]. The Community Safety team conducted a focus group with the services users of the LAWRS to hear about their experiences and to develop culturally- and language-appropriate materials for employers to signpost to support for domestic abuse. The City Advice service, commissioned the City Corporation and delivered by Toynbee Hall, has worked to establish relationships with specific groups within the "hidden" workforce. Innovation and Growth and the Town Clerk's department have worked to encourage businesses to pay the London Living Wage and champion social mobility.
20. The spotlight that the impacts of COVID-19 has shone on health, and other inequalities linked to the wider determinants of health, provides an important opportunity to engage key stakeholders and address health inequalities among the City's "hidden" workforce in recovery-planning going forward.

[8] https://publichealthmatters.blog.gov.uk/2018/07/03/turning-the-tide-on-tobacco-smoking-in-england-hits-a-new-low/
[9] https://media.samaritans.org/documents/Lived_experience_report_FINAL.pdf
[10] https://policy.ciob.org/wp-content/uploads/2020/05/Understanding-Mental-Health-in-the-Built-Environment-May-2020-1.pdf
[11] http://www.lawrs.org.uk/wp-content/uploads/2018/12/unheard-workforce-research.pdf
[12] https://www.rsph.org.uk/our-work/policy/wellbeing/service-with-out-a-smile.html
[13] https://www.businesshealthy.org/resource/supporting-the-health-and-wellbeing-of-londons-hidden-workforce-full-slidedeck/

Conclusion

21. The COVID-19 pandemic has shone a light on existing health and wider inequalities, which are reflected within the City's 522,000-strong workforce.
22. Recovery planning presents an opportunity to proactively tackle these inequalities experienced by the City's "hidden" workforce, and it is important that planning for a return to "the new normal" does not further exacerbate these inequalities.

Proposals

23. Where possible and appropriate, members of the Health and Wellbeing Board should themselves advocate - and support colleagues involved in relevant conversations to advocate - for health inequalities among City workers to be considered in recovery planning across the Square Mile, with a view to contributing to reducing them as a longer-term aim. Wherever possible, the views of individuals working in "hidden" occupations should be sought and serve to influence action. The Public Health team is able to support these efforts by providing data, sharing evidence and insights and collaborating with colleagues in the advocacy.

24. Where possible and appropriate, members of the Health and Wellbeing Board should support measures being taken by other teams and Departments across the Corporation, to proactively address and reduce health inequalities among the City's worker population and especially among "hidden" workers in routine, service and manual roles.

Corporate & Strategic Implications

25. Corporate Plan: Contribute to a flourishing society; Support a thriving economy
26. Joint Health and Wellbeing Strategy: Good mental health for all; a healthy urban environment; promoting healthy behaviours
27. Responsible Business Strategy: Individuals and communities flourish
28. DCCS Business Plan: Safe; Potential; Independence, Involvement and Choice; Health and Wellbeing; Community

Appendices

Appendix A - Marmot 10-Year Review Summary

Xenia Koumi
Public Health Specialist, Department of Community and Children's Services

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Appendix A - Summary of the ten-year review of The Marmot Review into Health Inequalities

In February, a ten-year follow-up review[1] of Michael Marmot's landmark 2010 report on inequalities and social determinants of health in England was published.

The original report has been highly influential in determining the City of London Corporation's approach to public health and Health in All Policies, including the Health and Wellbeing Board's most recent Joint Health and Wellbeing Strategy. This has been the case in over 75 per cent of health and wellbeing strategies developed since 2011.

The review assessed progress across the social determinants of health, life expectancy and health inequalities over the past decade. It focused on the six domains that were judged in the initial report to be most crucial for the improvement of health as well as health inequalities and life expectancy. It also incorporated case studies showcasing best practice from across the UK over the past decade. Variations across ethnicity, age and sex are also explored across the different domains.

The below summarises some of the national key findings of changes in these areas over the past ten years, as highlighted by the review.

Life expectancy and health inequalities since 2010:

- Increases in life expectancy have slowed since 2010, with the slowdown greatest in more deprived areas of the country.
- Inequalities in life expectancy have increased since 2010, especially for women.
- It is not possible to establish the reason for this stalling, nor why health inequalities are widening, however the health situation is "somewhat similar" to other countries that have experienced political, social and economic disruption and widening social and economic inequalities.
- There is a social gradient in the proportion of life spent in ill health, with those in poorer areas spending more of their shorter lives in ill health
- There has been no sign of a decrease in mortality for people under 50 and, in fact, mortality rates have increased for people aged 45 to 49. For people in their 70s mortality rates are continuing to decrease, but not for those at older ages.
- There are clear socioeconomic gradients in preventable mortality. The poorest areas have the highest preventable mortality and the richest areas have the lowest.
- Ethnicity is not collected at death registration, so it is not possible to calculate life expectancy estimates or mortality rates ethnicity based solely on death registration data in England. During COVID-19, rates of diagnoses and death among different ethnic groups have been calculated using country of birth as a proxy.
- Suicide and suicidal behaviour (self-harm) are important causes of avoidable mortality and are more common in more deprived communities than in wealthier areas, as well as more common for men than women.

The social determinants of health

[1] HEALTH EQUITY IN ENGLAND: THE MARMOT REVIEW 10 YEARS ON. Accessed April 2020. Available from https://www.health.org.uk/sites/default/files/upload/publications/2020/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_full%20report.pdf

- **Give every child the best start in life**:
  - Since 2010, progress has been made in early years development, as measured by children's readiness for school. However, clear socioeconomic inequalities persist.
  - Poor children appear to thrive better in poorer areas than in richer ones. Poverty is bad for attainment, for a range of other important outcomes and for health, however rates of child poverty have increased since 2010 and are now back to pre-2010 levels.

- **Enable all children, young people and adults to maximise their capabilities and have control of their lives:**
  - Since 2010, socioeconomic inequalities in educational attainment remain, largely due to an increase in exclusions from schools and cuts to youth services.
  - Pupil enrolment numbers have increased, despite an 8% decrease in funding per pupil.
  - Funding cuts have caused further inequalities across the social gradient causing cuts in proper intensive work and leadership.
  - Youth services have been cut since 2010 and violent youth crime has increased greatly over the period.

- **Create fair employment and good work for all**:
  - Employment rates have increased since 2010 and there has been an increase in poor quality work, including part-time, insecure employment. The number of people on zero-hours contracts has increased significantly since 2010. While zero-hours contracts are found in all types of employment, there are higher percentages of people on this type of contract in lower skilled and lower paid occupations than in higher skilled, better paid jobs.
  - Real pay is still below 2010 levels and there has been an increase in the proportion of people in poverty living in a working household.
  - The incidence of stress caused by work has increased since 2010.

- **Ensure a healthy standard of living for all:**
  - Since 2010, wage inequality has persisted due to lack of wage growth and real pay remains below 2010 levels and not in line with dramatic increases in housing costs
  - Wealth inequalities have increased, and food insecurity has increased significantly.
  - Social mobility in England has declined.
  - Tax and benefit reforms have widened income and wealth inequalities and the introduction of Universal Credit has increased the risk of debt for low-income households.

- **Create and develop healthy and sustainable places and communities**:
  - The costs of housing, including social housing, have increased, pushing many people into poverty and ill health.
  - Homelessness and rough sleeping has risen significantly, by 165% between 2010 and 2017. In 2018 there were 69% more children in homeless families living in temporary accommodation than in 2010.
  - Harm to health from climate change is increasing and will affect more deprived communities the worst in the future.
  - In London 46% of the most deprived areas have concentrations above the EU air quality limit for nitrogen dioxide, compared to two percent in the least deprived areas.

- Compared with households on incomes above £50,000, households on incomes below £10,000 are six times as likely to be a victim of domestic violence.

- **Strengthen the role and impact of ill health prevention**:
  - The shift of national focus should be on enhancing wellbeing rather than solely on economic growth.
  - A national strategy needs to be established for actions on the social determinants of health to reduce health inequalities.
  - There is a recommendation to gear resources toward the whole of the social gradient and that health programmes be held more accountable to remedy growing inequalities.

A number of recommendations for central government, local authorities and other key stakeholders were also included within the review.

For more information, please contact Xenia Koumi – Public Health Specialist, xenia.koumi@cityoflondon.gov.uk and Alexandra Vastano – Public Health Support Apprentice, alexandra.vastano@cityoflondon.gov.uk

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Committee: Health and Wellbeing Board	**Date:** 12.06.2020
Subject: Health and Wellbeing Board update report	**Public**
Report of: Director of Community and Children's Services	**For information**
Report author: Jordann Birch, Partnership and Engagement Assistant	

Summary

This report is intended to give Health and Wellbeing Board Members an overview of local developments and policy issues related to the work of 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. Updates included are:

1. **Neighbourhoods programme**
2. **Joint Health and Wellbeing Strategy**

Recommendation(s)

Members are asked to:

- Note the report.

Main Report

1. Neighbourhoods programme

In response to the COVID 19, the Neighbourhoods approach of supporting people and their families to live the healthiest lives possible and receive the right care where and when they need it. It will provide 8 neighbourhood teams across City and Hackney with City of London forming part of the Shoreditch & City Neighbourhood team. These neighbourhood teams will form individual Multi-Disciplinary Teams (MDTs) offering a multi-agency input from a range of health, social care, specialist and voluntary services. It will bring these services together to ensure a person-centred approach to support the complexities of their care needs.

The Multi-disciplinary Teams element of the programme is now are being expediated to ensure support for people with the most complex needs during COVID 19 and after.

Urgent and immediate responses have been put in place across City and Hackney to support people who are vulnerable during COVID 19. This includes

work to respond to requests for help via the council and work to support new hospital discharge pathways. Work is being undertaken with primary care on Long Term Conditions (LTC) pathways, mental health and learning disabilities.

The Neighbourhoods programme is supporting frontline teams where multi-agency input is needed and where individuals cannot be supported solely by a single organisation.

The Neighbourhood response will provide:

1. A link member of staff for each Neighbourhood Multi-disciplinary Team (MDT) from each service from primary care GP, community health, social care, mental health and wellbeing practitioner.
2. A link into specialist teams (likely spanning multiple Neighbourhoods) to ensure specialist support is available when needed. Specialist service alignment with Neighbourhood MDTs will include physical, psychological and social welfare expertise.
3. A regular virtual Neighbourhood Multi-disciplinary Meeting (MDM) discussing adults and children/families with complex needs. These are people who cannot be held within individual organisations and who need improved multi-agency support.
4. Neighbourhood conversations facilitated by the voluntary and community sector, bringing together voluntary organisations as well as statutory to support the local responses to COVID-19.

<u>Shoreditch and City Neighbourhood MDT</u>

Work is underway to implement the Shoreditch & City MDT. City of London Corporation forms part of this neighbourhood through the provision of primary care services at the Neaman Practice. There are differences in the approach for City of London (CoL) to work within this MDT particularly with our alignment of voluntary and specialist services. As such work is underway to determine the approach and practicalities for CoL to align with the Shoredtich & City MDT. Update on progress on the CoL bespoke element of the MDT to date includes:

- Link name for adult social services has been identified and will join the core membership of the team.
- Development of approach for alignment of voluntary services is underway. This is considering the processes of referral into the MDT for voluntary services and the pathway for referrals from the MDT as well as identifying pathways and links to other voluntary service provision in the City of London. The role of voluntary service link in relation to attendance and support for referred cases and the over-arching support from voluntary services to the neighbourhood model is being determined.
- Engagement with specialist services for housing, benefits and employment support to align with the MDT. Specialist services will provide a direct link to

the MDT and access to guidance and support for the professionals within the team in support of complex cases.

- Continued work with Healthwatch City and partners to support person-centred approaches for the Neighbourhood.
- The Children and Young People's (C&YP) MDT is still in development at this stage. Discussions are considering the aim of the MDT aligned to the existing partnership groups already operating. Further details are being determined on the cases brought to the C&YP MDT and the alignment to the Adults MDT where there are complexities impacting a family.
- Identifying and responding to the Population Health Needs programme has now been expediated in response to COVID 19. This programme will provide a comprehensive understanding of local population needs and understand the potential health inequalities arising within the Neighbourhood.
- A work plan has been developed to work with Public Health and Primary Care Networks (PCNs) on neighbourhood analysis. The specific needs for residents of City of London will be supported through this programme. This will ensure that the needs for all residents are identified in consideration of post code rather than GP registration.
- Links are also being established with Tower Hamlets CCG and the GP practices where City of London residents are registered. Whilst these GP registered patients do not fall within the Shoreditch and City Neighbourhood MDT, we are working to make links across with the integrated models and MDTs in Tower Hamlets to ensure equity of service provision for these residents.

For further information, please contact Annie Roy, Project Manager – CoL Integration, annie.roy@cityoflondon.gov.uk

2. Joint Health and Wellbeing Strategy

The Joint Health and Wellbeing Strategy (JHWS) 2017-20 for the City of London Corporation will come to an end this year. The aim of a JHWS is to jointly agree what the most important issues are for the local community based on evidence in Joint Strategic Needs Assessments (JSNA), what can be done to address them, and what outcomes are intended to be achieved. The Department of Community and Children's Services (DCCS) are currently mapping out a plan to continue the drive to achieving better health outcomes for the population of the City of London. Due to Covid-19, consultation with key stakeholders has been put on hold due to a number of barriers, and therefore this work has been incorporated into the next quarter work profile.

DCCS will be consulting and engaging with a wide range of stakeholders to review existing priorities and identify if new ones have emerged. Members, in particular those who represent the Health and Wellbeing Board, will also be involved in the consultation and engagement process to help ensure the best health and wellbeing for the population of the City of London.

A more detailed report, outlining the plans for engagement and development of the JHWS, will be presented at a future Health and Wellbeing Board meeting.

For further information, please contact Ellie Ward, Head of Strategy and Performance, ellie.ward@cityoflondon.gov.uk

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