



CITY OF WESTMINSTER

MINUTES

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health & Wellbeing Board** held on **Thursday 15th September, 2016**, Rooms 3 and 4, 17th Floor, City Hall, 64 Victoria Street, London, SW1E 6QP.

Members Present:

Chairman: Councillor Rachael Robathan, Cabinet Member for Adults and Public Health
Clinical Representative from the Central London Clinical Commissioning Group:

Dr Neville Pursell

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: Liz Bruce

Tri-Borough Children's Services: Melissa Caslake

Director of Housing and Regeneration: Barbara Brownlee

Clinical Representative from West London Clinical Commissioning Group:

Dr Philip Mackney

Westminster Community Network: Janice Horsman

Chair of Westminster Community Network: Lainya Offside-Keivani (acting as Deputy)

1 MEMBERSHIP

- 1.1 Apologies for absence were received from Councillor Danny Chalkley (Cabinet Member for Children and Young People) and Sarah Mitchell (Westminster Community Network). Councillor Karen Scarborough (Deputy Cabinet Member for Children and Young People) and Lainya Offside-Keivani (Westminster Community Network) attended as their respective Deputies.

2 DECLARATIONS OF INTEREST

- 2.1 Janice Horsman (Healthwatch Westminster Representative) declared that in respect of item 10 on the agenda, Housing Support and Care Joint Strategic Needs Assessment, she is the Chief Executive of Wandsworth and Westminster Mind, who provide counselling services. However, she did not regard this as a prejudicial interest and remained present to consider this item.

3 MINUTES AND ACTIONS ARISING

3.1 RESOLVED:

1. That the Minutes of the meeting held on 14th July 2016 be signed by the Chairman as a correct record of proceedings; 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 AND STRATEGY

- 4.1 The Chairman introduced the item and stated that although the North West London Sustainability Transformation Plan (STP) and the Westminster Joint Health and Wellbeing Strategy were separate pieces of work, they were strongly interlinked with each other. She advised Members that the STP paper was at its first stage and a more detailed submission would be available in October.
- 4.2 Meenara Islam (Principal Policy Officer) then updated the Board on the draft Westminster Joint Health and Wellbeing Strategy. She advised that there had been 44 consultation responses to date and two consultation events had taken place. The first event, a Health and Care Providers Roundtable held on 8th September, and the second, 'Everyone's Business' on 14th September, an event for businesses to discuss improving health and wellbeing, had both provided fruitful discussions and the importance of preventative work and early intervention had been emphasised. Meenara Islam advised that the next consultation event was a Public Drop-In Health Fair on 5 October where local health and wellbeing organisations and voluntary and community sector organisations would be invited to participate and Board Members were also welcome to attend. Meenara Islam advised that the consultation would end on 16 October and following this, a redrafted strategy would be presented to the Board on 17 November and would also be considered by both the NHS Central London Clinical Commissioning Group (CCG) and the NHS West London CCG. The strategy would then be put to Cabinet for formal approval, prior to its publication by 23 December, with a view to implementing the strategy in January 2017.
- 4.3 During Members' discussions, it was suggested that Queens Park Community Council be engaged in the strategy consultation, whilst the views of the Neighbourhood Forums should also be sought. It was asked whether the Cabinet had been briefed about the strategy consultation and had the Westminster Parents Participation Group been consulted. Lainya Offside-Keivani advised that a South Westminster resilient families meeting targeting the needs of vulnerable children was taking place on 22 September at the Abbey Community Centre and she suggested that the strategy be made available for consultation at this meeting.

- 4.4 In reply to the issues raised, Meenara Islam advised that Queens Park Community Council and the Neighbourhood Forums had been written to at the beginning of the consultation, however she would remind these organisations about the consultation and the events taking place. She confirmed that Cabinet had been briefed about the strategy consultation and would consider arrangements for the strategy to be available for consultation at the South Westminster resilient families meeting.
- 4.5 The Chairman drew the Board's attention to the timetable of consultation events and welcomed Members' attendance of these and any further suggestions on other organisations that could be approached and other meetings that could be arranged. She thanked those who had been involved in organising the events and confirmed that the final detailed strategy would be presented to the Board at its next meeting on 17th November.
- 4.6 Louise Proctor (Managing Director, NHS West London Clinical Commissioning Group) then provided an update on the North West London STP and advised that a draft STP had been submitted in June 2016 that had highlighted areas in need of being developed, the investment needed and setting out the change offer. She confirmed that eight CCGs and six local authorities, including Westminster City Council, had supported the draft submission and views were being sought before the final submission of the STP on 21st October. The STP sought to integrate the Shaping a Healthier Future programme, the Better Care Fund, mental healthcare services and out of hospital care. It also sought to address the economic and financial challenges faced at local, North West London and national level. Members noted the STP's triple aim challenges, these being improving and health and wellbeing, improving care and quality and improving productivity and closing the financial gap.
- 4.7 Liz Bruce (Tri-Borough Director of Adult Social Care) added that the six London boroughs involved in the STP played a system leadership role and the individual local joint health and wellbeing strategies would reflect this. The bidding process for commissioning of services would involve the CCGs and local authorities going through a single gateway together which would present challenges for both groups. Efforts would be made to align budgets and planning cycles across the local authorities and CCGs which would provide obvious benefits. Liz Bruce commented that the STP would bring together cultural changes in providing services and she advised that Westminster City Council was taking a lead in respect of financial and estate issues.
- 4.8 During discussions by the Board, a Member remarked that the STP had been a major item of discussion at the Imperial College Healthcare NHS Trust Annual General Meeting, with a number of questions from residents. In respect of financial aspects and budgets, he felt that it should be set out more clearly what Westminster was putting in, how the resources would be allocated and used and what the likely impact on services would be. He suggested that further information be provided on the implications of the prospect of the London Borough of Hammersmith and Fulham not being involved in the STP. He asked what the public should be looking out for to measure what the STP was trying to achieve and he emphasised the

importance of the public perception, suggesting that public communication should be continuous because of the way the changes to services had been planned.

- 4.9 The Chairman advised that only broad financial figures were available presently, however Westminster City Council was taking the lead in respect of the finance stream. She acknowledged that a lot of work needed to be undertaken in respect of finance and resources prior to the submission of the STP and some aspects would need to be place marked. The Chairman advised that the estates stream was an even bigger piece of work and the Council was also taking a lead on this, with Guy Slocombe (Director of Property Investments and Estates) heading this workstream. Members noted that the timescales for the STP were challenging and that the Adults, Health and Public Protection Policy and Scrutiny Committee was also being updated about the STP. The Chairman stated that it was disappointing that the London Borough of Hammersmith and Fulham and the London Borough of Ealing had not signed up to the STP, however these boroughs were keen to work jointly in other areas. She advised that although the STP was a North West London Plan, local delivery would be through the health and wellbeing boards' respective joint strategies. There would also be a specific item on the CCGs' commission intentions in respect of the STP to be considered at the next Board meeting.
- 4.10 Liz Bruce advised that one of the main objectives of the STP was to prevent unnecessary visits to hospitals. An example of this included an older adult receiving professional support in the community. Neville Purssell (Clinical Lead, NHS Central London Clinical Commissioning Group) added that the STP would provide a shining light in providing more effective planning, however it would involve a journey until this was fully achieved.
- 4.11 Louise Proctor then provided a verbal update on the CCGs' commissioning intentions and advised that between September to November, consideration would be undertaken as to what to focus on in the first year. Central and West London CCGs would work collaboratively and there would now be joint reports on the CCGs in respect of their commissioning activities. Members noted that a document in respect of the CCG's commissioning activities in Westminster, informed by the STP, would be produced.
- 4.12 The Chairman welcomed the approach to the CCG's commissioning intentions and these being accountable to their priorities.

5 FAMILY HUBS

- 5.1 Melissa Caslake (Tri-Borough Children's Services) presented the report and advised that the proposed Family Hubs would provide a virtual network of providers working with children 0 – 19 years with the aim to provide a more streamlined and effective service. The proposed key outcomes included reducing referrals to higher level interventions, preventing family breakdowns that result in children and young people being received into care or entering the criminal justice system, promoting strong and resilient parents and improving outcomes for children and young people across health and

wellbeing indicators. Training would be offered to frontline staff to facilitate this. Melissa Caslake then referred to the core offer to achieve these outcomes in the report through integrating Children's Services, Public Health and CCG activity. This included a one-stop access for universal services, such as birth registrations, to reinforce the hub as the place to go, and providing housing advice to tackle this issue early.

- 5.2 Melissa Caslake advised that a considerable amount of hard work lay ahead in delivering the family hubs, however a shared vision and shared values, and working more collaboratively and effectively together, would help achieve the desired outcomes. She then requested the Board's support and endorsement of the Family Hubs Programme.
- 5.3 Members came forward in welcoming the report and made a number of further comments. It was asked whether the programme would involve developing peer pathway support. Members welcomed the programme's focus on prevention, however lessons needed to be learnt from Sure Start and there were also issues about how to get GPs more involved. It was commented that Community Care for Children Programme had not been mentioned in the report and it was suggested that the Family Hubs Programme should join up its work with this programme. A Member welcomed the housing advice initiative in the programme and stated that around 30% of homeless had separated from their families. She asked whether it was possible to place workers within GP practices to help patients access the Family Hubs Programme and emphasised the importance of organisations and departments in sharing information and taking a joined-up approach. Another Member suggested that GP registrars could also be involved to help improve sign posting to the Family Hubs Programme.
- 5.4 A Member suggested that the programme offered the opportunity to consider issues such as vulnerable families. She stated that a recent survey of 100 families undertaken by her organisation had identified that their key concerns were welfare dependency, fear of moving and wishing to receive financial advice. Another Member felt that consideration should be given as to what the public perception would be of describing the programme as a virtual network of providers and he suggested that an alternative way of describing the programme be considered. He added that registered social landlords and housing associations would be keen to be engaged with the programme as they encountered such issues the programme sought to address on a daily basis.
- 5.5 The Chairman expressed her support for the programme and its focus on providing integrated, joined-up services and in reaching out to children in need at an earlier age. She concurred that the programme should work jointly with the Connecting Care for Children Programme.
- 5.6 In reply to some of the issues raised, Melissa Caslake also agreed that the programme should work jointly with the Connecting Care for Children Programme and that more work was needed in involving GPs in the programme. She welcomed any further suggestions from the Board and added that there were also other programmes providing an early help offer.

5.7 The Chairman advised that an update on the programme would be provided at a future meeting. The Board endorsed the report.

6 CHILDREN AND FAMILIES ACT IMPLEMENTATION AND PREPARATION FOR LOCAL AREA INSPECTION

6.1 Ian Heggs (Tri-Borough Director of Schools Commissioning) presented the report and advised that the Children and Families Act was now in its third year of implementation. He advised that the Act had replaced Special Educational Statements (SEN) with Education, Health and Care (EHC) plans, meaning local authorities needed to undertake transfer reviews of all SEN statement children and young people to EHC plans. Although Westminster had only completed 1.1% of the transfer reviews as of December 2015, good feedback had been received on the EHC plans completed to date, and additional resources were being put in place to ensure all transfer reviews were completed by the April 2018 deadline. Ian Heggs advised that a key issue to be addressed jointly by the Council and its health partners was in reducing the time taken by paediatricians to provide health advice for the 20 week EHC assessment process, however he was hopeful that this could be achieved.

6.2 Ian Heggs advised that a Commissioning Strategy was being developed to include plans for areas such as speech and language therapy and occupational therapy where demand had risen, although there were no additional resources for this. He added that autism was a key area of demand. Members noted that a narrative judgement would be given in respect of preparation for the Local Area Inspection. Ian Heggs informed Members that there had been a positive discussion with Ofsted on 15th September about the inspection.

6.3 During discussions, a Member commented on the reduction of services in diagnosing autism and asked whether this would make completing EHC plans more difficult. Another Member stated that personality disorder was a big issue and no statutory laws were in place to enable intervention and support and he suggested that this matter be raised.

6.4 In reply to the issues raised, Mandy Lawson (Tri-Borough Assistant Director, Special Educational Needs and Vulnerable Children's Services) advised that there was national guidance in respect of diagnosing autism and that there needed to be further consideration of the impact of autism on a person's daily life. Ian Heggs advised that under the local offer, the issue of personality disorder could be looked at in the context of mental health.

7 PRIMARY CARE MODELLING

7.1 The Board received a verbal update on the Primary Care Modelling project. Damien Highwood (Evaluation and Performance Manager) began by advising that there had been considerable progress in respect of comparing projected model demand against registered population with NHS Central London CCG. In respect of the supply aspect and estates, this had been discussed at a

meeting on 9th August, although no further update on this matter was available at this stage.

- 7.2 Rufus Fearnley (NHS North West London Collaboration of Clinical Commissioning Groups) advised that there was considerable variation between the sets of data in some areas, with the figures for cancer and dementia for the registered NHS Central London CCGs population being considerably higher than the modelled data. The registered data also suggested that the Westminster population was not as healthy as the modelled data had assumed, with GPs suggesting that around 70% of the population was healthy, compared to the modelled assumption of around 80%. Louise Proctor added the West London CCG was in the process of obtaining data from its West London GPs, which may further impact upon the results.
- 7.3 The Chairman stated that a clearer picture would emerge about the current supply and demand balance once more data was available.

8 PUBLIC HEALTH VISION STATEMENT

- 8.1 Ann Ramage (Bi-Borough Head of Environmental Health – Commercial) presented the report and advised that the Public Health Vision Statement aimed to pull together all the main public health focuses. Work was being undertaken to explain to the public what these focuses are and what the intended outcomes would be. The Chairman added that the Vision Statement was Westminster specific. The Board noted the report.

9 DRAFT ROUGH SLEEPING STRATEGY 2017-20

- 9.1 Members received a presentation on the Draft Rough Sleeping Strategy 2017-20. Richard Cressey (Principal Policy Officer) began by advising that the strategy was about to go to consultation and he then highlighted the strategy's three priorities, these being:
- Preventing rough sleeping and providing a rapid response
 - Supporting people to rebuild their lives
 - Tackling anti-social behaviour and keeping the city safe.
- 9.2 Focusing on supporting people to rebuild their lives, Richard Cressey advised that a key objective of this priority was improving rough sleepers' health and wellbeing, with a particular focus on addressing mental health and substance misuse issues. He advised that the Rough Sleepers Joint Strategic Needs Assessment in 2013 had identified that rough sleepers have more health needs and suffered from greater health inequalities than the general population, with their life expectancy around 30 years shorter than the average population. Rough sleeping was also associated with 'tri-morbidity', involving physical and mental health issues and substance misuse, as well as complex health needs and premature death. Members heard that rough sleepers were more than four times more likely to use Accident and Emergency Services and their secondary healthcare costs were at least five times more expensive than the general population. In addition, there were

specific barriers in accessing services for rough sleepers and hospital discharge was not always managed well.

- 9.3 Jennifer Travassos (Senior Manager of Rough Sleeping) then informed Members of the initiatives taken to take to tackle rough sleeping to date. This included an Integrated Care Network to provide physical and mental health bed spaces in hostels for those rough sleepers needing extra support, such as those patients discharged from hospital, and this also helped reduce hospital admissions. Homeless health peer advocates were also being used to help break down barriers and navigate rough sleepers through the health system. A new Common Health Assessment Tool had been introduced to the rough sleeping pathway and there had been 100% completion of this for all residents in 2015/16. Jennifer Travassos added that 99% of people in the rough sleeping pathway and over 90% of core rough sleepers were now registered with a GP. A Homeless Coordination Project in partnership with Public Health had also been commissioned.
- 9.4 Jennifer Travassos then informed Members about the proposed actions for the new strategy. As well as building on the achievements of the last strategy, the new strategy sought to increase the percentage of people in the Council's accommodation services with mental health needs who are engaging with mental health services from 64% to 80%. In respect of substance misuse, dual diagnosis was proposed to explore new routes into treatment services for rough sleepers in accommodation services, focusing on areas such as users of novel psychoactive substances, including 'Spice'. Initiatives would also be undertaken in addressing patients discharged from hospital in becoming homeless. Jennifer Travassos advised that the strategy would also seek to join up with Joint Health and Wellbeing Strategy and to work closely with the Board to ensure effective strategic oversight in delivering this priority.
- 9.5 During discussions, a Member remarked that two growing areas of difficulty were those being discharged from hospitals or prisons becoming homeless. In addition, as those who had remained homeless aged, hostels were increasingly becoming an unsuitable type of accommodation and these issues needed to be addressed. The Greater London Authority also depended on the Council in coordinating providers and this demonstrated the key role it played in London in tackling homelessness and rough sleeping. Another Member highlighted the importance of data sharing and consulting with homeless charities. It was noted that the voluntary sector was providing both commissioned and non-commissioned services for homeless people. A Member emphasised the need for prevention measures and early intervention to prevent younger people from becoming homeless.
- 9.6 The Chairman advised that the proposed strategy had Cabinet support and indicated her support on behalf of the Board in welcoming the proposed new strategy.

10 HOUSING SUPPORT AND CARE JOINT STRATEGIC NEEDS ASSESSMENT

10.1 Anna Waterman (Strategic Public Health Adviser) presented the report and stated that it was recognised that better quality housing could help improve health outcomes, whilst poor quality housing could exacerbate existing health problems. The Housing Support and Care Joint Strategic Needs Assessment (JSNA) was a deep dive JSNA that sought to provide integrated solutions to integrated problems and to explore ways in which collaboration can improve customer journeys and value for money. It also sought to complement and support the draft Joint Westminster Health and Wellbeing Strategy, the North West London STP, the Whole Systems Integrated Care and the Like Minded CCG programmes. Anna Waterman then referred to the seven themes underpinning the JSNA:

- Joint commissioning and pooled budgets
- IT data sharing protocols and information governance
- Smooth customer journeys supported by referral rights and referral pathways
- Quality services and facilities, appropriately tailored and targeted
- Asset based approaches (for individuals and for communities)
- Workforce development
- Local intelligence

10.2 Anna Waterman referred to the 12 recommendations in the JSNA, many of which included a range of opportunities for consideration by partners for local implementation. She asked the Board to agree the recommendations in the report.

10.3 During Members' discussions, Louise Proctor commented that commissioning needed to be looked at in practical terms and informed choices need to be made taking into account budget limitations. The Board agreed to the Chairman's suggestion that JSNA be looked at in more detail by Members and that the recommendations in the report be supported, subject to any concerns raised by Members in the next two weeks.

11 WORK PROGRAMME

11.1 Meenara Islam advised that the Westminster Health and Wellbeing Strategy would be presented to the Board at the next meeting for approval, prior to its submission to Cabinet on 12th December 2016 for final approval. She added that there would also be an update on the implementing the recommendations of the JSNA on dementia at the next meeting.

12 ANY OTHER BUSINESS

12.1 There was no other business.

The Meeting ended at 6.04 pm.

CHAIRMAN: _____

DATE _____