



City of Westminster

Committee Agenda

Title: **Health & Wellbeing Board**

Meeting Date: **Thursday 25th May, 2017**

Time: **4.00 pm**

Venue: **Rooms 3 & 4 - 17th Floor, Westminster City Hall, 64 Victoria Street, London, SW1E 6QP**

Members:

Councillor Heather Acton (Chairman)	Cabinet Member for Adult Social Services and Public Health
Dr Neville Pursell	Central London Clinical Commissioning Group
Councillor Richard Holloway	Cabinet Member for Children, Families and Young People
Councillor Barrie Taylor	Minority Group
John Forde	Tri-borough Public Health
Sue Redmond	Tri-borough Adult Social Care
Melissa Caslake	Tri-borough Children's Services
Barbara Brownlee	Housing and Regeneration
Dr Philip Mackney	West London Clinical Commissioning Group
Janice Horsman	Healthwatch Westminster
Jackie Rosenberg	Westminster Community Network
Dr David Finch	NHS England

Members of the public are welcome to attend the meeting and listen to the discussion Part 1 of the Agenda

Admission to the public gallery is by ticket, issued from the ground floor reception at City Hall from 6.00pm. If you have a disability and require any special assistance please contact the Committee Officer (details listed below) in advance of the meeting.



An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter. If you require any further information, please contact the Committee Officer, Toby Howes, Senior Committee and Governance Officer.

**Tel: 020 7641 8470; Email: thowes@westminster.gov.uk
Corporate Website: www.westminster.gov.uk**

Note for Members: Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions they should contact the Head of Legal & Democratic Services in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1. MEMBERSHIP

To report any changes to the Membership of the meeting.

2. DECLARATIONS OF INTEREST

To receive declarations of interest by Board Members and Officers of any personal or prejudicial interests.

3. MINUTES AND ACTIONS ARISING

(Pages 1 - 20)

a) To agree the Minutes of the meeting held on 2 February 2017.

b) To note progress in actions arising.

PART A

4. BETTER CARE FUND 2017-2018 UPDATE

(Pages 21 - 24)

To consider an update on the Better Care Fund 2017-2018.

PART B

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

(Pages 25 - 28)

To consider an update on the progress in delivering the actions agreed at the Health and Wellbeing Board briefings that took place on 23 March 2017 and 27 April 2017 respectively.

6. DELIVERING THE HEALTH AND WELLBEING STRATEGY FOR WESTMINSTER

(Pages 29 - 32)

To consider an update on delivering the Health and Wellbeing Strategy for Westminster.

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

(Pages 33 - 36)

To note the Minutes of the last Joint Strategic Needs Assessment Steering Group meeting held on 23 February 2017.

8. WORK PROGRAMME

To consider the Work Programme for 2017.

Work Programme to follow.

9. ANY OTHER BUSINESS

**Charlie Parker
Chief Executive
19 May 2017**

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CITY OF WESTMINSTER

MINUTES

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health & Wellbeing Board** held on **Thursday 2nd February, 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

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

Minority Group Representative: Councillor Barrie Taylor

Deputy Director of Public Health: Eva Hrobonova

Tri-Borough Director of Adult Services: Sarah McBride (acting as Deputy)

Tri-Borough Children's Services: Jayne Vertkin (acting as Deputy)

Clinical Representative from West London Clinical Commissioning Group:

Dr Philip Mackney

Representative of Healthwatch Westminster: Janice Horsman

Chair of Westminster Community Network: Sarah Mitchell

Also Present: Councillors Rachael Robathan and Christabel Flight.

1 MEMBERSHIP

1.1 The Board agreed that Councillor Rachael Robathan (Cabinet Member for Housing) lead the meeting, as the previous Chairman of the Board.

1.2 Apologies for absence were received from Barbara Brownlee (Director of Housing and Regeneration) and Dr David Finch (NHS England).

1.3 Apologies for absence were also received from Liz Bruce (Tri-borough Director of Adult Social Care) and Melissa Caslake (Director of Family Services). Sarah McBride (Tri-borough Director for Whole Systems Integrated Health and Care) and Jayne Vertkin (Head of Early Help) attended respectively as Deputies for Liz Bruce and Melissa Caslake.

- 1.4 An apology for absence was also received from Jules Martin (Managing Director, NHS Central London Clinical Commissioning Group). Chris Neill (Interim Deputy Director, NHS Central London Clinical Commissioning Group) attended as Deputy for Jules Martin.

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 17th November 2016 be signed by the Chairman as a correct record of proceedings, subject to the first two sentences of paragraph 4.6, page 3 to be amended to read:

During Members' discussion, Carena Rogers (Healthwatch) stated that the consultation event on the Health and Wellbeing Strategy at Church Street Library had not been clearly publicised with the result that there had been some confusion about whether there was also to be a consultation event on the STP at City Hall. In addition, the focus at Church Street Library had been the Health and Wellbeing Strategy which left some people feeling like they had not had sufficient opportunity to comment on the STP.

2. That the Minutes of the extraordinary meeting held on 13th December 2016 be signed by the Chairman as a correct record of proceedings.
3. That progress in implementing actions and recommendations agreed by the Westminster Health and Wellbeing Board be noted.

4 HEALTH AND WELLBEING STRATEGY FOR WESTMINSTER 2017 - 2022 IMPLEMENTATION

- 4.1 Councillor Rachael Robathan introduced the item and emphasised the magnitude of the work that had been undertaken in producing the Westminster Health and Wellbeing Strategy for 2017 – 2022. The strategy was now in the process of implementation and the report detailed the various processes proposed to achieve this.
- 4.2 Ezra Wallace (Head of Corporate Policy and Strategy) then presented the report and provided Members with an update since the strategy had been formally adopted by the Board, the Cabinet and NHS Central London and NHS West London Clinical Commissioning Groups (CCGs). He advised that the strategy was focused on local priorities within the sub-regional priorities of the North West London Sustainability and Transformation Plan (STP) and to support its delivery, the Board had agreed to jointly develop an implementation plan. The report proposed an approach to develop the implementation plan and included the Council's draft plans for 2017-2018. Ezra Wallace advised that an officer level implementation group would lead

on delivering the implementation plan and the following members were proposed:

- Officer from NHS Central London CCG
- Officer from NHS West London CCG
- Tri-borough Health and Wellbeing Board Manager
- Officer from the Council's Policy and Strategy Unit
- Officer from Public Health Intelligence
- Representative from Healthwatch
- Representative from the Voluntary and Community Sector

4.3 Ezra Wallace informed Members that the implementation group would provide regular informal feedback to the Executive Director of Adult Social Care the Managing Directors of NHS Central London and NHS West London CCGs and the Chair and Vice Chair of the Board. Officers would also provide thematic updates to Board meetings, each focusing on one of the four priorities. Performance would be measured in terms of both the measure of progress of commitments and measuring outcomes. Members noted the timeline for the implementation plan as set out in the report.

4.4 Councillor Robathan emphasised that the implementation plan sought to ensure delivery of the strategy, whilst also addressing the overarching themes of the STP and that it was a living plan that would evolve and take on board feedback. A joined-up approach was proposed in terms of governance and the implementation plan.

4.5 Members emphasised the importance of co-ordination between the partner organisations and it was recognised that the strategy was also to be seen within the context of the wider STP for North West London. The work of the delivery areas within the STP should also be looked at to ensure they tied in with the strategy's priorities. Although some of the deadlines in the implementation plan were quite challenging, it was recognised that these deadlines were not definitive, however every effort should be undertaken to progress the plan. A Member referred to the last Council meeting on 25 January, where it had been recognised that the Council was facing significant pressures in health and social care service services and the Council had endorsed plans to address these, as set out in the strategy as part of the STP. It has also been agreed to use the social care precept for Adult Social Care if this was approved at the next Council meeting on 1 March. The Member added that the financial shortfall in social care was significant and there was a need to have good social care support for Westminster residents. He also referred to the fact that the Samaritan Hospital had been closed for a number of years and this had become a big issue with residents. A Member welcomed voluntary and community sector involvement in the implementation plan and she emphasised the importance in explaining what changes residents would see in practice and also in improving access to health and wellbeing services for young people.

4.6 Chris Neill (Interim Deputy Director, NHS Central London Clinical Commissioning Group) commented that time would be required to look at

budgetary considerations and he welcomed a focus on how health and wellbeing centres could support the strategy and also working more closely with housing.

- 4.7 The Board agreed that a joint implementation paper setting out a clear governance structure and information on the activities being undertaken by NHS Central London and NHS West London CCGs to help deliver the implementation plan be provided at the next meeting.

5 PRIMARY CARE CO-COMMISSIONING UPDATE

- 5.1 Chris Neill (Interim Deputy Managing Director, NHS Central London Clinical Commissioning Group) presented the report which included providing an update on NHS Central London CCG's current situation with regard to moving from joint commissioning to delegated commissioning of primary medical services in Westminster. Chris Neill advised that NHS England had requested that all CCGs consider proposals to move to full delegation of commissioning of primary care from 1 April 2017. NHS Central London CCG was currently consulting and in discussion with its' GPs on the proposals and the benefits and risks of the proposals were under consideration. Chris Neill advised that the risks of fully delegated commissioning included issues such as the costs of the CCGs' estates, including rents. He confirmed that the voting process for Westminster GPs had commenced and would continue over a two week period, with voting closing on 14 February.
- 5.2 Louise Proctor (Managing Director, NHS West London Clinical Commissioning Group) advised that NHS West London CCG was also holding a ballot with its' GPs on the delegated commissioning proposals and this would take place on 7 February, with advanced voting available for GPs who were unavailable to vote on that date. She added that the views on the proposals from the CCG's GPs had been mixed. The other North West London CCGs were also discussing the proposals and it was possible that views amongst the CCGs would vary quite widely.
- 5.3 Councillor Robathan asked what were the main risks associated with the proposals and was there a consistent trend amongst GPs that would determine what their views would be.
- 5.4 In reply, Dr Philip Mackney (NHS West London Clinical Commissioning Group) stated that it was difficult to identify whether the size of a practice would be more likely to determine whether it was in favour of the proposals or not, however a number of GPs within his CCG had expressed concerns with regard to governance
- 5.5 Dr Neville Pursell (NHS Central London Clinical Commissioning Group) advised that the main risks perceived amongst his CCGs' GPs were their concerns about being responsible for rents and rates and that their practices would be unviable if they were not reimbursed in timely manner. He felt that this was due to the way the NHS system worked as opposed specifically to the proposals for delegation. The advantages of the proposals included

increasing the ability to align commissioning of primary care with secondary and community care and ensuring the same direction of travel with the STP.

- 5.6 Dr Mona Vaidya (NHS Central London Clinical Commissioning Group) stated that GP practices felt they were exposed to rents being determined by landlords and GPs wanted clarity from NHS England on the matter, including what would happen in respect of rates. Staff, including doctors and nurses, were also discouraged by high commuting costs to central London and partner organisations needed to work closer together to find a solution.
- 5.7 A Member commented that estates had been an issue for a long time and landlords had consistently raised costs, whilst costs of land in Westminster would continue to rise. There was also a need for more GPs in Westminster and in general and he stated that the NHS England representative should be attending Board meetings and making suggestions to help the CCGs. The Member felt that all partner organisations should be involved in helping resolve the issue of estates and costs, including housing and he suggested that sports and leisure could also play a role. Another Member emphasised the importance of ensuring that primary care co-commissioning and the Health and Wellbeing Strategy were aligned and that consideration be given as to how the Board could support this piece of work.
- 5.8 Councillor Robathan advised that the Council had undertaken a significant piece of work in primary care modelling and emphasised the need for joined-up working amongst partner organisations. She stated that joint estate mapping would need to feed into delegated primary care commissioning if this went ahead, whilst there also needed to be further consideration as to how health and wellbeing centres and the work of hubs could be linked better with primary care commission to move forward.

6 FAMILY HUBS - COMMISSIONING INTENTIONS FOR CHILDREN AGED 0-5

- 6.1 Jayne Vertkin (Head of Early Help) presented the report and advised that preventative measures taken at an early stage would help families from getting into difficulties and being escalated through the health and social care systems. The commissioning of preventative services for children aged 0 to 5 was a key area and the initial focus would be on shaping the new health visiting services and the Family Nurse Partnership. Jayne Vertkin commented that it was considered that the health visiting service currently worked quite separately to other services and there was a need for more integration. She advised that the principle of health visiting would remain the same, however the ways of delivery would be changed. In terms of the new service, the details were still being put in place, however it was anticipated that a much clearer picture of what the service would look like would emerge by the summer of 2017.
- 6.2 Councillor Robathan stated that her suggestion that birth registries be located in Family Hubs was already being taken up, and a birth registry service was being piloted at the hub in Queens Park. She stated that one of the objectives was to ensure the Family Hubs provided greater access to health services

and pathways. She advised that feedback from the Health and Wellbeing Strategy's consultation had identified the need to utilise the health visiting service more to provide an early warning of any problems identified. Councillor Robathan stated that the voluntary sector was involved in this piece of work and she sought further details regarding CCG's involvement.

- 6.3 In reply, Chris Neill advised that there were yet to be any CCG representatives appointed, however a Joint Commissioning Team would be providing clinical input. There had also been a significant piece of work between CCGs and Children's Services focusing on why children ended up in hospital. Louise Proctor welcomed the approach taken for the Family Hubs programme and the role of health visitors was highly valued. She suggested that CCGs could contribute more to the Family Hubs Programme. Jayne Vertkin advised that there would be a series of workshops up until April looking at how a greater range of services could be provided by the Family Hubs. There would also be a session with voluntary sector representatives taking place on 6 February. Members noted that a formal launch of the programme would be discussed in April.
- 6.4 Councillor Robathan expressed her support for the work on the Family Hubs to date and advised that she would continue to be the lead member for the Hubs Programme as this area was part of her new Cabinet portfolio as Cabinet Member for Housing.

7 PHARMACEUTICAL NEEDS ASSESSMENT - INTRODUCTION

- 7.1 Colin Brodie (Public Health Knowledge Manager) presented the report and advised that a Pharmaceutical Needs Assessment (PNA) was required to be refreshed and published every three years. The last PNA had been published in March 2015 and the next one was due for publication in March 2018. Colin Brodie advised that the PNA contributed to providing a local evidence base. He then referred to the purpose and requirements of the PNA, which included:
- Proving a clear picture of the current services provided by community pharmacies and identifying gaps in service provision
 - Enabling planning for future services to be delivered by community pharmacies, ensuring gaps in service had been addressed
 - Providing robust and relevant information on which to base applications for market entry in accordance with National Health Services (Pharmaceutical Services) Regulations
- 7.2 Councillor Christabel Flight enquired whether it was possible to locate small pharmacies at Health and Wellbeing Hubs. In reply, Dr Neville Purssell advised that most hubs did not have pharmacies, however consideration could be given to increasing the number of sub-branches located within the hubs.
- 7.3 Members commented that pharmacies had a positive impact in ensuring patients complied with their medical requirements in respect of mental health and there was evidence to support this. Members also stated that there was a need to look further into the implications of funding for community pharmacies

being reduced for 2016/17 and 2017/18 and a report on this matter should be brought to the Board in future.

8 JOINT STRATEGIC NEEDS ASSESSMENT UPDATE: YOUNG ADULTS, ONLINE JOINT STRATEGIC NEEDS ASSESSMENT HIGHLIGHTS AND PROGRAMME FORWARD PLAN

- 8.1 Jessica Nyman (Joint Strategic Needs Manager) introduced the item and stated that both the Young Adults Joint Strategic Needs Assessment (JSNA) and the online JSNA highlights were significant pieces of work. She also requested the Board's endorsement of the JSNA work programme for 2017/18.
- 8.2 Dr Mona Vaidya (NHS Central London Clinical Commissioning Group) then presented an update on the Young Adults JSNA and stated that a gap in services for young adults aged 18 to 25 years had been identified. The Young Adults JSNA sought to address this gap and consideration needed to be given as to whether there needed to integrate hubs for young people, as they tended to prefer other locations. She felt that a one stop shop providing a number of services for young people would be desirable. Members heard that young adults were often reluctant to visit family GPs, possibly because of concerns over confidentiality.
- 8.3 Dr Monda Vaidya then referred to the recommendations of the Young People JSNA in the report. Amongst them was a recommendation to pilot an integrated primary care model at one or more GP practice in each CCG where there were a high number of young adult patients, providing services such as sexual health services, eating disorder services and talking therapies. GPs would be offered training in young adults' health at these practices. Another recommendation in view of the rise in eating disorders amongst young people was to review the eating disorder pathway as part of the Like Minded Serious and Long Term Mental Health Need population group. Other recommendations included extending Children and Adolescent Mental Health Services (CAMHS) or looked after children CAMHS from 16 to 25 year old care leavers, extending substance misuse services to young adults up to 25 years and coproduce the design of services with young people.
- 8.4 Thilna Jayatilleke (Senior Public Health Analyst) then provided a live demonstration of the online JSNA highlights. He advised that there were presently a number of different sets of data available from a variety of sources. The online JSNA report sought to provide a platform for all such data through one view and provided the latest data on Westminster. The report was due to be updated and Thilna Jayakilleke welcomed feedback from Members by end of March 2017. The online JSNA report and the Westminster JSNA highlights report were available at <https://www.jsna.info/online/highlightreports> and <https://lbhf.maps.arcgis.com/apps/MapJournal/index.html?appid=baef2c5ffea4355a2261101d8fadfa3> respectively.
- 8.5 During Board discussions, a Member stated that providing access to services for young adults was further complicated in that young adults often preferred a

social setting to access services. He suggested that there was an opportunity to consider Sports and Leisure facilities as a setting to offer these services. He also suggested that the Youth Council be approached to discuss how these services could be accessed and they could also be linked with settings that provided entertainment. He emphasised the need to ensure that young adults could approach services in a community setting they trusted. It was also asked whether addressing the needs of young adults was particularly challenging in Westminster because of the transient nature of the population. Members noted that the online JSNA report could provide details on specific localities.

- 8.5 In reply to issues raised by Members, Eva Hrobonova (Deputy Director of Public Health) advised that the demographics of Westminster for young adults was not too dissimilar to other neighbouring boroughs, such as Camden, however it was difficult to make direct comparisons. Mona Vaidya added that a number of students would try to register with GPs in Westminster, even though they were not in the practices' catchment area. She acknowledged that a GP setting was not the preference for a number of young adults and that it was important that they were comfortable in the location where they were accessing services.
- 8.6 The Board approved the publication of the Young Adults JSNA and endorsed the future JSNA work programme for 2017/18.

9 CONTRIBUTING TO HEALTH AND WELLBEING THROUGH INVESTMENT IN HOUSING

- 9.1 Dermot Moloney (Senior Regeneration Programme Manager) presented the report and began by stating that the link between providing appropriate housing and the positive effects that this could have on health had been clearly recognised. He advised that the Housing Renewal Strategy launched in 2010 sought to increase the supply and quality of affordable homes, improve the quality of the local environment, promote a higher quality of life, maximise economic opportunity in Westminster and create a more distinct sense of neighbourhood. He advised that data was being collected to see the impact of regeneration and improved housing had on residents, including their health. Members noted that there was a direct and positive relationship between implementing the Housing Renewal Strategy and the objectives of the Health and Wellbeing Strategy.
- 9.2 Dermot Moloney then referred to the current housing renewal programmes taking place in Westminster. The largest scheme was the Church Street regeneration where considerable work had been undertaken over the last 18 months. He stated that a central theme of the scheme was improving the health of residents and it was anticipated that there would be a Community Health and Wellbeing Hub located there by 2020. It had also been recognised that there was a positive link between employment and health and the Housing Renewal Strategy sought to navigate people back into work. An example of this was the Ebury Bridge scheme where residents' events were built around the themes of employment and health. Dermot Moloney also referred to the Tollgate Gardens and infill housing schemes.

- 9.3 Turning to CityWest Homes Investment Programmes, Dermot Moloney advised that there were a number of programmes that would benefit residents' health. This included the Condensation Investment Programme which set aside a budget of £12m over the next five years. The General Major Works Programme included a number of schemes designed to contribute to warmer, dryer and safer homes. Dermot Moloney advised that a Sheltered Housing Review was underway and he welcomed any Board comments on this. He also referred to the work undertaken to tackle rough sleeping and Members noted that they had received a report and presentation on this at the 15 September 2016 meeting.
- 9.4 Councillor Robathan commented that the role of housing in improving health outcomes was considerable. In respect of Church Street, she advised that the development of the Lisson Arches site had commenced with the enabling work near completion and the emptying of the site was due to be completed by 2019. It was anticipated that the Health and Wellbeing Hub would be in place by 2020/21. She added that the Ebury Bridge site was due for completion around 2023.
- 9.5 A Member commented that he was pleased overall with progress. He felt that further consideration should be given as to how community housing was a solution in relieving pressure on care beds, particularly during winter when demand was likely to be greater and which may lead to residents being moved out of Westminster. Although he acknowledged the huge amount of work involved in housing regeneration schemes, the timescales involved could be frustrating. He commented that registered social landlords were also ready to become involved and they should be encouraged to work with the City Council in housing regeneration schemes. Another Member emphasised the importance of voluntary and community organisations being involved in the proposed Church Street Hub and that this was an appropriate place to co-locate, especially if a community café was to be located there. She added that the Westminster Community Network could help in finding appropriate community and voluntary organisations. A Member appreciated the time needed to complete housing regeneration schemes, however this often led to community fatigue making it difficult to keep residents interested in the schemes. She enquired whether there were any schemes or part of schemes that could be completed relatively quickly to provide evidence of progress to residents.
- 9.6 In reply to issues raised by the Board, Councillor Robathan advised that a planning application for a new care home was due to be considered by a Planning Applications Committee soon. The care home would contain 84 care beds and was due for completion in mid 2019.
- 9.7 Dermot Moloney acknowledged that housing regeneration schemes took time and that it would be desirable if they could be completed more quickly. Every effort would be made to complete any viable scheme as soon as possible. He added that works had already started for the Tollgate Gardens scheme.

10 WORK PROGRAMME

- 10.1 The Board had before them the Work Programme for 2017. It was noted that the Better Care Fund update was likely to be moved back to the 13 July 2017 meeting.

11 MINUTES OF THE LAST JOINT STRATEGIC NEEDS ASSESSMENT STEERING GROUP MEETING HELD ON 15 DECEMBER 2016

- 11.1 The Board noted the Minutes of the last Joint Strategic Needs Assessment Steering Group meeting held on 15 December 2016.

12 ANY OTHER BUSINESS

- 12.1 On behalf of the Board, Dr Neville Purssell expressed his gratitude for Councillor Robathan's effective leadership as the previous Chairman of the Board and he welcomed working with her in her new portfolio as Cabinet Member for Housing. Councillor Robathan expressed her pleasure in working with colleagues from the Council, the CCGs and the voluntary and community sector in working together on the Health and Wellbeing Strategy and the STP. She also expressed her thanks for the support given to the Board by Meenara Islam (Principal Policy Officer) who was leaving the Council and this was echoed by Members.

The Meeting ended at 6.02 pm.

CHAIRMAN: _____

DATE _____

WESTMINSTER HEALTH & WELLBEING BOARD

Actions Arising

Meeting on Thursday 2nd February 2017

Action	Lead Member(s) And Officer(s)	Comments
Health and Wellbeing Strategy for Westminster 2017 – 2022 Implementation		
A joint implementation paper setting out a clear governance structure and providing details of actions being taken by NHS Central London and NHS West London Clinical Commissioning Groups to help deliver the implementation plan to be provided at next meeting.	Ezra Wallace, Chris Neill (NHS Central London Clinical Commissioning Group) and Louise Proctor (NHS West London Clinical Commissioning Group)	To be provided at 25 May meeting.
Pharmaceutical Needs Assessment – Introduction		
Report on implications for funding for community pharmacies being reduced for 2016/17 and 2017/18 to be provided at a future meeting.	Colin Brodie	To be provided at a future meeting.

Extraordinary Meeting on Tuesday 13th December 2016

Action	Lead Member(s) And Officer(s)	Comments
NHS Central London and NHS West London Clinical Commissioning Groups' Commissioning Plans		
Members to provide any further comments on the Commissioning Plans by 20 December.	All Board Members	To be provided by 20 December.

Meeting on Thursday 17th November 2016

Action	Lead Member(s) And Officer(s)	Comments
Update on the North West London Sustainability Transformation Plan and Westminster's Joint Health and Wellbeing Strategy		
Board's comments in respect of the North West London Sustainability Transformation Plan to be fed back to the NHS Central and NHS North West London Clinical Commissioning Groups.	Chris Neill (NHS Central London Clinical Commissioning Group)	To be considered at the 17 November meeting.

Work Programme		
Board to receive first report on the next Pharmaceutical Needs Assessment at next meeting.	Mike Robinson / Colin Brodie	To be considered at the 2 February 2017 meeting.

Meeting on Thursday 15th September 2016

Action	Lead Member(s) And Officer(s)	Comments
Draft Westminster Health and Wellbeing Strategy Refresh		
Final strategy to be put to the Board at the next meeting.	Meenara Islam	To be considered at the 17 November meeting.
Housing Support and Care Joint Strategic Needs Assessment		
Board to look at the Housing Support and Care Joint Strategic Needs Assessment in more detail and to support the recommendations, subject to any concerns raised by Members in the next two weeks.	All Board Members / Anna Waterman	Comments to be made by 29 September.

Meeting on Thursday 14th July 2016

Action	Lead Member(s) And Officer(s)	Comments
Draft Westminster Health and Wellbeing Strategy Refresh		
Meenara Islam to circulate the dates that the consultation events and meetings are taking place to Members.	Meenara Islam	Members to provide comments by 30 June.
Tackling Childhood Obesity Together		
Progress on the programme to be reported back to the Board in a year's time.	Eva Hrobonova	
Health and Wellbeing Hubs		
Details of the children's workstream to be reported to the Board at the next meeting.	Melissa Caslake	To be considered at the 15 September meeting.

Meeting on Thursday 26th May 2016

Action	Lead Member(s) And Officer(s)	Comments
Draft Westminster Health and Wellbeing Strategy Refresh		
Members to provide any further input on the strategy before it goes to consultation at the beginning of July.	All Board Members	Members to provide comments by 30 June.

Meeting on Thursday 17th March 2016

Action	Lead Member(s) And Officer(s)	Comments
Westminster Health and Wellbeing Strategy Refresh Update		
Members requested to attend Health and Wellbeing Board workshop on 5 April.	All Board Members	Workshop to take place on 5 April.
Meenara Islam to circulate details of proposals discussed at an engagement plan meeting between Council and Clinical Commissioning Group colleagues.	Meenara Islam	
NHS Central and NHS West London Clinical Commissioning Group Intentions		
Clinical Commissioning Groups to consider how future reports are to be presented with a view to producing reports more similar in format and more user friendly.	Clinical Commissioning Groups	On-going.

Meeting on Thursday 21st January 2016

Action	Lead Member(s) And Officer(s)	Comments
Commissioning Intentions: (A) NHS Central London Clinical Commissioning Group; (B) NHS West London Clinical Commissioning Group		
Update on the Clinical Commissioning Groups' intentions to be reported at the next Board meeting.	Clinical Commissioning Groups	To be considered at the 17 March 2016 meeting.
Westminster Health and Wellbeing Strategy Refresh		
Draft proposals for the strategy refresh to be considered at the next Board meeting	Adult Social Care, Clinical Commissioning Groups and Policy, Performance and	To be considered at the 17 March 2016 meeting.

	Communication	
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Meeting on Thursday 19th November 2015

Action	Lead Member(s) And Officer(s)	Comments
Westminster Health and Wellbeing Hubs Programme Update		
Update on the Programme to be reported at the next Board meeting.	Adult Social Care	To be considered at the 21 January 2016 meeting.
Like Minded – North West London Mental Health and Wellbeing Strategy – Case for Change		
Board to receive report on Future In Mind programme to include details of how it will impact upon Westminster and how the Board can feed into the programme to provide more effective delivery of mental health services.	Children's Services	To be considered at earliest opportunity.
Board to receive report on young people's services, including how they all link together in the context of changes to services.	Children's Services	To be considered at earliest opportunity.

Meeting on Thursday 1st October 2015

Action	Lead Member(s) And Officer(s)	Comments
Central London Clinical Commissioning Group – Business Plan 2016/17		
West London Clinical Commissioning Group to circulate their Business Plan 2016/17 to the Board.	West London Clinical Commissioning Group	
Westminster Health and Wellbeing Hubs Programme Update		
Board to nominate volunteers to be involved in the Programme and to be on the Working Group.	Meenara Islam	
Update on the Programme to be reported at the next Board meeting.	Adult Social Care	To be considered at the 19 November 2015 meeting.
Dementia Joint Strategic Needs Assessment – Commissioning Intentions and Sign Off		
Board to receive and update at the first Board meeting in 2016.	Public Health	To be considered at the 21 January 2016

		meeting.
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Meeting on Thursday 9th July 2015

Action	Lead Member(s) And Officer(s)	Comments
Five Year Forward View and the Role of NHS England in the Local Health and Care System		
That a document be prepared comparing NHS England's documents with the Clinical Commissioning Groups to demonstrate how they tie in together.	Clinical Commissioning Groups/NHS England	To be considered at a forthcoming meeting.
Board to receive regular updates on the work of NHS England and to see how the Board can support this work.	NHS England	To be considered at future meetings.
Westminster Housing Strategy		
Housing Strategy to be brought to a future meeting for the Board to feed back its recommendations.	Spatial and Environmental Planning	To be considered at a forthcoming meeting.
Update on Preparations for the Transfer of Public Health Responsibilities for 0-5 Years		
Board to receive an update in 2016.	Public Health	To be considered at a meeting in 2016.

Meeting on Thursday 21st May 2015

Action	Lead Member(s) And Officer(s)	Comments
North West London Mental Health and Wellbeing Strategic Plan		
That a briefing paper be prepared outlining how the different parts of the mental health services will work and how various partners can feed into the process.	NHS North West London	To be considered at a forthcoming meeting.
Adult Social Care representative to be appointed onto the Transformation Board.	NHS North West London Adult Social Care	To be confirmed.
Children and Young People's Mental Health		
A vision statement be produced and brought to a future Board meeting setting out the work to be done in considering mental health services for 16 to 25 year olds, the pathways in accessing services and the flexibility in both the setting and the type of mental health care provided, whilst embracing a	Children's Services	To be considered at a forthcoming meeting.

multidisciplinary approach.		
The role of pharmacies in Communities and Prevention		
Public Health Team and Healthwatch Westminster to liaise and exchange information in their respective studies on pharmacies, including liaising with the Local Pharmaceutical Committee and the Royal Pharmaceutical Society.	Public Health Healthwatch Westminster	Completed
Whole Systems Integrated Care		
That the Board be provided with updates on progress for Whole Systems Integrated Care, with the first update being provided in six months' time.	NHS North West London	First update to be considered at the 19 th November 2015 Health and Wellbeing Board meeting.
Joint Strategic Needs Assessment		
Consideration be given to ensure JSNAs are more in line with the Board's priorities.	Public Health	Report being considered 9 th July 2015
The Board to be informed more frequently on any new JSNA requests put forward for consideration.	Public Health	On-going.
Better Care Fund		
An update including details of performance and spending be provided in six months' time.		Update to be considered at the 19 th November 2015 Health and Wellbeing Board meeting.
Primary Care Co-Commissioning		
Further consideration of representation, including a local authority liaison, to be undertaken in respect of primary care co-commissioning.	Health and Wellbeing Board	In progress
Work Programme		
Report to be circulated on progress on the Primary Care Project for comments.	Holly Manktelow Health and Wellbeing Board	Circulated.
The Board to nominate a sponsor to oversee progress on the Primary Care Project in between Board meetings.	Health and Wellbeing Board	To be confirmed.
NHS England to prepare a paper describing how they see their role on the Board and to respond to Members' questions at the next Board meeting.	NHS England	To be considered at the 9 th July 2015 Health and

		Wellbeing Board meeting.
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Meeting on Thursday 19th March 2015

Action	Lead Member(s) And Officer(s)	Comments
Pharmaceutical Needs Assessment		
Terms of reference for a separate wider review of the role of pharmacies in health provision, and within integrated whole systems working and the wider health landscape in Westminster, to be referred to the Board for discussion and approval.	Adult Social Care	Completed

Meeting on Thursday 22nd January 2015

Action	Lead Member(s) And Officer(s)	Comments
Better Care Fund Plan		
Further updates on implementation of the Care Act to be a standing item on future agendas.	Adult Social Care	Completed.
Child Poverty		
Work to be commissioned to establish whether and how all Council and partner services contributed to alleviating child poverty and income deprivation locally, through their existing plans and strategies – to identify how children and families living in poverty were targeted for services in key plans and commissioning decisions, and to also enable effective identification of gaps in provision.	Children's Services	In progress.
To identify an appropriate service sponsor for allocation to each of the six priority areas, in order to consolidate existing and future actions that would contribute to achieving objectives.	Children's Services	In progress.
Local Safeguarding Children Board Protocol		
Protocol to be revised to avoid duplication and to be clear on the different and separate roles of the Health & Wellbeing Board and the Scrutiny function.	Local Safeguarding Children Board	Completed.
Primary Care Commissioning		
A further update on progress in Primary Care Co-Commissioning to be given at the meeting in March 2015.	Clinical Commissioning Groups. NHS England	Completed.

Meeting on Thursday 20th November 2014

Action	Lead Member(s) And Officer(s)	Comments
Primary Care Commissioning		
The possible scope and effectiveness of establishing a Task & Finish Group on the commissioning of Primary Care to be discussed with Westminster's CCGs and NHS England, with the outcome to be reported to the Health & Wellbeing Board.	Clinical Commissioning Groups NHS England	Completed
Work Programme		
A mapping session to be arranged to look at strategic planning and identify future agenda issues.	Health & Wellbeing Board	Completed.

Meeting on Thursday 18th September 2014

Action	Lead Member(s) And Officer(s)	Comments
Better Care Fund Plan 2014-16 Revised Submission		
That the final version of the revised submission be circulated to members of the Westminster Health & Wellbeing Board, with sign-off being delegated to the Chairman and Vice-Chairman, subject to any comments that may be received.	Director of Public Health.	Completed.
Primary Care Commissioning		
The Commissioning proposals be taken forward at the next meeting of the Westminster Health & Wellbeing Board in November	NHS England	Completed.
Details be provided of the number of GPs in relation to the population across Westminster, together with the number of people registered with those GPs; those who are from out of borough; GP premises which are known to be under pressure; and where out of hours capacity is situated.	NHS England	Completed.
Measles, Mumps and Rubella (MMR) Vaccination In Westminster		
That a further report setting out a strategy for how uptake for all immunisations could be improved, and which provides Ward Level data together with details of the number of patients who have had measles, be brought to a future meeting of the Westminster Health & Wellbeing Board in January 2015.	NHS England Public Health.	To considered at the forthcoming meeting in May 2015. This has been pushed back to later in 2015.

Meeting on Thursday 19th June 2014

Action	Lead Member(s) And Officer(s)	Comments
Whole Systems		
Business cases for the Whole Systems proposals to be submitted to the Health & Wellbeing Board in the autumn.	Clinical Commissioning Groups.	Complete.
Childhood Obesity		
A further report to be submitted to a future meeting of the Westminster Health & Wellbeing Board by the local authority and health partners, providing an update on progress in the processes and engagement for preventing childhood obesity.	Director of Public Health.	To be considered at a forthcoming meeting
The Health & Wellbeing Strategy		
A further update on progress to be submitted to the Westminster Health & Wellbeing Board in six months.	Priority Leads.	Completed
NHS Health Checks Update and Improvement Plan		
Westminster's Clinical Commissioning Groups to work with GPs to identify ways of improving the effectiveness of Health Checks, with a further report on progress being submitted to a future meeting.	Clinical Commissioning Groups	Completed
Joint Strategic Needs Assessment Work Programme		
The implications of language creating a barrier to successful health outcomes to be considered as a further JSNA application. <i>Note: Recommendations to be put forward in next year's programme.</i>	Public Health Services Senior Policy & Strategy Officer.	Completed

Meeting on Thursday 26th April 2014

Action	Lead Member(s) And Officer(s)	Comments
Westminster Housing Strategy		
The consultation draft Westminster Housing Strategy to be submitted to the Health & Wellbeing Board for consideration.	Strategic Director of Housing	Being considered at the 9 th July 2015 Health and Wellbeing Board
Child Poverty Joint Strategic Needs Assessment Deep Dive		

A revised and expanded draft recommendation report to be brought back to the Health & Wellbeing Board in September.	Strategic Director of Housing Director of Public Health.	Completed.
Tri-borough Joint Health and Social Care Dementia Strategy		
Comments made by Board Members on the review and initial proposals to be taken into account when drawing up the new Dementia Strategy.	Matthew Bazeley Janice Horsman Paula Arnell	Completed
Whole Systems		
A further update on progress to be brought to the Health & Wellbeing Board in June.	Clinical Commissioning Groups	Completed.



City of Westminster

Westminster Health & Wellbeing Board

Date:	25 May 2017
Classification:	General Release
Title:	Update on development of Better Care Fund Plan 2017-19
Report of:	Councillor Heather Acton, Chairman of the Health & Wellbeing Board Dr Neville Pursell, Chairman, Central London Clinical Commissioning Group
Wards Involved:	All
Policy Context:	Health and wellbeing
Financial Summary:	N/A
Report Author and Contact Details:	Dylan Champion (dchampion@westminster.gov.uk)

1. Executive Summary

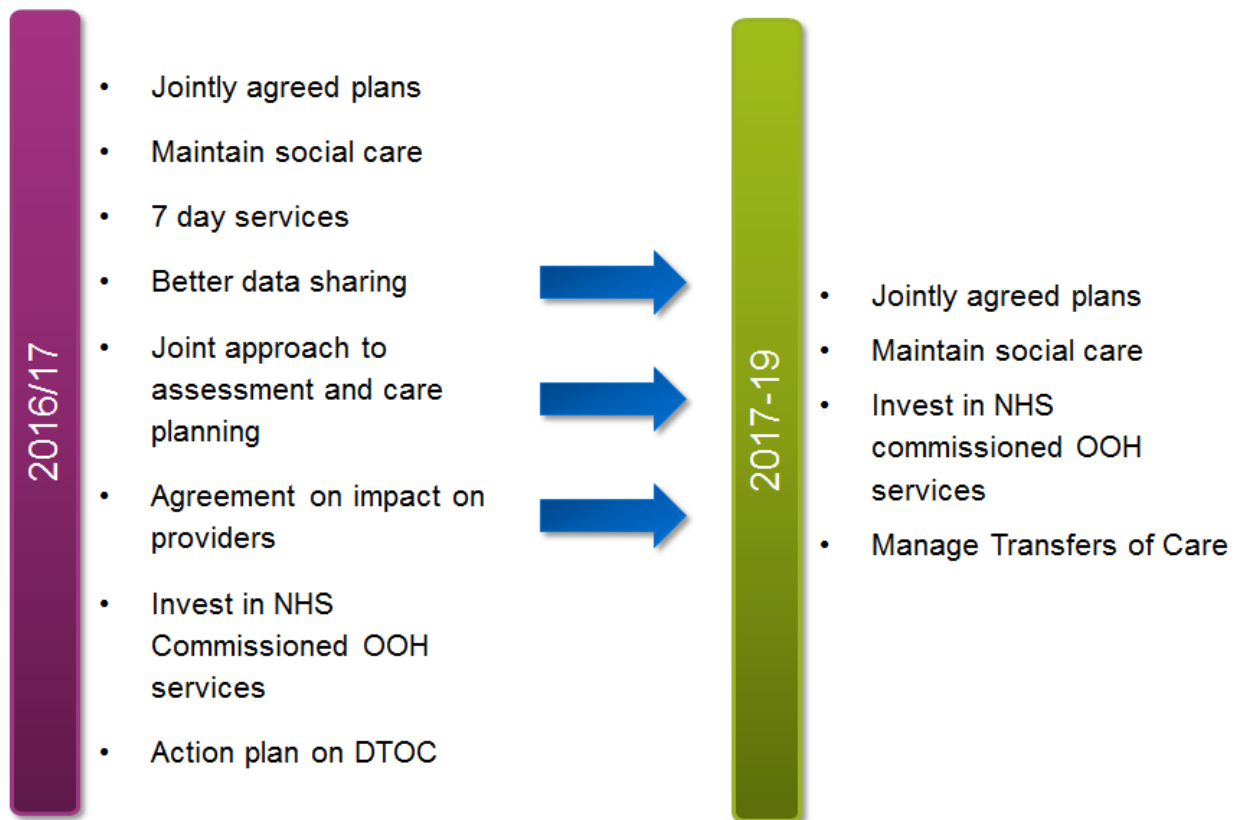
1.1 This report provides an update on the development of the Better Care Fund (BCF) Plan for 2017-19 and an update on the delivery of the BCF Plan 2016/17. Delivery of the Better Care Fund Plan is an important mechanism by which the HWB fulfils its statutory duty to promote integrated ways of working and deliver a sustainable health and care system that is fit for the future.

Development of BCF Plan 2017-19

1.2 The national planning guidance has not yet been released and so while work on a draft plan for 2017-19 is underway this cannot yet be finalised or presented to the Board at this time.

1.3 Currently it is anticipated that the final guidance will be published in June and work to finalise the draft plan will take six to eight weeks following this. Once it is complete the plan will be presented for consideration and agreement by the Health and Wellbeing Board.

- 1.4 In the meantime discussions have taken place between the Tri Borough Council's and the three CCGs to agree an appropriate apportionment of BCF Funds. Work is still underway to agree an apportionment of funds for the period up to 30 June 2017. Work will then take place to finalise a long term financial arrangement and this will take place in parallel to completing the Better Care Fund Plan.
- 1.5 While the national planning guidance has not been finalised, the BCF Policy Framework guidance has been released by Central Government and this indicates that in future the BCF plan will be required to focus on fewer key priorities as set out below. It also indicates that the next BCF Plan will be required to span a period of two years – 2017-19, rather than a single year which has previously been the case.



- 1.6 The reduction in the number of priorities has been welcomed by all parties across the Tri Borough and should make agreement of the final plan easier.

Delivery of BCF Plan 2016/17

1.7 Each quarter there is a requirement to submit an update on progress with delivery of the existing BCF Plan. The update for the final quarter of 2016/17 has been produced and this notes the extensive consultation and engagement exercise with residents, patients, and stakeholders to understand local priorities, leading to the development of the Joint Health and Wellbeing Strategy (JHWS) 2016-21. The JHWS sets out the joint ambitions and priorities of the CCGs and Local Authority for population health and wellbeing and the health and care commissioning priorities of both organisations going forward.

1.8 It also notes the JHWS was developed alongside the Sustainability and Transformation Plan (STP) for North-West London and aligns closely with the ambitions in that plan. The JHWS provides a mechanism to facilitate the implementation of the STP at a local level.

1.9 The quarterly submission also noted the good progress made against the 13 agreed schemes which constitute the BCF Plan 2016/17.

2. Key Matters for the Board

2.1 The Health and Wellbeing Board is asked to:

A. Note the actions and progress made

3. Legal Implications

3.1 N/A

4. Financial Implications

4.1 Work continues to agree detailed financial arrangements for 2017/19.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

Dylan Champion

Interim Head of Health Partnerships

Email: dchampion@westminster.gov.uk



Westminster Health & Wellbeing Board

Date:	25 May 2017
Classification:	General Release
Title:	Actions agreed by the Health & Wellbeing Board to progress the delivery of the Health & Wellbeing Strategy
Report of:	Councillor Heather Acton, Chairman of the Health & Wellbeing Board Dr Neville Purssell, Chairman, NHS Central London Clinical Commissioning Group
Wards Involved:	All
Policy Context:	Health and wellbeing
Financial Summary:	NA
Report Author and Contact Details:	Ezra Wallace (ewallace@westminster.gov.uk) or 020 7641 3056

1. Executive Summary

- 1.1 Members of the Health & Wellbeing Board have met for two briefings to agree the ways of working and key areas of focus where the Board could add most value to the delivery of our Health & Wellbeing Strategy for Westminster.
- 1.2 This paper reports the action agreed at these briefings and updates on progress made delivering them.

2. Key Matters for the Board

- 2.1 The Health and Wellbeing Board is asked to:
 - A. Note the actions and progress made

3. Actions agreed by members of the Board

3.1 Members of the Board agreed to progress the following actions:

Action	Progress
<p>Future Health and Wellbeing Board meetings should be split into two parts:</p> <ul style="list-style-type: none">• Part A, which will consist of the formal and statutory business of the Board• Part B, which will focus on the collaborative partnership to implement our joint plan, delivering the three key priorities agreed by the Health and Wellbeing Board	<p>Structure of the Board agendas amended from 25 May</p>
<p>Consideration should be given to appropriateness of Health and Wellbeing Board taking place during Election Purdah period</p>	<p>On the advice of the council's Director of Law, the meeting of the Board on 25 May is going ahead</p>
<p>Councillor Acton and Dr Neville Pursell should meet one to one with leaders from larger provider organisations to discuss how they might want to be involved</p>	<p>Initial discussions with providers have begun and a representative from Imperial is attending the Board on 25 May</p>
<p>The Health & Wellbeing Board should consider how to engage with other providers, possibly through a provider event of some kind or through utilising existing provider fora</p>	<p>Paper to be tabled with options for the Board to consider as per the forward plan</p>

4. Legal Implications

4.1 As the Health & Wellbeing Board is business as usual and as no controversial items are expected to be considered at the meeting on 25 May the Board is able to meet during the pre-election period.

5. Financial Implications

5.1 *NA*

**If you have any queries about this Report or wish to inspect any of the
Background Papers please contact:**

Ezra Wallace

Head of Corporate Strategy

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Telephone: 020 7641 3056

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Westminster Health & Wellbeing Board

Date:	25 May 2017
Classification:	General Release
Title:	Delivering the Health and Wellbeing Strategy for Westminster
Report of:	Councillor Heather Acton, Chairman of the Health & Wellbeing Board Dr Neville Purssell, Chairman, Central London NHS Clinical Commissioning Group
Wards Involved:	All
Policy Context:	Health and wellbeing
Financial Summary:	NA
Report Author and Contact Details:	Dylan Champion dchampion@westminster.gov.uk Chris Neil chrisneill@nhs.net

1. Executive Summary

- 1.1 The Health & Wellbeing Board formally adopted the Health & Wellbeing Strategy for Westminster 2017-22 on 17 November 2016. The strategy has also been formally adopted by Westminster City Council's cabinet and both Central London Clinical Commissioning Group (CLCCG) and West London Clinical Commissioning Group's (WLCCG) governing bodies.
- 1.2 The Health & Wellbeing Board agreed, in consultation with the chairs of both CLCCG and WLCCG and Westminster Council's Cabinet, that the Health & Wellbeing Strategy would articulate the local priorities for Westminster within the sub-regional priorities of the Sustainability & Transformation Plan (STP) for North West London as well as addressing the wider action that the council and its partners in the voluntary sector could take to tackle the wider determinants of health.

- 1.3 To support the delivery of our Health & Wellbeing Strategy at a city-wide level and the STP at a North West London level, the Board agreed in January 2016 to jointly develop an implementation plan which would explain the actions that the council, CCGs and voluntary sector would be taking over the next five years to deliver our shared priorities.

2. Key Matters for the Board

- 2.1 The Health and Wellbeing Board is asked to:

A. Note the volume and scale of activity underway across our shared agenda

B. Note the Board's previous commitment to focus on the three areas of: first, care coordination; second, children and young people and preventative work; and third, mental health.

C. In light of these three priority areas:

- Comment on how comfortable the Board is that each work stream is in hand and progressing.
- Compare and discuss which work streams require a focused discussion by the Board or through closer collaboration between partners.

3. Legal Implications

- 3.1 NA

4. Financial Implications

- 4.1 NA

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

Dylan Champion

Email: dchampion@westminster.gov.uk

Head of Health Partnerships

Background papers: Delivering the Health & wellbeing Strategy – presentation to the Board

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Joint Strategic Needs Assessment (JSNA) Steering Group

Thursday 23rd February 2017 2.00-4.00pm

Westminster City Hall

Minutes

In attendance	
Mark Jarvis (MJ) (Chair)	Head of Governance and Engagement, H&F WL CCG
Colin Brodie (CB)	Public Health Knowledge Manager
Jessica Nyman (JN)	JSNA Manager, Public Health
Shad Haibatan (SH)	Head of Organisational Development, SOBUS
Steve Bywater (SB)	Policy Officer, Children's Services
Jackie Rosenberg (JR)	CEO, One Westminster
Angeleca Silversides (AS)	Healthwatch K&C
Kerry Doyle (KD)	Head of Corporate Services, WL CCG
Samar Pankanti (SP)	Public Health Project Manager, CLCCG
Naomi Potter (NP) Minutes	JSNA Officer
Apologies: Angela Spence, Jon Lillistone, Joy Beishon	

Minutes
1. Welcome and introductions
2. Minutes of last meeting and matters arising
Minutes approved following some corrections (some misattributions and inaccuracies)
Dementia JSNA
<ul style="list-style-type: none"> - update paper from Programme Board on recommendations scheduled to go to RBKC HWB on 15th March - befriending programme: CB to follow up action. JN suggested a need for a review of current schemes available across the three Boroughs, provided by councils and the voluntary/community sectors. AS noted that K&C mapping for befriending services has begun; SH noted that mapping of HEE-funded services in LBHF is also taking place. JR noted that One Westminster is bringing together those who state that they provide services to older people.
Action: AS and JN to discuss service mapping.
Action: CB to catch up with project leads regarding implementation
End of Life Care JSNA: Removed from December agenda of H&F PAC and rescheduled for end of April 2017.

3. Updates from current projects:

a. Young Adults JSNA (JN)

Signed off by all three HWBs and published on February 9th with positive and helpful feedback; including discussion regarding appropriate settings and the potential effectiveness of a pilot for co-located services. JR noted that the evaluation and success of young adults' services depends on levels of access, and that this cohort can be extremely difficult to access if not already known to services.

Action: To come back to the Steering Group for implementation review in 6 months, with specific focus on engaging with the young adult cohort. (JN/CB)

b. Online JSNA Highlight Reports (JN)

Signed off by all three HWBs and published; currently in consultation until February 28th. Permission has been given to continue updating these reports as a live document.

Demonstrations are being set up across the three boroughs and the CCGs at Marylebone Road. JR noted that demonstrations outside the councils and CCG would be useful; AS also recommended for Healthwatch.

JR and KD requested that West London CCG (for Queens Park and Paddington) be included in the Westminster Online Reports.

CB noted that it might be useful for this tool to be included in CCG induction and MJ recommended that CCG Governing Board members and Strategy & Transformation team members attend the MBR demonstrations. SP noted the tool is being embedded into practice dashboard at Central London.

Action: Public Health Intelligence team to update Highlight Report re West London CCG overlap

Action: KD to provide contact details for demonstration room booking at Marylebone Road

Action: NP to investigate data exporting and sharing of infographics, and update in-progress user guide.

Action: JR to email JN regarding dates for demonstrations for One Westminster colleagues

c. Children with Complex Needs JSNA (NP)

This JSNA was launched at an engagement event on January 27th. The scope has been decided (focusing on ASD, learning disabilities, learning difficulties and speech, language & communication needs) and work is progressing.

Data is being accessed from national sources (e.g. the School Census) and local self-evaluations; more accurate local data is being sought. JN is liaising with Anthony Fennell to make sure that work is not being duplicated with the ongoing Children and Families Act (CFA) implementation work.

JN and NP are attending BME Health Forum on March 8th. Further engagement is planned with third sector and service users. AS noted a group of 54 apprentices with learning disabilities in placement via LBHF Action on Disability currently, who could be approached as a good practice example.

JR asked about predictions of numbers and how complexity of needs are likely to develop as survival rates are improving.

SB noted that a lot of parents' engagement work has already taken place across the three Boroughs and a lot of views on local service provision and service gaps is already available; there must be care taken over avoiding duplication of effort.

Action: AS to provide JN with contact for Action on Disability

Action: Public Health Intelligence Team to look into predictions of complexity and numbers (given increasing survival rates) for JSNA inclusion

4. Pharmaceutical Needs Assessment (PNA) visioning workshop: how can we get the best out of this project? (CB)

CB gave a presentation on the background of the PNA – a statement of the needs for pharmaceutical services, undertaken as part of the JSNA work programme. Projected publication date is March 2018. It was noted that this year the bulk of the work would be commissioned out.

An introductory paper has been taken to the local HWBs in relation to the current context of funding cuts and how it is connected to delivering on the JHWS and STP. A further discussion document will be presented at later meetings. MJ noted a need for frequent liaison with the HWBs to ensure that priorities are addressed and feedback taken into account. JR recommended an early audit of existing services so that data is in place as soon as possible and supports the remaining elements of the PNA.

CB stated that alongside the technical document there may also be a need for something more discursive, highlighting the role of pharmacies in the local area.

Action: CB to send out PNA slides and the 2015 survey to the Steering Group; others to ask colleagues regarding other questions for inclusion in the 2017/8 survey

5. Forward plan projects:

a. JSNA Fact sheets prioritisation (JN)

Following on from the Highlight Report online tool, individual topics not needing a deep-dive (e.g. oral health) will instead be converted into online fact-sheets to support the JHWS and STPs. These would be produced more quickly. Potential topics will include: shisha, e-cigarettes in pregnancy, oral health, diabetes, rough sleeping, LTCs, social isolation, air quality etc.

JR raised men's health as a potential issue (potentially gender-specific issues more broadly).

Prioritisation questions are being developed to assess which fact sheets will take priority.

Actions: Group members to consider and feedback on how these can be prioritised and organised

b. Mental Health JSNA (JN)

Numerous parties have requested a Mental Health JSNA but not from an MH commissioner, however it is noted as a priority in the JHWS and STP. JN will be meeting with the ASC MH commissioner soon.

JR and AS differentiated between medicalised 'mental health' and general 'mental wellbeing' which appears to be more the subject under discussion by those non-MH bodies.

AS mentioned 'Mental Health Apples' (linked to 5 Ways to Wellbeing) in terms of mental health self-care.

AS noted that Like Minded has already done a great deal of work in this area for NW London and this should not be replicated locally. There are individual chapters for each CCG; however, this work focuses largely on serious mental health issues rather than general wellbeing. Like Minded is now about to start on a new wellbeing piece (contact: Jane Wheeler).

c. Director of Public Health's Annual Report (CB)

This will focus on wellbeing; it will be an overview and not a deep dive.

6. Implementation of key JSNA recommendations: Childhood Obesity (CB)

The 2016 JSNA Review and Internal Audit highlighted the need for improved implementation and evaluation of recommendations made. The Internal Audit recommended consideration of a template for recommendations. However, the different approaches between JSNAs to developing recommendations may preclude an implementation 'template' being created e.g. the Young Adults JSNA has nominated leads; the Dementia JSNA has established a programme board; the Housing JSNA has designated departments

To monitor recommendations the Dementia, End of Life Care, Young Adults, Housing, and Childhood Obesity JSNA recommendations have been collated into a spreadsheet. Meetings with the relevant project sponsors are taking place and quarterly or biannual updates on progress will be expected in future.

JN noted that a previous workshop established that the role of the Steering Group was partly to pursue implementation.

JR asked whether commissioners look at and consider relevant JSNAs during the commissioning cycle and if so, if they report back on whether they do and the action they take towards fulfilling the recommendations. She recommended a RAG-style rating of recommendations by their achievability, e.g. whether they are 'quick wins' or require massive structural change.

MJ and JR recommended that commissioners be asked whether they can evidence having looked at the JSNA.

AS recommended that the online JSNAs be updated to reflect where recommendations have been implemented

CB suggested that going forward, a JSNA should be brought to each meeting to review progress made against the recommendations

Action: Steering Group to review Terms of Reference and consider how best to challenge whether JSNAs are being used in commissioning.

7. AOB

The Youth Foundation (SH)

The Youth Foundation in LBHF has been established as charity, receiving funding from the Local Authority and John Lyons for charities providing services to young people.

Steering Group Chair (JN)

It was asked whether the Chair of the Steering Group be rotated or should MJ remain as chair? KD recommended a HWB member as the Steering Group is a subcommittee, however there are 3 HWBs so this could be difficult. It was agreed that MJ remain in place until governance issues are reviewed.

Date of next meeting: April 20th 2017, 2-4pm, venue tbc