

## HEALTH AND WELLBEING BOARD

Tuesday, 7 May 2013

**Minutes of the meeting of the Health and Wellbeing Board held at Committee Room 4 on Tuesday, 7 May 2013 at 1.45pm**

### **Present**

#### **Members:**

Revd Dr Martin Dudley (Chairman)  
Deputy Joyce Nash (Deputy Chairman)  
Jon Averbs  
Superintendent Norma Collicott  
Dr Gary Marlowe  
Simon Murrells  
Ade Adetosoye  
Angela Starling  
Vivienne Littlechild  
Gareth Moore  
Deputy John Tomlinson  
Dr Sohail Bhatti  
Sam Mauger

#### **Officers:**

Natasha Dogra	- Town Clerk's Department
Ignacio Falcon	- Town Clerk's Department
Neal Hounsell	- Community and Children's Services
Chris Pelham	- Community and Children's Services
Farrah Hart	- Community and Children's Services
Sarah Greenwood	- Community and Children's Services

### **1. WELCOME AND INTRODUCTIONS**

It was proposed that the most Senior Member present be elected Chairman for items 1 – 5 until a Chairman of the Board was elected. This was seconded, and Deputy Joyce Nash took the chair. All Members of the Health and Wellbeing Board introduced themselves.

### **2. APOLOGIES FOR ABSENCE**

There were no apologies for absence.

### **3. DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**

There were no declarations of interest by Board Members.

### **4. ORDERS OF THE COURT OF COMMON COUNCIL RECEIVED**

5. **ELECTION OF CHAIRMAN**

The Committee proceeded to elect a Chairman in accordance with Standing Order No. 29. A list of Members eligible to stand was read and Dr Martin Dudley being the only Member expressing a willingness to serve was declared to have been elected as Chairman of the Health and Wellbeing Board for the ensuing year.

The Chairman welcomed those Members who had just joined the Board and also recorded his thanks to those Members who had left the Board, namely Vicky Hobart and Joy Hollister.

6. **ELECTION OF DEPUTY CHAIRMAN**

The Committee proceeded to elect a Deputy Chairman in accordance with Standing Order No. 30. A list of Members eligible to stand was read and Deputy Joyce Nash being the only Member expressing a willingness to serve was declared to have been elected as Deputy Chairman of the Health and Wellbeing Board for the ensuing year.

7. **PUBLIC MINUTES AND ACTIONS FROM THE MEETING OF THE SHADOW HEALTH & WELLBEING BOARD**

The Director of Community and Children's Services informed the Board that Dr Sohail Bhatti had been appointed as the Interim Joint Director of Public Health, and interviews for a permanent position would take place in the next few months.

RESOLVED – That the minutes of the Shadow Health and Wellbeing Board meeting of 4<sup>th</sup> March 2013 be agreed as an accurate record.

8. **FINAL JOINT HEALTH AND WELLBEING STRATEGY**

Officers informed the Board that the NHS's public health functions were transferred to local authorities by the Health and Social Care Act 2012 on 1<sup>st</sup> April, 2012. This gave local authorities the duty to advance the health and wellbeing of people who live or work in their area. It also required local authorities to set up Health and Wellbeing Boards and for those Health and Wellbeing Boards to produce an annual Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS). The City of London already had a JSNA in place; however, this was the first time that a JHWS has been produced for the City of London.

The Board was informed that the Department of Health had also released a number of Outcomes frameworks. A key measure of success for Health and Wellbeing Boards would be their ability to influence improvements measured according to The Public Health Outcomes Framework (nationally there are over 60 Public Health outcomes).

Members were reminded that the Shadow Board had previously discussed the outcome frameworks and another paper being considered today asks the Board to formally identify their priority outcome indicators for 2013/14.

In response to a query from Members, officers said that although local authorities were now required to provide certain mandated public health functions under the Act, such as support to the Clinical Commissioning Group, sexual health services and the National Child Measurement Programme (NCMP), the majority of public health functions were not mandatory, and levels of provision must be determined locally, according to need. Members also asked Officers to investigate the possibility of creating a cross-directorate approach to boosting the health and wellbeing of City workers.

RESOLVED – that the Joint Health and Wellbeing Strategy be adopted.

**9. JOINT HEALTH AND WELLBEING STRATEGY CONSULTATION**

The Board were presented with a summary of the responses to the consultation about the Joint Health and Wellbeing Strategy. Officers informed Members of the Board that the City Of London Corporation organised a health day, titled “Love Health” on the 14th February in the Livery Hall, aimed at City workers (including City of London staff), employers, residents and Members with extended opening hours available to Members following the Court of Common Council meeting that day.

Invitations and posters were extensively used, and during the day there were also consultation presentations with an interactive survey as well as other interactive stands and displays from health providers including advice. The online survey and event responses were collated, together with written responses.

In response to a query from Members, officers said there were a total of 79 responses received, 54 from the “Love Health” event and 25 survey responses.

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**10. HEALTH AND WELLBEING BOARD PERFORMANCE INDICATORS**

Officers presented the Board with a report asking Members to consider the key outcome indicators which will be used to monitor the effectiveness of the Health and Wellbeing Strategy, the on-going monitoring mechanisms for those and the approval of two Public Health indicators for inclusion within the departmental business plan.

Members were reminded that Health and Wellbeing Board (HWB) Members had discussed the three outcomes frameworks (NHS, Adult Social Care and Public Health) as part of recent health and wellbeing board development days. The recommended indicators would be used by the Board to monitor progress against the health and wellbeing strategy on an annual basis, and it was recommended that the Board receives exception reports for indicators.

In response to a query from Members, officers stated that the outcome frameworks were already monitored by existing groups and a number of children's specific indicators are monitored by the Children's Executive Board as part of its ongoing monitoring responsibility. Officers informed Members that the Department of Community and Children's services had the responsibility for the delivery of the public health function going forward and a number of associated actions within the business plan.

RESOLVED - that:

1. the key outcome indicators for the HWB and the Health and Wellbeing Strategy be agreed, and;
2. the Executive Board would recommend children's indicators for the children's 'placeholder section' of the HWB;
3. the proposed indicators for inclusion within the Department of Community and Children's Services business plan be reviewed, and;
4. the proposed annual monitoring of all the key indicators as part of the health and wellbeing strategy update, and exception reporting where performance is either poor or significantly above target be agreed.

**11. UPDATE REPORT**

The Board received a verbal update from the Director of Community and Children's Services. In his update, the Director informed Members that a number of consultations had been received from various organisations. These would be collated by the Town Clerk and Members would be consulted in due course.

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**12. FUTURE DATES FOR 2013/14 HEALTH & WELLBEING BOARD MEETINGS**  
RESOLVED – that the 2013 dates for Health and Wellbeing Board meetings be agreed as follows:

4<sup>th</sup> July 2013  
5<sup>th</sup> September 2013  
6<sup>th</sup> November 2013

All meetings would begin at 1:45pm.

**13. ANY OTHER BUSINESS**

In response to a question from a Member regarding the price increase by Fusion, Officers said that the Young at Heart service has always been a subsidised service. The level of subsidy depends on the amount of external funding that can be raised to support the programme. However, in order to ensure that prices would never increase to Fusion standard rates the original annual service plan set out agreed maximum annual prices.

In 2012 Fusion was able to secure sufficient additional external funding to hold Young at Heart prices at previous levels. However for 2013 membership levels increased and external funding decreased making it regrettable but inevitable that registration prices had to increase. Members were informed that the Young

at Heart programme offered over 20 hours a week of activity which were free but if participants wanted to come at any other off peak time then Fusion make a maximum charge of £1.50 per session.

**14. EXCLUSION OF THE PUBLIC**

MOTION – It was agreed 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.

**15. NON-PUBLIC MINUTES OF THE SHADOW HEALTH & WELLBEING BOARD MEETING**

RESOLVED – That the non-public minutes of the meeting held on 4<sup>th</sup> March 2013 be agreed as an accurate record.

**16. ANY OTHER BUSINESS**

There was no other non-public business of the Board.

**The meeting ended at 3.07pm**

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Chairman

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