



# MINUTES

CITY OF WESTMINSTER

**WESTMINSTER HEALTH & WELLBEING BOARD  
19 MARCH 2015  
MINUTES OF PROCEEDINGS**

Minutes of a meeting of the **Westminster Health & Wellbeing Board** held on Thursday 19 March 2015 at 4.00pm at Westminster City Hall, 64 Victoria Street, London SW1E 6QP

Members Present:

Chairman: Councillor Rachael Robathan, Cabinet Member for Adult Services & Health  
Clinical Representative from the Central London Clinical Commissioning Group: Dr Ruth O'Hare

Minority Group Representative: Councillor Barrie Taylor

Tri-Borough Executive Director of Children's Services: Andrew Christie

Tri-Borough Executive Director of Adult Social Care – and representative for Public Health: Liz Bruce

Clinical Representative from the West London Clinical Commissioning Group:  
Dr Philip Mackney (acting as Deputy)

Representative from Healthwatch Westminster: Janice Horsman

Chair of the Westminster Community Network: Jackie Rosenberg

Representative for NHS England: Dr Belinda Coker (acting as Deputy)

Also in attendance: Councillor Christabel Flight (Deputy Cabinet Member for Adults & Public Health)

## 1. MEMBERSHIP

1.1 Apologies for absence were received from Councillor Danny Chalkley (Cabinet Member for Children & Young People), and from Eva Hrobonova (acting as Deputy for the Director of Public Health).

1.2 Apologies for absence were also received from Dr Naomi Katz (West London CCG) and Dr David Finch (NHS England). Dr Philip Mackney and Dr Belinda Coker attended as their respective Deputies.

## 2. DECLARATIONS OF INTEREST

2.1 Councillor Barrie Taylor declared a personal, non-prejudicial interest in that he had a long-term medical condition that required him to use health services provided by pharmacies. No other declarations were received.

### **3. MINUTES AND ACTION TRACKER**

#### **3.1 Resolved:** That

- (1) The Minutes of the meeting held on 22 January 2015 be approved for signature by the Chairman; and
- (2) Progress in implementing actions and recommendations agreed by the Westminster Health & Wellbeing Board be noted.

### **4. PHARMACEUTICAL NEEDS ASSESSMENT**

- 4.1 Liz Bruce (Tri-Borough Executive Director of Adult Social Care) presented the final version of the Westminster Pharmaceutical Needs Assessment (PNA) for approval, prior to its being published by 1 April 2015 in line with statutory requirements.
- 4.2 The PNA identified the key health needs of the local population, together with how they were being fulfilled by pharmaceutical services in different parts of the Borough and whether there were any gaps. The PNA also informed local plans for the commissioning of pharmaceutical services, and supported the 'market entry' decision making process (undertaken by NHS England) in relation to applications for new pharmacies or changes in pharmacy premises.
- 4.3 Holly Manktelow (Principal Policy Officer) informed Board Members that work had begun on 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. Once initial scoping for the review had been completed, the proposed Terms of Reference would be referred to the Board for discussion and approval.
- 4.4 Board Members acknowledged the role of pharmacies in providing medication to manage substance abuse, and suggested that consideration be given to pharmacies also offering advice on sexual health issues for young people. Members commented that specific guidance was needed on the disposal of needles used for Diabetes, and the Board noted that this issue had been discussed with Westminster's Clinical Commissioning Groups.
- 4.5 Research carried out by Healthwatch had indicated that 40% of people used pharmacies as an alternative to GPs and urgent care, and the Board agreed that pharmacies should be developed and used in a much more creative way. Members acknowledged that any additional services that were provided would need to be commissioned and funded.
- 4.6 The Board commented that some of the detail and key suggestions that had been received through consultation would need to be clarified prior to wider publication,

and Liz Bruce confirmed that the three year assessment could be changed and updated as frequently as required.

- 4.7 The Health & Wellbeing Board commended the work that had been undertaken, and approved the Assessment as amended. The Board also agreed that the PNA should be reviewed at least annually.

## **5. PRIMARY CARE CO-COMMISSIONING IN NORTH WEST LONDON**

- 5.1 The Board received a report from Matthew Bazeley (Central London Clinical Commissioning Group) and Simon Hope (West London Clinical Commissioning Group), which provided an update on the involvement of Health & Wellbeing Boards and Healthwatch in co-commissioning. The report also set out recent changes to governance proposals, and provided an update on engagement and member voting.
- 5.2 Following the release of further national guidance in November 2014, the North West London Clinical Commissioning Groups (CCGs) had considered that local needs would best be met by “delegated” co-commissioning arrangements, which had been reflected in their application made to NHS England in January 2015. Following feedback on the application, the CCGs had subsequently determined that the necessary actions could not be undertaken within the timelines required with the full engagement of member practices. The CCGs were accordingly recommending to their members that it would be preferable to initially pursue “joint” co-commissioning arrangements with NHS England, with a potential move to future delegation being explored at a later date. The Board noted that the proposals for co-commissioning would be put to members of the Central London and West London Clinical CCGs for approval within the next week.
- 5.3 NHS England were positive about working collectively and closer with Westminster’s CCGs, and the Board acknowledged the need for the joint working to have local accountability and be sensitive to local needs. Members commented on the potential for pooling funds and achieving economies of scale, and acknowledged that the duty and responsibility of the Westminster Health & Wellbeing Board lay with Westminster. Board Members emphasised the importance of engaging with patients and user groups like Healthwatch before making decisions for commissioning, and highlighted the need for the specification to take into account Tri-borough operational issues. Members also commented on the lack of availability of property for GP services, and highlighted the importance of Health & Wellbeing Board and local authority being involved in integrated estate development.
- 5.4 In view of the high level decisions that would be taken, Members emphasised the need for the eight Health & Wellbeing Boards situated within North West London to be adequately represented on the Co-Commissioning Committee. Members also highlighted the importance of the Health & Wellbeing Board needing to be involved in decisions which affected Westminster, and Matthew Bazeley confirmed that representation was still to be determined.

- 5.5 Matthew Bazeley welcomed the comments that had been made on progress in implementing co-commissioning, and confirmed that a further update would be given to the Health & Wellbeing Board at its next meeting in April.

## **6. CARE ACT IMPLEMENTATION**

- 6.1 Liz Bruce (Tri-Borough Strategic Director for Adult Social Care) provided an update on progress in the implementation of the 2014 Care Act in Westminster. The Board noted that governance arrangements to implement the reforms had been in place since April 2014, and that the majority of provisions would come into force on 1 April 2015; with the second phase being introduced following the forthcoming General Election.
- 6.2 The report also considered the 'go live' implications of the key deliverables contained in the two phase approach, which included a new national minimum threshold for eligibility; the implementation of new safeguarding duties; and an updated and formalised appeals process for complaints.
- 6.3 Appropriate training had been taking place in preparation for the changes, with the approach to implementation being reviewed and refined as the training had progressed. The Board acknowledged that more active promotion of the forthcoming changes was needed.
- 6.4 The Board discussed the single set of criteria for carers, which formed part of the first phase of implementation, and noted that Westminster was committed to supporting carers as part of the wider prevention strategy.
- 6.5 The Board highlighted the work of the third sector, which were important partners, and noted that the Care Act provided for greater delegation of powers to local authorities, which in turn could devolve functions to Community Groups. Members also commented on the importance of advocacy, and highlighted the value of the People First website in promoting health and wellbeing.

## **7. BETTER CARE FUND**

- 7.1 Liz Bruce (Tri-Borough Executive Director of Adult Social Care) updated the Board on further progress in the Better Care Fund (BCF) Plan, and on preparations for implementation.
- 7.2 Work on the new models for commissioning and delivery had continued to progress, with the most significant project being the new, standardised Tri-borough Community Independence Service (CIS), which would provide consistent rapid response for people at risk of emergency admission to hospital; together with in-reach for people getting ready to leave hospital, and support for rehabilitation and reablement. The Board noted that future reports would include further updates on patient engagement.

**8. WORK PROGRAMME**

- 8.1 The Board noted its work programme for the remainder of the current year, together with proposals for 2015-16. Board Members were invited to suggest possible issues for future meetings.

**9. TERMINATION OF MEETING**

- 9.1 The meeting ended at 5.10pm.

CHAIRMAN \_\_\_\_\_

DATE \_\_\_\_\_