Summary

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

Local updates

- Barts Health NHS Trust Cleaner Air Project
- Transforming Services, Changing Lives in East London
- Safer City Partnership Review
- Better Care Fund update

Policy updates

- Events
- Health Inequalities
- Older People
- Children and Young People
- Smoking
- Alcohol
- Mental Health
- Carers
- Environmental Health
- Diet and Nutrition
- Communicable Diseases
- Health and Wellbeing Board Guidance
- Public Health Guidance/Tools

Recommendation(s)

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

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

LOCAL UPDATES

Barts Health NHS Trust Cleaner Air Project

2. Barts Health NHS Trust is taking action to improve air quality across East London. Between 2014 and 2016, the Barts Health Cleaner Air Project aims to boost the health and wellbeing of at risk communities, enabling them to better protect themselves from the negative effects of air pollution. The City of London Corporation is supporting this ambitious programme, to build on the work already done to improve air quality in the Square Mile.

3. The Cleaner Air project is a partnership between Barts Health NHS Trust, the GLA, the four local authorities in which Barts Health is based, and environmental charity Global Action Plan.

4. It takes a multi-faceted approach to the issue of improving local air quality, tackling both preventative measures to improve air quality and helping to enable at-risk communities to protect themselves from the negative effects of pollution, which are already evident.

5. Benefits of the project to the Board include:
   - Supports Health & Wellbeing Boards to achieve their goals of improving the health and wellbeing of their local population, whilst reducing health inequalities.
   - Helps to create better informed and more effective public health strategies and community engagement through cutting edge behaviour change theory, generating original, validated local data and collating project learnings and recommendations.

6. This evidence based approach will enable:
   - Baseline current pollutant levels across the four local authority areas
   - Accurately track and measure the success of interventions
   - Engage with a wide range of individuals and groups including patients, staff, and community members/groups
   - Track short and longer term health improvements
   - Link at risk community members/groups to available NHS services

7. The contact officer is Ruth Calderwood: 020 7332 1162
Transforming Services, Changing Lives in East London

8. Transforming Services, Changing Lives (TSCL) is a clinical review programme established by local clinical commissioning groups (CCGs) Waltham Forest, Tower Hamlets, Barking and Dagenham, Newham, and Redbridge; NHS England; Barts Health NHS Trust and other local providers, including Homerton University Hospital NHS Foundation Trust.

9. The aim of the programme is to understand the current demands on the NHS and analyse the local health economy. Local clinicians have been asked to use their own knowledge of national and international best practice to review the quality and performance of East London health and social care services, highlight areas of good practice that should be maintained and developed, and set out if, why, and in what specialties they think there may be a case for change to ensure the very best care for local residents. It will not, at this stage, set out any recommendations for change.

10. A public and patient reference group has been established to provide ideas and feedback to clinicians leading the TSCL programme. The group is made up of representatives from three broad groups:

- local branches of Healthwatch, including City Healthwatch
- patient representatives from the CCGs involved in the programme
- patient representatives from the providers involved in the programme, including Homerton University Hospital

11. During the summer the initial thoughts and ideas being developed by clinicians will be tested out with a wider group of stakeholders before publishing a Case for Change in autumn 2014.

12. Following the publication of the Case for Change, if partner organisations conclude change may be necessary a longer term transformation programme incorporating wide public and patient engagement will be considered.

13. The contact officer is Zoe Hooper, TSCL Communications Manager: TSCL@nelcsu.nhs.uk / 0203 688 1678

Safer City Partnership Review

14. Over the last four months, the Safer City Partnership (SCP) Review took place. The review process engaged the statutory partners, City of London Police, London Fire Brigade, Health and Probation. The process also included a number of key officers within the City of London Corporation and Members with links to the SCP.

15. From the review a number of recommendations have been produced with resources within the SCP team being highlighted as essential. The current lack of resources has resulted in limiting the ability of the SCP’s scope to operate effectively. ‘Partnership’ priority planning has been limited and would benefit from greater partner involvement.
16. The review also looked at the number of groups which meet to tackle a wide range of issues such as antisocial behaviour, night time economy, vehicle crime reduction, drug and alcohol abuse and domestic violence, all working well in their own rights but some lacking coordination and a framework linking them to the strategic governance of the SCP Strategy Group and other Committees etc. such as the Health and Wellbeing Board.

17. The recommendations will re-establish resources within the SCP team and look to develop a clear framework of governance and performance. Plans will be developed together with partners to explore opportunities to co-locate and work together more intelligently and share resources.

18. Work has now started to re-establish the SCP team and an interim Community Safety Manager has been appointed, further work will take place to recruit to the two vacant Community Safety Officer posts, this will then create capacity to deliver the SCP Annual Priority Plan and strengthen links with partners. Engagement with Partners has begun and there have been positive discussions on how to move the Partnership forward and improve joined up working”.

19. The contact officer is Alex Orme: 020 7332 1397

Better Care Fund update

20. The City of London Better Care Fund Plan and performance metrics were submitted to NHS England on 4 April 2014. On 6 May 2014 NHS England wrote to all local authorities to provide an overview of the quality assurance process, confirming the regional process was complete and a national process was “now underway to determine any further requirements or areas for clarification.” The regional process identified some gaps in data in the City of London submission that have now been provided.

21. The contact officer is Simon Cribbens: 0207 332 1210

POLICY UPDATES

Events

22. Health and Wellbeing Boards one year on
This one day event will provide an opportunity to discuss the progress and next steps for Health and Wellbeing Boards and the impact so far of the return of public health to local authorities.

- When: Thursday June 26th 2014, 9:30am-4:00pm
- Where: Aston University Birmingham
- Booking: www.coventus.net
Health Inequalities

23. Race equality and health inequalities: towards more integrated policy and practice
This paper argues that within the English health system the equality and diversity (E&D) and health inequalities (HI) agendas remain poorly integrated at both national and local level. In particular, the HI agenda has largely failed to pay explicit attention to axes of inequality other than the socioeconomic gradient.
- **Link:** [http://www.better-health.org.uk/sites/default/files/briefings/downloads/Health%20Briefing%2032_0.pdf](http://www.better-health.org.uk/sites/default/files/briefings/downloads/Health%20Briefing%2032_0.pdf)
- **There is a population of BME families and individuals in the Portoken ward who may have particular health issues**

24. **The maternal mental health of migrant women**
This briefing examines why there is low take-up of maternal mental related services by migrant women in the UK. It considers how maternal mental health care providers can develop services which meet the needs of migrant women.
- **Link:** [http://www.better-health.org.uk/sites/default/files/briefings/downloads/Health_Briefing_31_0.pdf](http://www.better-health.org.uk/sites/default/files/briefings/downloads/Health_Briefing_31_0.pdf)
- **The City has a high migrant population.**

25. **Living well for longer: national support for local action to reduce premature avoidable mortality**
This document sets out how the health and care system aims to become amongst the best in Europe at reducing levels of avoidable mortality. Focusing on cancer, stroke, heart, liver and lung diseases, it sets out examples of good practice and help for local commissioning and service delivery.

This is one of a series of policy briefs that describe practical actions to address health inequities, especially in relation to tobacco, alcohol, obesity and injury, the priority public health challenges facing Europe. It provides a framework that policy-makers at national, regional and local levels can apply to their own unique context, to help them consider the processes by which inequities occur and suggest policy interventions to address them.
27. **Good practice in improving care for vulnerable groups**
This report includes examples of good primary care that improves registration and access to care. It outlines what makes good practice and explains why the chosen approaches are successful in improving access to primary care.


28. **Inclusive practice**
This report reviews the impact of efforts to provide good access to primary care services. It reviews levels of hospitalisation for the four vulnerable groups identified in the Inclusion Health programme: vulnerable migrants; gypsies and travellers; people who are homeless; and sex workers.


### Older people

29. **Focus on: social care for older people - reductions in adult social services for older people in England**
This report examines the scale and scope of cuts to social services for older people in England from 2009/10 to 2012/13. It reveals that most local authorities are tightly rationing social care for the over-65s in response to cuts, resulting in significant drops in the number of people receiving services.


30. **Transforming primary care: safe, proactive, personalised care for those who need it most**
This guidance sets out plans for more proactive, personalised and joined up care, including the Proactive Care Programme, providing the 800,000 patients with the most complex health and care needs with a personal care and support plan; a named accountable GP; a professional to coordinate their care; and same-day telephone consultations.


31. **The generation strain: collective solutions to care in an ageing society**
The number of older people in need of care is expected to outstrip the number of family members able to provide informal care for the first time in 2017, according to a report by IPPR. The report says that the number of people aged 65 and over without children to care for them will almost double before the end of the next decade and that by 2030, there will be more than 2 million people in England without a child to care for them if needed.


### 32. Learning for care homes from alternative residential care settings.
This review explores the learning from delivery of care in residential services for children and young people, residential services and supported housing for people with learning disabilities and hospice care, and considers how this can be applied in care homes for older people.

- There is an aging population in the City who may eventually require home care and end-of-life services at home.

### 33. Flu plan: winter 2014 to 2015
This plan sets out a coordinated and evidence-based approach to planning for and responding to the demands of flu across England. It will aid the development of robust and flexible operational plans by local organisations and emergency planners within the NHS and local government.


### 34. Comorbidities: a framework of principles for system-wide action
This document sets out the current challenges faced in the health and social care system in treating people with 2 or more long term health conditions. It proposes changes to the system to improve care.


### 35. Ageing alone: loneliness and the oldest old
This report argues that loneliness should be a public health priority and explores practical steps that can be taken to reduce levels of loneliness among the oldest old. Addressed to politicians and policy makers in both central and local government, leaders and innovators in the voluntary and community sector, and wider society as a whole, the report urges them to give more priority to the services and support that we know can help older people avoid ageing in loneliness and isolation.

- Link: https://cminteractive.net/ci/centreforum/tomfrostick/ageingalone.pdf
36. **Crime, fear of crime and mental health**
This study is a synthesis of theory and systematic reviews of interventions and qualitative evidence. It examined how interventions to reduce crime and fear of crime could help to improve population-level wellbeing and mental health

- The City has low crime however older people may have fear of crime, especially with the increasing late night economy and recent marketing campaigns.

**Children and young people**

37. **School nursing: public health services guidance**
This guidance supports effective commissioning of school nursing services to provide public health for school aged children. It also explains how local school nursing services can be used and improved to meet local needs.


**Smoking**

38. **Smoking, plain packaging and public health**
This briefing aims to analyse policies towards tobacco harm reduction and looks at the effectiveness of plain packaging policies.

- Smoking is an issue for all populations in the City
39. **Standardised packaging of tobacco - report of the independent review undertaken by Sir Cyril Chantler**

This report concludes that standardised packaging of tobacco is likely to contribute to a reduction in smoking, including reducing the rate of children taking up smoking.

- Link: [http://www.kcl.ac.uk/health/10035- TSO-2901853-Chantler-Review-ACCESSIBLE.PDF](http://www.kcl.ac.uk/health/10035-TSO-2901853-Chantler-Review-ACCESSIBLE.PDF)

**Alcohol**

40. **Liver disease: today's complacency, tomorrow's catastrophe**

This report reveals a consensus across the medical community on the urgent need for action on liver disease, as well as on the actions that are required. It finds that deaths from liver disease in England have risen 40% between 2001-2012.

- Liver disease has strong links to alcohol misuse

41. **Responsibility deal alcohol network: pledge to remove 1 billion units of alcohol from the market by the end of 2015: first interim monitoring report**

This report explains the progress that has been made towards the Public Health Responsibility Deal Alcohol Network pledge to remove 1 billion units of alcohol from the market by the end of 2015. It shows that so far the number of units of alcohol sold has been reduced by a quarter of a billion.


42. **Global status report on alcohol and health 2014**

This report provides country profiles for alcohol consumption in the 194 WHO Member States, as well as the impact on public health and policy responses. It found that worldwide, 3.3 million deaths in 2012 were due to harmful use of alcohol.

Mental Health

43. #MHN2014: the future of mental health
This paper discusses what challenges mental health services face and what these challenges might mean for the future of the nation's mental health.


44. Mental Healthwatch handbook: improving mental health with your community
This handbook provides information on how Healthwatch can help improve mental health with a range of partners including central government, service users, commissioners, providers, the voluntary sector and councils.

- Link: www.nsun.org.uk/.../mentalhealthwatchhandbookv1april20142.pdf

45. Managing patients with complex needs: evaluation of the City and Hackney Primary Care Psychotherapy Consultation Service
This report reviews a service that helps GPs in the City of London and Hackney to support people who fall through the gaps in existing service provision. It finds that it improves health at the same time as reducing costs in both primary and secondary care services.

- Link: www.centreformentalhealth.org.uk/.../Managing_patients_complex_needs_.pdf

Carers

46. Supporting employees who are caring for someone with dementia
Carers UK and Employers for Carers carried out an employer and employee survey between October 2013 and January 2014 to find out the impact of working while also caring for someone with dementia. This report sets out the key findings and emerging issues from these surveys. It concludes by making 10 recommendations for employers, health and social care services and government to take to facilitate better support for employees who are caring for loved ones with dementia.

- Link: http://www.carersuk.org/for-professionals/policy/policy-library/supporting-employees-who-are-caring-for-someone-with-dementia
- It is likely that many City workers also have caring responsibilities.
47. **NHS England’s commitment to carers**
   This document sets out a series of commitments that NHS England will do to support carers, reflecting what NHS England has heard from carers during a number of engagement events.
   

**Environmental Health**

48. **Active by design: designing places for healthier lives**
   This guide looks at how the design of buildings and public spaces in cities and towns can lead to positive changes in our lifestyle and ultimately to greater levels of physical activity. It outlines the key facts which detail the problems of inactivity; examples of action which could be taken; and suggestions for different sectors and professions.
   

49. **Reports from the Committee on the medical Effects of Air Pollutants (COMEAP)**
   COMEAP advises on all matters concerning the health effects of air pollutants. These reports include reviews of: the UK air quality index; mortality effects of long-term exposure to particulate air pollution in the UK; long-term exposure to air pollution: effect on mortality; and cardiovascular disease and air pollution.
   
   - Link: [https://www.gov.uk/government/collections/comeap-reports](https://www.gov.uk/government/collections/comeap-reports)

**Diet and Nutrition**

50. **Good Food For London**
   This report provides an accessible view of progress made by London boroughs towards a healthy sustainable and ethical food system. The report celebrates achievements made by boroughs that are showing leadership and challenges other boroughs to follow their good example. *Note registration is required to download the full report, however the maps are free to access.*
   
   - This report particularly covers boroughs engaging in healthier catering overall and in schools.

51. **Blood sugar rush: diabetes time bomb in London**
   This report finds that almost half a million Londoners are living with Type 2 diabetes and that the figure is set to increase exponentially over the coming
years. It aims to find out what is driving the increase in Type 2 diabetes across London, and how the delivery of diabetes care is managed and where improvements can be made in providing that care.


**Communicable disease**

52. **Surveillance of infectious disease**
This briefing describes current surveillance efforts and examines new technological developments and their likely impacts on UK and international public health.

- *The high density of City workers may increase the risk of infectious disease in the Square Mile.*

53. **HIV prevention in the UK**
This note describes patterns of infection and policies to increase HIV testing. It also summarises evidence for using antiretrovirals as a preventive measure.

- Link: www.parliament.uk/briefing-papers/POST-PN-463.pdf

54. **Sexual and reproductive health evidence summaries**
This package of new resources provides the latest evidence on the impact and economics of opportunistic chlamydia screening, and HIV screening and testing. PHE have produced evidence summaries and leaders' briefings which aim to inform the planning and commissioning of these services.

- Link for Chlamydia testing: http://www.chlamydiascreening.nhs.uk/ps/evidence.asp
- *Local authorities are mandated to provide open access sexual health services.*

**Public Health Framework/Tools**

55. **Health research 2014**
These briefings detail the results of research which explored local charities and voluntary organisations' attitudes and experiences of local health organisations. The research looked at the extent to which these local charities and voluntary organisations felt that they were able to influence JSNAs and the nature of their relationship with local CCGs and local Healthwatch.
56. **Local government briefings**
NICE has developed local government briefings for a range of different public health topics. These briefings are meant for local authorities and their partner organisations in the health and voluntary sectors, in particular those involved with health and wellbeing boards. These new briefings discuss community engagement to improve health and contraceptive services.

- Contraceptive services: [http://publications.nice.org.uk/contraceptive-services-lgb17](http://publications.nice.org.uk/contraceptive-services-lgb17)

**Health and Wellbeing Board Guidance**

57. Local authorities’ public health responsibilities (England)
This note sets out the main statutory duties for public health that were conferred on local authorities by the Health and Social Care Act 2012. The note includes information on public health funding; how local authorities have been spending their ring-fenced public health grants; and on accountability arrangements.

- Link: [www.parliament.uk/briefing-papers/SN06844.pdf](http://www.parliament.uk/briefing-papers/SN06844.pdf)

58. **Break on through: overcoming barriers to integration**
This report focuses on what local areas can do themselves to transform, and how central government can support service integration. It highlights the key
barriers to service integration and what actions need to be taken locally and by central government in order to facilitate change.


59. **Leadership – easier said than done**
This report explores general leadership issues and looks at the capacity of individuals at all levels of an organisation to buy into and lead on the organisational agenda, highlighting how misaligned organisational structures and processes can get in the way of leadership.

- Link: http://www.cipd.co.uk/binaries/leadership(web).pdf

Maria Cheung
Health and Wellbeing Executive Support Officer

T: 020 7332 3223
E: maria.cheung@cityoflondon.gov.uk