

## HEALTH AND WELLBEING BOARD

Tuesday, 1 April 2014

Minutes of the meeting of the Health and Wellbeing Board held at on Tuesday,  
1 April 2014 at 1.45pm

### **Present**

#### **Members:**

Revd Dr Martin Dudley (Chairman)  
Deputy Joyce Nash (Deputy Chairman)  
Ade Adetosoye  
Jon Averbs  
Dr Penny Bevan  
Superintendent Norma Collicott  
Dr Gary Marlowe  
Simon Murrells  
Sam Mauger  
Gareth Moore  
Deputy John Tomlinson

#### **In Attendance**

Deputy Michael Welbank

#### **Officers:**

Natasha Dogra	- Town Clerk's Office
Alex Orme	- Town Clerk's Office
Chris Pelham	- Community and Children's Department
Farrah Hart	- Community and Children's Department
Simon Cribbens	- Community and Children's Department
Maria Cheung	- Community and Children's Department
Derek Read	- Department of the Built Environment
Greg Williams	- Public Relations Office
Paul Haigh	- City & Hackney CCG
Anna Garner	- City & Hackney CCG

### **1. APOLOGIES OF ABSENCE**

Apologies were received from Angela Starling and Vivienne Littlechild.

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

There were none.

### **3. MINUTES**

**Resolved:** That the minutes of the previous meeting be agreed as an accurate record.

**Matters arising:** In response to a query regarding the Health and Wellbeing Board Communications Strategy, Officers said they had met with colleagues across the organisation to promote awareness of the Board's achievements to date and future work to be undertaken. Members agreed that this work would help to ensure that Officers naturally began to think about health and wellbeing in all aspects of their work. Discussions ensued with regards to promoting awareness of the Board, and Members agreed that a report to the May Court of Common Council which set out what the Board had achieved in its first year would usefully ensure a clearer understanding of the Health and Wellbeing Board.

**Resolved:** Members agreed to delegate authority to the Town Clerk, in consultation with the Chairman and Deputy Chairman, to submit a Health and Wellbeing Board information report to the Court of Common Council.

#### 4. **SIGNAGE REVIEW**

The Board received a presentation from Iain Simmons, Assistant Director of Local Transport, informing Members of the following:

- A lot of work was being done to promote the physical environment in the City and get the public walking.
- A positive way finding system would encourage people to walk instead of driving or taking public transport and would promote the health and wellbeing of residents, city workers and visitors to the City.
- The City's current way finding system consisted of 12 street maps, 200 finger posts and 14 interactive signs.
- The Legible London scheme had been adopted pan London but had not yet been introduced in the City. The scheme was a £60million investment driven by TfL and the key components were printed walking maps, tube station maps, journey planners, bus stop maps, cycle hire spot maps and interactive maps.
- A scheme involving 15 signs would take 6-8 months to complete and would cost approximately £125 – 250k.
- A report would be submitted to the Planning and Transportation Committee in May regarding signage in the City and initiating ways to improve the current signage.

Members agreed that signage in the City needed to be updated as it would encourage more walking and therefore promote the health and wellbeing of people in the Square Mile. Signs with orange tops may be useful as they would attract the attention of those who were navigating their way around the City. Members agreed that they would support any proposals to the Planning and Transportation Committee regarding such improvements.

In response to a query from Members, Officers said the signs around the Golden Lane Estate and the Barbican Estate were in need of updating. Improved signage around the Barbican Estate would have many advantages for those navigating their way around the estate. However, relevant bodies would need to be consulted before any new signage could be implemented. Members agreed that any new signs must accommodate people with physical disabilities and visual impairments.

In response to a query regarding the 'yellow line' on the pathways of the Barbican Estate, Officers agreed to investigate this and report back to Members of the Board.

5. **TERMS OF REFERENCE**

The Board received the report of the Town Clerk which informed Members that at the Board meeting on 6 November 2013, Members approved their current terms of reference. The revised Terms of Reference set out the provision for allocating co-opted Members and allowing named substitute members to attend in their place as follows:

**Co-opted Members**

The Board may appoint up to two co-opted non-City Corporation representatives with experience relevant to the work of the Health and Wellbeing Board.

**Substitutes for Statutory Members**

Other Statutory Members of the Board (other than Members of the Court of Common Council) may nominate a single named individual who will substitute for them and have the authority to make decisions in the event that they are unable to attend a meeting.

**Resolved:** That Members approved the revised terms of reference of the Board

6. **HEALTHWATCH CITY OF LONDON UPDATE**

The Board received the report of the Chair of Healthwatch which informed of the Healthwatch City of London priorities for 2014/15 and points raised at the evidence session with the London Assembly Health Committee. The four priorities agreed for consultation were:

- Public Health and Community Services
- Mental Health
- Dementia
- Integrated Care

Members agreed that the regular bulletin updates from Healthwatch were very useful and encouraged all Members to sign up to receive this update.

7. **CCG 5 YEAR STRATEGIC PLAN**

The Board received the report of the NHS City and Hackney Clinical Commissioning Group which informed Members of their first draft 5 year strategic plan to NHS England. The plan would be iterated and consulted on through March and April 2014, with final submission in June 2014.

Officers informed Members that the current draft of the plan outlined the vision, clinical objectives and interventions and how the CCG would manage and monitor progress. Members noted the information on reducing premature mortality, reducing emergency admissions, our urgent care system, transforming primary care services, safe high quality hospital services,

addressing mental health needs and how the CCG would respond to these needs.

#### **8. CCG INVESTMENT PLAN**

The Board received the report of the NHS City and Hackney Clinical Commissioning Group which informed Members of a range of new services and initiatives the CCG were commissioning to improve care for our patients, using CCG investment of nearly £18m to tackle important local issues identified by their patients and clinicians.

Members noted that at the September 2013 CCG Board meeting it was agreed to establish a Prioritisation Sub Committee to consider investment proposals developed by CCG Programme Boards to take forward CCG commissioning plans. The members of the Sub Committee were Jamie Bishop (Chair); Christine Blanshard; Clare Highton; Gary Marlowe; Paul Haigh; Philippa Lowe; representatives from Hackney and COL Healthwatch; Ash Paul (LBH Public Health consultant)

The Sub Committee met on 6 December 2013. At this meeting an initial sift of proposals was undertaken, reviewing these using a prioritisation framework to assess impact. The Members agreed that initiatives should deliver CCG outcomes and improve quality, innovation or deliver recurrent commissioner savings. The Sub Committee agreed further work was needed to address these points and feedback was given to Programme Boards

In response to a query from Members, Officers said they used the word 'patient' instead of 'people' because from the CCG's perspective the people they delivered services for were patients. However, from the Health and Wellbeing Board's perspective they would be called people.

#### **9. JSNA UPDATE REPORT**

The Board received the report of the Policy Development Manager which informed Members that in September 2013, Members of the Health and Wellbeing Board agreed the proposal to refresh the Health and Wellbeing Profile (shared with LB Hackney) and to produce a JSNA City Supplement. The two draft documents had been produced in parallel and contained a number of new findings relating to City and Hackney residents; and other City populations. As the Health and Wellbeing Profile was a data refresh document, it did not require consultation; however, the JSNA City supplement was a new document and should undergo a period of public consultation.

Officers informed Members that the key trends arising from shared City and Hackney data were:

- Immunisation rates for children in Hackney and the City have been improving steadily, with marked improvements over the last year.
- Flu vaccination uptake remains high, in comparison with London.

- In 2012/13, the caseload for Open Doors work in Hackney and the City showed an overall decrease in the number of street sex workers supported by the service.
- GP recorded obesity in adults has fallen slightly again, but this remains higher than London as a whole.
- There was an outbreak of measles in December 2012 and marked increase in cases of pertussis (whooping cough).
- Reported sexually transmitted infections (STI) and HIV incidence remained high compared to England.
- There were reports of increases in child dental decay and local research highlights high rates of decay and poor mouth hygiene in adults.
- There had been a small decrease in breast cancer screening coverage
- Childhood obesity in state school students remains high.
- New data suggests that 25% of City and Hackney residents are smokers. This is the highest rate in London. A survey in 2012 also found that 25% of City workers smoked.

### **Rough Sleepers**

- The City had the sixth highest number of rough sleepers in London
- Rough sleepers in the City are predominantly male and the majority are between 20-50 years of age.
- About half of the rough sleepers were British nationals and the remaining come from Eastern Europe.
- Over half of the rough sleepers had alcohol problems and mental health problems, and almost a third have drug problems.
- The City provides a wide range of services to help rough sleepers leave the streets, and has received several awards for innovation in this area.
- Rough sleepers are particularly vulnerable to smoking, alcohol misuse, substance misuse and sexually transmitted diseases, and may encounter barriers to accessing services for these health issues.
- Rough sleepers tend to have co-morbidities, and are likely to use A&E much more than the general population.
- Rough sleepers are particularly vulnerable to infectious diseases, for example, tuberculosis.
- In the City, GP registration for rough sleepers is a priority. Rough sleepers can register with two local GPs practices.

**Resolved:** Members approved a period of public consultation for the JSNA City Supplement, with the final draft coming to the next Health and Wellbeing Board for sign-off on 30th May 2014.

## **10. INFORMATION REPORT**

The Board received the report of the Executive Support Officer which informed Members

of key updates to subjects of interest to the Board, such as:

- Fixed Penalty Notice (FPN) Stop Smoking Service
- Riverside Strategy
- Local Flood Risk Management Strategy

- School Health and Looked After Children's Services
- Substance Misuse Partnership Review Update
- Business Healthy
- Health Services
- Disease Prevention
- Social Care and Health inequalities
- Substance Misuse
- Environmental Health
- Health and Wellbeing Board Guidance

#### 11. **DEVELOPMENT DAY UPDATE**

The Board received the report of the Policy Development Manager which informed Members that the Development Day would take place on 2<sup>nd</sup> May 2014 at Walbrook Wharf. The Board would focus on 'changing behaviours' on this day.

#### 12. **BETTER CARE FUND**

The Board received the report of the Assistant Director of People which informed Members that the Better Care Fund (BCF) final plan was to be submitted to NHS England on 4 April 2014. The assurance process set out by NHS England required the submission of a draft BCF plan on 14 February 2014. This initial submission identified concerns from NHS England relating to the statistical significance of the City of London's outcomes and compliance (due to limited scale) with the recording systems put in place.

Members noted that the City's BCF plan set out how it would deliver the national conditions set by government, identify measurable improvements in performance against key metrics, and describe the proposed actions and initiatives to deliver the City's vision for better outcomes and experience for our residents. The detailed development work that would support the delivery of the City's BCF plan would take place in 2014/15 to enable full implementation in 2015/16.

The £3.8bn Better Care Fund (BCF) was announced by the Government in the June 2013 spending round, to ensure a transformation in integrated health and social care. The Better Care Fund (BCF) was a single pooled budget to support health and social care services to work more closely together in local areas. The City's BCF allocation is £776k.

The City's BCF plan would deliver the national requirement to:

- protect social care services
- provide 7-day services to support hospital discharge
- share data between services, and
- provide joint assessments and an accountable lead professional.

The impact of the City's BCF plan will be measured against improved performance in relation to:

- delayed transfers of care

- emergency admissions
- effectiveness of reablement
- admissions to residential and nursing care
- patient and service-user experience, and
- effective support to carers (local metric).

Members noted that there would be a number of implications arising from this fund and the proposals that would emerge. Principally, it would change the funding streams to Adult Social Care with the creation of one fund that comprises the Carers Grant, Disabled Facilities Grant, CCG reablement funding and transformation funding.

The intention from the Government was that CCGs and local authorities would create pooled budgets in order to facilitate integration. Given that the City's population is so small, having separate pooled budgets for each integration project would likely not be viable. However, there was the possibility of combining the whole fund into one pooled budget to have a City-specific pooled budget with the CCG. If there were any joint-funded posts as a result of the fund, this would also require HR advice on management arrangements.

Resolved: That Members:

- Approved the final BCF plan for submission to NHS England.
- Delegated authority to the Director of Community and Children's Services in consultation with Chairman to approve minor changes arising from discussion at the Health and Wellbeing Board.

**13. QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**

In response to a query from Members, Officers agreed that statistics reported to the Board must be clearly explained. This was due to statistics about the City being misconstrued due to the geographical nature of the Square Mile.

**14. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

As this may be his last meeting with the Board, the Chairman thanked Deputy John Tomlinson, Chairman of the Port Health and Environmental Services Committee, for his useful input to the work of the Board over the past year.

**15. EXCLUSION OF PUBLIC**

**MOTION** - 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.

**16. NON PUBLIC MINUTES**

**Resolved** – That the minutes of the previous meeting be agreed as an accurate record.

**17. NON PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**

There were none.

**18. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE BOARD AGREES SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

There was none.

**The meeting ended at 3.20pm**

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Chairman

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