



Joint Local Health and Wellbeing Strategy 2024-28



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Introduction

This Joint Local Health and Wellbeing Strategy (JLHWS) sets out the priorities, outcomes and actions agreed by the City of London Health and Wellbeing Board to tackle health inequalities locally.

The City of London Health and Wellbeing Board is a partnership board that works together to improve the health and wellbeing of people in the City of London (including workers) which contributes to tackling health inequalities.

The Board includes Public Health, Healthwatch, representatives from the local health and care system, elected members and the City of London Police. The representation reflects the many different factors which impact on health and wellbeing.

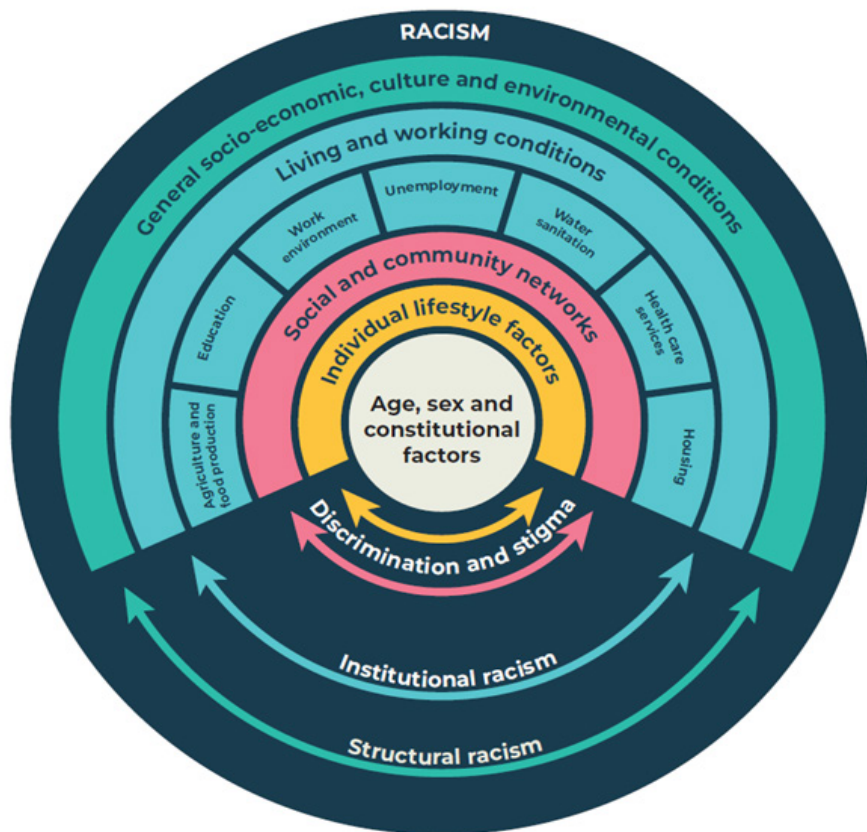
This strategy focuses on issues around financial resilience, social isolation and connection and mental health. These are not the only factors that will impact on health and wellbeing, but evidence and resident engagement shows that these are significant factors and that our attention should be focused on this.

Strategic Context

The Health and Care Act 2012 sets out the requirements for Health and Wellbeing Boards, for Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies to be developed in local areas. Under the Health and Social Care Act 2022, Joint Health and Wellbeing Strategies were renamed to Joint Local Health and Wellbeing Strategies (JLHWS).

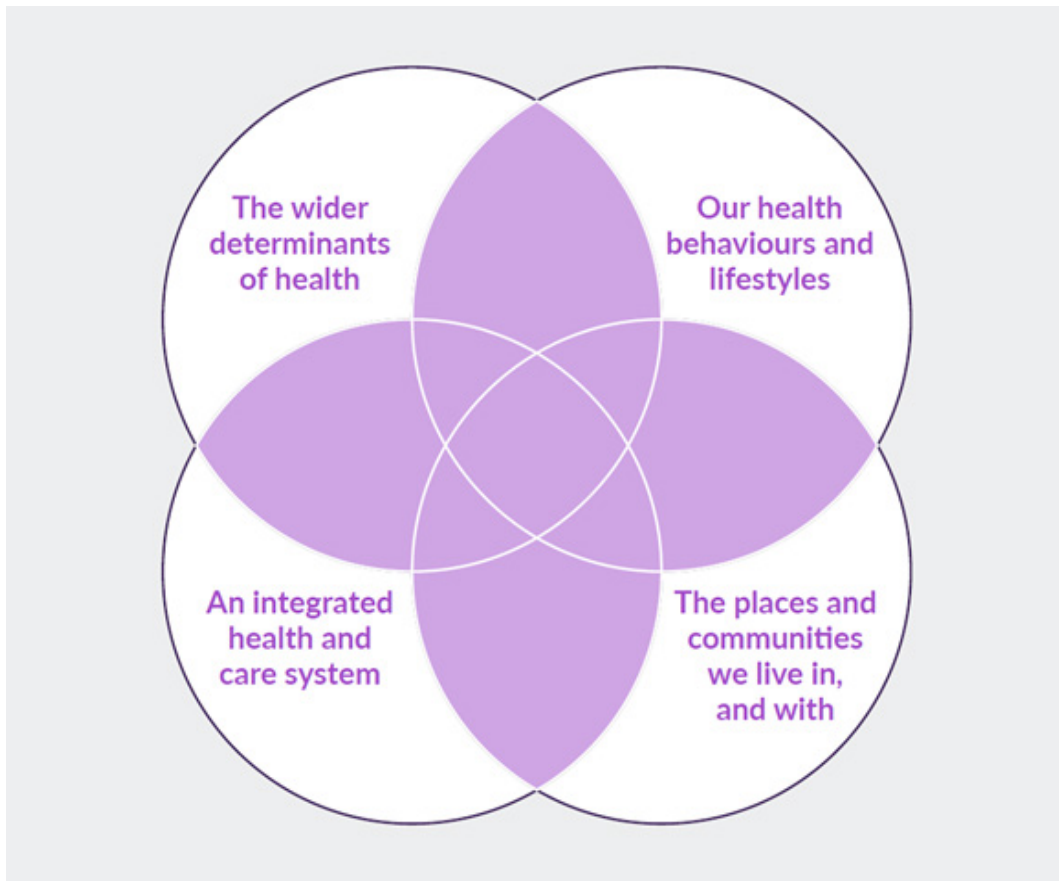
The purpose of a JSNA and JLHWS is to improve the health and wellbeing of the local community and reduce inequalities across all ages. They are designed to develop local evidence-based priorities for partnership work and future commissioning which will improve the public's health and reduce inequalities. They are used to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs and to address wider determinants of health and wellbeing.

Health and wellbeing can change and is influenced by many different factors which interconnect. These factors include personal behaviours and choices, as well as broader social, economic, cultural and environmental conditions as shown in the diagram below. These are known as wider determinants of health.



Adapted from Dahlgren and Whitehead (1991)

The King's Fund 'population health' framework informed the development of this strategy. The framework groups together factors that can influence health and wellbeing and help define who might be involved in taking action in these areas.



The Kings Fund 2018 A Vision for Population Health

Integrated Health and Care Systems (ICS) were introduced in July 2022 and are designed to join up care to deliver better outcomes through working together. They are based on the premise that when local partners - the NHS, local authorities, the voluntary sector and others - work together it creates better services based on local need.

The aim is to improve health and care services with a focus on prevention, better outcomes and reducing health inequalities. Locally the City of London Corporation (City Corporation) is part of the North East London ICS and at a place level is part of the City and Hackney Place Based Partnership.

The City Corporation's *Corporate Plan for 2024 – 2029* focuses on six key outcomes including diverse, engaged communities and delivering excellent services. The Corporation also has a range of other strategies which link to this health and wellbeing strategy including a carers strategy and homelessness and rough sleeping strategy.

The City of London

The City of London is a unique place; a square mile which is the financial capital of the UK with over 600,000 workers, has world famous heritage and cultural assets and is home to 8,600 residents.

The majority of residents are of working age but there is, overall, a high life expectancy and a growing older population.

A strong social care offer means that people are supported to be independent in their own homes for longer with smaller numbers of people entering residential care later and for much shorter periods. There are a high number of single person households in the City of London – 51%¹ - many of whom will be older.

There is however variance in health and wellbeing across the City of London and some clear health inequalities, influenced by the wider determinants of health.

Although the City of London has significantly lower levels of income deprivation compared to the England average, there are significant pockets of deprivation, with the Portsoken ward on the east of the City amongst the top 20% in the country for levels of deprivation. Overall, 16.8% of the City of London population are of Asian ethnic backgrounds and the Portsoken ward is the most diverse and where the youngest population is fastest growing.

The 2021 Census showed that 65.9% of economically active residents in the City of London were in employment and 3.5% were unemployed and looking for work.

The City of London owns and manages social housing across London. Within the Square Mile, there are two social housing estates - Golden Lane Estate and Middlesex Street Estate - which comprise of a total of 793 homes and 194 homes provided by a housing association on the Mansell Street Estate.

The 2021 Census showed that there were 919 people (11%) in the City of London who were disabled under the Equality Act. This is the lowest percentage in London. Of these, 280 were limited a lot in their daily activities. 651 of these residents noted that they had a long-term physical or mental health condition but that it did not limit their day-to-day activities.

There is one maintained school in the City of London – the Aldgate Primary School in the east. For secondary schools, young people attend schools outside the City boundaries.

There are 23 City of London young people with an Education Health Care Plan and around 15% of young people receive Special Educational Need support in their school. There are currently six children who are looked after by the City Corporation and all of these young people are placed outside of the City of London boundaries.

The City Corporation also supports 55 care leavers. Many of the Looked After Children, and subsequently care leavers, were Unaccompanied Asylum Seeking Children (UASC), and many have experienced significant trauma requiring mental health support.

The 600,000 workers in the City of London work in a mix of organisations ranging from large international companies to small to medium enterprises (SMEs). There is a hidden workforce within some of these organisations keeping offices and workspaces clean, safe and secure and providing essential services to businesses. Many people in these roles are more likely than other workers to be experiencing poor physical health, living with long term conditions, diagnosed with serious illnesses later than others, facing poor health outcomes and experiencing stress, anxiety and poor mental healthⁱⁱ. Many of these workers are sub-contracted through organisations contracted by the businesses. Businesses have the opportunity to support the health and wellbeing of their workers in a variety of ways.

In 2022/23, outreach services recorded 482 people sleeping on the streets of the Square Mile – the sixth highest level among London's local authorities. It is well known that people experiencing homelessness face significant health inequalities and poorer health outcomesⁱⁱⁱ.

The Census 2021 recorded 496 self-identified carers (6% of the population) in the City of London. Nearly a third of these (32%), provide 20 or more hours of unpaid care a week and 298 of total carers are aged over 50. 34 unpaid carers are supported through formal Adult Social Care Support Plans and around 100 are supported through commissioned services for carers and a peer support group.

The local JSNA is thematic and covers both the City of London and Hackney. It can be found by searching for 'City and Hackney Health and Wellbeing Profile' or typing cityhackneyhealth.org.uk into your URL bar.

Strategy Progress

Progress since the last Joint Health and Wellbeing Strategy has included:

- Transition to new health structures with the establishment of Integrated Care Systems and local Place Based Partnerships
- Hosted pan-London schemes for sexual health and substance misuse detox
- Public Health has commissioned new services including health visiting and super youth hubs
- Continued to grow and develop the business healthy initiative
- Supported the development of the City Wellbeing Centre which provides therapeutic services on a pay what you can afford basis
- Commissioned services such as City Connections and subsequent pilot carers support service
- Continued development of the neighbourhood model designed to bring care closer to home, strengthen the resident voice and redesign services on to a more localised footprint

Significantly, the Covid-19 pandemic and its ongoing impact strengthened partnership working, changed some of our commissioned services to be more flexible and responsive and resulted in changed working practices such as hybrid working across businesses in the City of London.

This strategy has been developed in a number of ways:

- A review of population health needs (both locally and nationally for comparison)
- Workshops with key stakeholders including one led by the Kings Fund and covering both the City of London and Hackney
- Engagement with residents and other stakeholders including an innovative Peer Research Programme*
- A formal 12-week consultation period

These processes helped identify the three key priorities set out in the priorities section. Under each priority, it sets out what the implementation of this strategy will achieve in addressing that priority and what will be done to secure those achievements.

*The Peer Research Programme trained volunteers to undertake surveys with their networks and in their local communities. The survey focused on some of the issues around the cost of living crisis and carers but also explored issues such as the impact on mental health and issues around social isolation.

Priorities

- ☑ **Priority One: Increasing financial resilience**
- ☑ **Priority Two: Increasing social connection and reducing social isolation**
- ☑ **Priority Three: Improving mental health**

Priority One

Increasing Financial Resilience

Why is this a priority?

Financial insecurity and poverty are a major determinant of health inequalities and can have a significant impact on wellbeing. Poverty and financial stress have increased in recent years, and this is likely to continue for some time. People living with financial stress are at increased risk of experiencing mental health problems and lower mental wellbeing^{IV}.

There are a number of key impacts in relation to health and wellbeing:

- The rising cost of living may accelerate an existing trend of stalling life expectancy in England, and falling life expectancy in some groups in the poorest communities^V
- Increased risk of mental health issues when experiencing long-term financial difficulties (five and a half times more likely than someone not experiencing financial difficulties)^{VI}
- Less sporting or recreational activities with 28% of the general population cancelling their regular sporting or recreational activities to save costs^{VII}. This impacts on physical and mental health
- More reliance on lower cost foods which can increase the risk of obesity and diseases such as Type Two Diabetes
- Cutting back on heating can exacerbate conditions such as respiratory diseases and can cause strokes
- Financial insecurities exacerbated by chronic health conditions due to considerable income and expenditure changes related to accessing treatment

The City of London picture

The 2021 Census showed that the percentage of those who were economically active amongst City of London residents had dropped slightly from 69.3% in 2011 to 65.9%. There was a slight increase in residents who are economically active and looking for a job. The 2021 Census also showed that overall the City of London resident population has high levels of education with 74.2% of the population stating that they had a level 4 qualification or higher. However, there will be variation in this.

An employment project which ran in the City of London until Summer 2023 found that there were fewer people looking for employment support but more people wanting to progress in or change their employment. Insight from the Peer Research Programme also mirrored this.

The Peer Research Programme found that residents were interested in English and digital courses, flexible apprenticeship opportunities and paid volunteering.

There are over 600,000 people who work in the City of London. In the Peer Research findings, 62 (out of 137) respondents stated that they were working, the majority of these respondents were women and just over half worked outside of the City of London. All of these respondents lived in social housing but there was a divide between those who worked in the City of London and those who worked outside.

The majority of residents who worked in the City of London worked full time in commercial cleaning, were of a white background and were not claiming benefits. Those who worked outside the City of London were in the main Asian, a third were claiming benefits and the majority worked part time in hospitality.

The Joseph Rowntree Foundation found that 44% of working-age adults who are caring for 35 hours or more a week were in poverty in 2022. A snapshot of caring by Carers UK found that 75% of carers in employment worry about continuing to juggle work and care.

There are already a number of initiatives in place in the City of London that help people to build financial resilience overall. This includes a commissioned advice service, a Food Pantry in the east of the City of London, an energy advice service to help people save money through energy efficiency measures and an apprenticeship scheme.

To deliver this priority

Over the next four years, we will focus on:

- Supporting people in existing employment to upskill and/or change jobs into better quality employment
- Securing opportunities for apprenticeships and internships through anchor organisations and businesses
- Promoting uptake of the full range of targeted statutory financial assistance that already exists
- Enabling other wrap around services to be provided at the Artizan Food Pantry
- Ensuring that residents are aware of entitlements available and are accessing them
- Promoting the provision of money and debt advice within health and care settings
- Utilising the Housing Support Fund (HSF) in an innovative way to meet need
- Implementing recommendations from the report *Delivering Better Health Outcomes for Hidden Workers*

Key actions to deliver this include:

- Further developing and expanding the scope of Making Every Contact Count (MECC) training and promoting the uptake of preventive services including smoking cessation, substance misuse treatment services and encouraging physical activity
- Exploring an offer for more personalised rent and Council Tax schedules to help low-income households with financial pinch points in the year such as Christmas and summer holidays
- Collaborating with health partners to link up advice services with health settings
- Collaborating with wider partners to provide services at the Food Pantry
- Working with health partners to link up apprenticeship opportunities in anchor institutions with local residents and City of London academies near anchor institutions such as Homerton Hospital
- Reviewing and updating information about support available to residents
- Increasing awareness of how to improve working conditions and access to services for hidden and essential workers in the City of London

Priority Two

Increasing Social Connection and Reducing Social Isolation

Why is this a priority?

Social isolation and lack of social connection has a profound impact on individuals leading to increased loneliness, depression, anxiety, and other physical health issues, such as heart disease and the risk of early mortality.

Research by the Campaign to End Loneliness states that social isolation can also contribute to cognitive decline, poor sleep quality, lower educational attainment and long-term unemployment^{viii}. Additionally, the World Health Organisation states that the effects of social isolation are also comparable to well-established risk factors such as smoking, obesity, and physical inactivity^{ix}.

According to the Mental Health Foundation, 7% of UK adults report feeling 'often or always' lonely^x. Although loneliness and social isolation are different experiences, many people who are socially isolated often feel lonely. This number has risen from 6% since the start of the Covid-19 pandemic highlighting an increasing trend.

While social isolation is more commonly considered in later life (WHO estimates that one in four older people experience social isolation^{xi}), it can occur at all stages of the life course.

Younger adults aged 16 to 29 years are more likely than those in older age groups to report feeling lonely 'often or always'. Research from the Co-Op Foundation found that only 5% of young people say they never feel lonely^{xii}. Other specific groups such as carers or single parents may also experience social isolation.

As we get older, risk factors that might lead to loneliness and social isolation can begin to increase and converge – once an individual has one risk factor, they may start having more. This can make the experience of loneliness hard to change, particularly in older age. Key risk factors associated with older age include (but are not limited to):

- Facing bereavement
- Living alone
- Living with limiting disabilities or illnesses
- Caring for a partner
- Physical and mental health difficulties, making it harder to participate in activities and maintain relationships
- Low fixed incomes, such as pensions, making activities unaffordable
- Digital exclusion
- Reduced mobility and loss of access to affordable, dependable, and/or suitable modes of transport

Of the 39 carers who contributed to the Peer Research, 26% said that they sometimes or always feel lonely in their role. Over half stated that their mental and physical health sometimes stopped them from carrying out their caring role.

There is also a growing body of evidence about 'social capital' which focuses on the value gained by connections between people and the impact that has on improving lives and health on both an individual and community level. This is an area of focus for work locally.

The City of London picture

On behalf of NHS colleagues, Healthwatch City of London and the Older Peoples Reference Group (OPRG) ran a 'Big Conversation' focus group with seven older residents in August 2023. Participants reflected on isolation and highlighted that 'social isolation was a major factor in people's ability to cope with long-term conditions as well as the perceived lack of community and leaders that were once ingrained in the community.'

"People are isolated through Covid or whatever and we need to reach out... guides within our community to both our young and our elder, they've all gone. Infrastructure is gone... The level of isolation that people feel and the ability for others to intervene in our lives and our children's lives in a positive way. So we have to quite literally reconstruct. A whole genuine community network.

It's a breakdown in the community side... these connections need to be re-established by local authorities, by voluntary organisations, by GP practices. And people with long term conditions tend to be those who are isolated by them as well as being isolated in the first place."

Physical activity is one avenue for people to make social connections. Sport England Research analysing data from 2021-22^{XIII} found: 'unlike Hackney, London and national averages, the City of London has experienced a statistically significant decrease in the proportion of active adults over the last two years. The decrease began during the Covid-19 pandemic and has continued at a similar rate since then. In contrast, Hackney has maintained a relatively stable active population^{XIV}.'

Age UK research into the risk of loneliness, which can be linked to social isolation, found that residents age 65 years and above in the majority of wards within the City of London are at medium risk of loneliness, however those in the north end of the Cripplegate Ward are at high risk and those in the Portsoken Ward are at very high risk of loneliness^{XV}.

Research carried out on behalf of the City of London in 2019 found of the residents in our social housing estates across London, approximately 31%, stated they experienced forms of loneliness and social isolation^{XVI}.

City Connections, an early intervention and prevention service, commissioned by the City Corporation, is available to those who may be socially isolated. Although their outcomes and satisfaction survey data does not specifically mention social isolation, it does show that residents are reporting improvements in quality of life, independence, and physical and mental health. The Library Service also delivers a range of activities and initiatives that can help tackle social isolation.

The City Corporation, along with key stakeholders, recently established a task and finish group to look at social isolation in the City of London. It concluded there was a need to equip stakeholders to better identify potential social isolation and address this, that awareness of existing initiatives needed to be raised and that some of the initiatives may need to be more specifically targeted.

To deliver this priority

Over the next four years, we will focus on:

- Embedding tackling social isolation and promoting social connection within relevant service plans, strategies, policies, programme and commissioned services across partner organisations
- Equipping partners to better identify City of London residents at risk of social isolation
- Raising awareness amongst residents of initiatives that support social connection and tackle social isolation
- Increasing social capital in the City of London
- Increasing physical activity

Key actions to deliver this include:

- Further developing and expanding the scope of Making Every Contact Count (MECC) training
- Piloting a befriending service in the City of London
- Being an active participant in the Public Health Social Capital Project
- Reviewing and updating existing awareness raising methods around initiatives
- Undertaking a project to strengthen the voluntary and community sector in the City of London to help meet some of this need
- Working together to promote more physical activity options and support people to access them

Priority Three

Improving Mental Health

Why is this a priority?

There are significant economic and social costs of mental ill health. Research by the Centre for Mental Health^{x1} estimated the following for 2022:

- Economic costs (£110bn): losses to the economy due to mental ill health. These include the business costs of sickness as well as staff turnover and worklessness amongst people with mental ill health difficulties
- Human costs (£130bn): the value, expressed in monetary terms, of reduced quality of life among people living with mental health difficulties
- Health and care costs (£60bn): the costs of providing health and care services for people with mental health difficulties. This includes support provided by public services, privately-funded health care and informal care provided by families and friends

The World Health Organisation defines mental health as a state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community. It notes that throughout our lives, multiple individual, social and structural determinants may combine to protect or undermine our mental health and shift our position on the mental health continuum.

Risks can manifest themselves at all stages of life, but those that occur during developmentally sensitive periods, especially early childhood, are particularly detrimental.

Protective factors similarly occur throughout our lives and serve to strengthen resilience. They include our individual social and emotional skills and attributes as well as positive social interactions, quality education, decent work, safe neighbourhoods and community cohesion, among others^{xvii}.

Therefore promotion, prevention and treatment are all important aspects of mental health.

Nationally, an estimated one in six adults have experienced a 'common mental health disorder' like depression or anxiety in the past week and around 20% of children aged seven to 16 had a probable mental health condition in 2023, up from 12% in 2017^{xviii}.

ONS monitoring showed that severe to moderate depressive symptoms among adults nationally rose from 10% in the period right before the pandemic, rising to 21% by Q4 2020/21 and was slowly improving by Q2 2022/23 at 16%. It was highest amongst certain groups including people who were economically inactive, unpaid carers, disabled people and people with lower incomes.

Findings also indicate some association between cost of living indicators and the prevalence of depression and was higher among adults who found it harder to afford their energy bills^{xix}. It is known that some of this impact is continuing.

The City of London picture

A new mental health needs assessment is currently being undertaken across City and Hackney which will give an updated picture of mental health need across the City.

What is evident though is that following the national trends noted above, mental health needs have increased since the pandemic and for some are more complex and severe.

A specific issue for the City of London is the mental health needs of rough sleepers and the access to specialist services to address this.

Meeting the physical and mental health needs of rough sleepers is a priority of the City Corporation's work and is reflected in the Homelessness and Rough Sleeping Strategy. It is also reflected in the work of Adult Social Care where many of our supported living placements provide mental health support to former rough sleepers.

Children and Young People's mental health also reflects the pattern nationally and there are significant pressures on local Child and Adolescent Mental Health Services (CAMHS) as elsewhere.

The City Corporation is part of the Mental Health Integration Committee (MHIC) which sits at a place-based partnership level and aims to ensure that local mental health needs are effectively met, and good mental health promoted. This Committee is currently reviewing its scope and strategic objectives.

The City Corporation facilitated an innovative model for providing access to therapeutic services through the City Wellbeing Centre enabling people to pay what they can afford, making it more accessible to low income households and the hidden workforce.

Suicide prevention is also a key priority for the City Corporation with a dedicated workstream led by Members and Senior Officers.

To deliver this priority

Over the next four years, we will focus on:

- Shaping the MHIC to ensure its strategic objectives reflect needs in the City of London
- Collaborating to ensure a stronger local offer around mental health services to meet City of London needs within the context of the local neighbourhood model
- Building in promotion of good mental health across partner strategies, policies, programmes and commissioned services
- Strengthening the evidence base on mental health and ill health across the City of London
- Ensuring emotional wellbeing for different groups as reflected in other strategies e.g. Carers Strategy and Emotional Wellbeing Strategy
- Collaborating to meet the mental health needs of rough sleepers (reflected in the Homelessness and Rough Sleeping Strategy)
- Promoting and enabling self-help and prevention
- Collaborating with partners in the suicide prevention workstream

Key actions to deliver this include:

- Working with partners to shape the MHIC
- Represent the mental health needs of the City of London at the Place Based Partnership
- Work with colleagues to develop a detailed evidence base on mental health across the life span in the City of London
- Reviewing the self-help and prevention offer and ensuring this is promoted

Implementation

This strategy is delivered in the context of legislative requirements to deliver a JLHWS and tackling health inequalities locally.

It sits within the context of local integrated working and as such will be built on collaboration and partnership working. Delivery of the strategy and its actions will help meet the objectives of the City Corporation's Corporate Plan and the objectives of other local partners.

The JLHWS is agreed, renewed and monitored by the City of London Health and Wellbeing Board.

A Partnership Action Plan will be developed from this strategy and the Health and Wellbeing Board will receive regular updates on its progress.

Endnotes

- I ONS (2021) Household characteristics available on the ONS website
- II Tavistock Relationships 2023 Working Well – delivering better health outcomes for hidden workers
- III Homeless Link 2023 The Unhealthy State of Homelessness 2022 – finding from the homeless and health needs audit
- IV Mental Health Foundation 2023 Mental Health and the Cost of Living Crisis
- V Alice Munro, Jessica Allen and Michael Marmot (2023) The Rising Cost of Living: A Review of Interventions to Reduce Impacts on Health Inequalities in London, London: Institute of Health Equity.
- VI Money and Mental Health Policy Institute 2024
- VII Royal Society for Public Health 2022 Our Health: the price we will pay for the cost of living crisis
- VIII Campaign to End Loneliness
- IX World Health Organisation 2024
- X Mental Health Foundation 2022 England Policy Briefing Mental Health Week
- XI World Health Organisation - Social Isolation and Loneliness
- XII Taken from Campaign to End Loneliness Risk Factors for loneliness
- XIII City and Hackney Public Health Intelligence Team source: Sport England, Active Lives Survey, November 2021-22.
- XIV Age UK Loneliness Maps
- XV Dr Roger Greene 2019 Social Isolation in the City of London
- XVI Centre for Mental Health 2023 The Economic and Social Costs of Mental Ill Health
- XVII World Health Organisation 2022 Fact Sheet on Mental Health
- XVIII House of commons Library March 2024 Mental Health Statistics: prevalence, services and funding in England
- XIX Office for National Statistics 2022 Coronavirus and depression briefing.
- XIX Facts and Statistics, Campaign to End Loneliness, - Facts and Statistics | Campaign to End Loneliness
- XIX World Health Organisation, Social Isolation and Loneliness Research Report - Social Isolation and Loneliness (who.int)
- XIX Mental Health Foundation, Loneliness and Social Isolation Briefing (mentalhealth.org.uk)
- XIX WHO website information - social isolation and loneliness
- XIX Co-Operative Loneliness Research 2016 - Trapped in a bubble (loneliness research) - Co-op (co-operative.coop)