

# Adults, Health & Public Protection Policy & Scrutiny Committee

<b>Date:</b>	22 June 2016
<b>Classification:</b>	General Release
<b>Title:</b>	<b>Holding to Account the work of the Westminster Health and Well Being Board including the Sustainability and Transformation Plans</b>
<b>Report of:</b>	Liz Bruce and Julia Corkey
<b>Cabinet Member Portfolio</b>	Adults and Public Health
<b>Wards Involved:</b>	All
<b>Policy Context:</b>	City of Choice
<b>Report Author and Contact Details:</b>	<b>Meenara Islam, Principal Policy Officer</b> 0207 641 8532 mislam@westminster.gov.uk

## 1. Key Matters for the Committee's Consideration

### 1.1 The Committee is requested to:

- Consider the work undertaken so far to implement Healthier City, Healthier Lives (2013) and deliver the priorities outlined therein;
- Consider the process and draft priorities for the refresh of the Joint Health and Wellbeing Strategy;
- Provide views on local community and voluntary groups for whom engagement with during the public consultation period should be a priority; and
- Endorse the Board's engagement with the development of Sustainability and Transformation Plans (STPs) in collaboration with local authority and clinical commissioning group (CCG) colleagues at a north-west London level. The concurrent development of the Joint Health and Wellbeing Strategy and the STP has been key as the Strategy will reflect and support the delivery of the STP goals.

## 2. Executive Summary

2.1 The Health and Wellbeing Board, through statutorily overseeing the production of and the delivery on the Joint Strategic Needs Assessments and its Joint Health and Wellbeing Strategy ('Healthy City, Healthier Lives'), ensures services are designed and commissioned to reflect the changing needs of the Westminster population. The Board's overall vision for service design is reflected in the commissioning plans of system organisations. The Board aims to:

- Promote and reduce barriers to joint commissioning, pooled budget arrangements and other resources where all parties agree this is either evidenced to be effective or requires piloting in order to prove effectiveness or otherwise.
- Agree strategic priorities for Westminster and drive progress against these priorities further and faster, ensuring "silo working" and barriers are minimised.
- Demonstrate clear leadership, championing the work and aims of the Board, with Board members acting as a key link between their own organisation or department and the Board, ensuring consistency and effective communication; and
- Work with other Health and Wellbeing Boards within the tri-borough area, as well as regional and national partners, where this is required in order to join systems at different levels to achieve efficiencies of scale while tackling issues and addressing need locally.

2.2 As part of the implementation of the Board's role and vision (as articulated in the current Healthy City, Healthier Lives Strategy) the Board has engaged with a number of strategic projects across Westminster, tri-Borough area, and North West London. This report outlines this work.

## 3. Westminster Joint Health and Wellbeing Strategy: Healthier City, Healthier Lives (2013)

3.1 The strategy's vision for 2013-2016 aimed for a place where "*All people in Westminster are able to enjoy a healthier city and a healthier life.*" To deliver this vision the Board identified a set of long term goals for the period 2013-2028:

- Improving the environment in which children and young people live, learn, work and play;
- More people live healthily for longer and fewer die prematurely;
- A safe supportive and sustainable Westminster where all are empowered to play as full a role as possible;
- People are supported to access appropriate, quality care, closer to home; and
- People living with injury, disabilities, long-term conditions and their carers have quality of life, staying independent for longer.

- 3.2 In 2013 Board identified five strategic priorities for the life of the Strategy<sup>1</sup>. The identification of these priorities was based on a life course approach to ensure that all population groups (as defined by age) would be identified to start well, get well, or stay well. The strategic priorities for each age group included:
- I. Every child has the best start in life
  - II. Enabling young people to have a healthy adulthood
  - III. Supporting economic and social wellbeing and opportunity
  - IV. Ensuring access to appropriate care at the right time
  - V. Supporting people to remain independent for longer
- 3.3 The work undertaken to deliver the priorities is outlined in Appendix A. A number of major projects are supporting a number of themes within multiple priorities, therefore a summary of these major projects has also been provided.
- 3.4 The strategy outlines a number of performance measures for each priority, and where these are currently measured and still relevant to the work of the Board, we have provided evidence of progress as part of Appendix B.
- 3.5 A number of key learning points have been drawn from the development and implementation of the current Strategy including:
- Ensuring that there is clarity around the distinction between priorities, goals and actions. We have worked to ensure that the current Strategy clearly indicates the role that priorities will play within the health and care system in driving action.
  - Ensuring that performance measures are clearly identified measured and are part of on-going reporting for organisations and departments. For example, we have liaised with Performance and Evaluation to ensure that health and wellbeing outcomes are identified in quarterly performance reports and highlighted during bi-annual challenge sessions.
  - Using an outcomes framework to drive integration and collaboration and ensure the Strategy is consistent with emerging visions and strategies across a wider geography.

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<sup>1</sup> [Westminster Joint Health and Wellbeing Strategy 2013-2016 Healthier City, Healthier Lives](#)

#### **4. Joint Health and Wellbeing Strategy refresh**

4.1 Refreshing the current Joint Health and Wellbeing Strategy represents an opportunity for the Westminster Health and Wellbeing Board to articulate its vision for health and wellbeing in Westminster. It is also an opportunity for the Board to align its local priorities with emerging themes and actions occurring at a borough, tri-borough, sub-regional and pan-London level.

4.2 The Health and Wellbeing Board established the wider strategic context for developing the Joint Health and Wellbeing Strategy and this formed the basis of the initial evidence collection and engagement work undertaken to develop the draft Strategy:

- Consistency with the national vision of integrated health and social care system;
- Consistent with the needs of local population and health groups;
- Consistent with the Health and Wellbeing Board's vision of prevention and whole system approaches;
- Alignment with the principles and aims of STPs to deliver systems leadership;
- Supports the Health and Wellbeing Board to prepare for a greater leadership role in local health and care economy integration and delivery; and
- Consistency with the proposed direction of travel for Borough and tri-borough services including Public Health, Adult Social Care, and Children's Services.

4.3 The Strategy refresh is being jointly conducted by the Council and the two CCGs drawing on expertise from across all three. Cllr Rachael Robathan, Dr Neville Pursell, and Dr Philipp Mackney have been working closely with officers developing the Strategy, and the Board is updated and consulted at formal Board meetings, workshops and by email.

4.4 In April 2016, Cllr Rachael Robathan and Dr Neville Pursell as Chair and Vice-Chair hosted three workshops with a range of stakeholders including members of the Health and Wellbeing Board, officers and commissioners and patient and service user representatives. A summary of the discussions and the outcomes from the workshops is included below and at Appendix C:

- **Board members workshop**  
The Board identified areas of focus based on current and future need. Members also discussed the specific value that the Health and Wellbeing Board can add as an integrated and collaborative governance body for the health and care system in Westminster.
- **Officers and commissioners workshop**  
Officers and commissioners considered the use of an outcomes framework to structure the Strategy. It was felt that an outcomes-based approach was useful in encouraging a preventative and early

intervention focus by ensuring that the health and care system was incentivised to approach strategic issues as a system.

- **Patient and service user representative workshop**

Patient and service user representatives considered the role of the Joint Health and Wellbeing Strategy in improving the quality of life and quality of experience of services for the population of Westminster. In particular service users highlighted the need for identifying, supporting and championing the role of community groups and peer networks in improving health and wellbeing in Westminster.

4.5 There was a consistent endorsement of the following approach to improving and managing health and care in Westminster:

- A whole system and whole place approach;
- Embedding an outcomes based approach that is relevant to people and communities;
- Prioritising prevention and early intervention;
- Addressing the wider determinants of health and wellbeing; and
- Productive and collaborative relationships between individuals, communities, and health and care professionals/organisations.

4.6 As a result of the discussions and outcomes of the workshops, the following four priorities were agreed by the Health and Wellbeing Board to form the basis of the refreshed Strategy:

- Improving outcomes and life chances for children and young people;
- Reducing the risk factors for and managing long term conditions such as dementia;
- Improving mental health outcomes through prevention and self-management; and
- Creating and leading a health and care system fit for the future.

4.7 Following the development of the first draft of the Strategy, officers across the local authority and the CCGs have engaged in a comprehensive programme of one-to-one consultation with subject experts and specialists. This is to ensure that the Strategy is both ambitious and transformative, as well as acknowledging collaborative and innovative work already on-going the system.

4.8 The Strategy in draft has been circulated to the Governing Bodies of both Central London and West London CCGs, who have provided feedback. The Strategy in draft will also be considered by Cabinet. On the advice of the VCS representative on the Health and Wellbeing Board, officers are attending a number of events to speak to members and representatives of community organisations in Westminster in June and July to obtain their feedback on the draft Strategy.

4.9 It is currently proposed that the Strategy would be subject to a period of comprehensive public consultation from July to early October (fourteen weeks), with a programme of events and outreach being developed and

delivered collaboratively by the Council, CCGs and local Healthwatch organisations.

## **5 Sustainability and Transformation Plan**

- 5.1 In October 2014, the NHS published the Five Year Forward View which outlined priorities for transformation in quality of care and service delivery in order to achieve better outcomes and financial sustainability across the health and care system in England<sup>2</sup>. In November 2015, NHS England published guidance on developing Sustainability and Transformation Plans (STPs) which will outline how self-defined geographies within England plan to deliver the priorities outlined in the Five Year Forward view<sup>3</sup>.
- 5.2 The three questions for local health and care systems in England to answer as part of the transformation plans were:
1. How will you close the health and wellbeing gap? This includes a requirement to develop proposals for a radical upgrade in prevention, patient involvement, choice and control and community engagement;
  2. How will you drive transformation to close the care and quality gap? This includes a requirement to develop new models of care to deliver improvement against clinical priorities, and a rollout of digital healthcare;
  3. How will you close the finance and efficiency gap? This includes a requirement to demonstrate how local health and care systems will achieve financial balance and improve efficiency.
- 5.3 Local systems are developing and submitting STPs as self-defined geographies, and Westminster is participating in the eight Borough/CCG geography of the North West London Alliance which local authorities and the associated CCGs. The North West London geography is an existing geography with established relationships and partnerships operating within, including the five-borough CWHHE geography and tri-Borough. Additionally, the North West London partnership is the proposed geography for the establishment of an Accountable Care Partnership by 2018.
- 5.4 Westminster City Council, Central London and West London CCGs are have working closely with providers to develop a vision, evidence base and final submission which will be submitted to the eight-borough Strategic Programme Board (SPG), which will aggregate responses from across the region to produce a final STP for the local area.
- 5.5 Council officers have engaged in the weekly Integration and Collaboration Working Group (ICWG) to take forward the development of the STP. The group's membership includes representatives from the three CCGs, the local

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<sup>2</sup> <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

<sup>3</sup> <https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

acute, community and mental health trusts and the three borough councils. The role of the group has been to collaboratively develop the individual Borough contribution to the STP including how the area will contribute to addressing the three key questions outlined in the NHS Planning Guidance.

5.6 STPs are critical for local areas as they form the overall plan to achieve the nationally mandated vision for a fully integrated health and social care system. Locally STPs will also be part of the determination of additional funding allocations for localities for crucial transformation work. Developing a robust and ambitious plan is vital for the sustainability of health and care services in Westminster.

5.7 At the end of March Westminster submitted a vision for improving health and wellbeing and quality and care to the eight-borough SPG (the steering group for the overall STP development). This was produced with input from Adult Social Care, Public Health and Policy, Performance and Communication officers, and reflects existing health and wellbeing commitments. The submission of this document forms the first part of a number of submissions to the SPG prior to the submission of a final document to NHS England for the eight-borough geography at the end of June 2016. In addition to this, North West London team have submitted an evidence base in mid-April which identified the following priorities for the whole eight-Borough geography:

- Supporting people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthy choices and look after themselves;
- Reducing social isolation;
- Improving children's mental and physical health and wellbeing;
- Ensuring people access the right care in the right place at the right time;
- Reducing the gap in life expectancy between adults with serious and long-term mental health needs and the rest of the population;
- Improving the overall quality of care for people in their last phase of life and enabling them to die in their place of choice;
- Improving consistency in patient outcomes and experience regardless of the day of the week that services are accessed;
- Reducing unwarranted variation in the management of long term conditions – diabetes, cardio vascular disease and respiratory disease; and
- Reducing health inequalities and disparity in outcomes for the top 3 killers: cancer, heart disease and respiratory illness.

The evidence base document is attached as Appendix D.

- 5.8 These priorities each represent a combination of the three key questions posed by NHS England in their planning guidance, and represent challenges to the North West London health and care system as regards quality of life, quality of care and financial sustainability. Addressing these priorities would achieve the transformation in patient outcomes and sustainability for the system that NHS England seeks local areas to aim for.
- 5.9 The ICWG is developing the next stage of documents for submission to the North West London steering group for the development of the final STP document. This includes opportunity for localities to identify any priorities that they feel are not reflected within the evidence base. The ICWG are developing engagement activities with local residents and groups.
- 5.10 The key upcoming milestones for the development of the STP include:

May

- Developing a draft local STP for submission to the North West London steering group to incorporate into their final draft of the overall North West London STP. There will be opportunity for additions to this local STP at a later date as this is an initial submission.
- Initiate consultation and engagement activities with the local population.

June

- On-going consultation and engagement activities.
- Submission of North West London sustainability and transformation plans to NHS England on 30 June.

**If you have any queries about this Report or wish to inspect any of the Background Papers please contact Report Author x8532**  
[mislam@westminster.gov.uk](mailto:mislam@westminster.gov.uk)

## **APPENDICES:**

Appendix A – “Summary of major projects conducted as part of the delivery of the priorities outlined in the current Joint Health and Wellbeing Strategy “Healthier City, Healthier Lives” 2013-2016”

Appendix B – “Summary of key performance measures for the priorities outlined in the current Joint Health and Wellbeing Strategy “Healthier City, Healthier Lives” 2013-2016

Appendix C – “Outcomes of discussions at Joint Health and Wellbeing Strategy refresh workshops”

Appendix D – North West London Base Case



## Appendix A

### Summary of major projects conducted as part of the delivery of the priorities outlined in the current Joint Health and Wellbeing Strategy “Healthier City, Healthier Lives” 2013-2016

#### Major Projects

Priority 1 – “every child has the best start in life” / Priority 2 “enabling young people to have a healthy adulthood”

#### 1. Child and Adolescent Mental Health Service (CAMHS) Transformation

In November 2014, the Tri-borough Children, Young People and Mental Health Task and Finish Group reported to the Health and Wellbeing Board with a series of recommendations<sup>4</sup>. The report outlined a “new vision” for Child and Adolescent Mental Health Services (CAMHS) focussing on:

- Ensuring early intervention and prevention in relation to children and young peoples’ mental health and wellbeing;
- Reducing the impact of parental mental health disorders on children and young people;
- Improving the transition from children’s to adult mental health services;

In addition to this, national guidance on CAMHS services was published with the title “Future in Mind”. Both of these documents guided the development of the Children and Young Person’s Mental Health and Wellbeing Transformation Plan<sup>5</sup> in October 2015 which was co-produced with young people, partner agencies and providers of mental health services. The key work undertaken as part of this transformation plan so far includes<sup>6</sup>:

- Increased investment by North West London CCGs have increased investment by £1m into out-of-hours mental health services which deploys mobile psychiatric nurses to support young people in crisis and at risk of psychiatric admission.
- Creation of a single point of contact by phone and email for Westminster CAMHS services for schools, GPs, families and young people seeking to access advice and guidance;
- Central North West London (a mental health provider) has been commissioned by a number of CCGs (including CLCCG) to develop a specialist community eating disorder service for young people.

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<sup>4</sup> <http://committees.westminster.gov.uk/documents/s8630/Item%204%20-%20Appendix%20A%20-%20Final%20Report.pdf>

<sup>5</sup> <https://www.healthiernorthwestlondon.nhs.uk/sites/nhsnwondon/files/documents/CYP%20Mental%20Health%20Transformation%20Plan.pdf>

<sup>6</sup> <http://committees.westminster.gov.uk/documents/s17325/9%20-%20CAHMS.pdf>

- Contract incentives have been put in place with local adult mental health providers to encourage recognition and assessment of parenting responsibilities during assessments and where possible a joint response by adult and children's services.
- Westminster have developed an engagement programme with schools and early years settings to encourage healthy eating, physical and emotional health and wellbeing and personal, social, health and economic education (PSHE) education.
- The CAMHS joint commissioner has contributed to the Public Health recommissioning of the school health services contract and included clear expectations relating to school health and young people's mental health.

## **2. Universal Antenatal Parental Education**

Children's centres, midwifery and health visitors have developed a universal antenatal parental education course which will be piloted across Westminster in March 2016. In addition to this NSPCC Baby Steps antenatal education programme has been piloted targeted at vulnerable families, and this will be run by midwives, health visitors and children's centres.

## **3. Promoting Vaccinations**

In 2015 work was undertaken to increase knowledge amongst early year's practitioners and providers on the benefits of children's flu vaccination and increase the profile of immunisations locally. In addition to this in winter 2015/16 information on the benefits of immunisation was included across Westminster communications, and promoted in locations such as libraries. It is planned to extend this work to other childhood vaccinations in 2016.

## **4. Violence against Women and Girls Strategy**

In 2015 a Violence against Women and Girls (VAWG) strategy was published covering the period 2015 – 2018. The priorities in this strategy include:

- Ensuring access to high quality services that are flexible and available in a timely way to a wide range of individuals;
- Ensuring services are consistent, personalised, confidential and lead to individuals feeling and being safer in the short and long term;
- Promote on-going communication, community engagement, prevention and awareness raising activities around VAWG issues;

One of the key projects for both the VAWG strategy and the Health and Wellbeing Board has been the project to address instances and threats of Female Genital Mutilation (FGM) in Westminster and the tri-borough.

## **Priority 3 – “supporting economic and social wellbeing and opportunity”**

### **5. Innovation in Parental Employment**

In July 2014, £948,000 was allocated from the Public Health Investment Fund to galvanise activity and test innovative approaches to improve parental employment rates among low income families in order to address child poverty. A cross-departmental task and finish group was established to identify how best this funding might be invested. The following parameters for the pilot projects have been identified:

- There is a geographical cluster of parental unemployment within Queens Park, Westbourne and Church Street wards, and within diverse migrant populations, with much employment characterised by zero hours contracts;
- Families need more flexible (both availability and affordability) models of early years and childcare places;
- A “better off” calculation (comparing potential wages to benefit income) for parents considering returning to employment is not readily accessible;
- There is a lack of employment opportunities with family friendly terms and conditions;

So far, the pilot programme has established an employment (childcare) academy which will deliver training, advice, and potential apprenticeship schemes with London Early Years Foundation. In addition to this, capital has funded additional childcare places at a number of providers. Work has commenced to update an online family information service which will signpost to childcare and sources of advice and support, and local parents will be trained to direct other parents to the website and support other parents to access support. The Council has undertaken a number of “think family” training sessions with employment support providers to ensure they are able to conduct “better off” calculations with families that approach advice services.

## **Priority 4 – “ensuring access to appropriate care at the right time” / Priority 5 “supporting people to remain independent for longer”**

### **6. Supporting and Intervening with Vulnerable Populations**

West London CCG is part of two early adopted programmes as part of the North West London alliance whole systems integrated care pilot which are focused on older adults and mental health. The key elements of the older adults pilot include:

- Offering extended appointments and extended care planning appointments for identified groups and patients;

- Recruiting teams of case managers and health and social care assistants to work with GPs to support older patients;
- Commissioning a self-care pilot with the third-sector to support wellbeing;

An Integrated Homelessness Network has been established in partnership between WCC and Central London CCG which is providing ten step-up/step-down beds in homeless hostels to prevent admissions or support discharge, with care provided by enhanced primary care and community teams.

## **7. Health and Wellbeing Hubs**

Progress within priority four and five has focussed on the development of the Health Hubs. This programme is based on the principles of co-location, joint working between multiple sectors and joint working between multiple sectors and progressions to build services around individuals. The overarching mission of the programme is to intervene with high risk cohorts at early stages to prevent them from requiring complex and often costly public services such as admissions to accident and emergency departments, emergency service call-outs and long term social care. The programme currently includes three work streams:

- Testing out new approaches to improving health and wellbeing outcomes and reducing dependency on public services amongst single homeless adults in temporary accommodation.
- Refreshing the existing older people hubs to improve access and provide a focus on reducing social isolation;
- Developing upon initial plans for Church Street renewal for the provision of a health and wellbeing community hub;

The Council and both West London and Central London CCG have jointly commissioned four contracts for the provision of preventative services to older people and cover the provision of services at four older people's hubs in the Borough.

## **Other projects**

### **8. Primary Care Modelling**

As the Committee are aware from a report on this project last month, the Health and Wellbeing Board commissioned a joint project to develop population and disease burden projections for Westminster up to 2030.

The project involves the development of a model that will allow health and care commissioners to access reliable and detailed population projects and corresponding disease burdens. In addition to this the project in a future phase of work will account for and allow for adjustment of wider determinant factors that might have an impact on population or disease burden, for example regeneration and housing activity, socio-economic modelling and proposals for

future health and social care services (including changes in physical estate). This will allow decision-makers to make informed decisions about service transformation and future commissioning priorities as well as current and future risks and barriers in the local health and care system that the Board could help to resolve. The model has provided initial population and disease burden projections, and has been separately discussed with the GLA as a potential model of use London-wide in the future.

## **9. Joint Strategic Needs Assessments (JSNA)**

A number of Joint Strategic Needs Assessments (JSNA) have occurred in response to the priorities outlined in the current Joint Health and Wellbeing Strategy<sup>7</sup>:

- Mental Health and Gangs (August 2013)
- Employment Support (August 2013)
- Learning Disabilities (January 2014)
- Tuberculosis (May 2014)
- Substance Misuse and Offender Health (March 2014)
- Child Poverty (April 2014)
- Physical Activity (May 2014)
- Dementia (October 2015)
- End of Life Care (January 2016)
- Childhood Obesity (January 2016)

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<sup>7</sup> <http://www.jsna.info/JSNAs>



## Appendix B

### Summary of key performance measures for the priorities outlined in the current Joint Health and Wellbeing Strategy “Healthier City, Healthier Lives” 2013-2016

A number of performance measures outlined for each priority in Healthy City, Healthier Lives are either no longer measured by any of the Board member organisations and/or are no longer relevant to the implementation of the priority. Performance against general measures for a number of the priorities are listed below, and for the refresh of the strategy a learning point has been identified to ensure that all organisations co-produce and commit to on-going measurement and reporting of performance measures identified in the strategy.

- Between 2013-2016, the number of children eligible for 2-year old childcare places has doubled from 20% to 40%;
- The number of resident children seeing a dentist had been static at 44.2% in March 2013, compared to the London average of 60.1%. This has increased to 58.6% in March 2015 compared to the London average of 62.8%.
- There has been an improvement in the number of children achieving a school readiness and a good level of development at the Early Years Foundation Stage (EYFS). School readiness has increased from 49.63% in 2011/12 to 64.82% in 2014/15. The EYFS percentage of children has risen from 49.7% in 2013 to 64.8% in 2015.
- The percentage of children in reception and year 6 with excess weight (both overweight and obese) has decreased slightly between 2013/14 and 2015/16;
- The percentage of children receiving fluoride varnishing in dental practices has increased annually during the Strategy period.
- There has been a significant reduction in emergency admissions for acute conditions between 2010/11 (prior to the development of the Strategy) and 2014/15;
- The rates of juveniles receiving their first conviction, caution or youth caution has reduced from 1167 per 100,000 in 2010 to 420 per 100,000.
- The population of older people remaining at home after discharge from hospital has increased from 85% in 2010/11 to 88.2% (2014/15)





## Appendix C

### Outcomes of discussions at Joint Health and Wellbeing Strategy refresh workshops



