

## **HEALTH AND WELLBEING BOARD**

**Friday, 23 November 2018**

**Minutes of the meeting of the Health and Wellbeing Board held at Committee Rooms - Committee Rooms on Friday, 23 November 2018 at 11.30 am**

### **Present**

#### **Members:**

Marianne Fredericks (Deputy Chairman, in the Chair)  
Randall Anderson  
Jon Averbs  
Dr Penny Bevan  
Andrew Carter (Director, Community and Children's Services)  
Dr Gary Marlowe  
Jeremy Simons  
David Maher  
Gail Beer  
Kate Smith

### **In Attendance**

#### **Officers:**

Lorraine Brook	- Town Clerk's Department
Chloe Rew	- Town Clerk's Department
Chandni Tanna	- Town Clerk's Department
Rosalind Ellis	- City of London Police
John Peacock	- City of London Police
Farrah Hart	- Community and Children's Services Department
Adrian Kelly	- Community and Children's Services Department
Xenia Koumi	- Community and Children's Services Department
Chris Pelham	- Community and Children's Services Department
Samantha Tharme	- Department of Built Environment

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

Apologies for absence were received from Deputy Joyce Nash and Matthew Bell.

The Deputy Chairman advised the Board that Joyce Nash had recently celebrated a significant birthday and was continuing to recover well from her recent ill-health.

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

A declaration was made by Dr Gary Marlowe in respect of Item 5 (City of London Health Protection) by virtue of being Chair of the London Regional Council of the British Medical Association (BMA).

3. **MINUTES**

The Board considered the minutes of the last meeting held on 21<sup>st</sup> September 2018.

**RESOLVED** – That the minutes of the last meeting held on 21<sup>st</sup> September 2018 be approved as an accurate record, subject to the following amendments:-

- (i) John Avern was not in attendance; and
- (ii) Xenia Koumi, Project Lead – Business Healthy for Community and Children's Services and Nicole Klynman, Public Health Consultant for City and Hackney, were in attendance.

**Matters Arising**

1. ***Item 5: Health and Wellbeing Update Report***

It was noted that a subsequent update would be provided at the next meeting of the Board.

2. ***Item 8: Health Care Provision for People Sleeping Rough in the City of London*** It was noted that there was currently no update.

3. ***Item 9: Voluntary Smoke Free Space in Finsbury Circus***

Members were advised that a delay of nine months to Finsbury Circus being returned to the City was anticipated, with reinstatement expected in summer 2019.

4. ***Item 10: Developing a New Housing Strategy***

In respect of the housing strategy, the Chairman of the Community and Children's Services Committee advised that an update would be provided at a future meeting.

4. **RIVER CAMERAS PROJECT - UPDATE**

The Board received a report of the Commissioner of the City of London Police relative to an update on the River Cameras Project which was considered by the Police Committee on 20<sup>th</sup> September 2018. In light of the work being undertaken by the City of London Police around suicide prevention and the protection of vulnerable people, both of which were relevant to the work of the Health and Wellbeing Board, the Committee had asked that the report be submitted to the Board for information.

Members were advised that due to funding issues, progress with the project had been slow. The Deputy Chairman expressed dissatisfaction with the lack of progress with the project which had now been incorporated within the broader Ring of Steel project, particularly as funding had already been identified through Bridge House Estate (BHE). A number of Members commented that they had previously been assured that the River Cameras project would proceed as a separate piece of work.

Members suggested that the project should be delivered in conjunction with the Bridge Illumination project and should include thermal imaging technology.

**RESOLVED – That**

- (i) the report be noted; and
- (ii) the Board's concerns in respect of delays to the River Cameras project be submitted to the Police Committee and an update in respect of progress with the project, submitted to the next meeting of the Board.

**5. CITY OF LONDON HEALTH PROTECTION**

The Board received a presentation from Dr Deborah Turbitt regarding Public Health Protection. The presentation addressed communicable disease and environmental hazards in the City, monitoring both residents and workers in the City. It was noted that the City generally had a low disease rate, but the following were present in the City:- food-borne illnesses, measles and scarlet fever.

Following the presentation, a number of queries were raised by members of the Board.

In respect of Measles and how those individuals who did not receive the Measles, Mumps and Rubella (MMR) vaccine as children could be vaccinated in order to prevent outbreak, it was suggested that, amongst other solutions, vaccinations could be offered to those entering university or graduate studies.

In respect of Tuberculosis (TB) it was suggested that, due to supply restrictions, only some boroughs had been offering TB vaccinations, which meant that the disease could potentially spread across boroughs. However, Dr Turbitt stated that the supply issue had now been resolved and all boroughs should be vaccinating against TB.

With reference to testing laboratories, some concern was expressed that there was no longer a 24-hour laboratory service in London. Dr Turbitt advised that many hospitals in London now had their own testing facilities and where samples were sent outside of London (i.e. to Birmingham or Cambridge) there continued to be an efficient service with only a 2-hour delay in returning results due to travel time. In light of the comments made by some Members, it was agreed that a detailed report about the City's position in respect of public health laboratories and vaccinations should be submitted to the Board's next meeting.

Following a query about how food hygiene could be improved in the City in order to reduce food-borne illness, it was noted that the City venues were largely well-rated for hygiene. However, with a high number of catered venues in the City, it was important to have a cross-borough dialogue about contractors, to visit premises and establish what food hygiene practices were in place to reduce the risk of food poisoning. Those present were advised that the following food hygiene rating app could be accessed by consumers to check restaurant ratings: <https://www.scoresonthedoors.org.uk/>

**RESOLVED – That:**

- (i) the presentation and the details presented in respect of Public Health Protection be noted; and
- (ii) a detailed report about the City's position in respect of public health laboratories and vaccinations be submitted to the Board's next meeting.

**6. HEALTHWATCH CITY OF LONDON ANNUAL REPORT 2017/18 AND UPDATE**

The Board received a report from the Chair of Healthwatch City of London (HW CoL) relative to the Annual Report 2017/18 and an update in respect of Healthwatch City of London activity.

The Healthwatch Executive Director advised the Board that since 1 April 2018, when the Healthwatch City of London contract was awarded to Healthwatch Hackney, Healthwatch City of London board members who wished to continue with the organisation had been in discussion with their Healthwatch Hackney colleagues about the future governance arrangements. It was noted that it had not been an easy start to the new arrangements, with a restructure of staff and development of a delivery plan with the Commissioners. The Executive Director explained that it was important that HW CoL continued to remain a separate entity from Healthwatch Hackney so the City's priorities for the coming year were clear. There should also be a greater emphasis on focussed delivery over the coming months.

In respect of delivery, it was noted that HW CoL had been present at three community events since October. However, the HW CoL representatives only spoke to six people, thus highlighting the need for more effective public engagement. 42 people had attended the AGM on 4 October 2018, aiding development of the Healthwatch priorities. Following a staffing restructure and with key people now in place, as well as the appointment of two new Board Members, it was noted that HW CoL was developing its own identity and this would further develop with the appointment of Board Associates.

There was a brief discussion regarding the current and future budget position and reference was made to the GP/patient ratio with some concern expressed that people were struggling to get GP appointments. Whilst it was noted that there had not been a deterioration in services provided by Healthwatch since the introduction of the new arrangements, and it was important not to duplicate the work of the Commissioners, Members were keen to receive a future update report setting out deliverables in the City and an overview of the new Communications Strategy which was expected to be in place by January.

**RESOLVED – That:**

- (i) the Healthwatch City of London Annual report 2017/18 be noted;
- (ii) the update on Healthwatch City of London activity be noted; and
- (iii) an update report about Healthwatch City of London be submitted to the next meeting of the Board.

## 7. **BETTER CARE AND WELLBEING IN EAST LONDON**

The Board received a report from the East London Health & Care Partnership on better care and wellbeing in East London.

David Maher from the East London Health & Care Partnership advised the Board about the changing role of the Clinical Commissioning Group (CCG) and updated members on the work of the Partnership so far, as highlighted in the report before the Board.

The following issues were referenced:

1. Prevention – the focus was on preventative services in to reduce the need for long term care;
2. Urgent and emergency care – there was room for improvement to ensure that local people were properly linked to local services and resources were used in the most efficient way;
3. Mental health – there was scope for progressive changes in mental health services as highlighted by the triage scheme that had been developed in collaboration with the City of London Police.
4. NHS long-term plan – this was due to be released in December 2018 with a view to 1/4/10 year planning which would influence the report before Members. A further report would therefore be submitted to the Board once the NHS plans were clearer.

With reference to Diabetes, it was noted that this was a pressing problem and a focus for City Hackney, particularly given the link to obesity. It was suggested that whilst a Diabetes nurse specialist service had been in operation for some time and been positive, the service should be reviewed with consideration given to how new technology could now be used. As a linked factor, it was also important to continue working with restaurants and food outlets to promote healthier eating. Members agreed that the prevention element of this work was vital, and it was important to recognise the complexities within boroughs by using a neighbourhood template to deliver effective prevention strategies that reflect local health issues and community factors. It was noted that the City, which had a low obesity rate and was generally healthy, had introduced a good prevention programme with exercise programmes in City schools, sugar tax, less advertising for fast food, and limited access to unhealthy fast food shops in the city.

A Board Member welcomed the report but queried what was being delivered and how, recognising the complexities of the healthcare environment. Further to this, a query was raised regarding the target audience and it was suggested that the current format might not be easy for the public (i.e. without health sector knowledge) to understand. It was therefore agreed that an update report would be submitted to the next meeting of the Board.

**RESOLVED** – That-

- (i) the report and the update be noted; and
- (ii) a further update report be submitted to the next meeting of the Board.

8. **ENDORSEMENT OF HIV STIGMA CAMPAIGN: "U=U"**

The Board considered a report of the Director Public Health relative to the on-going work being done to tackle sexually transmitted infections and their associated stigma. The Director of Public Health updated Members about the Prevention Access Campaign which seeks to tackle HIV stigma by asking organisations to endorse a consensus statement acknowledging that they recognise "Undetectable Equals Untransmittable" (U=U). It was noted that by endorsing the U=U consensus statement, and by encouraging City businesses to do the same, the Board would further demonstrate its support and leadership in championing the wellbeing of Londoners, as well as contributing to the City Corporation's Responsible Business Strategy. It was noted that in 5-10 years, HIV could become an imported-only disease.

**RESOLVED** – That:

- (i) the "Undetectable Equals Untransmittable" U=U consensus statement be endorsed; and
- (ii) the City Corporation's Business Healthy Programme should encourage City employers to endorse the U=U consensus statement.

9. **THE PREVENTION CONCORDAT FOR BETTER MENTAL HEALTH PROGRAMME**

The Board considered a report of the Director of Community and Children's Services relative to the appointment of an elected Member to act as a Mental Health Champion for the City of London Corporation, as well as becoming a full signatory of Public Health England's Prevention Concordat for Better Mental Health.

Given their interest in mental health, it was proposed that both Matthew Bell and Tom Anderson jointly assume the role of Mental Health Champion for the City, subject to their consent.

**RESOLVED** – That:

- (i) the City of London Corporation become a joint signatory to the Prevention Concordat with Hackney Council; and
- (ii) Matthew Bell and Tom Anderson be nominated as Mental Health Champions for the City of London Corporation, subject to their consent.

10. **DEFIBRILLATORS - VERBAL UPDATE**

The HR Health and Safety Manager provided Members of the Board with an update following a recent survey which identified defibrillator locations in the City, including schools, markets, the Barbican and Guildhall and highlighted recent use of defibrillators in four locations, including Hampstead Heath and Smithfield Market.

Members emphasised the importance of ensuring that people were aware of defibrillator locations (i.e. within the City's housing stock) and appropriate arrangements were in place to ensure that the equipment was routinely checked and maintained. The Director of Community and Children's Services acknowledged the points raised by Members and commented that a more detailed report would be submitted to a future meeting of the Board.

**RESOLVED – That:**

- (i) the update be noted; and
- (ii) a further report be submitted to a future meeting of the Board outlining the location of defibrillators across the City's housing stock, the maintenance and monitoring processes in place and any aspects of good practice arising from the survey.

**11. DRAFT CITY OF LONDON TRANSPORT STRATEGY**

The Board received a report of the Director of the Department of the Built Environment (DBE) relative to the draft City of London Transport Strategy which was considered, as part of a widespread consultation exercise, by the Planning and Transportation Committee on 30<sup>th</sup> October 2018.

It was noted that the department had commenced consultation activities engagement activities to gain an understanding of concerns regarding walking and transportation in the City. The aim was to make walking safer and more comfortable in order to encourage physical activity. The following outcomes were being considered: (i) increasing accessibility; (ii) implementation of a 15-mph speed limit to create a calmer and more comfortable environment; (iii) addressing the conflict between cyclists and pedestrians and encouraging more people to cycle; and (iv) improving air quality within the City given that the City is above the national guidelines for NO<sub>2</sub> and exploring the potential to introduce 0 emission zones.

Whilst Members agreed that the Strategy provided a positive focus on health and wellbeing, some concern was expressed regarding the rationale for the introduction of a 15-mph speed limit as there was not a straight-line association between collisions and speed-limits. It was suggested that appropriate data and evidence should be provided to justify why such a limit would have a tangible impact. In noting that the Bank Junction Scheme had been successful in reducing traffic in that area, a query was raised regarding the impact on the London Ambulance Service and how road traffic delays impacted, in general, on their operation.

All those present were encouraged to review and comment on the draft City of London Transport Strategy on-line at [www.citystreets.london](http://www.citystreets.london) .

**RESOLVED – That the report be noted.**

**12. HEALTH AND WELL BEING BOARD UPDATE**

The Board considered a report from the Director of Community and Children's Services which provided an overview of local developments and policy issues related to the work of the Board where a full report was not necessary. The report addressed the following topics:

- Business Health Challenge
- PHE Conference Paper
- Better Care Fund Performance
- Local Government Declaration on Sugar Reduction and Healthier Foods
- Community Safety Update

- Rough Sleepers Winter Campaign
- Social Wellbeing Strategy Update

Reference was made to the Local Government Declaration on Sugar Reduction which highlighted the City Corporation's commitment, through collaborative ways of working, to tackle obesity amongst those living, working and visiting the Square Mile. It was noted that an action plan setting out the various streams of work being undertaken by the City Corporation would be considered by the Health and Wellbeing Advisory Board.

**RESOLVED** – That the report be noted.

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

There were no questions.

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

With the Board's consent, the following item of urgent business was considered:-

***Dr Penny Bevan – Retirement***

In light of Dr Penny Bevan's retirement at the end of the year, the Deputy Chairman thanked Dr Bevan for her contribution to the Health and Wellbeing Board, and her efforts to ensure that the City was on the right track to be a healthy place to live, work and visit. Members concurred that Dr Bevan had left a notable legacy for future members of the Board and the City of London Corporation. The Director commented that Dr Bevan had been an advocate for training and development for the next generation of health advisors and her work with the Board had brought many benefits to the City Corporation.

**RESOLVED** – That, upon her retirement from the Health and Wellbeing Board, the thanks of the Board and the City Corporation be extended to Dr Penny Bevan for her outstanding contribution to the work of the Board over the past five years and for the benefits brought to the City Corporation.

**15. EXCLUSION OF PUBLIC**

**RESOLVED** – That under Section 100(A) of the Local Government Act 1972, the public be excluded from the meeting for the following items on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 7 of Part 1 of Schedule 12A of the Local Government Act.

Item	Paragraph
16	7

**16. CITY OF LONDON DRUGS PROFILE AND RISK REDUCTION STRATEGY**

The Board considered a report of the City of London Police relative to the City of London Drugs Profile and Risk Reduction Strategy.

**RESOLVED** – That the report be agreed.



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

There were no questions.

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

There was no urgent business.

**The meeting ended at 1.15 pm**

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Chairman

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