



CITY OF WESTMINSTER

# MINUTES

## Health & Wellbeing Board

### MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health & Wellbeing Board** held on **Thursday 25th May, 2017**, Rooms 3 & 4 - 17th Floor, Westminster City Hall, 64 Victoria Street, London, SW1E 6QP.

#### **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 Neville Pursell

Minority Group Representative: Councillor Barrie Taylor

Tri-borough Director of Public Health: Mike Robinson

Tri-Borough Director of Adult Services: Sue Redmond

Tri-Borough Children's Services: Rachael Wright-Turner (acting as Deputy)

Housing and Regeneration: Andrea Luker (acting as Deputy)

Clinical Representative from West London Clinical Commissioning Group:  
Dr Philip Mackney

Representative of Healthwatch Westminster: Olivia Clymer (acting as Deputy)

Chair of Westminster Community Network: Jackie Rosenberg

**Also Present:** Councillor Christabel Flight.

#### **1 MEMBERSHIP**

- 1.1 Apologies for absence were received from Councillor Richard Holloway (Cabinet Member for Children, Families and Young People) and Dr David Finch (NHS England).
- 1.2 Apologies for absence were also received from John Forde (Tri-borough Public Health), Melissa Caslake (Tri-borough Children's Services), Barbara Brownlee (Director of Housing and Regeneration) Dr Philip Mackney ((NHS West London Clinical Commissioning Group) and Janice Horsman (Healthwatch Westminster). Mike Robinson (Tri-borough Director of Public Health), Rachael Wright-Turner (Tri-borough Director for Children's Commissioning, Tri-borough Children's Services), Andrea Luker (Head of Strategy and Quality, Housing and Regeneration), Dr Naomi Katz (NHS West London Clinical Commissioning Group) and Olivia Clymer (Chief Executive,

Healthwatch Westminster) attended respectively as Deputies for John Forde, Melissa Caslake, Barbara Brownlee, Dr Philip Mackney and Janice Horsman.

- 1.3 Jules Martin (Managing Director, NHS Central London Clinical Commissioning Group), Anne Mottram (Imperial College Healthcare NHS Trust), Chris Neill (Interim Deputy Managing Director, NHS Central London Clinical Commissioning Group) and Louise Proctor (NHS West London Clinical Commissioning Group) were also in attendance.

## **2 DECLARATIONS OF INTEREST**

- 2.1 There were no declarations of interest.

## **3 MINUTES AND ACTIONS ARISING**

### **3.1 RESOLVED:**

1. That the Minutes of the meeting held on 2 February 2017 be signed by the Chairman as a correct record of proceedings.
2. That progress in implementing actions and recommendations agreed by the Westminster Health and Wellbeing Board be noted.

## **PART A**

## **4 BETTER CARE FUND 2017-2019 UPDATE**

- 4.1 Dylan Champion (Interim Head of Health Partnerships) presented the report and advised that final guidance from the Government with regard to Better Care Fund (BCF) plans for 2017-2019 was due to be published sometime in June. Action would need to be taken quickly to complete the BCF plan for 2017-2019 and there would be high level discussions on what should be included. Dylan Champion advised that the BCF Policy Framework guidance which had been published required BCF plans to focus on fewer key priorities, which was welcomed as it would allow greater focus on the priorities identified. Every effort would be made for partner organisations to work together to provide the best out of hospital care and managing the transfer of care which would mean ensuring the right pathways were in place. Dylan Champion advised that there would be a requirement to provide quarterly updates on the BCF plan to NHS England in future. With regard to the 2016-2017 plan, Members noted that good progress had been made.
- 4.2 Dylan Champion stated that a BCF plan for 2017-2019 had been drafted, however the final plan would be produced around six to eight weeks after the publication of the guidance. The final detail BCF 2017-2019 draft plan would then be put before the Board for its consideration at the next meeting on 13 July.
- 4.3 Members agreed to the Chairman's suggestion that there should be more detailed discussions on the BCF plan in future. A Member requested that future reports also include adult social care matters.

## **PART B**

### **5 ACTIONS AGREED BY THE HEALTH AND WELLBEING BOARD TO PROGRESS THE DELIVERY OF THE HEALTH AND WELLBEING STRATEGY**

5.1 Ezra Wallace (Head of Corporate Strategy) presented the report and referred to the actions agreed by the Board at the two briefings held on March and April. It had been agreed that the agenda be split into Part A, consisting of the formal and statutory business of the Board, and Part B, to focus on the collaborative partnership to implement the strategy's three priorities. The Director of Law had advised that the 25 May Board meeting could go ahead even though it was during the General Election Purdah period. Ezra Wallace advised that the Chairman and Dr Neville Pursell (NHS Central London Clinical Commissioning Group) were also meeting with larger provider organisations to discuss how they would be involved. It was also agreed that the Board consider how to engage with other providers, possibly through a provider event or through utilising existing provider fora.

### **6 DELIVERING THE HEALTH AND WELLBEING STRATEGY FOR WESTMINSTER**

6.1 Dylan Champion gave a detailed presentation on delivering the Health and Wellbeing Strategy 2017-2022. Work had been undertaken to identify the priorities that were key to the strategy's delivery. Dylan Champion stated that good progress had already been made in agreeing and developing the strategy which also complemented the Council's 'City for All', the North West London CCGs Sustainability and Transformation Plan (STP), the BCF plan, NHS Central and London NHS West London Clinical Commissioning Groups' (CCGs') Business Plans 2017-18, the Public Health Business Plan 2017-18, the Adult Social Care Transformation Programme and the Children's Services Transformation Programme. Dylan Champion then referred to the strategy's five priorities, these being:

- Improving health and care for children, young people and families
- Reducing the risk factors for and improving the management of long term conditions such as dementia
- Improving mental health outcomes through prevention and self-management
- Creating a leading and sustainable and effective local health and care system
- Radically upgrade prevention and early intervention.

6.2 Dylan Champion advised that there were a number of public health and health and social care objectives within the Council's City for All. For example, within the "Opportunities and fairness across the city" key priority, it was stated that a positive approach would be taken to adult social care by working with partners to provide quality care and encourage residents to enjoy active,

fulfilling, healthy and happy lives, whilst focusing resources on the most vulnerable.

- 6.3 Chris Neill (Interim Deputy Director, NHS Central London CCG) then addressed the Board in respect of the North West London STP. He referred to the STP's priorities in improving health and wellbeing, improving care and quality and improving productivity and closing the financial gap. A number of high level conversations had taken place in respect of delivering the STP and how it related to the Health and Wellbeing Strategy. The Primary Care Strategy was identifying budgets and consideration was also being given about the role of a user panel. Chris Neill then referred to the STP's delivery areas and how they related to the Health and Wellbeing Strategy's priorities.
- 6.4 In order to review the Health and Wellbeing Strategy's priorities, Dylan Champion advised that these would be reviewed in the context of focus, sponsor and monitoring elements. The focus element would assist collaborative work to help delivery in respect of care coordination, children and young people and prevention, and mental health and wellbeing. The sponsor element would include areas where the Board was receiving and considering key decisions and updates, including the BCF Plan, the STP and strategies and plans in the Forward Plan. The monitor element would monitor progress in delivering the strategy as part of a six month monitoring report and would also be included in the annual report. There was also a gap element that addresses where insufficient or limited activity to deliver a priority had been identified. Dylan Champion advised that work would be undertaken to ensure that the views of residents and customers were heard in the delivery of the key priorities, including case studies and I-statements. He emphasised the importance of ensuring that the citizen focus was not lost and examples of receiving feedback from citizens would be required to demonstrate this. Dylan Champion concluded the initial part of the presentation by stating that encouragingly, there was already a large degree of alignment across the Health and Wellbeing Strategy, City for All, the STP and the BCF plan and this would help facilitate a joined-up approach.
- 6.5 During Members' discussions, the Chairman stated that a useful draft paper on integration and single commissioning had been produced at a recent North West London STP Strategy Transformation Group meeting. A London-wide paper drafted by NHS England had also been circulated and London Councils were considering it. London Councils were concerned that the proposals in the London-wide paper may lead to an additional layer of bureaucracy, however it did demonstrate alignment with other partner organisations.
- 6.6 A Member referred to the Council's City for All and commented that the Council had also agreed to use a separate social care precept for Adult Social Care. He enquired whether City for All would address the social care precept or would another strategy take responsibility for this. The Council had also agreed to use receipts from Capital funding, such as through Section 106 planning agreements, to help fund social care and this should be highlighted. Concern was expressed that there would also be a considerable financial shortfall in social care by 2020 and this needed to be addressed with some urgency. Members commented on the need for more financial details on how

the Health and Wellbeing Strategy and the North West London STP would be delivered, including spend details. It was also remarked that sufficient resources be put into communications to effectively inform residents and patients how the strategy was being implemented. Anne Mottram (Imperial College Healthcare NHS Trust) asked how it could be demonstrated that the strategy was delivering effectively on its priorities.

- 6.8 In reply to issues raised at this stage, Sue Redmond (Tri-borough Director of Adult Social Care) advised that the BCF Plan was mainly addressing social care issues, however the strategy could also reflect concerns raised by Members. Dylan Champion advised that background documents containing some financial details and key policy documents could be provided to Members if they wished. There were a number of actions and projects to deliver priorities and consideration was being given as to how progress could be measured. In some instances, the success of some projects may be more difficult to measure than others. Work would also be undertaken setting out how actions will impact upon outcomes. Harley Collins (Health and Wellbeing Manager) advised that the North West London STP Strategy Transformation Team were developing an information dashboard compiling information from a number of providers and commissioners. The Royal Borough of Kensington and Chelsea had asked whether they could also use the information dashboard to measure performance and Members agreed that this information be included at the next meeting. There should also be an explanation as to what experiences residents and patients would feel as aspects of the strategy are delivered.
- 6.9 A Member stated that both the widespread impacts, including the financial challenges, and the individual impacts, as demonstrated in I-Statements, needed to be considered. She remarked that NHS Central London CCG had not mentioned social prescribing which she felt was important to include. Members emphasised the importance of ensuring that patients were signposted to the right service, even before they went to see a GP.
- 6.10 The Chairman stated that there had been a significant amount of consultation undertaken during the development of the strategy and there would continue to be so. She advised that the North West London Strategy Transformation Group were also looking at the financial arrangements that would need to be in place to deliver the STP.
- 6.11 Chris Neill then referred to focus area 1, care coordination, which the Board had discussed during its two workshops in March and April. GP practices varied in the way they worked, including in respect of social prescribing. GP practices were coming together in “villages” where voluntary sector services would also be available and there was also more joint commissioning taking place. GPs and CCGs were also working even closer with Children’s Services in taking a joined-up approach. Chris Neill advised that there would be a presentation to the Board on the Primary Care Strategy at the 13 July meeting. Dylan Champion added that a set of outcomes achieved in care coordination would be provided at the end of the year.

- 6.12 A Member commented on the importance of language and suggested that the Primary Care Strategy be appropriately re-worded to reflect the fact that a number of community assets would be used. Members concurred with the Chairman's suggestion that Community Care Strategy, or Primary and Community Care Strategy as suggested by Louise Proctor (Managing Director, NHS West London CCG) may be a more appropriate wording and Chris Neill agreed to put these suggestions to NHS Central London and NHS West London CCGs. Anne Mottram suggested that Advance Care Planning be added as a success indicator.
- 6.13 Another Member stated that GPs and Children's Services were working well together, however there was potential for socially related problems in respect of children and young people and this is an area that needed to be addressed. It was acknowledged that the Prevent Programme aimed to prevent children and young people developing extremist views, however there were a number of unhappy and dissatisfied children and the area needed to be looked at more broadly. Rachael Wright-Turner (Tri-borough Director for Children's Commissioning) added that other groups and partnership should be brought together to provide a more cohesive, holistic and joined-up approach to address this matter.
- 6.14 Dylan Champion then referred to the strategy's five priority areas in the presentation, where specific priorities and projects within each priority had been proposed as areas under focus, sponsor or monitor elements and he sought Members' views on each of these. In respect of priority 1, improving health and care for children, young people and families, it was suggested that mental and social health be added under the focus element. Whilst it was acknowledged that there had already been a significant amount of work undertaken for this priority, there was no cause for satisfaction and greater integration of Children's Services was needed. For priority 2, improving the management of long term conditions, Olivia Clymer (Chief Executive, Healthwatch Minister) advised that Healthwatch had undertaken research on behalf of the STP in identifying gaps with regard to the Community Independence Service and she was happy to share this information with the Board.
- 6.15 For priority 3, improving mental health outcomes, it was noted that an annual report was required. The Chairman stated that employment, training and housing were all factors that could affect mental health. Louise Proctor stated that improved primary care management, impatient and residential recovery and developing crisis services delivered in the community could be sponsored by the Like Minded Strategy. In relation to priority 4, delivering a sustainable health and social care system, Dylan Champion advised that the Estates Review and Strategy needed to be worked on collectively. Members expressed concern that priority 4 could not be fully delivered and more work needed to be undertaken in influencing the behaviour of people and coping with demand. More communication to the public was needed to help understand why people behaved in a certain way and what could be done to change this.

6.16 For priority 5, radically upgrade prevention and early prevention, it was suggested that the Community Care Strategy be added as a focus and it was also suggested social prescribing should replace children and young people and prevention under focus. Dr Paul Reilly (NHS Central London CCG) advised that GPs were undertaking social prescribing in their own individual ways, however a more joined-up approach to this would be more beneficial. Sue Redmond recognised that social prescribing was important, however it played more of an enabler role. The areas for focus would be considered further.

6.17 The Chairman advised that My Westminster day taking place on 18 June would provide another opportunity for residents to provide feedback on the strategy. She thanked officers for the work undertaken to date and Dylan Champion added that he would update the strategy in respect of specific priorities and projects within each strategy priority accordingly in light of Members' comments and suggestions and there would be an update on the strategy at the next meeting on 13 July.

## **7 MINUTES OF THE LAST JOINT STRATEGIC NEEDS ASSESSMENT STEERING GROUP MEETING HELD ON 23 FEBRUARY 2017**

7.1 The Board noted the Minutes of the last Joint Strategic Needs Assessment Steering Group meeting held on 23 February 2017.

## **8 WORK PROGRAMME**

8.1 Dylan Champion advised that there was a full agenda for the next meeting on 13 July and that he would circulate an updated work programme to Members for consideration in the next two weeks. Chris Neill also agreed to circulate the Primary Care Strategy as it was currently titled in around two weeks.

## **9 ANY OTHER BUSINESS**

9.1 There was no other business.

The Meeting ended at 5.41 pm.

**CHAIRMAN:** \_\_\_\_\_

**DATE** \_\_\_\_\_