



CITY OF WESTMINSTER

MINUTES

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of the hybrid meeting of Westminster City Council's and the Royal Borough of Kensington & Chelsea's **Health & Wellbeing Board** held on 25 November at 4pm.

Present:

Councillor Tim Mitchell (WCC (Cabinet Member for Adult Social Care and Public Health))

Councillor Marwan Elnaghi (RBKC – Councillor)

Bernie Flaherty (Bi-borough Executive Director for Adult Social Care and Health)

Dominic Conlin (Managing Director Chelsea & Westminster Hospital)

Joe Nguyen (Borough Director, Central London CCG)

Anna Raleigh (Bi-borough Director of Public Health)

Visva Sathasivam (Bi-borough Director of Social Care)

Annabel Saunders (Bi-borough Director of Operations and Programmes)

Steve Bywater (Bi borough Supporting Families Strategic Manager)

Louise Butler (Bi-borough Head of Safeguarding and Workforce Development)

Grant Aitken (Head of Health Partnerships)

Jenny Greenfield (Kensington and Chelsea Social Council)

Olivia Clymer (Healthwatch Westminster)

Tania Kerno (Healthwatch RBKC)

Veronica Christopher (Portfolio Advisor)

Jessica Dawson (Strategic Advisor)

Iain Cassidy (OpenAge)

Aaron Hardy (Principal Policy Officer)

Maryam Duale (Policy Officer)

Yasmin Jama (Governance Administrator)

Anthony Sotande-Peters (Councillor Governance Support Officer)

1 WELCOME TO THE MEETING

- 1.1 Councillor Tim Mitchell welcomed everyone to the meeting. The Board confirmed that Councillor Mitchell would chair the meeting in line with the agreed memorandum of understanding.

2 MEMBERSHIP

- 2.1 Apologies for absence were received from:

Cllr Cem Kemahli, Cllr Josh Rendall, Cllr Timothy Barnes, Cllr Nafisika Butler-Thalassiss, Sue Harris, Sarah Newman, Raj Mistry, Jo Ohlson, Seema Shaikh, Jane Maurice, Simon Hope, Ade Odunlade.

4 DECLARATIONS OF INTEREST

- 3.1 There were no declarations of interest.

3 MINUTES AND ACTIONS ARISING

RESOLVED:

- 4.1 That the minutes of the Kensington & Chelsea and Westminster Health & Wellbeing Board meeting held on 7 October 2021 be agreed as a correct record of proceedings.

5 COVID-19 VERBAL EPIDEMIOLOGY UPDATE AND LOCAL VACCINATIONS UPDATE

- 5.1 Anna Raleigh (Bi-borough Director of Public Health) and Joe Nguyen (Borough Director, Central London CCG) provided a brief verbal update to the Board.
- 5.2 Case rates have remained relatively high since August 2021 and are fluctuating at around 200 per 100,000 compared to 400 per 100,000 at the same period at during the second wave.
- 5.3 Rates in London and England have increased. The rates in Royal Borough of Kensington Council (RBKC) went up sharply in the past week, largely driven by the primary school age population. The increase in Westminster City Council (WCC) is more gradual.
- 5.4 The case rate in WCC is at 273.5 per 100,000 which is an 18% increase to that of last week. The case rate in RBKC is at 330.9 per 100,00 which is 9% increase to last week.
- 5.5 RBKC currently has the 15th highest case rates in London and WCC has the 4th lowest case rates in London.
- 5.6 Positivity rates are continuing to increase in line with higher case rates. The positivity rate in WCC is 4.0 per 100,000 and 5.6 per 100,000 in RBKC.
- 5.7 Testing rates remain above the London average in both boroughs. WCC testing rate is at 815 per 100,000 and RBKC testing rate is at 885 per 100,000. The London average is 561 per 100,000.
- 5.8 Vaccinations in the Central and West London is currently at 60% for 1st vaccinations amongst the 12–15-year-old population, equating to 24.9% for Central London and 27.0% for West London.
- 5.9 Both Central and West London have seen over 70% take up for the booster jab from those eligible. 5.10. Work is being undertaken with Local Authorities, Schools and Care Homes to continue vaccination awareness. Also, a weekend awareness campaign will occur before Christmas to increase vaccinations for 1st 2nd and booster doses, alongside further engagements via 'pop-ups' and community engagement work.

6 SAFEGUARDING REPORT

- 6.1 Louise Butler (Bi-borough Head of Safeguarding and Workforce Development) presented an overview of the report.

- 6.2 An 18-month review was undertaken to monitor the safeguarding concerns of residents. The data revealed there has been an activity increase in the 18-65 age group in both boroughs. Of which, the majority were without care and support needs; many of whom required single agency referrals, with mental health issues.
- 6.3 Further data analysis illustrated that any resident from an ethnicity minority background is afforded the same equal treatment when entering safeguarding as if they were from a white British background. However, protected characteristic and ethnicity data was lacking. As such, the Advocacy Project with the BAME Forum has been commissioned to undertake consultation in collaboration with 14 different ethnic groups across both boroughs to ask:
- (i) What are the barriers for you accessing the local authority in terms of abuse and neglect.
 - (ii) What does abuse, and neglect mean to you.
 - (iii) How can we support you through the 'train the trainers' programme to help raise awareness of abuse and neglect to help keep the community safe.
- 6.4 Partnership working continues with the London Fire Brigade and the Community Safety partners across both boroughs to support the police with their recent launch of their 'Hate Crime Commission'.
- 6.5 At the next Health Wellbeing Board details of the projects being undertaken to address cuckooing in relation to adults will be shared.
- 6.6 The Safeguarding Ambassadors have played an integral role in supporting the development of the Safeguarding Strategy at a strategic and local level, which reflects the voice of the community engagement groups.
- 6.7 Learning have been taken from two recent Adult Safeguarding reviews. This learning extracted illustrated is shared with the frontline practitioners and partners.
- 6.8 Partnership working has been undertaken with health colleagues. Assurance have been given that the most marginalised residents will be afforded the best possible care in terms of annual checks.
- 6.9 The Chair thanked Aileen Buckton Independent Chair of the Safeguarding Adults Executive Board for the production of this report.
- 6.9 In response to points raised: Dominic Conlin (Managing Director Chelsea & Westminster Hospital) informed the Board that:
- (i) Hospitals are required to make the declaration of compliance against the standards for learning disabilities. It was confirmed that both Chelsea and Westminster, and Imperial College Healthcare NHS Trust have met the standards accessed by the regulator.
 - (ii) Chelsea & Westminster Hospital are proud of their 'Project Search' programme which is targeted to create job creation and opportunities for those with learning disabilities. Three members of the current programme have accepted employment at the trust and it is confirmed the programme would continue biyearly.

7 UPDATE ON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) AND PHARMACEUTICAL NEEDS ASSESSMENT (PNA)

- 7.1 Anna Raleigh (Bi-borough Director of Public Health) provided an overview of the report.
- 7.2 During the pandemic the JSNA was put on hold which provided an opportunity to undertake a review. The following conclusions were drawn:
- (i) It is proposed an annual summary providing a shorter overarching narrative on the health and well-being for each borough is produced which will be signed off at the HWWB.
 - (ii) Shorter thematic reports will focus on key issues more directly to inform future commissioning decisions.
 - (iii) The current website will be reviewed and refreshed to become more visual.

- (iv) It is intended that a draft production of the JNSA will be produced in time to inform the development of the HWWB Strategy.
- 7.3 Anyone who wishes to provide NHS pharmaceutical services within an area must apply to NHS England to be included to the local pharmaceutical list and demonstrate they meet a pharmaceutical gap within services locally.
- 7.4 Commissioners will also use the pharmaceutical needs assessment (PNA) to make a decision about any funded services that they wish to be provided by community pharmacies.
- 7.5 A PNA will be produced for each borough in agreement with a set of regulations alongside a map of local provisions for each borough.
- 7.6 It is proposed that the PNA will be commissioned out at a cost of £60k. This will be funded through the councils' Public Health grant.
- 7.7 In response to questions raised:
 - (i) A survey will be undertaken of all our local pharmacies to gain a sense of the services they provide as well as the reach of those services.
 - (ii) There is separate process for Covid vaccinations at London and Northwest London levels, for pharmacies to come online to offer Covid vaccinations.
 - (iii) Pharmacies are seen as key clinical players in the community with a large role to play in promoting the health of residents.
 - (iv) The approach for the JSNA is well received.
 - (v) Various methods will be used to capture the community voice including the third sector within the JSNA. This will be done by ensuring it is accessible and visual to all and by asking residents to share their local research to provide insight into the community sentiments.

8 EARLY HELP STRATEGY (RBKC)

- 8.1 Steve Bywater (Bi borough Supporting Families Strategic Manager) provided an overview on this report.
- 8.2 A new Early Help Partnership was set-up in 2020, intended to coordinate Early Help activity across the boroughs and all agencies to capture the contribution from the different agencies, to enable support to families at the earliest stage.
- 8.3 The strategy was finalised this year, which looked at the areas to be prioritised together with the way of achieving this.
- 8.4 Two integrated Leadership Teams have been developed through the Family Hubs to enable a more localised approach which will bring together different partners to consider the priorities relevant to the North and South of the borough.
- 8.5 An action plan has been devised which focusses on the actions that are either taking place or plan to take place about different elements of the strategy and the vision and ambitions within it.
- 8.6 The aim is to provide an effective Early Help system for families when they need it, through the agencies the families most trust and have a good relationship with.
- 8.7 The next steps are to review the progress of the strategy in Spring 2022, leading to a replacement strategy in 2023.

9 ANY OTHER BUSINESS

- 9.1 Grant Aitken (Head of Health Partnerships) gave a brief update on the Better Care Fund (BCF).
 - (i) National guidance was received and an uplift has been applied, as well as new metrics.
 - (ii) The uplift for Westminster is 4.9%.
 - (iii) The uplift for Kensington and Chelsea is 3.2%.

- (iv) The metrics for transfer of care and non-elect admission have been replaced by; length of stay, discharge back to normal place of residence and ward admissions.
 - (v) A request was made to the board to approve the 2021/22 submission and this was agreed.
- 9.2 Healthwatch thanked the Council for the opportunity for being part of the Better Care Fund Board.

The Meeting ended at 4.56pm.

CHAIRMAN: _____

DATE _____