CITY OF WESTMINSTER

MINUTES

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health & Wellbeing Board** held on **Thursday 14th July, 2016**, Rooms 3 and 4, 17th Floor, City Hall, 64 Victoria Street, London, SW1E 6QP.

Chairman: Councillor Rachael Robathan, Cabinet Member for Adults and Public Health
Clinical Representative from the Central London Clinical Commissioning Group:
Dr Neville Purssell
Cabinet Member for Children and Young People: Councillor Karen Scarborough (acting as Deputy)
Minority Group Representative: Councillor Barrie Taylor
Deputy Director of Public Health: Eva Hrobonova
Tri-Borough Director of Adult Services: Chris Neill (acting as Deputy)
Tri-Borough Children's Services: Melissa Caslake
Director of Housing and Regeneration: Barbara Brownlee
Clinical Representative from West London Clinical Commissioning Group:
Dr Naomi Katz (acting as Deputy)
Chair of Westminster Community Network: Sarah Mitchell

1 MEMBERSHIP

1.1 Apologies for absence were received from Janice Horsman (Representative of Healthwatch Westminster) and Dr David Finch (NHS England).

1.2 Apologies for absence were also received from Councillor Danny Chalkley (Cabinet Member for Children and Young People), Liz Bruce (Tri-Borough Director of Adult Social Care) and Dr Philip Mackney (Clinical Representative from NHS West London Clinical Commissioning Group). Councillor Karen Scarborough (Deputy Cabinet Member for Children and Young People), Chris Neill (Director, Whole Systems) and Dr Naomi Katz (Clinical Representative from NHS West London Clinical Commissioning Group) attended as their respective Deputies.

2 DECLARATIONS OF INTEREST

2.1 No declarations were received.

3 MINUTES AND ACTIONS ARISING

3.1 **RESOLVED:**

1. That the Minutes of the meeting held on 26 May 2016 be approved for signature by the Chairman; and

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

4 UPDATES ON THE NORTH WEST LONDON SUSTAINABILITY TRANSFORMATION PLAN AND WESTMINSTER JOINT HEALTH AND WELLBEING STRATEGY

4.1 Chris Neill (Director, Whole Systems) provided an update on the North West London Sustainability and Transformation Plan (STP) and advised that the draft STP had been submitted to NHS England. He referred to the nine priorities in the base case submission and advised that these had been allocated to the relevant delivery area, of which there were five. The STP had been designed to fit in with the Westminster Joint Health and Wellbeing Strategy. The Board noted that it was anticipated that the final STP would be implemented by the end of October 2016.

4.2 The Chairman clarified that the STP addressed plans across the eight participating North West London boroughs. Local authorities were also meeting regularly to discuss the STP and the Chairman represented the Council at these meetings, along with the Chief Executive. In respect of the four workstreams, Westminster was taking a lead on the finance element.

4.3 Meenara Islam (Principal Policy Officer) then updated Members on progress on the Westminster Joint Health and Wellbeing Strategy. The draft strategy had gone to consultation on 6 July which was due to close on 16 October. The consultation would involve events with the business community, providers, a public open house event and private healthcare providers. An analysis of the response would take place from October, with the strategy reviewed in November and the Board would give its final approval at the 17 November meeting. The strategy would then be put to the Council's Cabinet for approval in early December with a view to adopting and publishing the strategy that month and implementation would commence in January 2017.

4.4 Meenara Islam stated that posters to be used during the consultation would be to be sent to a variety of stakeholders, such as GPs, and she would email the posters to Members for their information. Other organisations that would receive consultation materials included Healthwatch Patient Participation Groups, Westminster Reporter, the Carers Network, Open Age Newsletter, CityWest Homes Tenants Newsletters, notices on Council-managed websites such as People First and Young Westminster and through internal Council communications. Meenara Islam then referred to the various consultation events and meetings and stated that she would circulate to Members the dates that these would be take place.

4.5 During discussions, a Member suggested that consultation on the strategy also include churches, mosques, synagogues and other places of worship. Another Member suggested that touchscreen surveys be used in order to increase consultation responses. He added that residents would want to know what resources were being used to deliver the strategy and felt that there should be more details on costs. Sarah Mitchell (Westminster Community Network) enquired what consultation events were taking place with voluntary organisations, stating that the voluntary sector represented a significant workforce in terms of the priority areas identified in the draft strategy.

4.6 In reply, Meenara Islam concurred that consultation could also be undertaken with places of worship. Consultation with the voluntary sector was taking place, including at voluntary sector forum meetings, and voluntary sector organisations could also be invited to the business community events.

4.7 The Chairman stated that the strategy helped informed the STP and would also inform, govern and shape the STP's commissioning intentions and this would be highlighted in the strategy. She felt that it was also important that residents understood what work local authorities, CCGs and Public Health did beyond the strategy. The Chairman welcomed any future suggestions from Members and thanked Council officers and CCG staff for the work done to date.

4.8 **RESOLVED:**

1. That the final draft of the Westminster Joint Health and Wellbeing Strategy which has been released for public consultation be noted; and

2. That the proposed consultation process be noted.

5 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH

5.1 Eva Hrobonova (Deputy Director of Public Health) introduced the item and stated that the intention of the annual report was to highlight important issues in public health in the last few years. In particular, the report emphasised the importance of physical activity to improve both physical and mental health and how health inequalities could be addressed through more physical exercise. The report also built upon the work of the Physical Activity Joint Strategic Needs Assessment (JSNA).

5.2 Colin Brodie (Public Health Knowledge Manager) then presented the report and advised that its main theme was in emphasising the importance of physical activity, including the benefits of undertaking this and the implications of being physically inactive. He stated that there was no need for there to be any financial costs involved for residents to be physically active. Members noted that although Westminster adults were fairly active when compared nationally with other areas, around 25% of adults were still classified as inactive, which could potentially contribute to a number of conditions developing.

5.3 Colin Brodie referred to the areas that benefitted through physical activity as set out in the report, including improved life expectancy, being able to live independently for longer, increased academic performance and achievement and also in reducing pollution through cycling and walking helping to reduce transport use. The report also included suggestions on how key messages could be used to promote existing and future interventions to improve public health.

5.4 Members highlighted other initiatives being used to promote physical activity, such as the draft Walking Strategy. A Member emphasised his preference that the report be Westminster specific as opposed to tri-borough. He felt that the report should provide more information on costs and that there should be a greater focus on what activities Westminster was undertaking and what responsibilities it had. Another Member suggested that it would be useful to compare data between the tri-boroughs and to provide an explanation, for example, as to why Westminster compared well amongst the tri-boroughs in terms of physical activity, but was also spending more than the other two boroughs on health care services costs attributable to physical inactivity. Barbara Brownlee (Director of Housing and Regeneration) commented that she was impressed with the presentation style of the report and that she would be in discussion with the Regeneration Teams to consider what other activities health and wellbeing hubs could offer.

5.5 In reply to some of the issues raised, Colin Brodie confirmed that the annual report was a tri-borough one, however where individual borough data was available, this had been provided. He added that Public Health would be working with the Communications Team on how to circulate the information locally and align it with existing communication campaigns, such as Active Communities.

5.6 In acknowledging the comments above, Councillor Barrie Taylor indicated that he did not favour a tri-borough presentation and felt there should be individual borough annual public health reports.

5.7 The Chairman stated that Public Health was a tri-borough service and it had been agreed that the annual report be tri-borough, however she added that a Westminster vision statement was also being drafted. She also emphasised the need to ensure that the messages communicated would be taken on board by local residents, including taking into account that English language was not the first language for all residents.

6 HEALTH VISITING RE-PROCUREMENT

6.1 The Chairman introduced the item and emphasised the importance of the Health Visiting Service, however it had been acknowledged that more could be done to support people and the joint re-commissioning and re-procurement of the service sought to achieve this outcome. She stated that consideration needed to be given as to how the Health Visiting Service tied in with other services, particularly children's services such as Child and Adolescent Mental Health Services (CAMHS) and other ways of reaching out to young people. The Chairman advised that there would be information on the children's

workstream in the Health and Wellbeing Hubs Programme report for the 15 September meeting.

6.2 Eva Hrobonova (Deputy Director of Public Health) then presented the report and advised that the views of users and proxy users were being sought, including where health visitors were operating with other parties, as this had also obtained useful feedback. Consideration of what health visitors did during their visits would be undertaken and to working even closer with other services and partner organisations. Members noted that a further report would be presented to the Board on a review of the service and a number of different delivery models were being considered. There would also be closer cooperation with the Clinical Commissioning Groups (CCGs) in helping to deliver the Health Visiting Service and there would be regular updates to the Board on the service.

6.3 During Members' discussions, the importance of the Health Visiting Service providing help the whole family as well as children was emphasised. A Member spoke of the importance of a joined-up approach in providing effective safeguarding of 0-5 year olds and this included taking such an approach during the commissioning stage. He commented that some GP practices used to have health visitors available, although now most practices would be considered fortunate if they had a health visitor available for one day a week to provide support for families, however co-locating of health visitors would be of some help. Another Member stated that it needed to be recognised that whilst some families got real benefits from having a health visitor support them, other families did not have such a great need, and this needed to be taken into consideration when assessing who to target for the service, with the appropriate evidence needing to be provided. She also felt that there needed to be more progress in providing single reviews for children rather than separate ones depending on the service being provided.

6.4 Members commented on the desirability of relevant organisations sharing the same information during the re-procurement process. Whilst health workers often worked alone, it would also be beneficial if they could meet with other professionals, such as paediatricians, at least once a month.

6.5 In reply to issues raised, Eva Hrobonova advised that the whole household and setting would also be considered as well as the child in delivering the Health Visiting Service. The need to take a joined-up approach and picking up the connecting role health visitors played was acknowledged, whilst also considering allocation of resources in providing what was an important early years' service for some, but not all, families. Eva Hrobonova also acknowledged that a single review of cases was also desirable and that there should be more efforts to move towards this.

6.6 The Chairman concurred that the Health Visiting Service did not need to provide the same service for all and that there needed to be further consideration of how the service linked with other services and in shaping the service and delivering it where it would be most effective.

7 TACKLING CHILDHOOD OBESITY TOGETHER

7.1 Eva Hrobonova gave a presentation on the Tackling Childhood Obesity Together programme and began by informing Members that nationally one in five of 4 to 5 year olds and one in three of 10 to 11 year olds were classified as obese. She advised that the earlier the issue was tackled, the more effective the outcome. Members were informed of the costs of obesity to services and the implications for individuals and to society in general. Eva Hrobonova advised that childhood obesity rates in London were higher than many other international cities that had been measured. There was no simple solution to the issue and it was important to change both the behaviour of children and their families and to change the environment and the programme sought to address both these factors. Eva Hrobonova advised that the programme was tri-borough, however each borough would feed back individually on how the programme was performing.

7.2 Eva Hrobonova stated that there were three strands to the programme, these being Healthy Weight Services, the Environment and a Pilot Project to communicate national health messages to residents to allow them to make healthier choices. The relevant services were now in place and there would be a particular focus in delivering in schools. Eva Hrobonova emphasised the importance of the programme to make progress, working will all the relevant partner organisations and services and ensuring residents were referred to the relevant service.

7.3 A Member, in acknowledging that it was a tri-borough programme, stressed the need to demonstrate a Westminster focus and although the report set out the funding that had been allocated, he felt there should be more details on specifically how this funding would be spent. He suggested that there should be a focus on place-based actions and it would also be worth focusing on community networks. Another Member suggested that the programme be aligned with other strategies such as the draft Walking Strategy. It was queried whether an analysis had been undertaken to see whether there was sufficient play space to support the programme. In acknowledging the extent of the programme, a Member remarked that there was a need to publicise the programme more. Another Member stated that the earlier the intervention, the more likely it would be effective.

7.4 In reply to some of the issues raised, Eva Hrobonova acknowledged that the programme should align with other strategies, such as the draft Walking Strategy, and she remarked that she would like to see the report appear on the JSNA website. She also confirmed that a JSNA on play space was in progress.

7.5 The Chairman advised that progress on the programme would be reported back to the Board in a year's time and she welcomed any further suggestions from Members. She emphasised the importance of changing behaviours and the environment, which was a particularly important and challenging element of the programme. Whilst recognising that some initiatives would be easier than others to implement, she stated that it was important to take an ambitious approach. The Chairman suggested that a wish list of initiatives be

put together and consideration be given as to how each initiative could be supported. She concurred that there was a need to publicise the programme more and have more services involved in the programme across the Council, as well as engaging with the wider community to be more effective in preventing childhood obesity. The Board endorsed the annual report.

7.6 **RESOLVED:**

1. That the progress of the Tackling Childhood Obesity Together programme as outlined in the paper and the attached report in Appendix B be noted.

2. That the whole-Council approach be noted; and

3. That the annual report in Appendix B be agreed.

8 HEALTH AND WELLBEING HUBS

8.1 Eva Hrobonova provided an update on the Health and Wellbeing Hubs programme and advised that there had been further progress on mapping the range of services for older people. A further report would be presented to the Board explaining how the mapping exercise helped identify using assets and resources to provide additional services. There was to be a re-focus on the Children's workstream and attention would be given to ensure that the Early Help Service's objectives aligned with it. Eva Hrobonova informed Members that Melissa Caslake would provide an update on the Children's workstream at a future meeting. Members noted that an asset mapping exercise of voluntary organisations in respect of the Newman Street project was underway which also sought to build on existing relationships with voluntary organisations.

8.2 **RESOLVED:**

That the progress the Council and partners have made on the Health and Wellbeing Hubs Programme to date and the further proposals and next steps of the Programme be noted.

9 PRIMARY CARE MODELLING UPDATE

9.1 Eva Hrobonova introduced the item which provided an update on population projections and modelling. Rianne Van Der Linde (Public Health Analyst) then gave a presentation on progress on the Primary Care Modelling project and advised that the first phase of the project had now been largely completed. She stated that data was available at Westminster, Central London and West London CCG and at the eight North West London borough level. In respect of Westminster, it was anticipated that the number of older people would increase, whilst cancer levels were expected to rise over 50%. As phase 1 of the project had produced a local population segmentation model that can show estimates for the local authority, CCG resident and CCG registered population, the user could determine which of these populations was most appropriate for the information they seeked to obtain. Rianne Van Der Linde added that this tool was already being used to identify health issues and

needs, however the tool would continue to be updated and refined as new population projections and local data became available.

9.2 Rufus Fearnley (NHS North West London Collaboration of Clinical Commissioning Groups) then provided details of phase 2 of the project, which involved mapping local CCG data with the 15 population groups. More accurate information would be available for the next meeting, including figures and costs. However, preliminary results from the NHS Central London CCG estates audit, which had so far audited 27 of 35 properties, had identified that 22 premises had been built before 1961 and 25 premises have high utilisation. This meant there was not much room in terms of capacity. The next steps included matching the CCG's GP lists to the 15 population groups. Rufus Fearnley advised that there was some discrepancy in the data between the NHS Central London CCG data and the London Health Commission data. Damian Highwood (Evaluation and Performance Manager) added that this discrepancy could be attributable to definition differences between the two organisations and he suggested that the number of older people may have been over counted.

9.3 Members enquired whether the London Health Commission could be provided with the local data obtained in the project and whether the discrepancy in data could affect funding. The Chairman, in recognising the importance of the work the project was undertaking, sought further details of how the project could assist the Board and how would the relevant partner organisations work together, such as in respect of estates. She also asked if there were any plans already in place on how to deal with areas where there would be increased demand, such as the anticipated increase in cancer rates.

9.4 In reply, Damien Highwood stated that the project's data could be shared with the London Health Commission and an analysis could be undertaken comparing the differences between each other's data. He advised that Adult Social Care were already involved in working with partner organisations and the models had identified, for example, a discrepancy between the number of residents in Westminster and those who were GP registered, particularly in respect of children. Damien Highwood advised that meetings with the Office for National Statistics were taking place to discuss these differences in population and it was possible that the number of older people had been over counted. In respect of expenditure within the model, tests needed to be given for example on whether costs of GP visits in respect of cancer felt realistic to GPs and work also needed to be undertaken in respect of projected growth costs.

9.5 Members welcomed the progress made to date and emphasised the need in ensuring that the data was used to help plan for future services and address issues such as GP capacities and use of estates. A Member also commented that matching GP lists with the 15 population groups would be particularly useful for future planning.

9.6 **RESOLVED:**

1. That the close collaboration between partners in developing the model be noted; and

2. That the next steps proposed be agreed.

10 PRIMARY CARE CO-COMMISSIONING UPDATE

10.1 Helena Stokes (NHS Central London Clinical Commissioning Group) provided an update on progress on primary care co-commissioning and advised that the CCGs had been invited to put forward bids for funding from the Estate and Technology Transformation Fund. In respect of the Primary Care Medical Service review, some concerns had been raised, however NHS Central London CCG had circulated its proposed model of care to members for feedback.

10.2 **RESOLVED:**

That the contents of the report on Primary Care Co-Commissioning update be noted.

11 MINUTES OF THE JOINT STRATEGIC NEEDS ASSESSMENT STEERING GROUP MEETING HELD ON 16 JUNE 2016

11.1 The Board noted the Minutes of the last Joint Strategic Needs Assessment Group meeting held on 16 June 2016.

12 WORK PROGRAMME

12.1 The Board noted the work programme for 2016/17.

13 ANY OTHER BUSINESS

13.1 There was no other business.

The Meeting ended at 5.56 pm.

CHAIRMAN: _____ **DATE** _____