

<b>Committee:</b>	<b>Dated:</b>
Health and Wellbeing Board	18 <sup>th</sup> September 2020
Population Health Framework and Joint Health and Wellbeing Strategy	<b>Public</b>
<b>Report of:</b> Andrew Carter, Director of Community and Children's Services	<b>For Decision</b>
<b>Report author:</b> Jayne Taylor, Consultant in Public Health Dr Sandra Husbands, Director of Public Health Zoe Dhami, Strategy Officer	

### Summary

This report proposes a population health framework to support coordinated local action to tackle health inequalities and to guide the development of a new Joint Health and Wellbeing Strategy for the City of London (JHWB Strategy).

The impacts of COVID-19 on population health are clearly reinforcing long-standing inequalities, both locally and nationally. The breadth and depth of these impacts requires collective and sustained partnership action. The Health and Wellbeing Board has a central role to play in setting the strategic direction for this work.

### Recommendations

Members are asked to:

- endorse the use of a population health framework to refocus the work of the Health and Wellbeing Board and develop a new Joint Health and Wellbeing Strategy for the City of London
- endorse the next step recommended actions to progress this work:
  - The Board to provide strategic oversight of actions to tackle health inequalities in the City of London, ensuring coordinated activity across all four 'pillars' of the local population health system (i.e. the wider/socio-economic determinants of health, health behaviours, places and communities, and an integrated health and care system).
  - Re-engagement with and reinforcement of the 'health in all policies' approach, to refocus the Board's agenda on addressing the wider

determinants of health and underlying causes of health inequalities, so that it complements (rather than duplicates) the work of the Integrated Commissioning Board.

- Use a population health framework to co-produce a new Health and Wellbeing Strategy, building on existing assets and resident engagement/involvement mechanisms.
- The Board to support the 'health in all policies' approach, by requiring all strategies and policies to contribute toward the JHWB Strategy outcomes, as the 'lead' strategy

## Main Report

### Background

1. The unprecedented impacts, direct and indirect, of COVID-19 on population health are clearly reinforcing and exacerbating long-standing health inequalities, both nationally and locally.<sup>1,2,3,4</sup>
2. The *direct* health impacts of COVID-19 disease are disproportionately affecting certain minority ethnic groups, older people, men, people with underlying health conditions, care home residents and staff, those working in public facing occupations, as well as individuals and families living in socially deprived circumstances. Untangling the contribution of these various overlapping risk factors is complex, but it is clear that underlying structural inequalities are playing a role.
3. The *indirect* health impacts of lockdown and social distancing, and the longer-term economic consequences of the pandemic, will continue to affect some of our most vulnerable residents and communities for a long time to come - including many of those described above, as well as carers, certain faith communities, people with disabilities and those with no recourse to public funds. While men are at greater risk of the direct health impacts of COVID-19, there is evidence to suggest that women are over-represented in some occupations considered most at risk of being infected with coronavirus; women are also more likely have been furloughed or made redundant during the lockdown, and to be suffering emotional impact from the pandemic.

---

<sup>1</sup> [Disparities in the risk and outcomes of COVID-19](#), PHE (June 2020)

<sup>2</sup> [Beyond the data: understanding the impact of COVID-19 on BAME groups](#), PHE (June 2020)

<sup>3</sup> [Are some ethnic groups more vulnerable to COVID-19 than others?](#), IFS (May 2020)

<sup>4</sup> [Suspected COVID-19 in primary care: how GP records contribute to understanding differences in prevalence by ethnicity](#), QMU/King's College London (May 2020)

4. The breadth and depth of these impacts emphasises the need for collective, system-wide action to address health inequalities that have been starkly exposed by the current pandemic. COVID-19 could be the catalyst for real change, and refreshing the JHWB Strategy at this moment gives the Board a unique opportunity to set a clear future strategic direction to achieve this.

## **Current Position**

### *Responding to the challenge*

5. The current pandemic has added an urgency to our local response to health inequalities. Because of the scale, breadth and uncertainty of the impact of COVID-19, we need to plan our response over three time horizons.

### *Immediate priorities*

6. An absolute priority in our ongoing response to the pandemic and in getting services back up and running must be to ensure that:
  - a. we are not exacerbating existing inequalities
    - i. one example is the work being led by the Corporation on digital inclusion
    - ii. another is the work being done to improve the health of the “hidden workforce”
    - iii. or the equalities ‘checklist’ that is being developed to support the local NHS phase 2 assurance process
  - b. we are proactively targeting those who have been most disadvantaged by the pandemic and developing plans to reduce the unequal impact of any second peak, examples include:
    - i. targeted work, with voluntary sector partners, to prevent the spread of infection in vulnerable communities as part of local outbreak control plans, and
    - ii. action being taken to protect staff working in high risk roles.

### *Refreshing our current plans*

7. Work is also needed to review, refresh and re-prioritise our pre-existing strategic plans through an explicit inequalities lens - both to ensure sufficient focus is placed on inequalities that have deepened as a result of COVID-19 (e.g. linked to ethnicity and deprivation) and that our plans are broadened to directly address the needs of vulnerable groups which have not been prioritised previously (e.g. people living in insecure, overcrowded accommodation, who are at increased risk of infection and may have limited access to services).

8. Much of this work is already underway, including the work being undertaken by the City Corporation to review existing priorities as part of its recovery plans, as well as the development of an inequalities framework to inform the ongoing development of City and Hackney's integrated care plans.

## **Next Steps**

### *Longer-term strategic priorities*

9. Ultimately, what is needed is a coordinated and comprehensive strategy to meet the challenges posed by COVID-19. The wide-ranging impacts of the pandemic emphasise more than ever the need for sustained system-wide action to tackle the underlying causes of long-standing health inequalities in the City of London, going far beyond the health and care sector and working in partnership with our local communities.

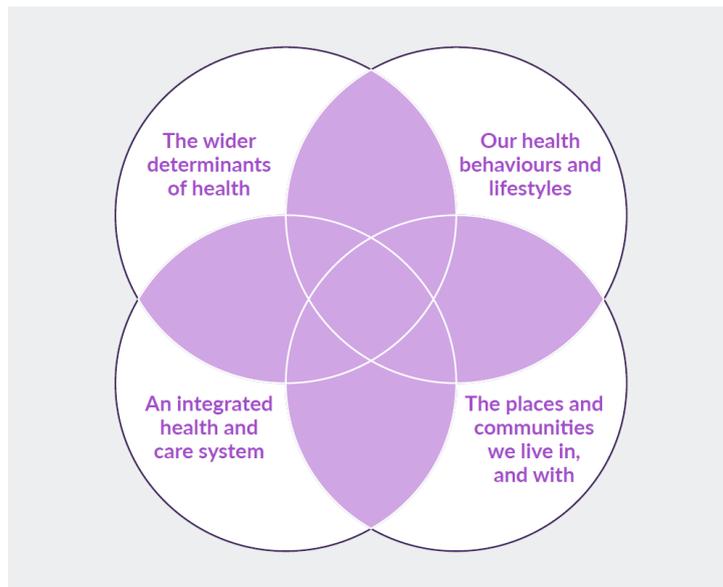
### *The role of the Health and Wellbeing Board*

10. There is a clear role for the Health and Wellbeing Board to lead the development of a shared strategic framework and coordinate the local response to tackling health inequalities. This requires a broad view of the multiple drivers of population health, but what does this mean in practice?
11. The unequal distribution of population health outcomes is driven by a complex interaction of individual, community and structural factors. Tackling health inequalities and improving population health require action at multiple levels and across all sections of society. This means addressing all four 'pillars' of a population health system, as described by the King's Fund (see figure 1 below).

### **Figure 1: King's Fund Population Health Framework<sup>5</sup>**

---

<sup>5</sup> Buck et al (2018), [A vision for population health: towards a healthier future](#), King's Fund



12. An effective, integrated health and care system is key to meeting population health needs and tackling inequalities, but is insufficient on its own. The biggest drivers of population health outcomes are linked to social, economic and environmental conditions (income, employment, education, housing, transport, etc), and it is structural inequalities linked to these 'wider determinants' that make the most significant contribution to health inequalities - as has been laid bare by the current pandemic.
13. As well as health behaviours (including smoking, physical activity, diet and alcohol), which themselves are socially patterned, this framework also emphasises the importance of 'place' - the neighbourhoods and communities in which we live - as being key drivers of health and wellbeing at an individual and population level. Working with and drawing on the assets within our local communities must therefore be central to our response to tackling health inequalities.
14. Adopting a 'health in all policies' approach implies a clear strategic role for the Board in coordinating system-wide action, with a specific focus on actions in the areas of overlap and intersection of the four 'pillars' - where the greatest opportunities to reduce underlying health inequalities are expected. For example, this may include housing developments which promote social inclusion and encourage physical activity for all, as well as local authorities and NHS trusts using their anchor institution status to contribute to improvements in the economic and environmental determinants of health (through common employment and sustainable procurement policies, amongst other things).
15. The whole-system, asset-based approach suggested by this population health framework is consistent with the strong emphasis on tackling inequalities at

the heart of the City Corporation's recovery plans. It is also in line with the approach being taken by the City and Hackney Integrated Commissioning Board, which endorsed a proposal to adopt a population health framework to guide future strategy and delivery plans in July 2020. Aligning the City of London JHWB Strategy with these wider strategic aims will maximise the opportunities for tackling the underlying drivers of health inequalities across and beyond the Square Mile.

16. By tasking strategies and policy proposals to evidence how they directly support the JHWB Strategy outcomes it can foster a health in all policies approach across the City Corporation.

### **Corporate & Strategic Implications**

17. A population health approach that embeds health in all policies will directly support the achievement of the following outcomes set out the City Corporation's Corporate Plan 2018-23:
  - 1 People are safe and feel safe.
  - 2 People enjoy good health and wellbeing.
  - 3 People have equal opportunities to enrich their lives and reach their full potential.
  - 4 Communities are cohesive and have the facilities they need.
  - 5 Businesses are trusted and socially and environmentally responsible.
  - 8 We have access to the skills and talent we need.
  9. We are digitally and physically well-connected and responsive
  - 11 We have clean air, land and water and a thriving and sustainable natural environment.
  - 12 Our spaces are secure, resilient and well-maintained.

### **Conclusion**

18. As part of the Health and Social Care Act 2012, The City Corporation is responsible for promoting the wellbeing of all the people who live or work in the City of London. As the determinants of people's health lie largely outside the healthcare system, social, physical and economic policies can have a substantial impact upon health. Adopting a 'health in all policies' approach implies a clear strategic role for the Board in coordinating system-wide action, with a specific focus on actions in the areas of overlap and intersection of the four 'pillars' - where the greatest opportunities to reduce underlying health inequalities are expected.

19. This report asks Members to endorse the use of a population health framework and the recommended next steps.

### **Appendices**

- None