

HEALTH AND WELLBEING BOARD

Thursday, 4 July 2013

**Minutes of the meeting of the Health and Wellbeing Board held at on
Thursday, 4 July 2013 at 1.45pm**

Present

Members:

Revd Dr Martin Dudley
Jon Averbs
Simon Murrells
Angela Starling
Vivienne Littlechild
Gareth Moore
Deputy Joyce Nash
Deputy John Tomlinson

In Attendance

Dr David Vasserman - Clinical Commissioning Group (CCG)

Officers:

Natasha Dogra - Town Clerk's Department
Neal Hounsell - Community and Children's Services Department
Farrah Hart - Community and Children's Services Department
James Williams - Community and Children's Services Department

1. WELCOME AND INTRODUCTIONS

All Members of the Health and Wellbeing Board introduced themselves. The Chairman welcomed Deputy Michael Wellbank (Chairman of Planning and Transportation), Dr David Vasserman (CCG) and James Williams (Interim Public Health Consultation).

2. APOLOGIES FOR ABSENCE

Apologies had been received from Ade Adetosoye, Dr Sohail Bhatti, Superintendent Norma Collicott, Sam Mauger and Dr Gary Marlowe.

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

There were no declarations of interest by Board Members.

4. PUBLIC MINUTES AND ACTIONS FROM THE MEETING OF THE HEALTH & WELLBEING BOARD

RESOLVED – That the minutes of the Health and Wellbeing Board meeting of 7th May 2013 be agreed as an accurate record.

5. THE IMPORTANCE OF ROAD DANGER REDUCTION IN THE CONTEXT OF HEALTH AND WELLBEING

The Board received a presentation from Lucy Saunders (Public Health Specialist GLA/TfL) regarding the importance of road danger reduction in the context of health and wellbeing. Members were informed that people need 22 minutes of walking each day for good health to prevent many health conditions. Most Londoners didn't get that activity but people who come into the City do, as the City was the walking capital of Britain and served a huge population from other borough and outside of London in keeping their population healthy.

There were also lots of people in London who cycle into or through the City and this was where there had been a big increase in KSIs (killed or seriously injured). Members were informed that it was a real challenge to accommodate the many people walking, cycling and the vehicles that need to get through plus the digging up needed to access services. The KSIs were an indicator that more needed to be done to make the environment not only safe but also pleasant to walk and cycle in. One simple but highly effective measures was the 'courtesy crossing' which served to make it much easier to walk uninterrupted, particularly for those with mobility difficulties, and at the same time they ensure vehicles slow down when approaching junctions.

In response to a query from Members, Officers advised that an education programme would help tackle the problem of anti-social cycling in the City. This could also be tackled by creating a calmer environment. Members queried whether introducing a 20mph limit in the City would impact air pollution. Officers advised that there would not be any significant shift in the level of air pollution if a 20mph limit was introduced, and the introduction could help create a calmer environment in the City. Members noted that pedestrians and cyclists shared the pavements in many European cities such as Hamburg and Helsinki which helped created a good relationship between the two groups.

It was noted that committee reports should include health and wellbeing implications to ensure these were addressed by Officers when writing the report and considered by Members when making decisions. The Board agreed that health and wellbeing implications should be imbedded in the decision making process. Officers in the Community & Children's Services and Town Clerks departments would look to progress this and provide an update at the next Board meeting in September.

RECEIVED.

6. 20MPH BENEFITS AND DIS-BENEFITS INVESTIGATION REPORT

The Board received the report of the Director of the Built Environment which advocated the adoption of a 20mph speed limit in all City streets, including those managed by Transport for London.

Members were informed that casualty figures in the City had shown a steady increase over the last three years with some 423 casualties in 2012 including

57 killed or seriously injured (KSI). This was despite continuation of our traditional programme of road safety measures. The reason for the increase was that the nature of the usage of City streets is changing. There had been a dramatic rise in the numbers of cyclists and pedestrians, and with the advent of Crossrail increasing the number of pedestrians and the encouragement of cycling generally, these numbers would only increase.

Compared with the rest of London, in the City these groups were disproportionately highly represented in the casualty statistics. The situation could therefore only get worse unless action was taken. The strategy to reverse the rising casualty numbers is the recently adopted Road Danger Reduction Plan (RDRP). This set out a whole range of measures to be undertaken between now and 2020. All of these had different cost to benefit ratios. The City was already doing the more straightforward things, with an innovative education, training and publicity programme (ETP); minor junction improvements; driver behaviour and vehicle improvement programmes; and even some major junction improvements, like at Holborn Circus, where the City were spending £3M on what was our worst casualty location. The City also delivered schemes like Cheapside, where there had been an average speed reduction of over 4 mph (and no collisions resulting in casualties), through narrowing the carriageway. However, measures like these took time and to achieve City-wide results would be prohibitively expensive.

Officers stated that the main findings of the study included:

- Traffic speeds would be reduced by the introduction of a 20mph limit
- The often-quoted low average speeds within the City mask both streets where average speeds were over 20mph and also peak traffic speeds at various times such as evenings and weekends. Secondary benefits such as reduced pollution and health improvements through modal shift to cycling were likely to occur.
- There was little or no disbenefit to introducing a 20mph speed limit and in particular journey-time increases would be minimal given the size of the City (typically the journey time for the longest route through the City, i.e., from Victoria Embankment to Byward Street, is not expected to exceed 1 minute even during free flow conditions).
- Transport for London (TfL), City of London Police (CoLP) and the World Health Organization (WHO) supported the introduction.

Members were informed that the report had been approved at the Policy & Resources and Planning & Transportation Committee meetings. A report regarding air quality would be circulated to Members of the Board in due course. Officers agreed to provide an update on City pollution as part of the update report at the meeting in September. Members also requested further reading material such as useful internet links to be circulated to ensure an electronic library was populated for the Board's reference.

RESOLVED: That Members agreed:-

1. Subject to the agreement of the Court of Common Council, public notice of the City's intention to make an order prohibiting the driving of motor vehicles on all streets in the City of London for which the

City is the local traffic authority at more than 20mph be given
2. That any objections that are made to the making of that order be reported to your Planning and Transportation Committee for consideration

3. That the costs of implementing a 20mph limit be met through Local Implementation Programme funding with approval being sought to utilise the 'on street parking reserve' in the event of any shortfall.

7. **WORKPLACE HEALTH REPORT**

The Board was informed that workplace health had been highlighted as a national priority by Public Health England. The Director of Public Health was developing an emerging work stream on workplace health. This would aim to improve practice on a Corporation and City-wide basis and influence others at a national level. It was important that the City develops its own workplace health policies and practice, in order to ensure that our efforts to improve practice across the City are perceived positively.

Within the City of London Corporation, a number of measures had been identified that could contribute to improved healthy working practices. It was hoped that offering support to local business and national profile-raising activities will help the City of London Corporation to advance this agenda at a broader level.

RESOLVED: That Members:-

1. Agreed the three-tiered approach as follows:

- Improving workplace health within the City of London Corporation
- Improving healthy working practices amongst businesses in the Square Mile
- Establishing the City of London as a leader in workplace health, nationally and beyond

2. Agreed to sign up to the National Public Health Responsibility Deal.

3. Asked Officers to present Members with a paper considering each pledge at the subsequent Board meeting where they would then consider a staff health survey to inform the delivery of the workplace health initiative, and consider establishing a time-limited task and finish group (with agreed terms of reference) comprising officers of the City of London Corporation to oversee the research and if necessary, commission a bespoke workplace health programme that will address the issues identified in the staff survey.

4. Noted that the Director of Public Health had written to selected City businesses, explaining the City's new role in promoting public health, and setting out reasons for businesses to engage with workplace health.

5. Noted that the Town Clerk had asked the Director of Community and Children's Services to organise a conference on workplace health which would take place on 11th March 2014.

6. Noted that the City of London Corporation is also commissioning a piece of

research on best practice in workplace health.

8. MINIMUM ALCOHOL PRICING

The Board were informed that minimum pricing per unit had been proposed as a way of reducing harmful drinking and alcohol-related harm. The Government was yet to announce its position in relation to minimum pricing; however, some health leaders had called for local minimum unit pricing schemes to be implemented.

Although alcohol-related health harm, as well as crime and anti-social behaviour were a key issue for the City of London, it was not clear whether introducing a minimum unit price for alcohol would have any impact upon City drinking, as most alcohol served in pubs and bars in the City was already priced above 50p per unit.

In response to a query from Members, officers advised that it was possible that introducing a minimum unit price may reduce alcohol purchases by problem drinkers with limited means, such as rough sleepers. Adopting a minimum unit price for alcohol may also send a powerful message that the City is in solidarity with local authorities who wish to introduce this measure in areas where it will have a more significant impact.

Members asked Officers to further research the position taken by local authorities in London, and nationwide, to ensure the Board were fully informed before deciding on a way forward. Officers agreed to present a further report at the subsequent Board meeting in September.

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9. TOBACCO CONTROL ALLIANCE PROJECT PLAN

The Board were informed that smoking created major health, economic and social burdens within the City of London. Comprehensive tobacco control efforts could impact on health inequalities, reduce the economic burden on society and reduce the death, disease and disability caused by smoking. Effective tobacco control needed to be driven by local priorities, local action and local leadership.

The City Tobacco Control Alliance had developed continued strong leadership which had resulted in a systematic approach to delivering an effective and comprehensive tobacco control programme. The key projects for this year, as agreed by the Alliance members, which will impact upon City residents and workers included:

- Healthy Workplace Offer
- CoL Smokefree Policy
- Smokefree Outdoor Areas
- Smokefree Homes and Cars
- Fixed Penalty Notice Referral Incentive Initiative

These projects would be implemented during scheduled, staggered times of

the year to ensure capacity to deliver is not compromised. Internal capacity at Alliance level was essential for the sustainability and efficacy of the tobacco control work programme.

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10. **UPDATE REPORT**

The Board noted and received the Update Report.

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11. **DEVELOPMENT DAYS ARRANGEMENTS**

Members asked Officers to circulate the following dates to Board Members, and the most popular date would be allocated as the Board Development Day:

4 October 2013

9 October 2013

22 October 2013.

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

A Member raised a question regarding the positioning of defibrillators in leisure centres. Officers said they would check that all local leisure centres had defibrillators on site.

13. **ANY OTHER BUSINESS**

There was no other business.

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 HEALTH & WELLBEING BOARD MEETING**

RESOLVED – That the non-public minutes of the meeting held on 7th May 2013 be agreed as an accurate record.

16. **BOARD EVENT**

Discussions ensued regarding the annual Board dinner, due to take place later this year.

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

There were no non public questions.

18. **ANY OTHER BUSINESS**

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

The meeting ended at 3.40pm

Chairman

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