

**HEALTH AND WELLBEING BOARD**

**Friday, 18 July 2014**

**Minutes of the meeting of the Health and Wellbeing Board held at Meeting Location on Friday, 18 July 2014 at 1.45 pm**

**Present**

**Members:**

Revd Dr Martin Dudley (Chairman)  
Deputy Joyce Nash (Deputy Chairman)  
Ade Adetosoye  
Deputy Billy Dove  
Dr Penny Bevan  
Simon Murrells  
Sam Mauger  
Vivienne Littlechild  
Gareth Moore  
Jeremy Simons

**In Attendance**

**Officers:**

Farrah Hart	Community and Children's Services Department
Neal Hounsell	Community and Children's Services Department
Chris Pelham	Community and Children's Services Department
Dr David Vasserman	Clinical Commissioning Group (CCG)
Natasha Dogra	Town Clerk's Department
Sarah Thomas	Community and Children's Services Department
Steve Blake	Markets & Consumer Protection Department
Tony Macklin	Markets and Consumer Protection Department
Oliver Sanandres	Town Clerk's Department
Paul Beckett	Department of the Built Environment
Doug Wilkinson	Department of the Built Environment

**1. APOLOGIES**

Apologies had been received from Vivienne Littlechild, Jon Averbs and Dr Gary Marlowe.

**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 minutes of the previous meeting be agreed as an accurate record.

4. **PRESENTATION - FUTURE CITY: SMARTER CITY**

The Board received a presentation regarding Future City Smarter City and noted

5. **PRESENTATION: HEALTHY WORKPLACE CHARTER**

The Board received a presentation regarding the Healthy Workplace Charter. Members noted that the charter was a structured framework to recognise and support business investment in staff health and well-being coordinated by the GLA and Public Health England- London and delivered through borough workplace health leads. The Charter provided clear guidance on how to make workplaces more productive and supportive.

It was an accreditation process that demonstrated commitment and publicly recognised good practice. It also provided opportunity to learn from other boroughs and employers taking part in the scheme.

The Workplace Charter provided employees with:

- Structured tool which is free to use and connects the employer to support at a local and pan London level.
- Independent and external validation of organisation's investment in staff health and well-being
- Charter award can improve staff morale and the outward-facing image of the organisation – helps with staff retention and recruitment.

Members noted that research indicated the importance of systematic, coordinated and comprehensive approaches to investing in workplace health rather than one off initiatives.

6. **COMMUNICATIONS STRATEGY UPDATE**

The Board received a verbal update regarding their communications plan and noted that Officers had actioned the three-phase approach with a new public video for staff. There would also be an information article about the Health and Wellbeing Board in the next staff newsletter. Public Relations and HR Officers were discussing the possibility of hosting City Corporation staff awareness meetings to form stronger Health and Wellbeing links.

In the autumn Officers would extend this work to non-City Corporation staff and intended to make a second video involving non-City Corporation staff. Officers were also meeting with teams such as Substance Misuse and others to progress the communications plans that broadly split Health and wellbeing communications work between residents and workers, given that the long-term unique selling point for the City was Worker Health.

Members noted that there were two good outcomes relating to air quality to note: an event at Mansion House delivered in partnership with the Greater London Authority on 29 July, and an even planned at Guildhall in October 2014.

7. **SAFER CITY PARTNERSHIP UPDATE**

The Board received a verbal update regarding the Safer City Partnership and noted that Officers would provide a written report to the Board later in the year.

Members noted that the Safer City Partnership encouraged stronger links between the Health and Wellbeing Board and the City of London Police. Officers were currently working with the Comptroller to identify the recent changes in Anti-Social Behaviour legislation. A key area of concern for the Safer City Partnership was Public Space Protection Orders, which were of particular interest to the City Corporation with the Aldgate Gyratory proposals currently being discussed.

Members noted that two further Community Support Officers were due to join the team tackling domestic violence and abuse. Officers were provided with training toolkits when they joined this team and the team were looking at ways to work with the City of London Police to help tackle reoffending.

Members noted that other issues that were identified at the recent Residents' Meetings included impact of the night time economy in the City and irresponsible cyclists on the City roads.

#### **8. APPOINTMENT OF CO-OPTED MEMBERS**

The Board considered the appointment of two Co-opted Members with experience relevant to the work of the Board onto the City's Health and Wellbeing Board. Members agreed that the Board would benefit from the inclusion of both recommended Officers whose experiences were relevant to the work of the City Corporation's Health and Wellbeing Board.

Resolved: Members agreed that Mr Paul Haigh (City and Hackney CCG) and Mr Neil Roberts (NHS England) be appointed to the Board for the remainder of the 2014/15 civic year.

#### **9. HEALTH AT THE HEART OF THE COMMUNITY**

The Board noted that the Health and Social Care Act 2012 stated that "the director of public health for a local authority must prepare an annual report on the health of the people in the area of the local authority".

Members noted that Health and Wellbeing Boards had established a number of priority health issues that, although not unique to the City and Hackney, were responsible for more than their fair share of our ill health. Despite relatively low rates of excess weight in adults, Hackney had among the highest childhood obesity rates in the country. 26.3 per cent of children were overweight or obese by the time they reached reception class, aged just four or five years old. Obesity was a complex issue, but talking to families and instilling the values and behaviours of a healthy lifestyle while a child was very young would make a huge difference later in life.

Smoking was a huge challenge in both areas. In Hackney the number of people who smoke was 25 per cent higher than the national average and in some of the communities in the borough almost half of men smoke. As a result the area had among the highest rates of death from lung cancer and heart disease in London. In the City a large proportion of the workers coming into the area smoke and helping them to quit was a top priority.

The new responsibilities as a public health team meant protecting mental health and wellbeing as much as physical health. The mental health needs of a population as diverse as the City and Hackney were extremely complex and it required a joined-up approach to providing information, advice, services and treatment. Supporting residents who were at risk from stress, depression and anxiety and supporting those who were not coping was one of our most important priorities. The elderly residents, particularly those who were living with dementia, had specific needs. Enabling them to have a good quality of life and supporting their families and carers was a key element of our work in the City and Hackney.

As the City was a dense urban area located at the centre of London's transport network, it suffered from very poor air quality. Particulate matter and nitrogen dioxide levels are both high. Some areas of Hackney faced the same problems. As a result, residents were at risk from conditions such as COPD and asthma, particularly those who were vulnerable such as the very old or very young.

#### 10. **PHARMACEUTICAL NEEDS ASSESSMENT DRAFT DELIVERY PLAN**

Members noted that the Health & Wellbeing Board had a statutory obligation to produce a Pharmaceutical Needs Assessment (PNA) by 1 April 2015. A PNA contains information about local need, current community pharmacy services and gaps in provision. The PNA would be used by NHS England to commission future pharmacy services in the borough. The information contained in the PNA would also inform the commissioning plans of City of London Corporation, LB Hackney and City & Hackney CCG. The process involves a statutory public consultation period of 60 days. The stakeholders to be consulted included:

- City & Hackney (and neighbouring) Local Pharmaceutical Committee
- City & Hackney (and neighbouring) Local Medical Committee
- City & Hackney CCG
- NHS England and Area Team
- Individual pharmacists (including Boots the Chemist)
- City of London Healthwatch and Hackney Healthwatch and other public/patient representative groups
- NHS Trusts and Foundation Trusts – including Barts Health NHS Trust, Homerton University Hospital NHS Foundation Trust, East London NHS Foundation Trust

Members noted that the proposal that the Task & Finish Group be supported by a 'virtual' Steering Group, members of which would be sent regular update reports by email and invited to comment on the action plan, consultation materials and the draft PNA document. The virtual Steering Group would consist of the following members:

- City & Hackney CCG
- City & Hackney Local Medical Committee
- City & Hackney Local Pharmacy Committee
- City of London and Hackney Healthwatch
- NHS England

Officers assured Members that the pharmacy located in Islington which was widely used by residents of the Barbican would be included in the PNA analysis.

Members discussed the possibility of using 'non-clinical navigators' for patients who did not wish to discuss their health issue with their GP but would rather seek advice from their pharmacist or another outlet. Officers informed Members that this proposal was being investigated at the moment.

**11. HEALTHWATCH CITY OF LONDON ANNUAL REPORT 2013/14**

The Board noted the Healthwatch City of London annual report and noted that Healthwatch City of London had been extremely busy meeting with statutory organisations, voluntary groups, schools and residents groups in accessible venues all across the square mile to gather the views and experiences of a wide range of people living and working in the City. Officers had been able to introduce people to Healthwatch City of London and let them know what Healthwatch were all about and how they were relevant to them at a number of information events, open days, residents' days and community venues. Information stands, discussion groups, talks at existing group meetings, workshops and focus groups had all been used to make sure Healthwatch reach as many people as possible. During this first year Officers focused on engaging with a number of different groups, which were 'seldom heard', for example, older people and ethnic minority groups.

Officers were working to enable the views of people at both ends of the age spectrum to be fully represented in the work and Healthwatch were part of both the Adults' and Children's Safeguarding Boards in the City.

Officers meet with older peoples' groups, including the Barbican, Golden Lane and Middlesex Street Estate residents' groups, which represent a number of the older people resident in the City. This enabled Healthwatch to represent their views and also feedback on the outcomes of discussions with commissioners and service providers.

**12. AIR QUALITY UPDATE**

The Board noted the future key policy areas for the City Corporation in relation to air quality. The suggested policy areas related to taxis, the proposed Ultra Low Emission Zone, traffic management, local energy generation and public health. These would be developed further, together with additional measures, and the City's Air Quality Strategy would be revised accordingly.

Members noted that two events in relation to air quality were being planned, the first of which was a reception at Mansion House on 29 July hosted the Lord Mayor, with the Mayor of London also attending. A range of other developments had led to a Parliamentary Environmental Audit Committee Inquiry.

The City Corporation was collaborating with Sir John Cass primary school to improve both local air quality and work with the school children to raise awareness. Over 150 air quality plants have been installed, as well as green ivy screens. Detailed monitoring was underway around the school and an entire school engagement programme has commenced. This was part of the Greater London Authority Schools Clean Air Zones Programme. The City Corporation was also leading on an air quality engagement project with Bart's Health NHS Trust to improve local air quality, reduce emissions associated with Bart's activity and raise awareness amongst vulnerable people.

In response to a query from Members, Officers said the 'low emission zone' signs on the roads indicated an area which should be used by low polluting vehicles. In the future local authorities may seek to implement a 'low emission zone' which could be managed in a similar way to 'congestion charge zones' in and around London.

**Resolved:** That Members endorsed the actions being taken to address poor air quality in the City and the five key areas that had been identified for inclusion in the revised Air Quality Strategy.

**13. CHILD POVERTY NEEDS ASSESSMENT**

The Board were informed that in October 2013, the Community and Children's Services Committee approved the proposal to prepare a Child Poverty Needs Assessment, which resulted from initial briefings on child poverty beginning in July 2013.

A needs assessment had now been compiled by reviewing and collating data from the Census 2011, existing research reports, and information gathered from eight key informant interviews with service providers for the City of London Corporation. The needs assessment establishes the nature and extent of need in the City, and recommends the appropriate response (next steps) to the current situation.

**Resolved:** That Members endorsed the formation of an officer working group to carry out "next steps" identified, and report back to committee in six months' time.

**14. DEVELOPMENT DAY OUTCOME - JOINT HEALTH AND WELLBEING STRATEGY REFRESH**

The Board noted that on 18 June, the Health and Wellbeing Board attended a Development Day, with the specific intention of revisiting the Joint Health and Wellbeing Strategy and reviewing its priorities in light of the past year's developments. Members noted that there was a good turnout from the board, with representation from elected members, officers, Healthwatch and NHS England, as well as the senior public health team. The Board used this session to consider internal and external developments to the context in which the board, as well as to review the new data contained within the JSNA Health and Wellbeing Profile and JSNA City Supplement.

It was proposed that members feedback their comments on how the actions

should be prioritised, via email, by 1<sup>st</sup> September 2014. Once comments had been received by email, the draft framework would be revised and prioritised and brought to the September 2014 meeting of the Health and Wellbeing Board, as a Strategic Action Plan for 2014/15 and to set the work programme for the Health and Wellbeing Board.

In response to a query regarding Board Members, the Town Clerk agreed to request information regarding named substitutes from non-City Corporation Board Members.

**15. INFORMATION REPORT**

The Board received an update on the following key areas:

**Local updates**

- 20mph speed limit
- Draft Open Space Strategy
- Winterbourne View Review Update
- Business Healthy Update

**Policy updates**

- Events
- Health Inequalities
- Older People
- Smoking
- Alcohol
- Environmental Health
- Communicable Diseases
- Health and Wellbeing Board Guidance
- Public Health Guidance/Tools

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

In response to a Member query, Officers informed the Board that the report regarding A-boards was currently being revised following consideration by the Policy and Resources Committee. The revised report would be submitted to the Planning and Transportation Committee for decision in the autumn of this year.

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

There was no urgent business.

**18. 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.

**19. NON PUBLIC MINUTES**

Resolved: That the minutes of the previous meeting be agreed as an accurate record.

20. **FIRE SAFETY REPORT**

The Board received the report of the Director of Community and Children's Services.

21. **ANNUAL HEALTH & WELLBEING BOARD REPORT**

The Board received the report of the Director of Community and Children's Services.

22. **SERVICE REVIEW OF DRUG, ALCOHOL AND TOBACCO CONTROL SERVICES**

The Board received 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 urgent business.

**The meeting ended at 3.55 pm**

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Chairman

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