

## HEALTH AND WELLBEING BOARD

Tuesday, 30 September 2014

**Minutes of the meeting of the Health and Wellbeing Board held at Committee Room 2 - 2nd Floor West Wing, Guildhall on Tuesday, 30 September 2014 at 1.45 pm**

### **Present**

#### **Members:**

Deputy Joyce Nash (Deputy Chairman)  
Ade Adetosoye  
Deputy Billy Dove  
Jon Averbs  
Dr Penny Bevan  
Superintendent Norma Collicott  
Vivienne Littlechild  
Dr Gary Marlowe  
Sam Mauger  
Simon Murrells  
Gareth Moore  
Jeremy Simons  
Roberts

### **In Attendance**

Natasha Dogra	Town Clerk's Department
Emma Sawers	Town Clerk's Department
Linda Cross	Town Clerk's Department
Alex Orme	Town Clerk's Department
Farrah Hart	Community and Children's Services 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
Sarah Thomas	Community and Children's Services Department
Doug Wilkinson	Department of the Built Environment
Tracey Jansen	Human Resources Department

#### **1. APOLOGIES OF ABSENCE**

Apologies were received from Dr Dudley and Paul Haigh.

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

There were no declarations.

#### **3. MINUTES**

Resolved: The minutes of the previous meeting were agreed as an accurate record.

#### 4. **PRESENTATION: ACCESS TEAM, DEPARTMENT OF THE BUILT ENVIRONMENT**

The Board received a presentation from Rob Oakley and Pippa Jackson, Department of the Built Environment. Members noted the following:

- Originally within the Community and Children's Services Department, the Access Team transferred to the Department of the Built Environment in early 2012.
- Located within the Guildhall complex on the 6th floor North Wing, the Team shares office space with the City's planning officers. This arrangement works extremely well as approximately 97% of all planning applications received by the planning department are examined and commented upon by the Access Advisers.
- The Access Team promotes inclusive design principles to ensure that buildings and external environments meet the access needs of everyone, including disabled people.
- The Team provides reasonable and pragmatic advice on access adjustments and improvements to the City of London's public buildings, as well as the City's Streets and open spaces, some of which fall outside of the business district.

The work of the Team is wide-ranging and includes:

- Making comments and recommendations on the majority of all planning applications received by the City
- Responding to Committee reports pertaining to Street Enhancement projects
- Acting as a Consultee to Central Government communications
- Consultation and engagement with disabled people in the community
- Visiting various sites in the Square Mile and beyond to provide access advice
- Involvement in Streets & Highways issues
- Involvement in all public transport issues including TfL consultations
- Processing of Marriage licenses and Tables & Chairs applications.
- The City of London Access Group is made up of volunteers, most of who have a disability and live, work or regularly visit the City.
- Members of the Group give their time freely to provide personal input on access to the built environment. They meet bi-monthly to discuss national and local access issues as well as news, updated legislation, publications and events that affect disabled people.

The Access Group's advice is sought by various departments on issues such as;

- Considerate Contractor Scheme Access Award
- Major planning applications e.g. Smithfield Quarter and the new Bank station entrance
- Planning policies
- Transport issues
- St Paul's Cathedral Access Group.

In response to a query from Members, Officers clarified that they were consulted by Transport for London regarding the design of the new route-master buses. The buses had three doors to allow easy and safe access for all users. Officers agreed to circulate a Transport for London bus consultation to Members who would like to submit a response.

Officers informed the Board that a Changing Places facility was open on the corner of Beech Street and Silk Street and noted that the facility could be better advertised across the City.

#### 5. **G8 GLOBAL DEMENTIA SUMMIT: EVALUATION**

Members were informed that during the UK's Presidency of the G8 in 2013, tackling dementia was made a policy priority. As part of this commitment, the UK announced it would host a Global Dementia Summit in 2014, to focus on financing and social investment in dementia care and research.

The City of London Corporation agreed to host the Summit, which took place on 19

June 2014 in Guildhall. The Policy and Resources Committee agreed at its meeting

on 8 May 2014 to cover the cost of providing the Great Hall and Crypts for the event, with a contribution of £7,000 for the Policy Initiatives Fund for 2014/15.

The Summit provided an excellent opportunity for Members and Officers of the City

Corporation to discuss issues relating to dementia care and research with key practitioners and policy makers. HM Government was grateful for the provision of an

appropriate venue for an international summit.

The Board agreed that hosting the Summit provided a cost-effective way to engage on a major public health policy issue relevant to the communities which we serve.

#### 6. **CITY AND HACKNEY HEALTH AND WELLBEING PROFILE (JSNA) PUBLIC CONSULTATION**

The Board were informed that following stakeholder engagement sessions on the use, format and accessibility of the City & Hackney Health and Wellbeing Profile (JSNA), a new approach had been set out to meet current and future needs of users. This approach recognised the diversity of users' requirements. The JSNA would be accessible online and in print, and would ensure that accurate, timely and clear data is presented in a variety of different ways, as no one format would meet all users' needs.

Officers recognised that users treat the JSNA in a variety of different ways. This included but was not limited to:

- Understanding the demographics and health needs of a specific group within Hackney and the City. This group might be defined by locality, ethnicity, age or many other characteristics and combinations of characteristics.
- Evaluating the need for (or building the case for) a specific service by looking at levels of need and what already exists to meet that need.

- Comparing the need for different services.
- Finding answers to specific questions.

Resolved: Members endorsed the approach set out to future format and presentation of the City & Hackney Health and Wellbeing Profile (JSNA)

7. **GP CONTRACT CHANGES - OUT OF AREA REGISTRATIONS**

The Board noted the summary of the report from NHS England, *Out of Area GP Registrations from 1 October 2014: Update for City of London Health and Wellbeing Board*. The reports outlined the changes to GP contracts from October 2014. As a result of these changes, GP practices who choose to would be able to accept registrations from patients who were not resident in their practice area (“out of area patients”).

Officers informed Members that given the high number of people who work in the City but live elsewhere and were currently registered with GP practices in their home areas, if local GP practices opt to participate in this scheme it may not be possible to meet demand. The presentation from NHS England outlined the changes and the resulting challenges if this scheme was adopted locally.

NHS England area teams would be required to put in place arrangements to secure in-hours primary medical care services for out of area patients who live in their area. These would provide access to a home visit when clinically needed,

or more likely, when an out of area patient was too unwell to be expected to travel to their registered practice area but could travel to a local provider for a consultation with a GP or other healthcare practitioner.

Discussions ensued regarding the legal challenge which GPs may face if they did not endorse the contract changes. Officers clarified that the legal aspects were still being discussed and had not yet been confirmed. Members noted that the City of London had a very high daytime population (mainly City workers) compared to a small resident population, meaning that demand from out of area patients to register with a GP in the City could be very high and it was unlikely that local GP practices could meet this demand. It would also be difficult to predict demand. A decision was yet to be taken about whether GP practices within the City and Hackney CCG area would opt to participate in the scheme.

8. **CARE ACT AND BETTER CARE FUND UPDATE**

The Board noted the update on the implementation of the new Care Act and the current position of the Better Care Fund.

Officers informed Members that the Care Act received Royal Assent in May 2014 and introduced wide-ranging and significant reform to the adult social care system. It aimed to create a modern system that could keep pace with the demands of a growing ageing population and was clear to people about what kind of care they can expect. It was designed to focus on people’s strengths and capabilities, supporting them to live independently for as long as possible.

The Act also introduced significant funding reform with the introduction of a cap on the amount people had to spend on their care, regardless of how much they had in savings or assets. Many of the provisions of the Act came into force in April 2015, with the remaining, mainly related to funding reform, coming into force in April 2016.

Members noted that in June 2013 the Government launched the Better Care Fund, a pooled budget, to help integrate health and social care services at a local level.

Integration aims to reduce the stress and resultant cost on acute health services and is a key element of the Care Act. The City of London submitted a bid to the fund in April this year and, following some recent changes to the fund, bids will now be resubmitted. The target date for implementation of the Better Care Fund plans was April 2015.

The Care Act had significant implications for local authorities around practice, finance and systems. A specific project to implement the Act had been set up to ensure that the City of London was compliant with the Act. An Implementation Group was meeting monthly to oversee this with the Adult Wellbeing Partnership, chaired by the Director of Community and Children's Services, being accountable for the project.

9. **HOUSING & HEALTH - A REPORT ON HEALTH-RELATED ACTIVITIES AND PLANS IN THE CITY'S SOCIAL HOUSING ESTATES**

The Board were provided with an overview of how good quality and well run social

housing can impact upon health outcomes for local communities, highlighting the key impact that housing, neighbourhoods and socio-economic inequalities in housing estates have on health and wellbeing.

Members noted some of the initiatives currently being developed in the City's housing estates from developing green spaces to promoting community initiatives to build community resilience and capacity. The City's new Housing Strategy also provided an important opportunity to further develop longer term strategic priorities.

Members agreed that the impact of health and housing was of particular relevance for the City. The City's housing strategy, for example, had outlined key challenges impacting on the health and wellbeing of City tenants. These included overcrowding, health inequalities in specific wards, demographic changes and meeting the challenges of an ageing population.

Members noted that health and wellbeing was strongly influenced by community and individual assets (social relationships, resilience, social support and networks, opportunities for voluntary work, life-long learning). There was growing evidence that people with stronger social networks were healthier and happier. Research had also shown that traditional risk based and targeted

programmes (smoking cessation, health eating encouraging physical activity) were not enough to bring about health and wellbeing in a community.

In response to a query from Members, Officers agreed to arrange a visit for Board Members to the City Corporation's Housing Estates.

Resolved: Members endorsed existing work being undertaken in the City's estates and future opportunities.

**10. ADULT WELLBEING PARTNERSHIP AND CHILDREN'S EXECUTIVE BOARD**

This report was withdrawn prior to the meeting with the permission of the Chairman.

**11. JOINT HEALTH AND WELLBEING STRATEGY ACTION PLAN**

Members noted that the Health and Wellbeing Board had developed an action plan to deliver the Joint Health and Wellbeing Strategy (JHWS) between now and 2016. Board Members had revisited the priorities set out in the original JHWS, first agreed

in 2013, and proposed an action plan to deliver them. Further views on the action plan had been sought via a public engagement event. This feedback had been taken into consideration and the final action plan had been created. Additional actions were also suggested, including the opportunity to link with other City campaigns when providing advice drop-in sessions/roadshows for residents and the need to feed health and wellbeing priorities into the Noise Strategy that was being redeveloped in 2014/15. These had been added to the action plan.

Members noted that around 30 people attended the local Healthwatch event, representing a good mixture of City residents and service providers. Attendees were asked to comment on the action plan and provide feedback on the actions they felt were the most important. Feedback focused on:

- The role of volunteering in the City to bring communities together, especially inter-generational activities
- Measures to increase levels of physical activity and tackle obesity
- Support for work on air quality and noise pollution, especially around traffic management in the City
- Promotion of community activities to decrease social isolation
- Need for effective early help for families and children
- Need for greater mental health support
- Engagement with City businesses central to meeting worker health needs and managing the impact of business on the local environment
- Need for education/health promotion activities around smoking
- Dementia as a key issue and the need for befriending services
- Potential for better communication of support and services available
- Need for effective data sharing between organisations
- Doubts around use of technology-based solutions (e.g. smartphone apps), so other methods of accessing information must be provided
- Support for ongoing improvements to green space

**12. CITY OF LONDON CORPORATION WORKPLACE HEALTH & WELLBEING STRATEGY**

The Board noted that workplace health had been highlighted as a national priority by Public Health England. City of London's Corporate HR Department was developing a strategy on workplace health and wellbeing. This aimed to improve practice within the Corporation as an employer and synergise with Health and Wellbeing Board's City-wide and national activities.

The work by the Health and Wellbeing Board had driven the agenda forward locally. Members agreed that it was important that the City of London Corporation reviews and improved its own workplace health policies and practice for its own staff to demonstrate best practice. Failure to do this may impact not only on the health and wellbeing of the workforce but also on the City's ability to lead and influence other organisations.

Resolved: Members supported the establishment of a Workplace Health and Wellbeing Strategy.

**13. HEALTHWATCH CITY OF LONDON UPDATE**

Members noted the regular update on Healthwatch City of London activities relevant to either the Health and Wellbeing Board, or to the Health and Social Care Scrutiny Board, who also received updates.

This update covered the following points:

- Work with Barts Health Trust to influence communications regarding transfer of cancer and cardiac services
- Workshop on Social Prescribing 8 July 2014
- Ageing Well in the City events
- Events taking place in September and October

Discussions ensued regarding the transfer of services to St Bartholomew's and University College Hospital. Members agreed that changes needed to be communicated effectively to service users, and Officers would raise this with the Barts Health Trust.

**14. SAFER CITY PARTNERSHIP UPDATE**

Members noted that it was a statutory requirement for local authorities to have a "Community Safety Partnership" under the Crime and Disorder Act 1998; the Safer City Partnership fulfils this function for the City of London Corporation. There was a requirement to have partnership plans, targets and action to address the issues highlighted in the plans. The Safer City Partnership Plan 2014 – 2017 stated that the City of London enjoyed low levels of crime in comparison to our neighbouring boroughs and highlighted the importance of working in partnership to tackle crime to maintain a safe environment for people to live work and visit.

The Board noted that the Safer City Partnership (SCP) had recently been through a review and had started on a journey to implement the recommendations of that review, as reported to the Health and Wellbeing Board previously. Some of the general principles of the recommendations were to re-invigorate the Community Safety Team (CST) and re-establish capacity in the team by filling vacant posts. This process was now nearly complete and there was now a Community Safety Manager in post with a team of three Officers supporting.

In his capacity as Chairman of the Domestic Violence, the Director of Community and Children's Services agreed to raise the point about communication between MARAC and other authorities such as GPs and City of London Police.

**15. SMOKING HARM REDUCTION PILOT**

The Board noted that following the release of the NICE Tobacco Control Harm Reduction Guidance in 2013 officers had developed a pilot programme to implement the recommendations within the guidance. The report describes to Members the

six month pilot programme, which included:

- a. The supervised use of electronic cigarettes within the specialist level III service
- b. Further research regarding the use of electronic cigarettes and other harm reduction methods that are emerging
- c. An extension to the current level II smoking cessation service (within pharmacies) for those finding it harder to quit, at advisor discretion, for a longer service than the standard 12 weeks
- d. Developing care pathways for a pilot harm reduction service to run from level II services that can work with the current commissioned service, including a "cut down" service, and the supervised use of electronic cigarettes.

**16. UPDATE REPORT**

The Board received key updates on subjects of interest to Members on topics as follows:

**Local updates**

- City of London Dementia Strategy
- City Business Library Health and Wellbeing Events
- Cleansing service campaigns: smoking related litter and chewing gum litter

**Policy updates**

- Events
- Public Health
- Integration Of Health And Social Care
- Voluntary Sector
- Mental Health
- Children And Young People
- Drugs, Alcohol And Smoking



17. **HEALTH AND WELLBEING BOARD DEVELOPMENT DAY DATES 2015**  
Resolved: The Town Clerk would circulate some suitable dates to Members of the Board for consideration.
18. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**  
There were no questions.
19. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**  
There was no urgent business.
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 Paragraph 3 of Part I of Schedule 12A of the Local Government Act.
21. **NON PUBLIC MINUTES**  
Resolved: That the minutes of the previous meeting be agreed as an accurate record.
22. **ADULT OBESITY SERVICES REVIEW**  
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 non-public 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 no urgent business.

**The meeting ended at 2.50 pm**

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Chairman

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