

HEALTH AND WELLBEING BOARD

Friday, 30 May 2014

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

Present

Members:

Revd Dr Martin Dudley (Chairman)
Deputy Joyce Nash (Deputy Chairman)
Ade Adetosoye
Deputy Billy Dove
Jon Averbs
Dr Penny Bevan
Dr Gary Marlowe
Sam Mauger
Vivienne Littlechild
Gareth Moore

In Attendance

Deputy Michael Welbank

Officers:

Natasha Dogra	Town Clerk's Department
Neal Hounsell	Community and Children's Services 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
Doug Wilkinson	Built Environment
Derek Read	Built Environment
Lisa Russell	Built Environment
Gillian Robinson	City and Hackney Public Health Service

1. APOLOGIES OF ABSENCE

Apologies had been received from Superintendent Norma Collicott.

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

There were no declarations

3. COURT ORDER

The Board noted the Order of the Court of Common Council.

4. ELECTION OF CHAIRMAN

The Committee proceeded to elect a Chairman in accordance with Standing Order No. 29. A list of Members eligible to stand was read and Dr Martin

Dudley being the only Member expressing a willingness to serve was declared to have been elected as Chairman of the Health and Wellbeing Board for the ensuing year.

5. ELECTION OF DEPUTY CHAIRMAN

The Committee proceeded to elect a Deputy Chairman in accordance with Standing Order No. 30. A list of Members eligible to stand was read and Deputy Joyce Nash being the only Member expressing a willingness to serve was declared to have been elected as Deputy Chairman of the Health and Wellbeing Board for the ensuing year.

6. MINUTES

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

7. BUSINESS HEALTHY - CITY WORKER INITIATIVE

The Board received the report informing Members of progress on the Business Healthy initiative and recommendations for its further development. Officers informed Members that the initiative had established a network, the Business Healthy Circle, as well as an online resource, the Business Healthy Lab. Initial feedback from businesses had been extremely positive, and there were clear opportunities to carry this work forward.

Officers informed Members that research would be undertaken into what the private healthcare market was offering in the City and how the City could work alongside it. Members noted that City workers may be discouraged from using occupational health facilities, as they would need a referral from their Human Resources department.

Members of the Board were reminded of the London Healthy Workplace Charter initiative, which the City is administering on behalf of the GLA. Members agreed that they would like a speaker from the London Healthy Workplace Charter to deliver a presentation at the next Board meeting regarding initiative. Members agreed that it was imperative to engage with small businesses in the Square Mile.

RESEOLVED: That Members endorsed the proposed approach to the work of the Business Healthy Circle and Business Healthy Lab.

8. SERVICE REVIEW OF DRUG AND ALCOHOL SERVICES, UPDATE REPORT

The Board received the report updating Members on the status of the City's drug and alcohol services review. The early stages of the review had included an examination of the evidence and policy surrounding substance misuse and analysis of the current spend on different elements of the service.

Officers informed the Board that the key outcomes of the review to date were as follows:

- There was a need to focus on prevention of drug and alcohol misuse as well as on treatment of entrenched users.

- There was potential to link the drug and alcohol misuse service with other addictions services, for example smoking and gambling.
- There was potential to link the drug and alcohol misuse service with other risk-taking behaviours, particularly for City workers.
- There were inherent links between drug and alcohol misuse and mental health services, and these should not be ignored. As such, it was necessary that the service should have a 'no wrong door' policy, and links across to mental health prevention and treatment services.
- The tobacco control programme review had been aligned to run in parallel to the drug and alcohol services review.

Members noted that while the City shared a Director of Public Health with the London Borough of Hackney, the medical needs of the two areas were very different with Hackney focussing on the residential population. Members also noted that there was a growing problem with addiction amongst the City population which needed to be addressed. Members noted that addiction could range from relying on painkillers to hard drugs. The Board noted that there were different levels of addiction and being labelled an 'addict' was still seen as taboo by the general public. Members agreed that the issue of addiction must be tackled sensitively.

9. EXERCISE ON REFERRAL PROGRAMME

The Board received the report informing Members that the Exercise on Referral Programmes' core aim was to provide individuals referred by their GP and other health professionals, with an introduction to the benefits of exercise with the aim of including more physical activity in their lifestyle.

Officers informed Members that participants with a variety of medical conditions, such as hypertension, diabetes, obesity, high cholesterol and depression, learn how to exercise safely and effectively, as well as how to achieve behavioural change. By re-educating and supervising participants we aim to empower them to continue exercising regularly and thus benefit from a more active lifestyle.

Members noted that since the pilot programme began the scheme had been offered to over 100 individuals. In year one of the full scheme, 73 participants were referred on to the exercise on referral programme, of these 62 attended an initial assessment (85%) and 24 completed the programme within the statutory 12 weeks. The remaining participants referred in April 2013 - March 2014 are due to complete the programme by the end of June 2014.

Members noted that 14 participants had been referred back to the doctor due to a variety of reasons; change in their medical circumstance; being too ill to take part at the present time; non-attendance. 1 participant has been referred back to the doctor as a result of being ineligible to participate on the programme. The total number of re-referrals has decreased since the pilot programme.

Members noted that the scheme has been very well received by partners and has continued to grow and develop new partnerships. The focus for year one has been to raise awareness of the scheme with partners, increase referrals and create new

partnerships. The programme is now actively receiving referrals from six different partners, with another three partners engaged and ready to refer.

Members agreed that this was an excellent programme, with good ongoing contact between the staff and participants to ensure they kept on track with their plan.

RESOLVED: That Members agreed the proposals for year two.

10. HEALTHWATCH CITY OF LONDON UPDATE

The Board received the report informing Members that Healthwatch were working on the annual report for the first year of Healthwatch City of London. Through the report Officers aimed to demonstrate the work to stakeholders in the community in terms of impact and how Officers had worked with local partners and groups in the City. The report would cover the following areas:

- How we have delivered against our statutory activities
- The impact of our work on the commissioning, provision and on the management of health and care services
- How local peoples' needs and experiences of health and care services have been obtained
- Work we have done to get the views of young and older people, disadvantaged or vulnerable people and people who are seldom heard
- How volunteers and lay people are engaged in our work and governance Structures.

Healthwatch Officers thanked the City Corporation for their ongoing support and enjoying being able to facilitate events with the City in venues such as the Artizan Street Centre. Members noted that the Dementia Awareness Day held on 26th May 2014 was well attended.

11. HOMELESSNESS STRATEGY 2014-2019

The Board received the report seeking approval from Members for the Homelessness Strategy 2014–2019. Members noted that the Homelessness Act 2002 required the City of London to review homelessness in its area and develop a local strategy every five years. This report introduced to Members the third City of London Homelessness Strategy developed in response to this legislative requirement.

Officers informed Members that the strategy identified five strategic priorities developed through consultation with Members, external and internal stakeholders, and users of homeless services in the City or supported by the City. These were:

- preventing homelessness
- ending rough sleeping
- increasing the supply of and access to accommodation
- delivering outstanding integrated services
- improving the health and wellbeing of homeless people.

Members noted that for each priority the strategy identified what would be done to address the key challenges of that priority. The nature and complexity of

homelessness was such that delivery of this strategy would require the commitment, response and resources of a number of partner agencies and City of London services – including policing, health providers, environmental services, voluntary sector providers and a range of services within the Department of Community and Children’s Services.

Members noted that begging and homelessness in the City needed to be directly addressed with responsible bodies clearly defined. Social inclusion had not been investigated though Members agreed this was an important part of interacting with those who felt excluded.

RESOLVED: That Members approved the Homelessness Strategy.

12. JOINT HEALTH AND WELLBEING STRATEGY UPDATE

The Board received the report informing Members that in May 2013, the Health and Wellbeing Board approved the City of London’s first Joint Health and Wellbeing Strategy (JHWS), which covered the three year period from 2012/13 to 2015/16.

Members noted Officers’ proposal the next Health and Wellbeing Board Development Day be used as an opportunity for Health and Wellbeing Board members to revisit the strategy and its priorities. A full public consultation was not required for a strategy refresh, although local stakeholders should be asked for their views. Members agreed that this would be a useful activity for the Development Day on 18th June 2014 in Walbrook Wharf.

Members agree that the Board had an array of high level priorities and this strategy would reflect and promote the duties and responsibilities of the Board such as its dedication to tackling air quality.

RESOLVED: That Members endorsed this approach to refreshing the JHWS.

13. JSNA CITY SUPPLEMENT PUBLIC CONSULTATION

The Board received the report updating Members that in April 2014, Members of the Health and Wellbeing Board (HWB) agreed the proposal to initiate a period of public consultation for the new JSNA City Supplement.

Members noted the feedback from a community consultation event held with City of London Healthwatch on 1st May 2014, which had 21 attendees.

Generally, participants felt that the document was an accurate representation of the City and its needs, but also included a number of suggestions for further areas of investigation that could make it even more complete.

The report also noted new primary care data contained within the City Supplement which showed health inequalities in the City between Portsoken residents and residents registered with the Neaman Practice in smoking, obesity and hypertension.

RESOLVED: That Members approved the report and accepted the final draft of the JSNA City Supplement and agreed to grant the Chairman and Deputy Chairman delegated authority to sign off any minor changes or amendments to the supplement.

14. INTEGRATED CARE REVIEW AND DEVELOPMENT OF ONE CITY MODEL

The Board received the report informing Members that as part of the development work required to support improved integration between Adult Social Care, local health commissioners and providers, City Of London Community and Children Services commissioned Tricordant Ltd to carry out a review of current arrangements and invite them to make recommendations regarding the implementation of a proposed model.

Members noted that the review was carried out in 2 stages;

1. A stocktake of current activity, data, pathways and provision of care.
2. The development of a 'One City Model' involving the engagement of key partners and agencies in the development of this model.

Members noted that the headline recommendations were focused on the implementation of 3 specific work programmes;

- o To conduct an options appraisal on the options for community health services and Integrated Care support to the Neaman Practice.
- o Work with the neighbouring CCGs of Tower Hamlets and Islington on the commissioning of appropriate services and resolve cross-boundary issues creating risk of service or pathway interruption.
- o Review and align arrangements within the Adult Social Care team to interface with all relevant provider partners.

RESOLVED: That Members agreed that Officers should progress the implementation of the recommendations.

15. INTRODUCTION OF THE LATE NIGHT LEVY IN THE CITY OF LONDON

The Board received the report informed Members that the Police Reform and Social Responsibility Act 2011 introduced the power for licensing authorities to impose a Late Night Levy. Within the legislation there was a requirement to consult on various matters relating to a proposed levy prior to its introduction. Members were informed of the proposed consultation process in a report to the Licensing Committee on 14 January 2013.

The City Corporation had now consulted on introducing such a levy with, amongst others, those persons licensed to sell alcohol after midnight, licensing solicitors/barristers, Members, all other premises licensed to sell alcohol and relevant trade associations.

16. SMOKEFREE CHILDREN'S PLAYGROUND

The Committee were informed of the proposal of implementing voluntary no smoking codes within children's playgrounds, for a trial period of six months, in four identified areas in the City:

- Middlesex Street estate
- Tower Hill Gardens
- Portsoken Street
- West Smithfield Rotunda Garden

Officers informed Members that the key aim of smokefree children's playgrounds was to deter children and young people from smoking. In response to a query, Members noted that the objectives included to:

- Reduce child exposure to smoking and help to decrease the number of young people starting to smoke.
- Decrease cigarette litter such as cigarette ends, empty packets and wrappers to playgrounds more pleasant and to protect wildlife.
- Reduce the risk of children putting toxic cigarette ends into their mouths
- A consultation exercise has been carried out with the public and Friends of City Gardens, which evidenced support for this initiative.

In response to a query regarding enforcement, Members were informed that this was a voluntary scheme, but the success would be measured through visits to the areas at the start, middle and end of the trial.

Members noted that the proposal was for a six month trial, after which the results would be reported back to the Committee. Members also noted that there were now a range of places where people were either not allowed to smoke or encouraged not to smoke; therefore the City Corporation should act responsibly sympathetic. It was also noted that there were now a number of smoking cessation groups available within the City.

17. **INFORMATION REPORT**

The Board received the report giving Members an overview of key updates on subjects of interest to the Board as follows:

Local updates

- Barts Health NHS Trust Cleaner Air Project
- Transforming Services, Changing Lives in East London
- Safer City Partnership Review
- Better Care Fund update

Policy updates

- Events
- Health Inequalities
- Older People
- Children and Young People
- Smoking
- Alcohol
- Mental Health
- Carers
- Environmental Health
- Diet and Nutrition

- Communicable Diseases
- Health and Wellbeing Board Guidance

The Chairman informed the Board that this would be Maria Cheung's last Board meeting and final day with the City Corporation before she left for Canada. Members thanked Maria for her hard work in providing the Board with the necessary research and for her constant support, and wished her well for a successful future.

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

There were no questions.

19. ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT

The Board considered the report in relation to permitting Advertising Boards ('A' Boards) on the footway in the City and recommended that they were not permitted. In recommending this, regard had been given to the importance some traders place on 'A' Boards and therefore whether they could still be allowed in some locations.

Officers explained that in the recent past the City had not taken a rigid approach to enforcement in relation to 'A' Boards preferring instead a pragmatic view, balancing location, width of footway, numbers of pedestrians, and the desire for premises to market themselves.

Members noted that the City continued to receive a number of complaints every year regarding A' boards. These include complaints that the boards cause obstruction, complaints from traders in narrow streets that they are being disadvantaged by the City allowing 'A' boards in main/wider streets and most recently by GLA funded 'Travel Watch' who were promoting a zero tolerance to 'A' Boards on equality/ obstruction grounds (particularly related to those with visual impairment).

Members noted that the City must manage the street environment in a joined up holistic way. In doing so it seems logical that the conclusion and recommendation of this report would be to accept that an 'A' board placed on any footpath in the City constitutes an obstruction of the highway.

Members noted that the report would also be presented to Port Health and Environmental Services Committee and Walkways sub-committee for information and comment before being presented to Planning and Transportation Committee for decision.

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

21. **HEALTH AND WELLBEING BOARD PERFORMANCE REPORT**
The Board considered the report of the Director of Community and Children's Services.
22. **JOINT COMMISSIONING - ADULT SOCIAL CARE AND PUBLIC HEALTH**
The Board considered the report of the Director of Community and Children's Services.
23. **NON PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
There were no questions.
24. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE BOARD AGREES SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**
There was one item of other business.

The meeting ended at 1.15 pm

Chairman

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