

**Joint Health and Wellbeing Strategy
City of London Corporation
2017/18-2020/21**

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1 Foreword

To be completed for final draft

2 Introduction

The Health and Social Care Act 2012 places health and wellbeing boards at the heart of planning to transform health and social care and achieve better standards of health and wellbeing for the population. Health and wellbeing boards have a number of core responsibilities. These include assessing the health and wellbeing needs of the local population through the Joint Strategic Needs Assessment (JSNA) and preparing a joint health and wellbeing strategy.

The aim of a joint health and wellbeing strategy is to jointly agree what the most important issues are for the local community based on evidence in JSNAs, what can be done to address them, and what outcomes are intended to be achieved (Department of Health, 2012).

The City of London contains several populations in one place (residents, workers, rough sleepers and other people who visit the City everyday), with different needs and health issues. This strategy therefore considers three distinct populations with different needs and mental health issues: residents, City workers and rough sleepers.

The City of London's Health and Wellbeing Board¹ exists to improve the health and wellbeing of these communities within the City of London and to reduce health inequalities across the Square Mile. It brings together leaders across the health and care system to provide collective leadership on a range of complex and cross-cutting challenges which impact on the health and wellbeing of local people.

Health and wellbeing outcomes and inequalities are driven by a range of factors, some of which individuals have little control over. Others are the result of behaviours which in turn are heavily influenced by people's circumstances and environment, such as income, employment and living conditions. This strategy will address those factors which affect the health of the population within the City of London.

3 Background

3.1 The City

The City of London has the highest daytime population of any local authority area in the UK, with hundreds of thousands of workers, residents, students and visitors packed into just over a square mile of densely developed space. The City of London also has the sixth highest number of rough sleepers in London.

¹ Details of the Health and Wellbeing Board meetings, agendas and membership can be found here: <http://democracy.cityoflondon.gov.uk/mgCommitteeDetails.aspx?ID=994>.

The City Corporation is responsible for local government and policing within the Square Mile. It also has a role beyond the Square Mile, as a port health authority, a sponsor of schools, and the manager of many housing estates and green spaces across London.

The *City and Hackney Joint Strategic Needs Assessment* pulls together data from a range of sources. It is supplemented by a City specific document which describes the health needs of the different communities in the City, and makes a number of key recommendations for service provision based on levels of need. These findings form the evidence base for this strategy and enable us to understand the particular health problems faced by people in the Square Mile.

The City borders seven London boroughs and residents often have to access services that are delivered outside the Square Mile. The catchment area of the City's only GP practice does not cover the whole City, so residents in the east access primary care services from Tower Hamlets GPs. This means we must also work closely with Tower Hamlets CCG to ensure residents' needs are met.

Public Health in the City of London has a strong relationship with the London Borough of Hackney. City and Hackney share a Director of Public Health and a Clinical Commissioning Group. A number of public health services are also commissioned in partnership with the London Borough of Hackney. While most public health services are focussed on the resident population some public health services are also commissioned for City workers.

In surveys, the City scores highly as a place to live and work and it has excellent transport links and cultural services. The City is an urban area, and suffers from poor air quality. Particulate matter and nitrogen dioxide levels are both very high, and there are a high number of noise complaints. There are numerous open spaces in the City but they tend to be small in size.

3.2 City residents

The latest population estimates from the Office of National Statistics places the City's resident population at 8,760 – a figure which is projected to increase. Those aged 65 and over are projected to contribute the most to this growth, with their numbers increasing rapidly in the next decade. This is likely to create increased demand for health and social care services in the future.

In contrast, there are relatively few children in the City. The City's children mainly live in dense pockets of housing with some areas experiencing high levels of deprivation. The City of London has a diverse range of ethnicities and religious faiths.

There has been improvement in the City's deprivation ranking in recent years, however significant gaps remain between the areas of Portsoken (40% most deprived) and Barbican (10% least deprived).

3.3 City workers

Around 415,000 people work in the Square Mile, and this is expected to grow rapidly over the next decade. City workers are mainly aged between 20 and 50, with a higher proportion of men. City workers tend to be healthier than the general population because they are younger, although lifestyle factors such as smoking, alcohol consumption, levels of physical activity and diet have an impact.

3.4 Rough sleepers

In 2015-16 the City had the sixth highest number of rough sleepers among London local authorities. On average 20-25 people sleep on the streets of the City of London every night. The vast majority are male and include those new to the streets as well as longer term rough sleepers. Those that find themselves homeless on the streets are especially vulnerable to crime, drugs and alcohol, and at high risk of physical and mental illness and premature death. Many people come to the streets with complex issues, some have limited entitlement to services and some are resistant to support and treatment. Homelessness can be both a cause and a consequence of major problems for an individual's health, both physical and mental.

4 How are we going to achieve our vision?

4.1 Our vision

This strategy is underpinned by the following vision:

Working in partnership to achieve longer, happier, healthier lives in the City of London

4.2 How this strategy will deliver our vision

The key role of this strategy will be to inform commissioning and service planning – to ensure the City's priorities are met within wider partnership approaches and service commissioning from 2017/18. We expect that both commissioners and service providers will seek to implement the strategy in the specification, planning and delivery of services. We will also expect continued integration wherever this can deliver better health outcomes and a better experience for patients and service users.

By implementing our strategy we want to reduce the differences in health across the Square Mile, for those who live and work here. We will use evidence of effectiveness to inform what we do and we will get the best value from our resources. We will invest in prevention and early intervention. We also want more people to have a positive experience of care and support. This means that access to services should be fair and transparent, provision of services should be timely and the location should be appropriate. Wherever possible, people should be supported in the community, close to their homes, friends and families. Care and support should give people the greatest possible level of choice and control over their lives and should be tailored to meet their individual needs.

4.3 The role of our Health and Wellbeing Board

The Health and Wellbeing Board's role will be to champion the vision and priorities of the strategy and to hold delivery partners to account. This will require the Board to provide robust challenge to work being delivered across the system and show action-focused leadership if barriers exist and are preventing progress. This may include Board members working to actively drive change in their own organisations, or looking together at how resources are used across different agencies and partners for maximum impact. Monitoring progress, and seeing how the strategy is leading to real change for residents, workers and rough sleepers, will enable the Board to make the right interventions at the right time. The detail of this action is given below in section 9.

5 Strategic context

5.1 National context

The NHS is facing growing financial and service pressures during a time of rising demand. The NHS Five Year Forward View², published in October 2014, is set in this context. It sets out a new shared vision for the future of the NHS emphasising the need to move to place based systems of care where organisations are collaborating and using their resources collectively to meet the needs of the local population in the most appropriate and effective way. It also sets out the challenges to be addressed in the NHS around finance and efficiency, improving the health of the population and providing quality care.

5.2 Local context

Since the last Joint Health and Wellbeing Strategy policy our Corporate Plan (2015 – 2019) has been approved. This is the City Corporation's main strategic planning document and provides a framework for the delivery of services. It sets aims that include a commitment to maintaining high quality, accessible and responsive services benefiting its communities, neighbours, London and the nation³. This strategy supports the delivery of the Corporate Plan and will in turn provide strategic direction to other strategies and action plans, including those on social care, housing, transport, employment and working with businesses.⁴

The strategy is also informed by the City and Hackney CCGs Five Year Strategic Plan (2014 – 2019)⁵, which outlines its strategic vision as:

- patients in control of their health and wellbeing;

² <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

³ (<https://www.cityoflondon.gov.uk/about-the-city/how-we-make-decisions/Documents/corporate-plan-2015-19.pdf>)

⁴ CCG Commissioning Strategy; Mental Health Strategy ; Children and Young People's Plan; Homelessness Strategy; Carers' Strategy; Air quality Strategy; City of London Commissioning Prospectus – Services for Children and Young People; Noise Strategy; Suicide Prevention Action Plan.

⁵ <http://www.cityandhackneycg.nhs.uk/Downloads/About%20Us/Equality%20and%20diversity/5%20YEAR%20PLAN%20UPDATE%20final.pdf>

- a joined-up system which is safe, affordable, of high quality, easy to access, saves patients' time and improves patient experience;
- everyone working together to reduce health inequalities and premature mortality and improve patient outcomes;
- getting the best outcomes for every pound we invest through an equitable balance between good preventative services, strong primary and community services and effective hospital and mental health services which are wrapped around patient needs;
- services working efficiently and effectively together to deliver patient and clinical outcomes and providers in financial balance.

5.3 Sustainability and Transformation Plans

In December 2015, NHS England required local areas to produce five year Sustainability and Transformation Plans (STP) to set out how local areas proposed to meet the challenges set out in the Five Year Forward View. The City Corporation is part of the North East London STP. This includes eight local authorities, seven CCGs and three acute hospital trusts (Homerton University Hospital Trust, Barts NHS Health Trust and Barking, Havering and Redbridge University Hospitals Trust).

5.4 Locality Plans

CCGs and their partner local authorities are developing two to five year locality plans to address local issues highlighted in local health and wellbeing strategies as well as contributing to delivering the wider STP ambitions. This allows City of London specific priorities around social isolation, the health of workers and cross boundary issues to be addressed in the locality plan.

5.5 Devolution pilot and integrated commissioning

Separately to the STP, the London Borough of Hackney and City & Hackney CCG along with local health providers were approved as a devolution pilot. This allows them to explore the delegation of powers to a local level to better support the achievement of plans. This aims to accelerate the transformation of the local health and care system in Hackney so that it is financially and clinically sustainable and provides improvements in health, care and wellbeing outcomes. The City Corporation and the CCG have been working closely to ensure that devolution brings advantages and improved outcomes to the City, where its needs are specific.

The devolution proposal committed to exploring joint commissioning between the CCG and the local authority social care and public health functions. A commitment has been made to explore this for the London Borough of Hackney. As the City Corporation is not part of the devolution pilot, the CCG is keen to establish a similar arrangement with the City Corporation to mirror those in Hackney to ensure an equitable approach across the CCG area.

6 Progress since the last strategy

This is the second City of London Joint Health and Wellbeing Strategy, following the first which covered the period from 2013-2016. The Health and Wellbeing Board has successfully overseen the transition of statutory powers from PCTs to Local Authorities and CCGs and has helped both organisations to consider how to mainstream health and wellbeing considerations throughout their work.

Since the last Health and Wellbeing Strategy, we have worked hard to develop a public health offer to City workers. Business Healthy, a community and online resource for business leaders launched in April 2014, aims to engage and educate businesses on a wide range of health issues through blogs, events and round table discussion. Business Healthy now has 477 members. This initiative was recognised as demonstrating a high level of excellence by the Royal Society for Public Health, which awarded it the three year Health and Wellbeing Award for 2014-2017.

We have worked hard to improve mental wellbeing in the City. We have developed a mental health strategy and accompanying action plan which is being successfully implemented. We have also developed a suicide prevention action plan and are working closely with partners to reduce suicide attempts in the City of London. Actions have included placing signs to encourage people to seek help on City of London bridges and training frontline staff and the members of the public in how to recognise and help someone who is considering suicide.

We have also commissioned new services aimed at promoting healthy behaviours including a new integrated smoking, alcohol and substance misuse service, Square Mile Health, and a health check, weight management and physical activity service called City LivingWise.

With Hackney, we have jointly commissioned public health services for children living in the City of London including CHYPS Plus⁶, a holistic clinical and education service for 5-19 year olds with an emphasis on sexual health. We have also taken on responsibility for 0-5 year olds, and have commissioned a new health visiting service that provides additional support for more vulnerable mothers.

The Health and Wellbeing Board has contributed to the development of the City of London air quality and noise strategies which aim to create a healthier environment for those who live and work in the City of London

7 Developing this strategy

Within the City, the size of the resident population presents a number of challenges to strategic planning. It is often difficult for us to get meaningful data about health needs, trends and service provision, given very small sample sizes. We also have a huge number of commuters entering the City every day, about whom very little information is collected.

⁶ City and Hackney Young People's Service

For this reason, it is even more vital that we use a combination of quantitative evidence from the JSNA and other health needs assessments, combined with local and community intelligence, to determine our priorities.

The *City and Hackney Joint Strategic Needs Assessment* and the *JSNA City Supplement* pull together data from a range of sources to describe the health needs of the different population groups in the City, and make a number of key recommendations for service provision based on the level of need. JSNA findings form the evidence base for this strategy and enable us to understand the particular health problems faced by people in the Square Mile.

The information from the JSNA has helped identify our priorities by looking at the number of people affected, impact on health and wellbeing, scope for improvement, inequalities, deprivation and disadvantage and unmet need.

There has also been engagement and consultation with a range of stakeholders, including a series of local events and formal engagement with residents and workers in the City of London, which have been used to shape the priorities within this strategy.

Business Healthy members who represent businesses with an interest in workplace health in the Square Mile have also been asked for their views on the challenges they face in supporting the mental health of their employees.

8 Priorities

8.1 Guiding Principles

The Marmot Review in 2010, 'Fair Society, Healthy Lives' proposed evidence based strategies for reducing health inequalities, including addressing the social determinants of health in England from 2010. The Marmot Review concluded that reducing health inequalities would require action from government on six policy areas. The City's Health and Wellbeing Board recently revisited the Marmot principles, in light of developments made in the past six years, as well as considering what was within scope for a health and wellbeing board and strategy to achieve alone. Where appropriate and within scope, the strategy will strengthen and support the delivery of the Marmot principles. The board agreed that the Marmot principles would be the starting point for their own set of six principles. These are:

1. Support parents and local services to give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Encourage fair employment and good work for all, including helping people to maintain a work-life balance
4. Encourage a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention

8.2 Priority 1: Good mental health for all

8.2.1 Why this is a priority:

Poor mental health is one of the most significant and pervasive issues facing our society. One in four adults will experience a mental health problem at some point in their life. Depression and anxiety, the most common and widespread mental health problems, are also known to disproportionately affect more deprived sections of society, contributing to lower quality of life. Poor mental health in the City of London affects each of the three main communities addressed within this strategy: residents, workers and rough sleepers.

The increasing number of older residents, particularly those living alone, is likely to result in increased levels of social isolation and depression. It is also known that people with long-term conditions are 2-3 times more likely to experience mental health problems. Carers are also particularly vulnerable to mental health issues. Other issues such as unemployment and poor housing can contribute to mental ill health.

For many City workers the high pressure, competitive nature and long working hours of City roles may also trigger stress and mental health issues including anxiety, depression and risk-taking behaviours. Previously, periods of severe economic problems and job instability have had an adverse effect on the mental health of worker populations.

Around 45% of rough sleepers in the City have, or have had, a mental health problem, making this group a significant focus for mental health services⁷.

The City's location and distinctive infrastructure including the high rise buildings, rail and underground networks and the River Thames provide different means for suicide. The City of London has three populations at risk of suicide: those who live in the City, those who work in the City and those who travel to the City with the specific intention of committing suicide.

8.2.2 What we will achieve:

Our ambition is for more people in the City of London to have good mental health

We aspire for fewer people to develop mental health problems and for more people with mental health problems to be able to recover, have a good quality of life and a positive experience of care and support. We will keep people well through prevention and early support. People should be equipped with the tools to manage their conditions, with a focus on preventing relapse or escalation of existing problems.

We will better understand the needs of City workers and improve early identification of depression, anxiety and substance misuse. We need to encourage all City businesses to be great employers who are committed to the health and wellbeing of their workforce and provide support for workers with mental health problems.

⁷ (CHAIN database 2012/13).

We need to identify, assess and respond quickly to mental health issues amongst rough sleepers in the City, providing them with services that are compatible with lifestyles that may be chaotic and hinder engagement with standard treatment models.

We will respond effectively to people in crisis and prevent suicide where possible.

8.2.3 What we will do:

The City Corporation will work together with the City of London Police and City and Hackney CCG to deliver this priority. Action plans to increase the focus and strengthen our combined efforts to improve mental health and wellbeing in the borough will be developed in a number of key areas including:

- Work with commissioning partners to improve services in order to create a parity of esteem between mental health and physical health services
- Providing services and support to residents in their communities to overcome isolation, build resilience and increase social connections
- Promoting workplace mental health and wellbeing and improve employment outcomes.
- Deliver public mental health services that support early identification of mental health problems and improve early identification both through healthcare pathways and in our work with the community.
- Provide tailored support for people who are homeless or sleeping rough, taking into account issues such as ability to commit to treatment, chaotic lifestyles and dual diagnosis.
- Implement the actions on the Suicide Prevention Action Plan in partnership with the City of London Police to reduce suicide and attempted suicide and to respond effectively to people in crisis.

8.3 Priority 2: A healthy urban environment

8.3.1 Why this is a priority:

There is now strong evidence that the environment shapes health outcomes. A well-designed public realm with high quality green open space will encourage physical exercise, improve mental health and increase biodiversity. Spatial planning policy should be used to deliver improvements to health and wellbeing.

Poor air quality contributes to shortening the life expectancy of all Londoners, disproportionately impacting on the most vulnerable. Poor air quality exacerbates heart and lung conditions such as asthma and chronic obstructive pulmonary disease. Public Health England measures show that the City of London is the worst in the country for air quality with 8.4% of early deaths attributable to particulate matter in 2013.

The City of London inevitably experiences relatively high levels of noise and the City Corporation now receives around 1,100 noise complaints per year (up from around 750 per

year in 2011). Managing noise in the City is a considerable challenge due to density of development and the vast transport network. High levels of noise not only cause disturbance to residents in their homes, but can also disrupt business activity in the City and spoil the visitor experience. The City Corporation has a statutory responsibility to manage and minimise exposure to excessive and sometimes unnecessary noise.

Whilst gathering ideas from residents and workers in the Square Mile, a lack of green space, community space and space to exercise came up repeatedly as a health and wellbeing issue. The City of London has a network of gardens, churchyards, parks, plazas and highway planting, which are often smaller than 0.2 hectare but are intensively used. Green spaces can play a role in promoting healthy lifestyles, reducing stress and preventing illness and can also help with social inclusion by providing a space to socialise.

The condition, affordability and availability of the housing stock is a major influence on the borough's capacity to reduce inequality. Where people live and the quality of their home have a substantial impact on health; a warm, dry and secure home is associated with better health. The housing in the City is different from in other areas: 90% of flats are 2-bed or smaller and overcrowding is an issue.

The City of London has a relatively high number of those killed and seriously injured on England's roads, (173 people from 2012-2014). This is a similar rate to other inner City London Local Authorities which have a high number of visitors each day.

Poor diets and poor nutrition are key contributors to overweight, obesity, and tooth decay. The local food environment plays as important part, as it affects food and alcohol availability and the ability to make healthy choices. Influencing the availability, presentation, and prices of healthier options can encourage consumers to reassess their preferences and make alternative choices. The City of London has a high proportion of food outlets however food prices are often extremely high, as retailers focus their business on attracting daytime workers rather than addressing the needs of resident families.

8.3.2 What we will achieve:

Our ambition is to create a healthy place for people who live, work in and visit the City of London.

We want health to be considered in all policy and decision making areas within the City Corporation. Health in All Policies (HiAP) is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas. HiAP is a response to a variety of complex and often inextricably linked problems, such as the increase in people living with chronic illness and long-term illness linked to our ageing society, growing inequality and health inequalities, climate change and the need for effective and efficient strategies for achieving society's goals with shrinking resources.

We will create a healthier environment with healthy food and drink options, particularly in those areas in which residents live and that are more deprived areas. We want to enable our residents and workers to make choices that will improve their health.

8.3.3 What we will do:

- Ensure health and wellbeing issues are embedded into the Local Plan and major planning applications
- Tackle unhealthy environments by delivering improved infrastructure for safe active travel and by providing easy access to healthy and affordable food in the local area
- Encourage retailers of healthy food in under-served, low-income neighbourhoods and/or to encourage existing retailers to offer more healthy products
- Introduce voluntary smoking bans in areas where more vulnerable people congregate for example outside schools
- Oversee the implementation of the air quality strategy and support the implementation of low emission neighbourhoods.

8.4 Priority 3: Effective health and social care integration

8.4.1 Why this is a priority:

The integration of health and social care services is a well-established principle as it provides a better patient and service user experience, more effective services and can contribute to financial savings.

The City Corporation already works in an integrated way across the health and social care system but there have been limitations to this in terms of organisational boundaries and legal frameworks.

With growing financial and service pressures at a time of rising demand in health services, NHS England published a five year plan to address some of the challenges arising from this and encouraged health and social care organisations to work more closely together to address them. This is set out in further detail in the local Sustainability and Transformation Plans and for City and Hackney and in the emerging locality plan.

Working more closely together can involve health and social care services commissioning or delivering services in new ways.

8.4.2 What we will achieve:

Our ambition is to ensure that the further development of integrated health and social care services reflect and meet City resident needs effectively.

8.4.3 What we will do:

- Work with City and Hackney and Tower Hamlets CCGs to promote City resident needs and ensure access to any emerging integrated service models for City residents
- Utilise opportunities such as the Better Care Fund to develop schemes which facilitate integration across health and social care for City of London residents
- Explore different and innovative ways of commissioning and delivering services.

8.5 Priority 4: Children have the best start in life

8.5.1 Why this is a priority:

Giving every child the best start in life was highlighted in the Marmot Review as the highest recommendation for reducing health inequalities. Prevention and early intervention in the first years of a child's life has a significant positive impact for a child's outcomes. It can break the links between early disadvantage and poor outcomes later in life such as emotional and behavioural difficulties, under-attainment at school, truancy and exclusion, criminal behaviour, drug and alcohol misuse, teenage pregnancy and the need for statutory social care. Early years are often called the foundation years because this is when behaviours are established that last well into adolescence and adulthood – these include oral health (e.g. tooth brushing habits are established by the age five years), dietary habits and disposition to physical exercise.

Babies generally receive a good start in life in the City of London: there is good breastfeeding uptake, low numbers of underweight babies' born and low numbers of women who are smokers at the time of birth. However, there is still room for improvement. National indicators show that child poverty in the City of London is still present and persistent in parts of the City. Official figures show 10.3 per cent of City children (under 16) were living in poverty in 2013. Data show that vaccination rates for MMR are below average compared to both

Nationally oral health has been identified as an issue for children's health. Public Health England's oral health survey shows that almost a quarter of children aged 5 years suffer from tooth decay and tooth decay accounts for a huge cost to health services.

The City of London Children and Young People's Plan includes the priority to improve physical and emotional health and wellbeing from conception to birth and throughout life which this strategy supports.

8.5.2 What we will achieve:

Our ambition is for every child to realise their full potential, helping them to prepare from an early age to be self-sufficient and have a network of support that will enable them to live independent and healthy lives.

Every City of London baby will have the best possible health at birth, have good nutrition and maintain a healthy weight, be protected from ill health, injuries and physical and mental health problems and have a positive relationship with their parents

We will improve the environment in which children and young people live, learn, work and play so that our young people grow up in environments that are supportive to their health and wellbeing. This includes working with families to address and improve whole-family wellbeing. We want fewer children in the City of London to grow up in poverty.

8.5.3 What we will do:

We will act with partners to give all children and families the best start in life. This will include offering early help to have healthy lifestyles and good physical and mental health, integrating healthy behaviours into everyday routines to prevent problems at a later stage, and providing an ongoing and rounded offer of support once children leave school. Support is provided at this stage of life from maternity services, health visitors, GPs, children's centres and many others.

We will:

- Evaluate our current parenting programmes with a focus on learning from best practice to inform the use of resources and promote to increase uptake
- Promote good oral health, particularly for those under 5 years old
- Work with the London Borough of Hackney to review our approach to childhood obesity and agree a revised strategy
- Ensure front line staff (health visitors, GPs, housing and children's services staff) are working together to support parents and to help parents to access employment, education and training opportunities (Make every contact count)
- Use the influence we have to increase the uptake of childhood immunisations to achieve herd immunity
- Involve children and young people in co-designing mental and physical health services to ensure they are relevant, convenient, acceptable and accessible for them
- Enable children and young people to monitor and find sources of support to improve and maintain their own health
- Develop an integrated health promotion offer for children and families focused on breastfeeding and good nutrition, oral health, play and physical activity, immunisation and tobacco free homes
- Close the gap in outcomes for children and young people in vulnerable groups.

8.6 Priority 5: Promoting healthy behaviours

8.6.1 Why this is a priority:

Smoking: Guidance from the National Institute for Health and Care Excellence (NICE) states that tobacco use is the single greatest cause of preventable deaths in England – killing over 80,000 people per year.

The 2016 City of London Health Profile shows that adult smoking is slightly better (lower) than the England average for residents; although it is known that smoking levels are higher

in Portsoken ward than the rest of the City. Amongst City workers smoking levels are known to be higher than the general population due to the stressful nature of their jobs and the predominance of white males. A survey of City workers in 2012 reported that 24.7% of respondents were smokers, representing approximately 91,000 people. This was above the average for both London (17%) and England (20%).

Alcohol: NICE advises that alcohol consumption is associated with many chronic health problems including psychiatric, liver, neurological, gastrointestinal and cardiovascular conditions and several types of cancer. Alcohol is also linked to a number of social problems, including recorded crime assaults and domestic violence.

The 2016 City of London Health Profile shows that hospital admission for alcohol related harm are better (fewer) than the England average. The 2012 report 'insight into City drinkers' found that nationally around one in four people (24.2%) drink at increasing or higher risk levels. Amongst the sample of 740 City workers the figure was closer to one in two (47.6%).

Drugs: Being dependent on a drug can lead to physical illness, mental health problems, relationship problems and financial difficulties. The age profile and stressful nature of jobs puts City workers at higher risk of drug misuse. Rough sleepers in the City of London also have high needs relating to alcohol and drugs.

Sexual health: HIV prevalence in the City of London is the third highest of all London local authorities, (after Lambeth and Southwark) at 12.78 per 1,000 of the population age 15-59. This is much higher than the regional (5.85) and national (2.22) averages. GUM attendances by those recorded as City of London residents are amongst the highest in London and the country, with over 2,100 attendances in 2015/16. There have been increases in diagnoses of Sexually Transmitted Infections in the City of London over the last five to six years for all of the 5 major STIs. It is likely that some of these attendances and STI diagnoses are attributable to City workers who are using a business postcode for extra anonymity when accessing sexual health services

The transformation of sexual health services in London presents an opportunity to reduce costs and improve outcomes for users of sexual health services. A key strand of this transformation is the establishment of a new sexual health e-healthcare service that allows service users to order testing kits online and receive results by text message, email or post. The City of London has accepted a formal request from the leader of the London Sexual Health Transformation Programme, on behalf of the participating London boroughs, to take the Lead Authority role for this new service for London.

8.6.2 What we will achieve:

Our ambition is for partners to work together to reduce harmful behaviours amongst the resident, working and rough sleeper populations in the City of London with a reduction in the associated health inequalities, crime and disorder.

We intend for fewer people in the City of London to start smoking or become dependent on drugs and alcohol. We will help more people to quit smoking, leading to fewer people with smoking-related health conditions and fewer smoking-related hospital admissions.

We want to see a reduction in the number of City workers who smoke or are dependent on alcohol or drugs. Positive messages about the benefits of not smoking and reducing alcohol will be communicated by all Health and Wellbeing Board partners. Employers will be engaged to break the culture of risk taking behaviours amongst their employees.

8.6.3 What we will do:

Addressing alcohol and drug misuse, particularly among the working population is a challenging issue for the City of London.

- Raise awareness of the harms caused by alcohol, promote lower risk drinking and encourage a healthy approach to alcohol
- Implement smoke free policies across the estates of Health and Wellbeing Board member organisations
- Extend smoke free zones to more parks and public areas
- Identify and support prevention projects aimed at families and young people
- Support smokers to quit using the full range of new technologies available
- Work with Business Healthy to engage employers to break the culture of risk taking behaviours amongst their employees
- Participate in cross-borough activity to better understand use of illegal tobacco and reduce its supply
- Expand our prevention work in schools, including independent schools within the City boundaries and work more extensively with voluntary and community groups
- Work with our commissioned service to ensure workers with drug or alcohol issues are referred to services in their home boroughs
- Increase the number of women who are able to access LARC
- Increase access to STI testing using new technologies.

9 Delivering the strategy

We are committed to achieving our aims for health and wellbeing in the City over the next three years. We will focus on strong partnership working to join up health and social care, evidence-based commissioning to deliver effective services and listening to the views of service users to ensure that they are being supported to achieve the best outcomes.

The strategy will be supported by a delivery plan and accompanying indicators that will be refreshed annually. This will be governed by the City of London Health and Wellbeing Board, who will measure and monitor progress. Progress on the indicators will be brought to the Health and Wellbeing Board every 6 months.

9.1 The Role of the Health and Wellbeing Board

To support the delivery of the priorities the Health and Wellbeing Board will:

- Bring partners together to ensure more joined up working, leading to improved access and better outcomes for residents
- Ensure the skills needed to identify, refer and support people with mental health needs are embedded in Board members organisations and across the health and care system
- Monitor and hold to account partners across the health and wellbeing system for improvements in timely access to effective help and support, with a focus on recovery
- Use its influence to advocate change in the perception, understanding and response to mental health conditions, addressing stigma and discrimination
- Lead and champion these changes, identifying new ways and opportunities to drive positive changes in outcomes and experience across partner organisations, with a key focus on addressing inequalities
- Champion early identification of those who are affected by drug and alcohol problems, by connecting people to the right support at the right time
- Lead by example of a major employer in the City of London through a workplace of health and wellbeing amongst staff
- Actively engage businesses and other organisations in the City to become healthy employers
- Engage senior leaders across the health and social care system and champion the importance of early help and support during the start of a child's life and its contribution to outcomes later in life
- Agree Better Care Fund Plans and monitor their impact
- Consider any plans for integration which could potentially impact on City residents to ensure that their needs are met
- Consider the integration of health and social care services in their assurance of other plans and strategies.