

HEALTH AND WELLBEING BOARD

Thursday, 5 September 2013

Minutes of the meeting of the Health and Wellbeing Board held at Guildhall on Thursday, 5 September 2013 at 1.45pm

Present

Members:

Revd Dr Martin Dudley (Chairman)
Deputy Joyce Nash (Deputy Chairman)
Ade Adetosoye
Jon Averbs
Dr Sohail Bhatti
Simon Murrells
Sam Mauer
Angela Starling

Officers:

Natasha Dogra	Town Clerk's Department
Alex Orme	Town Clerk's Department
Chris Pelham	Community and Children's Services Department
Farrah Hart	Community and Children's Services Department
Maria Cheung	Community and Children's Services Department
Lisa Russell	Department of the Built Environment

1. APOLOGIES OF ABSENCE

Apologies were received from Gareth Moore and Vivienne Littlechild.

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

There were no declarations of interest.

3. MINUTES

RESOLVED – That the public minutes and summary of the previous be approved as a correct record.

Matters Arising:

Members noted that the “20mph Benefits and Dis-benefits investigation Report” would be considered by the Court of Common Council meeting on Thursday 12th September 2013.

Members decided that due to the unique formation of the Board, future reports should be submitted in the name of individual report authors rather than the director.

4. HEALTH PROTECTION ARRANGEMENTS

The Board considered a report of the Director of Community and Children's Services and Interim Director of Public Health updating members of the Health and Wellbeing Board on the new local Health Protection arrangements in the London Borough of Hackney and the City of London Corporation.

Officers informed Members that the local health protection system involved the delivery of specialist health protection functions by Public Health England, (PHE) often discharged through primary care, community pharmacies and acute and community services and Local Authorities (LAs), with their Director of Public Health (DPH), providing local leadership for health.

In response to a query, Board Members were informed that the City and Hackney Health Protection Forum was a well-established multiagency stakeholder forum that would provide support to the DPH in their role of planning, ensuring preparedness and leading the local response to health protection challenges.

Officers informed the Board that Local Authorities had the delegated duty from the Secretary of State "to provide information and advice to every responsible person and relevant body within, or which exercises functions in relation to, the authority's area, with a view to ensuring the preparation of appropriate local health protection arrangements, or the participation in such arrangements, by that person or body". Local authorities, with their Health and Wellbeing Boards would require assurance that acute and longer term health protection responses and strategies delivered by PHE appropriately meet the health needs of the local population.

RESOLVED - That Members:-

- a. acknowledged their roles and responsibilities in health protection and be assured that their represented organisations are aware of these and have appropriate plans and arrangements in place;
- b. support and ensure their respective organisations participate in the multi-agency City and Hackney Health Protection Forum led by Public Health, its work and development to help fulfil the local health protection function;
- c. requested clarification of the responsibilities and accountabilities for emergency response at a regional and national level where responsibility is divided among different parts of the health system for immunisation, screening, prescribing and emergency response;
- d. noted the evolving role of the Health and Wellbeing Board with regards to oversight of the local arrangements for emergency planning and response as the system develops over time.

5. **PUBLIC HEALTH HIGH LEVEL COMMISSIONING INTENTIONS 2013 - 2014**
The Board considered a report of the Director of Community and Children's Services setting out the strategic direction of public health commissioning for 2013/14 for the City of London Corporation (CoLC).

Board Members were informed that the high level commissioning intentions

had been developed following a full review of existing priorities identified in strategic documents and local needs assessments. The intentions provided an overview of CoLC plans to commission high quality health care, to improve health outcomes for resident and worker populations; and to set the scene for how services develop over the next year.

The following strategic commissioning intentions were identified:

A. Improving the Health and Wellbeing of the Community

Increase uptake of Public Health preventative interventions:

- Smoking cessation
- Screening for Cancer
- Regular Health Checks
- Substance misuse (drugs & alcohol)
- Sexual health

B. Protecting the community especially the vulnerable

- Ensure vulnerable groups have easier access to services such as mental health interventions
- More rough sleepers to access health care

C. Giving our children a good start in life

Ensure children in the City are encouraged and have full access to

- Immunisation
- Oral health services
- National Child Measurement Programme

D. Facilitating the provision of services to meet the health needs of City workers

Ensure City workers have access to:

- Mental Health Interventions
- Preventative health interventions: smoking cessation and substance misuse

RESOLVED – That Members approved the high level commissioning intentions identified.

6. CITY AND HACKNEY HEALTH AND WELLBEING PROFILE

The Board considered a report of the Director of Community and Children's Services stating that local authorities and Clinical Commissioning Groups had a joint duty to prepare and update Joint Strategic Needs Assessments (JSNA). This duty must be discharged by local Health and Wellbeing Boards.

Officers informed Members that Hackney and City's current Health and Wellbeing Profile had been widely praised and accepted as a strong reflection of the health and wellbeing needs of the residents of the City and Hackney. This solid evidence base should be retained however, in line with best practice it was recommended that the following principles should be used in the development of our local model:

- To use a continuous development approach with sections reviewed on an ongoing basis, investigating a web based publication approach.

- It supports the development of closer integration of the Health and Wellbeing system across prevention, primary care, community care, secondary healthcare and social care.
- To change the needs assessment bias, over time, to an asset based approach with less focus on the problems and deficiencies in communities, harnessing potential to improve health within the delivery infrastructure and community.
- To update with most recent census data.
- To ensure it reflects the Public Health, Clinical and Social Care outcomes frameworks; and include consideration of Emergency Planning requirements.
- To review priorities and ensure there is a transparent approach to prioritisation agreed by members of the Health and Wellbeing Board.
- Incorporate the role and networks within Healthwatch.
- Consideration of the integration of public health within the local authority.

RESOLVED – That Members approved the proposal to refresh the Health and Wellbeing Profile, adopting the new principles and framework.

7. **CITY OF LONDON DEMENTIA STRATEGY**

The Board considered a report of the Director of Community and Children's Services informing Members that the Dementia Strategy responded locally to the Prime Minister's 'Dementia Challenge' by establishing a City-specific approach to caring for our residents whilst tapping into the rich diversity of our community.

Synthetic estimates predicted that within the City there are up to 67 people living with the symptoms of dementia, some of whom have been diagnosed, but a large proportion of whom have had no formal diagnosis. Whilst this may be a relatively small number, for those with the disease, the support that they receive is vital to their quality of life and their wellbeing and we are therefore committed to providing the best possible services to this particularly vulnerable group.

The aim of the strategy was to *provide a responsive, high quality, personalised dementia service meeting the needs of residents of the City of London*. To achieve this, the strategy sets out 10 objectives:

- Improve public and professional awareness of dementia and reduce stigma
- Improve early diagnosis and treatment of dementia
- Increase access to a range of flexible day, home based and residential respite options
- Develop services that support people to maximise their independence

- Improve the skills and competencies of the workforce
- Improved access to support and advice following diagnosis for people with dementia and their carers
- Reduce avoidable hospital and care home admissions and decrease hospital length of stay
- Improve the quality of dementia care in care homes and hospitals
- Improve end of life care for people with dementia and ensure that services meet the needs of people from vulnerable groups.

Members noted that the strategy committed the City of London Corporation to creating a 'Dementia Friendly City', where residents and local retail outlets and services would develop a keen understanding and awareness of the disease and offer support in a respectful and meaningful way. This built on the longstanding tradition within the City of caring for residents and delivering individualised packages of care and support.

The Joseph Rowntree Foundation had undertaken a similar project in York. Skills for Care would work in partnership with the City using this model and other good practice examples in order to develop a safe environment for those with dementia.

An operational group chaired by the Interim Service Manager for Adult Social Care, comprising officers from the City of London Corporation, from the CCG and the GP practices and a representative of the Adult Advisory Group will be responsible for monitoring the implementation of the strategy and the action plan. Regular update reports would be submitted to the Health and Wellbeing Board every 6 months.

The Board asked the Policy Officer to work with colleagues in the Built Environment directorate to investigate the signage and directions around the Square Mile and to update Members at the next Board meeting in November on what improvements could be made.

RESOLVED – That Members:

- Approved the strategy; and
- Gave authority to the Director of Community and Children's Services to action the strategy.

8. **INFORMATION REPORT**

The Board considered a 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.

- Pharmaceutical Needs Assessment
- Mental Health Needs Assessment
- Substance Misuse Partnership review
- Air Quality update
- Winterbourne View review and learning disabilities
- Public Health intelligence and outcomes update

- Tuberculosis epidemiology in London
- Defibrillators
- Public Health Budgets

The policy updates are:

- NHS Health Check implementation review and action plan
- Building resilient communities
- Physical activity promotion in socially disadvantaged groups: principles for action
- A minimum price for alcohol?
- Hepatitis: frequently asked questions - briefing for councillors
- Urgent and emergency services: second report of session 2013–14
- Dental contract reform programme: early findings and opportunity to give feedback
- Excess winter mortality report 2012 to 2013
- Improving general practice: a call to action
- Commissioning in Healthcare 2013
- Health & Wellbeing Board Local Healthwatch Learning Event

Members noted the information in the report and asked for a revised format of the report at future meetings to include an update on action being undertaken by other City Corporation departments which may be of interest to the Board.

9. **THE ROLE OF THE CITY OF LONDON'S HEALTH AND WELLBEING BOARD**

The Board considered a report of the Director of Community and Children's informing Members that the City of London Corporation was responsible for promoting the wellbeing of all the people who live or work in the City. The City of London's Health and Wellbeing Board was responsible for carrying out duties conferred by the Health and Social Care Act 2012 ("HSCA 2012"). The Corporation would be held accountable to the Department of Health for improving healthy life expectancy, and would be measured according to a suite of indicators, including:

- Children in poverty
- Road accidents
- Violent crime
- Sickness absence
- Employment for people with health conditions
- Noise complaints
- Smoking prevalence
- Air pollution
- Suicides
- Physical activity
- Pupil absence
- Social isolation
- Utilisation of outside space for health or exercise reasons

Members noted that the issues above cut across many departments and committees of the City Corporation, and therefore officers should take into account the responsibility of the Health & Wellbeing Board and the need to

engage with it when formulating policy proposals. Officers agreed to circulate a version of this report for the consideration of other Committees to ensure health and wellbeing concerns were taking into account as part of the decision making process.

10. DEVELOPMENT DAY - OCTOBER 9TH 2013

The Board considered a report of the Director of Community and Children's Services informing Members that at the July Health and Wellbeing Board, Members agreed that the next Health and Wellbeing Board Development Day would take place on October 9 2013 in Walbrook Wharf.

As Fiona Reed Associates had been commissioned to run part of the day, it was proposed that the morning session will be facilitated by them. It was proposed that this morning session should be used to review what the Health and Wellbeing Board has achieved so far; the progress made in Board development over the last year; and any outstanding relationship and governance issues.

It was proposed that the afternoon session should be run by senior members of the City and Hackney Public Health Team, led by the Interim Director of Public Health.

The following activities were proposed:

i. A World Café style discussion, using cameos of City service-users to illustrate some of the more complex health and wellbeing needs that occur in the City of London. This discussion will allow Health and Wellbeing Board members to consider how services in the City currently work together to meet the needs of City residents and workers, and how the Health and Wellbeing Strategy could be used to influence and improve outcomes.

ii. A discussion on what the Health and Wellbeing Board's work programme should be for the next twelve months, with priority areas of focus identified. This will attempt to establish an agreed work programme for the board, to provide a framework for the next twelve months' meetings.

iii. A discussion on the Board's learning and development needs, including what issues it would like to look at as part of its development days, and how it wants to take the development day programme forward. This discussion would include potential public health topics to cover; site visits; and skills sessions that board members may wish to consider.

Members agreed that as this was a Development Day those who could not attend could arrange a suitable substitute to attend in their place.

RESOLVED – That Members agreed the proposals for the Development Day

11. QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD

There were no questions.

12. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

There were no urgent items.

13. 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 Part I of the Schedule 12A of the Local Government Act.

Item No.

14 - 16

Paragraph

3

14. NON PUBLIC MINUTES

The non-public minutes and summary of the previous meeting were approved.

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

There were no questions.

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

There were no items of urgent business.

The meeting ended at 3.30pm

Chairman

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