



CITY OF WESTMINSTER

MINUTES

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health & Wellbeing Board** held on **Thursday 16th November, 2017**, Rooms 3.6 and 3.7, 3rd Floor, 5 Strand, London WC2 5HR.

Members Present:

Chairman: Councillor Heather Acton, Cabinet Member for Adult Social Services and Public Health

Clinical Representative from the Central London Clinical Commissioning Group:

Dr Mona Vaidya (acting as Deputy)

Cabinet Member for Children, Families and Young People: Councillor Richard Holloway

Minority Group Representative: Councillor Barrie Taylor

Tri-borough Public Health: Mike Robinson

Bi-Borough Adult Social Care: Bernie Flaherty

Bi-Borough Children's Services: Annabel Saunders (acting as Deputy)

Housing and Regeneration: Tom McGregor

Clinical Representative from West London Clinical Commissioning Group:

Dr Naomi Katz (acting as Deputy)

Healthwatch Westminster: Janice Horsman

Chair of Westminster Community Network: Jackie Rosenberg

Central London Community Healthcare NHS Trust: Darren Jones (acting as Deputy)

Imperial College NHS Trust: James Mac (acting as Deputy)

Central and North West London NHS Foundation Trust: Maria O'Brien

Also Present: Chris Neill (Interim Deputy Director, NHS Central London Clinical Commissioning Group) and Louise Proctor (Managing Director, NHS West London Clinical Commissioning Group).

1 MEMBERSHIP

- 1.1 Apologies for absence were received from Dr Neville Pursell (NHS Central London Clinical Commissioning Group), Melissa Caslake (Bi-borough Children's Services), Dr Philip Mackney (NHS West London Clinical Commissioning Group), Dr Joanne Medhurst (NHS Central London Community Healthcare NHS Trust) and Anne Mottram (Imperial College Healthcare NHS Trust).

- 1.2 Dr Mona Vaidya (NHS Central London Clinical Commissioning Group), Annabel Saunders (Tri-borough Director of Commissioning, Children's Services), Dr Naomi Katz (NHS West London Clinical Commissioning Group), Darren Jones (Central London Community Healthcare NHS Trust) and James Mac (Imperial College Healthcare NHS Trust) attended as Deputies respectively for Dr Neville Pursell, Melissa Caslake, Dr Philip Mackney, Dr Joanne Medhurst and Anne Mottram.
- 1.3 The Chairman welcomed Bernie Flaherty (Bi-borough Children's Services) and Tom McGregor (Housing and Regeneration) as new Members to the Board, replacing Sue Redmond and Barbara Brownlee respectively.

2 DECLARATIONS OF INTEREST

- 2.1 There were no declarations of interest.

3 MINUTES AND ACTIONS ARISING

- 3.1 Dylan Champion (Head of Health Partnerships) confirmed that the Better Care Fund Plan for 2017/19 had been approved by NHS England.

3.2 RESOLVED:

That the Minutes of the meeting held on 14 September 2017 be signed by the Chairman as a correct record of proceedings.

3.3 RESOLVED:

That progress in implementing actions and recommendations agreed by the Westminster Health and Wellbeing Board be noted.

4 CHAIRMAN'S VERBAL UPDATE

- 4.1 The Chairman began by informing Members that Westminster had the fourth highest rate of tooth decay in London amongst young children. In order to address this, the Council had launched an oral health campaign targeting 3 to 7 year olds. Communications and Public Health were in the process of producing a short animation, warning of the risks of tooth decay and this would be made available in schools, libraries and local events, whilst a micro website would also be developed. The Chairman stated that the animation could be made available to nurseries too. Ezra Wallace (Head of Corporate Strategy) added that the animation would be circulated to the Board. Members welcomed the oral health campaign.
- 4.2 The Chairman advised that another initiative, the 'My Time Active' service was promoting physical activity and healthy eating to tackle childhood obesity and participants had seen an average of 56% reduction in their body mass index and a 42% reduction in their waistline. In relation to stop smoking services, the proportion of smokers in Westminster had fallen to a record low of 13%, down 9% from 22% 5 years ago. The Chairman also advised that the Council was considering ways to tackle shisha smoking as there was a link to mouth

cancer with this activity. The Chairman added that she was due to meet NHS Property representatives and she would report back to the Board on the discussions at the next meeting.

5 PHARMACEUTICAL NEEDS ASSESSMENT

- 5.1 Mike Robinson (Director of Public Health) presented the report and began by advising that the Board was statutorily required to consider the Pharmaceutical Needs Assessment (PNA). The PNA helped inform NHS England as a market tester for pharmacies. The report was in draft form and was due to be subject to a 60 day public consultation, subject to the Board's agreement. Mike Robinson advised that the PNA was required to be completed by April 2018. He then welcomed comments from the Board.
- 5.2 The Chairman added that Westminster would also receive the draft PNA for each of its neighbouring boroughs and vice versa in order that they could consider any potential implications for their respective boroughs. She emphasised the need to work more closely with pharmacies. The Chairman mentioned an initiative in Ealing that offered translation of labels on medication. It is reported this improved health outcomes and compliance and she suggested that a similar initiative could be considered in Westminster. It was remarked that there was not presently sufficient dialogue with the relevant organisations and residents to fulfil an accountability model.
- 5.3 Chris Neill (Deputy Managing Director, NHS Central London Clinical Commissioning Group) emphasised that the PNA was a good opportunity to engage with local pharmacies and they should form part of the Board's overall engagement with relevant organisations and stakeholders. A Member suggested that pharmacies representatives could be invited to attend future Board meetings where the PNA was to be considered. Mike Robinson replied that he would contact NHS England if this was considered appropriate as he felt that engagement with the Local Pharmaceutical Committee was already adequate.
- 5.4 Members acknowledged that there had already been considerable work undertaken and that it was important to encourage pharmacies to work more closely together as part of the primary care model. A translation of information on medicines on matters such as dosages could also be beneficial for languages such as Arabic. A Member suggested that the PNA could include guidance on disposing of sharp instruments for pharmacies. It was also commented that there was a need to improve coverage for 24 hour access to pharmacies as this was currently quite patchy. A Member stated that demand for emergency contraception for young adults was high in some areas and efforts should be made to make such contraception more widely available and at more affordable prices in pharmacies.
- 5.5 Ashlee Mulimba (Director of Healthy Dialogues) welcomed the suggestions in respect of translating medicine labels and guidance on disposing of sharp objects and these could be looked at further. She advised that emergency contraception was fairly widely available, however costs remained high and consideration needed to be given as to how these costs could be reduced.

- 5.6 The Board agreed that the draft PNA as proposed commence to the 60 day statutory consultation from 1 December 2017.

6 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2016-17

- 6.1 Mike Robinson presented the final version of the Annual Report of Public Health for 2016-17, following comments and suggestions made at the previous Board meeting on 14 September. Mike Robinson stated that the report presented a call for action to provide the sufficient platform and resources to ensure an effective approach to prevention and maintaining wellbeing. He drew Members' attention to the next steps in the report, including a recommendation that the Board commission a Joint Strategic Needs Assessment (JSNA) on mental health and wellbeing. Mike Robinson also asked that the Board explore the feasibility of using the 'Roads to Wellbeing' infrastructure to develop an asset based resource. He confirmed that the annual report had been published.
- 6.2 During discussions, Members welcomed the use of case studies in the report and acknowledged the role the voluntary and community sector had played in providing these. Members commented that the report was user friendly and well-illustrated. A Member commented on the importance of placing emphasis on prevention and the benefits this would bring rather than placing undue focus on the treatment process. Preventative initiatives in respect of mental health were particularly important and he felt that overall, the report was going in the right direction. Members expressed their support for the proposed JSNA on mental health and wellbeing and emphasised that this should address all age groups. A Member spoke of the need to look at building up community resilience and consider how social interventions could work to help achieve this.
- 6.3 A Member stated that there was an opportunity to look into more integrated commissioning across a number of areas and she welcomed using 'champions' to promote wellbeing. Another Member commented that organisations needed to have sufficient infrastructure to be able to recruit and train champions. Champions could also be brought into a model in respect of commissioning which could help reduce costs. She added that maternity champions had worked well and was an affordable option for wide outreach.
- 6.4 The Chairman informed Members that she had chaired a session on "green prescribing" at a Mayoral event where evidence that green and blue spaces contributed to better mental and physical health for residents. The London Conference had also identified that healthy people also benefitted the economy. The Chairman thanked officers and complemented them on the report, however she emphasised that there was now much work to do.

7 CHILD AND ADOLESCENT MENTAL HEALTH SERVICES TRANSFORMATION PLAN

- 7.1 Angela Caulder (Child and Adolescent Mental Health Services Joint Commissioning Manager) introduced the report and advised that the

Transformation Plan had been published and submitted to NHS England. The report highlighted achievements to date and Members heard that the focus from 2017 onwards would be on integrating services.

- 7.2 Jackie Shaw (Director, Child and Adolescent Mental Health Services, Central and North West London NHS Foundation Trust) then elaborated on the achievements in 2017. She began by stating that the voluntary and community sector had provided a number of creative offers, including art therapies. An out of hours crisis service had been piloted, where children would be seen by a Child and Adolescent Mental Health Services (CAMHS) professional, and 715 children had been seen to date. Consideration was being given as to how to expand the service and an additional 8 staff were to be appointed. Efforts were also being made to reduce the average length of stay when children were admitted to hospitals. A children's eating disorder service was being developed and had been commissioned through NHS Central London Clinical Commissioning Group. The service had a highly trained team and was performing well. Jackie Shaw also informed the Board that 94% of urgent cases were seen in under a week, one of the best performances in London.
- 7.3 During Members' discussions, it was commented that there was a gap in services in between end age for CAMHS services and start age for services for adults and it was asked what steps were being taken to bridge this gap. The Chairman mentioned that the Council was working on developing services for those in transition from adolescence to young adulthood. A Member sought further details as to what the expected outcomes were from the principal objectives and how would success be monitored. Members asked if the lives of children and young people were being tracked and could comparisons be made as to where they are in 5 years' time. The importance of measuring outcomes was also emphasised.
- 7.4 In reply to issues raised by Members, Jackie Shaw advised that an all ages service was being developed in respect of the eating disorder service. The Vincent Square Centre was now making plans for families and although the scheme was in infancy, it was hoped it would continue to develop. Family care in relation to eating disorders was also being looked at.
- 7.5 Angela Caulder advised that CAMHS was looking to develop all age services across the range of services and it also had a national learning programme. She advised that there were key performance indicators for all of the objectives to measure success and Members noted that Westminster had one of the lowest waiting times in the country. CAMHS was also working closely with the voluntary and community sector in respect of keeping well, staying well schemes.
- 7.6 Annabel Saunders (Bi-borough Children's Services) advised the Board that Children's Services had interviewed around 300 children last summer to check on their wellbeing and a range of guidance treatments were available. Positive feedback was also being received from staff and parents in respect of under 5s children's centres.

7.7 The Chairman welcomed the achievements to date.

8 ANNUAL REPORT OF THE SAFEGUARDING ADULT EXECUTIVE BOARD 2016-17

8.1 Helen Banham (Adult Social Care Strategic Lead – Professional Standards and Safeguarding) presented the fourth annual report of the Safeguarding Adult Executive Board (SAEB) and explained that the SAEB was required under the Care Act 2014 to review cases where a person had died or experienced serious abuse or neglect. The Safeguarding Adult Strategy had been refreshed this year and Helen Banham advised that the focus was on prevention and less focus on process. She advised that the SAEB's approach was to "lead, listen and learn."

8.2 During discussion, the Chairman enquired whether the SAEB would remain a tri-borough organisation. In relation to the number of safeguarding enquiries as set out in page 219 of the report, Chris Neill asked whether these were figures that were to be expected. Members felt that the work of the SAEB to date had left a good legacy, although there was no room for complacency. The issue of 'drift', the time taken for referrals to be looked into until they closed, was an issue nationally and it was important to address this. Members stated that safeguarding was a role that needed to be undertaken throughout the Council and communication between Council service areas was vital. Robust safeguarding training also needed to be provided and lessons learnt from the SAEB could help inform the Local Safeguarding Children Board.

8.3 In reply to the issues raised, Helen Banham advised that the SAEB would remain on a tri-borough basis for the time being, although this would be reviewed. She advised that Westminster was in the middle compared to the other two boroughs in respect of safeguarding enquiries. Nationally, there was some variance in interpretation of what constituted a safeguarding enquiry, however Helen Banham confirmed that she had no particular concerns about the numbers reported for Westminster. Nationally, there was a dropping off of enquiries and this could be attributable to better safeguarding as people became more aware of what it entailed.

8.4 The Chairman welcomed the report and felt there were good examples included in it. On behalf of the Board, the Chairman thanked Helen Banham for all her work for the City Council before her retirement.

9 NEXT STEPS WITH INTEGRATED HEALTH AND SOCIAL CARE IN WESTMINSTER

9.1 Dylan Champion (Head of Health Partnerships) introduced this item and stated that both NHS Central London and NHS West London Clinical Commissioning Groups (CCGs) had drafted comprehensive strategies for integrating health and social care which set out plans for the next 2 years. Both strategies were committed to the same better outcomes. Dylan Champion stated that the strategies had developed considerably since work had started on them in July.

- 9.2 Chris Neill then presented NHS Central London CCG's strategy and stated that it was acknowledged that there were significant health inequalities in Westminster. There was a need for community care to be more connected with local communities, whilst considerable financial challenges also needed to be addressed. Furthermore, action needed to be taken in the context of the recent announcement confirming the devolution of healthcare in London. Chris Neill stated that there was opportunity to work in a different way, including how buildings were used. He confirmed that the strategy's final business case was due to be submitted in summer 2018.
- 9.3 Jayne Liddle (Assistant Director, Integrated Care, NHS West London Clinical Commissioning Group) then presented NHS West London CCG's strategy. She advised that the CCG was building an evidence base and she emphasised the importance of co-locating teams. Key approaches of the strategy included multi-disciplinary working and a focus on promoting self-care.
- 9.4 During discussions, the Chairman welcomed the close working between the CCGs and the Council and she asked what were the main objectives in terms of co-commissioning. She felt that the first steps had been encouraging and suggested that other partner organisations also start to work closer together with the CCGs and the Council in future. Members asked what engagement with organisations such as Healthwatch would take place to get feedback from patients and what impact would the strategies have on them. It was remarked that the shortfall in funding for social care was a big factor to take into consideration. The approach taken by both CCGs was welcomed and it was acknowledged that changing people's behaviour through cultural change would be a tough challenge.
- 9.5 Members acknowledged that there were significant financial pressures that the CCGs faced, however this could help stimulate change. Cultural change was very important and the challenges could not be underestimated and developing and implementing the strategies would be a huge piece of work. It was remarked that the voluntary and community sector was represented on the Partnership Board and as the primary care model was rolled out, organisations from this sector would be able to provide services to the community as part of the offer and this would represent a good opportunity for greater joint working.
- 9.6 Members commented on the importance of engaging with people to see what outcomes they would like themselves. It was emphasised that the initial focus should be on patient outcomes, whilst putting together the structure to achieve this should follow after. The strategies also needed to align with the North West London Sustainability and Transformation Plan. It was suggested that there needed to be more discussions on identifying the needs of children. A Member also felt that change would happen once staff felt they could achieve this and that they would receive the necessary support to do so. Another Member stated that there were already changes taking place on the healthcare workforce, with staff becoming younger and who may be more open to change.

- 9.7 Louise Proctor (Managing Director, NHS West London Clinical Commissioning Group) advised that lessons were being learnt from the 'My Care, My Way' initiative, which looked at how people could be supported to lead the lives they wished to lead. She added that the existing organisational approaches had to change and it was imperative to take a joined-up approach.
- 9.8 In reply to issues raised by the Board, Chris Neill advised that the CCG was already involving Healthwatch in respect of identifying what patients needed, however it was acknowledged that there was a lot more work to do on this issue and the Partnership Board was looking into this. He welcomed the views from providers and thanked the Board for their feedback. The challenges in considering how to use property differently was recognised and consideration was being given to the commissioning process. In respect of services for children, Chris Neill advised that the CCG was working with various Council service areas to identify what needed to be provided and the intention was to develop an ambitious and broad service.
- 9.9 The Chairman confirmed the Board's commitment to supporting the strategies for changes to health and social care and welcomed progress to date.
- 9.10 **RESOLVED:**
1. That NHS Central London Clinical Commissioning Group's Central London Accountable Care Commissioning Strategy as attached as appendix 1 of the report be endorsed.
 2. That NHS West London Clinical Commissioning Group's Integrated Care Strategy as attached as appendix 2 of the report be endorsed.
 3. That it be recognised that the need for a whole system solution is required to ensure that all Westminster residents, whether they live in the north of the borough or the south, receive a high quality and consistent health and social care service.
 4. That it be agreed that the Board play the lead role in shaping and overseeing the delivery of both strategies, receiving regular updates and providing endorsement to proceed following the achievement of key milestones.

10 ANY OTHER BUSINESS

- 10.1 The Chairman stated during a recent meeting of the Senior Citizens Forum that she had attended, it had been remarked from someone who had visited hospital that there appeared to be a significant amount of waste created, such as the use of paper thermometers and the throwing away of crutches. In reply, Mona Vaidya advised that paper thermometers were accurate, inexpensive and bio-degradable. She acknowledged that some crutches were disposed of. Louise Proctor added that crutches were re-used where possible and some were given to other organisations, such as the Red Cross.

10.2 A Member commented that some private hospitals were advertising private urgent care centres, which he felt could undermine the NHS. The Chairman replied that she had met with the architects of a private hospital and was impressed with what she saw and she felt there was scope for the NHS to learn from the private sector.

The Meeting ended at 6.05 pm.

CHAIRMAN: _____

DATE _____