

## HEALTH AND WELLBEING BOARD

Wednesday, 23 January 2013

**Minutes of the meeting of the Health and Wellbeing Board held at Committee Room 1 - 2nd Floor West Wing, Guildhall on Wednesday, 23 January 2013 at 1.45pm**

### **Present**

#### **Members:**

Vicky Hobart (Chairman)  
Revd Dr Martin Dudley  
Dr Gary Marlowe  
Jakki Mellor-Ellis  
Simon Murrells  
Gareth Moore  
Vivienne Littlechild  
Deputy Joyce Nash  
John Tomlinson

#### **Officers:**

Caroline Webb	- Town Clerk's Department
Natasha Dogra	- Town Clerk's Department
Nestor Alfonzo Santamaria	- Town Clerk's Department
Gary Locker	- Town Clerk's Department
Neal Hounsell	- Community and Children's Services
Paul Haigh	- City & Hackney Pathfinder CCG
Farrah Hart	- Community and Children's Services Department
Chris Pelham	- Community and Children's Services Department
Sarah Greenwood	- Community and Children's Services Department
Carla Keegans	- Community and Children's Services Department
Rachel Sambells	- Markets and Consumer Protection
Lisa Russell	- Department of the Built Environment
Derek Read	- Department of the Built Environment
Giles French	- Public Relations

#### **In Attendance**

Martin Crisp	- CEO City & Hackney LPC
Amarjeet Panesar	- Chauhan Chemists
Beneeta Shah	- Boots Plc
Dr Chor	- Neaman Practice
Serena Luchenski	- Public Health Specialist Trainee
Judith Grey	- Public Health Contracts Assistance, LB Hackney

#### **Observing**

Members of the City and Hackney Public Health Team

2. **MINUTES AND ACTIONS FROM LAST MEETING**

The minutes of the meeting held on 7 November 2013 were agreed as a correct record.

Matters Arising

Governance Arrangements – The Board was informed that the Chairman of Policy and Resources Committee would be nominating a Member to represent him on the Board in due course.

Mapping of Health Services in the City of London – The Board asked that the updated recommendations be circulated to Members.

3. **LOCAL PHARMACY COMMITTEE PRESENTATION**

The Board received a presentation from Members of the Local Pharmacy Committee and local Pharmacies regarding how health and wellbeing services were delivered in the City.

The Board were informed that the estimated number of visits an adult will make to a pharmacy every year was 14. There were 16 community pharmacies across the City and 19 services other than dispensing were offered by community pharmacy to patients across City and Hackney.

Members questioned whether services were publicised within the City. Officers informed Members that services were generally commissioned for residents and were therefore not widely advertised - they relied on referrals and word of mouth, but would follow up this point to ensure services were well advertised within the square mile.

In response to a question from Members, Officers said they did not send GPs the details of patients who visited local chemists for services. This was mainly due to data protection issues and patient confidentiality. Members queried whether a centralised database would help GPs track services used by their patients in local chemists. Officers said this would allow GPs to recognise issues such as repeat prescriptions for the same issues. GPs could then offer advice to the patient and help resolve the issue. However, this would require consent from the patient.

Officers informed Members that if their patient was not registered with a GP they were encouraged to do so, and encouraged to discuss their concerns with their doctor. Officers agreed that this communication link was vital and they would continue to encourage their service users to visit their GP about persistent use of their services.

**RECEIVED.**

4. **NHS OUTCOMES FRAMEWORK AND CCG PRIORITIES**

The Board considered a report of the City of Hackney Pathfinder Clinical Commissioning Group (CCG).

Paul Haigh introduced the report and informed Members about a new initiative from the Department of Health to improve quality in three local issues of priority to earn a grant of up to £2 million. Officers informed the Board that it was necessary for the CCG to identify three local area indicators to improve on. The current areas of poor performance were outlined by the officer and discussions ensued regarding which areas Members considered a priority. The Board agreed that whilst all areas of poor performance must be improved the following three areas had been highlighted by the CCG Clinical Executive and took priority:

- Proportion of people feeling supported to manage their condition
- Patient reported outcomes for elective knee replacements
- Improving dementia diagnosis rate

Officers informed the Board that work would now commence on setting new targets and agreeing action plans for to improve these areas of local priority.

**RESOLVED:** the Board agreed the local priorities as recommended by the CCG Clinical Executive.

#### 5. **PUBLIC HEALTH GRANT ALLOCATIONS AND COMMISSIONING INTENTIONS**

The Board received a report of the Director of Children and Community Services and Members were advised about the transfer of public health functions and related funding from primary care trusts to local authorities, effective from April 2013.

Officers informed the Board that the levels of transferred funding the City of London Corporation (CoLC) was expected to receive in 2013/14 and 2014/15 and the current position on the commissioning arrangement for the transferred public health contracts which CoLC would be responsible for. In response to a query from Members, officers said the funding was ring-fenced to be used on public health services only.

Officers had been working closely with the City and Hackney Public Health Transition Board to assess the volume of functions and services currently delivered. The Board was informed that services would continue to be provided under contract by a range of providers including GP practices, pharmacies, hospitals, City and Hackney Substance Misuse Partnerships, and by a wide range of community and voluntary services. Services provided currently included:

- Alcohol and drug misuse
- Immunisation
- HIV and sexual health
- Smoking cessation
- Dental health
- Health checks and health improvement
- Nutrition, obesity and physical activity
- Prevention, detection and infection control
- Mental health.

Officers informed Members that contracts for these services had now been valued and categorised according to local need and specific commissioning requirements.

**RESOLVED:**

1. Members noted the report and the City of London Public Health Allocation for 2013/14 and 2014/15 noted the report and;
2. Members noted that the Health and Well Being Board would need seek permission from Community and Children's Services to delegate authority to the Town Clerk and Chairman and Deputy Chairman to enter into contractual and other legal agreements as were necessary to give effect to the transfer of public health contracts by that date to implement these contractual arrangements from 1 April 2013.

**6. CITY AND HACKNEY HEALTH PROTECTION COMMITTEE AND THE NEW HEALTH EMERGENCY PLANNING AND RESPONSE ARRANGEMENTS**

The Board received an update on the current changes to the health emergency planning and response arrangements as they related to the City of London. Officers informed Members of the details of the City and Hackney Health Protection Forum, which was an evolution of the well-established City and Hackney Multi Agency Pandemic Flu Planning Group.

Officers informed Members that at present, the City of London (jointly with the London Borough of Hackney) operated a multi-agency forum called the City and Hackney Multi Agency Pandemic Flu Planning Group. The group was originally created to plan and support the response to an Influenza pandemic and demonstrated its effectiveness during the response to the 2009 flu pandemic. The group had since expanded its remit to cover the full scope of health emergency planning. It was anticipated that this group will continue its good work and transition to a new "City and Hackney Health Protection Forum".

The new arrangements for health emergency planning and response would begin to take shape soon. In preparation for this, the Public Health Team in the NHS North East London and the City cluster, guided by the Director of Public Health (Dr Lesley Mountford) would begin to design and develop the concept of a Health Protection Forum, in conjunction with the local Contingency Planning Teams for the City of London and the London Borough of Hackney.

The Board were informed that NHS North East London and the City Local Public Health Team would convene a workshop on 22 January 2013 to inform all partner organisations of the changes during the Public Health transition and to ensure they all understand their roles and responsibilities during a health emergency. At this workshop, the organisers would seek to help stakeholders to identify their roles and responsibilities within the new arrangements for Health Protection and discuss the terms of reference and purpose of the Health Protection Forum.

**RESOLVED:**

1. Members noted the contents of the report and supported the formation of the City and Hackney Health Protection Forum and;
2. Members noted the evolving role of Health and Wellbeing Boards with regards to emergency planning and emergency response as the system evolves over time.

7. **CITY OF LONDON LINK'S MID-YEAR REPORT (APRIL - OCTOBER 2012)**  
The Board received the mid-year report of City of London LINK.

**RECEIVED.**

8. **UPDATE REPORT**

The Board received the report of the Director of Community and Children's Services providing Members with an overview of key updates to subjects of interest to the Board where a full report is not necessary.

The City of London, LB Hackney and LB Newham agreed to seek a single Director of Public Health (DPH) who would take the lead in the statutory DPH requirements across all three areas. A job description was being developed and discussed with the Faculty of Public Health. Once the senior management team were appointed, further consultation on the lower grade structure would commence. Members were informed that interviews for the role of the Director of Public Health would be taking place in week commencing 4<sup>th</sup> March 2013.

The Board were informed that the Public Health team moved to the London Borough of Hackney on the 14th January and were based at the Hackney Service Centre. They were supporting both the LB Hackney and the City of London Corporation and were taking part in induction events at both organisations.

The Chairman Vicky Hobart indicated that the Public Health Senior Management team had expressed concern that the proposed new arrangements for Public Health in Hackney and the City of London would not provide sufficient capacity or professional leadership for the function locally.

Officers informed Members that work was on-going to produce a Health & Wellbeing Board Handbook. Initially, the Handbook will contain documents such as a list of Members, Terms of Reference, Statutory Duties and Responsibilities, Meeting Dates, References to the Key Partners, the Health and Wellbeing Strategy and Joint Strategic Needs Assessment (JSNA). Discussions with Members would take place as part of the Board development day on the 6<sup>th</sup> February 2013.

**RECEIVED.**

9. **THE LONDON HEALTHY WORKPLACE CHARTER**

The Board received an update on the London Healthy Workplace Charter, which had been piloted in the City of London. The charter was designed to provide a framework for businesses to improve workplace health for their

employees. So far, one large business in the City has successfully achieved a charter accreditation for Excellence. The Environmental Health team has allocated resource to promoting the Charter, and supporting businesses through the process, until April 2014. Uptake and effectiveness of the charter for City businesses would be reviewed at the end of the 2013/14 work year and reported back to the Board.

Officers informed the Committee that City worker health research showed high rates of smoking and alcohol consumption amongst City workers, as well as high levels of concern about stress, anxiety and depression. The business case for investing in health and wellbeing includes:

- corporate social responsibility; improving the quality of life of the workforce and their families as well as of the local community and society at large;
- competition; in a competitive labour market there is pressure on employers to distinguish themselves in order to attract and keep quality staff; and
- high costs; for some it has become clear that, unless an initiative is introduced, the costs of sickness absence could threaten the business itself.

Members were in agreement that the London Health Workplace Charter was a step in the right direction and would enable the City to share a commitment to improvement.

#### **RECEIVED.**

#### **10. JOINT HEALTH AND WELLBEING STRATEGY AND HEALTH DAY**

Members received an update on the progress of the Joint Health and Wellbeing Strategy (JHWS) consultation, as well as the Health Day.

Officers informed the Committee that the JHWS consultation is underway, and will continue to progress until April. The City Health Day is currently being planned for 14<sup>th</sup> February 2013, and aims to engage with City workers, residents, employers and members.

#### **RECEIVED.**

#### **11. CONSULTATION ON THE DRAFT LOCAL PLAN**

The Board received a presentation on the Draft Local Plan for the City, which has been issued for public consultation until 11<sup>th</sup> March 2013. The Local Plan sets out the strategy for planning the City and will shape all aspects of its built environment. It is based on projections of significant growth, with the working population expected to rise to 428,000 by 2026 and housing to increase by a minimum of 110 units per year.

The Local Plan includes policies by which applications for planning permission will be decided, but its strategy is aligned with other plans and strategies operating in the City, including those for health. Many policies of the Local Plan relate to health issues, such as those for the provision of social facilities, housing, open space and the quality of the environment, while its growth projections have significant implications for service provision.

The concurrent consultations on the Draft Local Plan and the Joint Health & Wellbeing Strategy offer an opportunity to ensure that both documents present a joined up approach, and officers of Department of Community & Children's Services and Built Environment will work together to achieve this.

Following the current consultation, the Local Plan will be revised and re-issued in the autumn; it will be considered by a planning inspector at a public examination before being adopted in 2014, when it will supersede the current plans for the City.

**RESOLVED**

A report recommending a response to the consultation on the Draft Local Plan would be considered by the Board at its next meeting on 4<sup>th</sup> March.

**12. ANY OTHER BUSINESS**

There was no other business.

**13. EXCLUSION OF THE PUBLIC**

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

**14. NON-PUBLIC MINUTES**

The minutes of the meeting held on 7 November 2012 were agreed as an accurate record by the Board.

**15. ANY OTHER NON-PUBLIC BUSINESS**

There was no other non-public business.

**The meeting ended at 3.47pm**

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Chairman

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