

HEALTH AND WELLBEING BOARD

Friday, 31 January 2014

**Minutes of the meeting of the Health and Wellbeing Board held at on Friday,
31 January 2014 at 11.00am**

Present

Members:

Revd Dr Martin Dudley (Chairman)
Deputy Joyce Nash (Deputy Chairman)
Ade Adetosoye
Jon Averbs
Dr Penny Bevan
Simon Murrells
Vivienne Littlechild
Gareth Moore

In Attendance

George Gillon CC
Neil Roberts (NHS England)
Janine Aldridge (City Healthwatch)
Anna Garner (City and Hackney Clinical Commissioning Group)

Officers:

Natasha Dogra	- Town Clerk's Office
Neal Hounsell	- Community and Children's Services Department
Farrah Hart	- Community and Children's Services Department
Lorna Corbin	- Community and Children's Services Department
Simon Cribbens	- Community and Children's Services Department
Maria Cheung	- Community and Children's Services Department
Emma Goulding	- Community and Children's Services Department
Derek Read	- Department of the Built Environment
Ruth Calderwood	- Markets and Consumer Protection
Greg Williams	- Public Relations Office

1. APOLOGIES OF ABSENCE

Apologies were received from Deputy Tomlinson, Angela Starling, Norma Collicott and Sam Mauger

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:

The Town Clerk informed Members that Vivienne Littlechild's apologies had been received at the previous Board meeting.

4. AIR QUALITY PRESENTATION

The Chairman welcomed Dr Iarla Kilbane-Dawe, Par Hil Research Ltd, to the meeting to present a report regarding air pollution in London. Dr Kilbane-Dawe informed Board Members that:

Air pollution was highly localised - exposure increases rapidly with proximity to sources. Exposure is strongly determined by individual's routes or home environment.

Dirty vehicle motors and fuels reduced air quality - diesel is very polluting, but some fuels are cleaner and/or cheaper: petrol, LPG, CNG, EVs. Engine standards proven ineffective, the taxis are especially bad, but quality of evidence is low.

Vehicle motion caused pollution - moving vehicles and heavier vehicles generate PM10 by wearing down vehicle parts and road surfaces.

Inefficient buildings and dirty heating systems caused pollution - building design was often driven by appearance rather than energy efficiency, causing waste. Biomass systems emit extremely high air pollution levels

In response to queries from Members, Dr Kilbane-Dawe advised the following:

- Cyclists and drivers were mostly likely to be affected by poor air quality.
- Air pollution caused by Crossrail building work was higher in certain areas, however research did show that construction sites spread less pollution if they were sprayed down regularly.
- Hackney carriages used diesel fuel ineffectively and the design of the vehicles caused the taxi to emit a large amount of pollution.
- Research showed that coating road surfaces did impact on air quality, as less dust was sprayed into the atmosphere.
- Air quality underground had not been researched, however due to the high dust levels and lack of ventilation it was highly likely that the air quality would be poor.
- It was necessary to involve Public Relations Officers from the offset to ensure that the public were receiving messages about how to protect themselves against air pollution.
- A joined up approach would be necessary to tackle this problem; Committee reports due to be considered by Streets and Walkways Sub Committee may benefit from consultation with the Health and Wellbeing Board Members.
- The public smartphone 'App' had been launched which informed the public of less polluted ways of travelling to their destination.

5. AIR POLLUTION REPORT

The Committee received the report of the Environmental Policy Officer, Markets and Consumer Protection regarding air quality in the City. Members noted that

many City policies support action to reduce air pollution and the City Corporation had an Air Quality Strategy outlining action that is being taken. An assessment had been undertaken, by independent consultants, to consider what additional action the Health and Wellbeing Board could take to support a reduction in air pollution, leading to an improvement in the health and wellbeing of City residents and workers.

The assessment suggested that the Health and Wellbeing Board could act to reduce air pollution by considering the scale of the problem, appraising the air pollution benefits of City policies, helping identify important areas for action, embedding knowledge, providing guidance and encouraging the commissioning of information and other services.

The Board noted their role in the assessment of the health needs of the local population in order to inform and guide the commissioning of health, well-being and social care services within the City. Officers informed Members that this was done through the Health and Wellbeing profile, and had historically been completed in conjunction with Hackney Council. The City utilised a public consultation event as the prioritisation framework to identify those issues which would form the priorities in the Health and Wellbeing Strategy. Through public consultation, air pollution was ranked as the third highest public health concern for City residents. Prioritisation is supported by the evidence reviewed for this report.

RESOLVED: That Members requested Officers to:

- conduct a rapid Health Impact Assessment on the Local Implementation Plan of the Mayor's Transport Strategy, similar to the one carried out on the Local Plan.
- assess the air quality implications of the proposals contained within the Area Enhancement Strategies and identify which urban enhancement interventions were the most beneficial from a public health perspective.

6. **COMMUNICATIONS STRATEGY UPDATE**

The Committee received a verbal update from Public Relations Officers who informed the Board of the following:

- Key Officers had met to discuss the very wider range of possibilities there might be for communications in general, ranging from mass-marketing down through to individual briefing of key stakeholders, and including internal communications so that Officers across the City Corporation, for example, know about the Board
- Officers had also liaised with Hackney's with whom good contact had been established
- Officers informed Members that they two more meetings scheduled for 10th and 24th February to map the actual stakeholders and group ideas into a rough draft communications work priorities plan for those stakeholders.
- Officers had established a master Health and Wellbeing Board page on the website that signposts people to key information:

www.cityoflondon.gov.uk/HWB

Members noted that the Chairman of Policy and Resources Committee would be hosting a Health and Wellbeing Board Breakfast Briefing on 20th May 2014, which all Members were encouraged to attend.

7. **JOINT STRATEGIC NEEDS ASSESSMENT UPDATE**

The Committee received a verbal update from of the Director of Public Health, and Members noted that the Joint Strategic Needs Assessment had almost completed it's refresh. The Assessment had produced a high quality of census data and showed that the life expectancy in London was higher than other areas. As a quarter of City workers were smokers this issue needed to be tackled urgently.

8. **HEALTHWATCH CITY OF LONDON UPDATE**

The Committee received the report from an Officer of Healthwatch City of London. Members noted that Healthwatch had begun establishing working relationships with the major health providers - Homerton University Hospital, and the hospitals comprising the Barts Health Trust, the East London Mental Health Trust, the City and Hackney Clinical Commissioning Group (CCG) and UCL Health Partners, as well as having planned visits to University College Hospital this year.

In response to a query from Members it was noted that the Corporation had been very helpful in assisting with access and representation on committees such as on the Adult Advisory Group and Safeguarding Group, and their support had been appreciated by the staff team.

The draft priorities for 2014 would be agreed at the Healthwatch Board Development day in January and circulated for consultation in February. After input from Members the priorities would be finalised in February 2014. The future reports would identify progress on the priorities agreed by the membership of Healthwatch City of London, and any urgent items that were identified as part of the routine work of the organisation.

Members were concerned about the low response rate to the survey. Members suggested that the survey should be more interactive to capture as many opinions as possible. Suggestions included visiting GP surgeries to speak with patients after their appointments and advertising the online survey via notice boards including those at the Barbican Centre and Golden Lane Estate. Members requested that the aggregate results be reported back to the Board and NHS England.

In response to a query from Members it was noted that promoting the use of the '111' emergency number was not the responsibility of the Board, as it was an NHS service, and not a key responsibility of Health and Wellbeing Boards.

Members agreed that although the report format was good, it may be useful to have two separate reports in future; one for the Health and Wellbeing Board to

consider important issues, and the other for the Health and Scrutiny Sub Committee to consider scrutiny issues.

9. **BETTER CARE FUND**

The Committee received the report of the Assistant Director of People. Members noted that the Government had announced an Integration Transformation Fund, known as the Better Care Fund, which would give £3.8 billion worth of funding in 2015/16 to be spent locally on health and care to drive closer integration and improve outcomes for patients and service users. The fund pulled together some existing monies from various grants and gives a small additional pot to develop a more seamless approach between Health and Adult Social Care.

Members noted that funding must be used to support adult social care services in each local authority, that also had a health benefit and it will be a condition of the funding to demonstrate how it would make a positive difference to social care services. Another condition of the funding was that the local authority agrees with its local health partners how it was best used within social care, and the outcomes expected from this investment. Health and Wellbeing Boards would be the natural place for discussions between the Board, clinical commissioning groups and local authorities on how the funding should be spent, as part of their wider discussions on the use of their total health and care resources.

A plan proforma would be drafted between the local authority and the CCGs that would be party to the plan. A draft plan must be submitted by the Health and Wellbeing Board to the Local Government Association (LGA) and NHS England by the 15th February 2014 with a final submission at the beginning of April.

A consultation event was held with Healthwatch on the 12th December 2013 on the areas where we think we need to concentrate in delivering services in the future. The plans that will be drawn up will directly reflect the views of our service users, partners and providers taken from the consultation event.

The four key areas are:

- Care in the right place at the right time
- Looking at 24/7 care, reablement and other local services
- Joined up care
- Looking at how we work better with partners to make a seamless service for our users
- Quality of life
- Looking at how we can make things better for people who live in the City
- Caring for Carers
- Looking at how we can support the carers to continue in their caring roles

Members noted that the City of London Corporation would receive an initial allocation of funding to support the transformation in 2014/15 of £41k, with £819k to be allocated in 2015/16. The £819k comprised £775k of BCF funding,

£17k Disabled Facilities Grant funding and £27k Social Care Capital Grant funding. Most of this money comes from existing allocations that we would receive for Social Care. A plan for how the Better Care Fund would be used must be signed off by the Board in April 2014, for implementation in April 2015.

In response to a query from Members it was noted that there would be a number of implications arising from this fund and the proposals that would emerge. 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.

RESOLVED: that Members agreed to a consultation workshop for Members of the Health and Wellbeing Board on the Better Care Fund in early March.

10. **PUBLIC HEALTH CONTRACTS**

The Committee received the report of the Commissioning and Performance Manager. Members noted the proposals for the commissioning of public health services for 2014/15, and the level of funding the City of London Corporation (CoLC) would receive in 2014/15. The proposals were:

- A full review of the Substance Misuse Partnership;
- A full review of the sexual health services;
- A full review of the community engagement role in the Portsoken Ward;
- A full review of the NHS Health Checks contracts and providers;
- A full review of mental health prevention and promotion services;
- The termination of some services under the LB Hackney SLA that are not performing for City residents or workers;
- The extension of all remaining contracts in order for redesign of service (where necessary) and procurement.

The Board noted that from April 2013, public health functions and related funding transferred from Primary Care Trusts (PCTs) to local authorities. Local authorities had a duty to take appropriate steps to improve the health of their population, funded through a ring-fenced grant, and had taken the lead for improving the health of their local population and reducing health inequalities.

RESOLVED: That Members:

- Approved the proposals to decommission the identified LB Hackney lead contracts.
- Approved the waivers to extend the identified contracts by one year, with three month break clauses for 2014/15.
- Approved the waiver for the Boots contract for 2013/14.
- Agreed the requirement to delegate authority to the Town Clerk and Chairman and Deputy Chairman of the Community and Children Service's Committee.

11. **WORKERS HEALTH CENSUS**

The Committee received the report of the Executive Support Officer, providing an analysis of new Census 2011 data on the workday population, and an

update on current workplace health activities that were taking place within the City of London Corporation.

New Census data indicated that the workday population of the City of London was 56 times higher than the resident population, and aged mainly between 20 and 50 years of age, with a higher proportion of males than females.

The majority of City workers either rented privately or own their own dwelling with a mortgage or loan. Many City workers are highly qualified. Around a third of City workers are migrants, and the population was relatively transient. Most City workers perceived themselves to be “in very good health”; however, their current health behaviours may be storing up problems for later life.

Population density in the City was 3,024 per km² with the usual residents and amounted to 1,242.6 per km² with the workday population. A total of 360,075 people surveyed by Census 2011 gave a workday location within the City, of whom 359,455 represented those aged 16 and above.

The Mansion House had been booked as a venue for the Workplace Health conference; press releases and invites had been distributed; the website (www.businesshealthy.org.uk) was live, and social media was promoting the workplace health agenda in the City. The Chairman of the Health and Wellbeing Board would also host a special dinner prior to the conference, to further emphasise the City’s commitment to workplace health and wellbeing.

Members noted that because the event was being held at the Mansion House, numbers were restricted to a maximum of 150, so “open access” registration for those who have not received a personal invitation was limited.

The content of the conference was currently being formalised – the following speakers were confirmed: Duncan Selbie (PHE) Dame Carol Black (PHE) and the Lord Mayor, Fiona Woolf CBE. The conference would also feature a panel discussion session, for different kinds of businesses to speak about the benefits and issues around workplace health that they have encountered.

12. **HEALTH AND WELLBEING BOARD INFORMATION REPORT**

The Committee received the report of the Executive Support Officer Local regarding the following:

- CityAir App
- City of London Local Plan
- City Health and Wellbeing Library
- London Healthy Workplace Charter
- Fixed Penalty Notice (FPN) Stop Smoking Service Rebate Initiative
- Homelessness Strategy
- Late Night Levy
- Drinksmeter
- City and Hackney CCG Social Prescribing Pilot Project
- Events
- Health Services

- Social Care and Health inequalities
- Mental Health
- Sexual Health
- Environmental Health
- Health and Wellbeing Board Guidance
- Public Health Guidance/Tools
- Global Comparisons

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

There were none.

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

There was none.

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. **COMMISSIONING AND PERFORMANCE REPORT**

The Committee received the report of the Commissioning and Performance Manager.

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

Members raised one non-public question.

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 1:10pm

Chairman

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