



CITY OF WESTMINSTER

MINUTES

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health & Wellbeing Board** held on **Thursday 8 June, 2023**, Greenside Community Centre, Lilestone Street, NW8 8SR.

Members Present:

Cllr Sarah Addenbrooke, Lead Member for Adult Social Care and Public Health, RBKC
Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector, WCC
Bernie Flaherty, Bi-Borough Executive Director of Adult Social Care
Anna Raleigh, Bi-Borough Director of Public Health
James Benson, NHS London
Andrew Steedman, NHS NWL
Jackie Rosenberg, One Westminster
Lena Choudary-Salter, Westminster Community Network
Andrew Steeden, Primary Care Representative
Jan Maniera, Primary Care Representative
Iain Cassidy, Open Age representative

Apologies for Absence: Councillor Lorraine Dean, Judith Davey and Steve Inett

1 INTRODUCTION AND WELCOME TO THE MEETING

1.1 Councillor Nafsika Butler-Thalassis welcomed everyone to the meeting.

2 MEMBERSHIP

2.1 Apologies were received from Councillor Lorraine Dean, Sarah Newman, for whom Annabel Saunders, Director of Operations was attending as a substitute, and Danni O'Connell.

3 DECLARATIONS OF INTEREST

3.1 There were none.

4 MINUTES AND ACTIONS ARISING

RESOLVED

- 4.1 That the minutes of the meeting dating 30 March 2023 be agreed as a correct record of proceedings.

5 COMPLEX CARE (WRITE-UP FROM PREVIOUS MEETING)

RESOLVED:

- 5.1 That the report be noted.

6 VIBRANT AND HEALTHY COMMUNITIES

- 6.1 The item was introduced by Jackie Rosenberg, Voluntary Sector Representative, who explained that:
- The workstream aimed to deliver health from an asset-based approach, and to view health as a holistic asset to be valued, rather than a problem to address.
 - Inequality was a major barrier to implementing change in the system.
 - A vibrant community workshop had been held earlier in the week, with attendance from the VCS and the Council, at all levels.
 - Meetings such as the Healthy Weight meeting challenged ways of thinking.
- 6.2 Members and attendees then raised the following points:
- The only way of managing health needs at a population level was through engagement.
 - While the good work already being done should be recognised, it was important to change practice and mindsets.
 - There was regularly high quality data available, but the community voice was often missing. It was important to ensure structures encouraged engagement, rather than put people off.
 - The co-production in this work showed the importance of investing in the VCS.
 - Screening and early intervention saved money compared to more intense interventions and treatments later.
 - If existing budgets could not fund this work, other options like Social Impact Bonds should be explored. Tighter budgets created greater pressures on outcomes.
 - The Board meeting was held in the most deprived and densely populated ward in the City, with the associated social impact on health, housing and crime.
 - There was reluctance in some communities to access help around areas such as mental health, whether due to social stigma or fear of a response from Social Services or Immigration authorities.
 - RBKC explored community commissioning after Grenfell and worked with the VCS on this.

- 6.3 Zohra Davis then addressed the Board as Mental Health Co-ordinator at the al-Hasaniya Centre:
- She ran programmes such as emotional wellbeing workshops, but projects were often restricted which resulted in people in need being turned away.
 - Many people who had good command of English struggled in official or medical contexts. Al-Hasaniya supported a large number of people to access screening programmes and other healthcare support. While interpretative services were available in the NHS, people often found it hard to use an interpreter when discussing such sensitive information.
 - Mental health was not widely discussed in the Arabic community, and many women did not know how to ask for mental health support. Long waiting lists meant that people would disengage while waiting for an assessment, but low intervention programmes such as emotional wellbeing workshops provided much-needed support.
 - Difficulties in accessing early intervention services such as GPs meant that people often presented at A&E when their symptoms were more serious.
 - A lack of availability of quality, affordable housing caused significant stress on the community. People in need of temporary accommodation were being placed in outer London, far away from their established communities.
 - The Covid-19 pandemic and Cost of Living Crisis had made the need for services like those offered by al-Hasaniya far greater.

6.4 Members and attendees then joined workshops and provided feedback.

7 HEALTH AND WELLBEING STRATEGY - CONSULTATION UPDATE

- 7.1 Rachel Soni, Director of Health Partnerships, introduced the report, stating that since the last time the Strategy had been presented to the Board, community engagement had taken place and had been positively received.
- 7.2 The Board was asked to extend the consultation for two weeks to 09 July 2023.
- 7.3 A key element of feedback from public engagement had been that people wanted support to deal with stress, and extra barriers were often created when trying to access help.
- 7.4 Access to quality housing was a top issue for many people who had responded to the consultation, as was access to GPs and reducing isolation. The long-term impact of the Covid-19 pandemic was evident in respondents' reports of needing to build up confidence to leave their homes and the emotional wellbeing of young people.

7.5 Aaron Hardy, Principal Policy Officer explained that the focus of the coming weeks would be on engaging with key groups, such as young people, men and LGBTQ+ people.

7.6 Attendees made the following comments in regard to the report:

- The development of strategies such as this needed to be more community-led, particularly in a post-Grenfell and post-pandemic environment to ensure community buy-in of the priorities.
- While the Councils had a role in ensuring residents had access to quality, affordable housing, this could not be achieved by Councils alone.
- Many issues relating to Health and Wellbeing had poverty as a root cause.
- Attendees who had attended consultation events noted the diverse range of attendees and that these had been good examples of how community events could be run.

RESOLVED:

7.7 That the report be noted, and that the consultation period be extended to 09 July 2023.

8 NWL ICS STRATEGY

8.1 Toby Lambert, Executive Director of Strategy and Population Health and Inequalities, NHS NW London ICB, introduced the report, explaining that the Strategy was consciously a health and care strategy, and was intended to be delivered in partnership with councils.

8.2 Members made the following comments in regard to the report:

- Children, particularly children with additional needs, needed to be a key focus if there was to be a commitment to early intervention.
- The areas where performance was lower was not clear from the summary.
- The Strategy needed to be clearer on which issues were best addressed at an NW London level, and which were for boroughs.
- It was important that frontline services would remain bespoke for each borough.
- As ICSs were still new, it was often difficult for people outside Health and Social Care to understand its structure within the NHS.

RESOLVED:

8.3 That the report be noted.

9 BETTER CARE FUND - END OF YEAR REPORT

9.1 Rachel Soni, Director of Health Partnerships, introduced the report, stating that it had been submitted on 23 May in line with statutory deadlines. Following the submission, no significant issues had been raised by NHS England.

9.2 There had been significant additional spend in RBKC, and a smaller additional spend in Westminster, on community equipment. These contracts were new, and work was being done to manage additional spend in the future.

RESOLVED:

9.3 That the report be agreed.

10 BETTER CARE FUND 2023-24

10.1 Rachel Soni, Director of Health Partnerships, introduced the report, explaining that this was a two-year plan from 2023 to 2025, and that it needed to be submitted by 28 June. The new plan was based on the 2022/23 Plan and there were no significant changes.

10.2 On completion and following agreement by the Chairs of the BCF submission, HWBB Members would receive a copy of the Plan for information.

RESOLVED:

10.3 That the report be agreed.

The Meeting ended at 6.05 pm

CHAIR: _____

DATE _____