CITY OF WESTMINSTER

MINUTES

WESTMINSTER HEALTH & WELLBEING BOARD
9 JULY 2015
MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Westminster Health & Wellbeing Board** held on Thursday 9th July, 2015 at 4.00pm at Westminster City Hall, 64 Victoria Street, London, SW1E 6QP

Members Present:
Chairman: Councillor Rachael Robathan, Cabinet Member for Adults and Public Health
Cabinet Member for Children and Young People: Councillor Danny Chalkley
Minority Group Representative: Councillor Patricia McAllister
Director of Public Health: Dr Ike Anya (acting as Deputy)
Tri-Borough Executive Director of Children's Services: Mike Potter (acting as Deputy)
Clinical Representative from the West London Clinical Commissioning Group: Dr Philip Mackney
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 Present: Matthew Bazeley (Managing Director, NHS Central London Clinical Commissioning Group) and Louise Proctor (Managing Director, NHS West London Clinical Commissioning Group).

1 MEMBERSHIP

1.1 Apologies for absence were received from Dr Ruth O'Hare (Central London Clinical Commissioning Group) and Liz Bruce (Tri-Borough Executive Director of Adult Social Care).

1.2 Apologies for absence were also received from Councillor Barrie Taylor, Eva Hrobonova (acting as the Deputy Tri-Borough Director of Public Health), Andrew Christie (Tri-Borough Executive Director of Children's Services), Dr Naomi Katz (West London Clinical Commissioning Group) and Dr David Finch (NHS England). Councillor Patricia McAllister, Dr Ike Anya, Mike Potter, Dr Philip Mackney and Dr Belinda Coker attended as their respective Deputies.

1.3 The Board noted that Dr Philip Mackney had replaced Dr Naomi Katz as the representative for the West London Clinical Commissioning Group.

2 DECLARATIONS OF INTEREST

2.1 No declarations were received.

3 MINUTES AND ACTIONS ARISING

3.1 **RESOLVED:** That

(1) The Minutes of the meeting held on 21 May 2015 be approved for signature by the Chairman; and

(2) Progress in implementing actions and recommendations agreed by the Westminster Health and Wellbeing Board be noted.

3.2 The Chairman sought clarification in respect of when the North West London Mental Health and Wellbeing Strategic Plan, Children and Young People's Mental Health and Child Poverty items would be considered at future Board meetings. Mike Potter agreed to follow this up with Rachael Wright-Turner (Tri-Borough Director for Children's Commissioning) to advise the Board accordingly. Holly Manktelow (Principal Policy Officer) added that the North West London Clinical Commissioning Group would want to present their 'Case for Change' in respect of the North West London Mental Health and Wellbeing Strategic Plan item.

3.3 The Chairman advised that she would take forward matters relating to Primary Care Project and in identifying a Board sponsor to oversee progress on the project in between meetings.

3.4 In reply to a query from the Board, Holly Manktelow advised that Mental Health's listing on the Work Programme for the 19 November 2015 Board meeting was provisional and that Rachael Wright-Turner was working with the Children's Trust Board to develop the vision for Children and Young People's Mental Health and Wellbeing.

4 FIVE YEAR FORWARD VIEW AND THE ROLE OF NHS ENGLAND IN THE LOCAL HEALTH AND CARE SYSTEM

4.1 Dr Belinda Coker (NHS England) gave a presentation that set out NHS England's view on the Five Year Forward View and its role in the Local Health and Care System. The Board heard that the challenges facing the health and care system nationally and for London were set out in three key strategy documents, these being the Five Year Forward View, Better Health for London and Transforming London's Health and Care Together. There was £1.8 billion funding for primary care co-commissioning for West and North West London and £1 billion over four years, yet to be allocated, for the whole of London for the Primary Care Infrastructure Fund. The Board also heard that expressions of interest were being received regarding the new models of care.

4.2 During discussion, the Board enquired whether the primary acute care budget would be increased to cover areas where there was increased demand or

would funding be moved from other areas to accommodate this. Information was sought on how NHS England's work would tie in with the local Clinical Commissioning Groups' (CCGs) intentions and the local Health and Wellbeing Boards (HWBs) and local authorities' strategies. The Board asked how the local work of Health and Wellbeing Boards could be demonstrated to connect with what NHS England was doing. Another member enquired what action NHS England would take when a serious problem had been identified locally.

4.3 In reply, Dr Belinda Coker advised that the intention was to have the ability to move funds around more freely for Primary and Acute Care, so that if an area had been identified as having a particularly high demand for a service, funds could be reallocated to the area to boost the service. However, she added that this would mean taking funding away from other areas with less demand and so funding overall was not necessarily being increased. Dr Belinda Coker stated that NHS England saw HWBs playing a key role in providing a local influence on health provision and also the role the voluntary sector could play. The Five Year Forward View was a national vision setting out a broad view. Dr Belinda Coker added that HWB's role in producing a local strategy in terms of local commissioning was key as it took into account the needs of the local area. The Board heard that NHS England would take action once evidence of a serious problem had been put together, and the action taken may involve either remediation or in more serious cases putting a 'caretaker service' in place.

4.4 Louise Proctor (Managing Director, NHS West London Clinical Commissioning Group) remarked that there were often estate consequences when individual GP practices closed, especially if they were privately managed. She emphasised that the main points to consider was whether co-commissioning provided a better local solution and did NHS England's vision fit in with the work being done across North West London. In her view, although the language used by NHS England was different to that used locally, the action being taken locally was consistent with NHS England's view. Louise Proctor added that it was very important to get the local offer right and to ensure that there was sufficient capacity. Thought also needed to be given as to whether joint co-commissioning would be able to help the Board and the CCGs have more local influence in future.

4.5 The Board sought further details about what steps would be taken by NHS England in the event of a problem of such seriousness as to be considered an emergency. Members asked whether formal notice was required when a GP practice was to close and what arrangements were in place if a closure meant there was no provision in a locality and was there a bank of GPs who could be used in such situations. It was suggested that the future should involve co-designed models of healthcare and that it would be desirable that the language of NHS England, the local CCGs and HWBs were aligned. A Member stated that patients regularly expressed concern that they did not feel they were given enough time during appointments. Another Member sought NHS England's views on HWBs role in promoting immunisations and other preventative health measures. Clarification was also sought on the opening hours of GP practices.

4.6 In reply to further issues raised, Dr Beliinda Coker advised that in emergency situations where there was no provider, a caretaker provider would be put in place immediately, whilst bidders could submit their applications within a few days to become the next permanent provider, with implementation of a new provider taking between two to four weeks. The Board was advised that GP practices were required to provide due notice within a statutory time prior to closure. Dr Belinda Coker asserted that there would always be GP providers available even when a practice closed as a result of the system of procurement. She stated that information on immunisations and preventative health was available and part of HWBs role was in feeding additional information on these services locally. The Board noted that GP practices were contracted to provide a service between 8.00am and 6.30pm.

4.7 Holly Manktelow emphasised the importance of NHS England engaging with CCGs and HWBs when developing strategies and that the HWBs could play a role in communicating NHS England's messages.

4.8 The Board noted that although the language used by NHS England was different to that used locally, the action being taken locally was consistent with NHS England's view. The Board agreed with Louise Proctor suggestion that NHS England's documents be compared to the documents produced locally by CCGs and HWBs, demonstrating how they tied in together. It was also agreed that it would be useful for the Board to receive regular updates from NHS England on what it was doing and how the Board could support its work.

5 JOINT STRATEGIC NEEDS ASSESSMENT UPDATE

5.1 Thilina Jayatilleke (Public Health Analyst) gave a presentation on the Evidence Hub that was in the process of being developed and aimed to provide a wide range of data obtained from a number of sources which would then be made available in one place. The Evidence Hub would also be used as an online tool for new Joint Strategic Needs Assessments (JSNAs), providing the latest data. Thilina Jayatilleke advised that the intention was not to replicate data and the GSI Team had provided health data, demographics and other useful information to the Evidence Hub. As well as holding raw data, the Evidence Hub intended to provide information that would be of interest and use to users. Thilina Jayaktilleke advised that the aim was to provide a health profile for Westminster and the other tri-boroughs by 2016. He then provided a demonstration of the Evidence Hub to the Board.

5.2 During discussion, a Member asked if confidential school data would be published and whether the information on voluntary and community organisations was up to date and could it be mapped. A Member welcomed progress on the Evidence Hub and in noting that JSNA data was heavily detailed by nature, enquired how this would be accessed. Another Member enquired whether immunisation data was available and would it interface with other data sets and he suggested that this data could be presented to the Board at a future meeting. It was also remarked that it would be beneficial if the Evidence Hub could be used to access urgent care data.

5.3 In reply, Thilina Jayaktilleke advised that the Evidence Hub would not publish confidential school data. He stated that at this stage, it was intended to provide JSNA data via the JSNA website, however how this data would be accessed was still under consideration. He advised that voluntary and community organisations would be mapped through postcodes, and pharmacies could also be mapped, although there will still be a need for separate documents. Thilina Jayaktilleke confirmed that immunisation data was contained in the Evidence Hub and that he expected this to interface with other data sets, although in some cases data may need to be linked manually. He advised that data by ward was also available.

5.4 The Board welcomed progress on the Evidence Hub and the potential it offered and welcomed further updates on its development at future meetings.

5.5 Colin Brodie (Public Health Knowledge Manager) then presented a report updating the Board on the progress of the JSNA products. He drew Members' attention to the progress from evidence set out in the deep dive JSNAs published in 2013-14. He informed the Board that the JSNA Steering Group had discussed alignment between the JSNA Work Programme and the HWB's priorities at a meeting on 4 June. The Steering Group had noted that the Westminster Joint Health and Wellbeing Board Strategy was due to be updated in the near future and considered that this would be an ideal opportunity to pursue closer alignment. Colin Brodie welcomed suggestions from the Board on how the JSNA could help support its priorities.

5.6 The Board emphasised the need to ensure that JSNAs helped the Board impact upon policy areas.

6 WESTMINSTER DRAFT HOUSING STRATEGY

6.1 Andrew Barrypurssell (Head of Spatial and Environmental Planning) gave a presentation on the draft Westminster Housing Strategy that was out for consultation from 3 June until 31 July 2015. He explained that the draft strategy had been developed over the past year and links to the strategy had been sent to over 400 stakeholders and colleagues. Andrew Barrypurssell stated that the strategy sought to address some key housing issues in Westminster, including the fact that the ability to provide new social housing was limited by high costs and the shortage of available land. Customers also faced long waits in respect of temporary housing.

6.2 Andrew Barrypurssell advised that the Housing Strategy was an essential element for all of the three City for All themes of 'Aspiration', 'Choice' and 'Heritage'. The strategy was based on four themes, with the first, 'Homes' focusing on delivering 1,250 new affordable homes in the next five years, developing new types of intermediate housing and changing planning policies so that for new developments with an affordable housing element, 60% would be intermediate and 40% social housing in order to help those on lower or middle incomes. In view of the shortage of available land, consideration would also be given in using resources to deliver affordable homes outside Westminster to help explore the possibility of providing more affordable homes above the 1,250 target. The strategy's second theme, 'People',

included investing in tackling cold and damp in council homes and reviewing older people's housing provision and support, particularly as the older population in Westminster was increasing, and also in working with vulnerable Council tenants. Andrew Barrypurssell advised that Westminster was amongst the top ten London boroughs to receive requests to house homeless people and that it was working with other London boroughs and the Mayor of London on how to tackle this issue.

6.3 Andrew Barrypurssell stated that the third theme, 'Places', included focusing delivery on current estate renewal schemes and consideration of providing a range of services to suit customer needs in one place. In respect of the fourth theme, 'Prosperity', he stated that social tenants often faced a range of issues to overcome, such as finding employment and mental health factors, and the Council intended to work with partners to provide tailored support to social housing tenants.

6.4 During Members' discussion, Jackie Rosenberg (Westminster Community Network) informed the Board of feedback from the Westminster Community Network (WCN) which had received a presentation on the draft housing strategy. She stated that WCN had expressed a need for the strategy to address the risk of family fragmentation, particularly in situations where older people were becoming more isolated due to younger family members having to move out of Westminster and therefore impacting upon their ability to support older relatives. This could also affect an older person's ability to access health services or to live in their own home. The draft strategy had not made any reference to 'family life' which was also at risk from fragmentation. Jackie Rosenberg added that there was now a much larger private rented sector in Westminster, however many properties were often in bad condition and this also needed to be addressed. Councillor Danny Chalkley added that local authorities were obliged to review private sector housing.

6.5 Matthew Bazeley (Managing Director, NHS Central London Clinical Commissioning Group) suggested that investment in environmental housing needed to be emphasised more, stating that the majority of referrals came from health teams, whilst environmental health teams were also informing health teams of issues they needed to be aware of. He advised that a Network of Health Providers was being developed in Central and West London and they could also provide input into the strategy. Matthew Bazeley also felt that procurement of care homes, which were fundamentally homes but with care facilities, could be drawn out more in the strategy. He welcomed the strategy's emphasis on tackling homelessness, particularly as this was one of the most vulnerable groups, and any initiatives which supported those with housing needs receiving care.

6.6 A Member commented that properties adapted for those with disabilities were often one bedroom, however there were instances where the carer was a family member and so this often dissuaded residents from moving to the adapted property. She enquired whether there were any plans to build more adapted properties with at least two bedrooms. Another Member welcomed moves to promote supported housing and emphasised the need to focus on those with mental health needs, where community networks were vital in

providing stability. She added that placing customers with mental health needs out of Westminster could have a negative effect on their recovery.

6.7 Mike Potts confirmed that Children's Services would provide a formal response to the consultation. In respect of child poverty and homelessness, he suggested that the strategy had the potential to feed into City for All in respect of 'Aspirations for Children.' The Board also enquired what the next steps were with regard to older people housing. Colin Brodie advised that Public Health had discussed the Housing JSNA with housing colleagues and that he welcomed the opportunity to ensure that the housing JSNA aligned with the Housing Strategy.

6.8 In response to the issues raised, Andrew Barrypurssell advised that out of borough housing was more intended in terms of temporary accommodation. However, where this option was sought, it was not the intention to place residents a long way from Westminster. However, he advised that there was no easy solution in providing enough temporary and social housing, although every effort would be made to secure as much accommodation as possible. Andrew Barrypurssell confirmed that enforcement in respect of private sector housing standards would be included in the strategy. The Board heard that housing for older people was a national issue and details of actions to be taken on this topic would be included in the final strategy document. Andrew Barrypurssell acknowledged that the housing JSNA had linkages to some of the aims of the strategy and that it could assist the strategy and he welcomed any further suggestions in respect of this. He informed the Board that a refreshed rough sleeper strategy was also being scoped.

6.9 The Board, in noting that a JSNA on housing was being developed that focused in particular on the needs of older and vulnerable people, emphasised the importance of ensuring that the housing JSNA fed into the Housing Strategy.

6.10 The Board felt that it was particularly important that older people felt safe and were able to live in their own homes and this needed to be aligned with the needs of residents with mental health issues in sheltered housing to ensure both groups' needs were met without adversely affecting the other. The implications of the Care Act on housing needs also needed to be taken into account and the Board requested that both these topics be taken into account when finalising the strategy. Members agreed that the Housing Strategy be bought back to a future meeting for the Board to make its recommendations.

7 UPDATE ON PREPARATIONS FOR THE TRANSFER OF PUBLIC HEALTH RESPONSIBILITIES FOR 0 - 5 YEARS

7.1 Ike Anya (Deputy Director, Public Health) presented the report and explained that responsibility for health visiting and Family Nurse Partnerships for 0 – 5 years would move from NHS England to local authorities in October 2015. These services would be commissioned from October 2015 to deliver against the standard national service specification, until a new service is re-commissioned in 2016-17. Ike Anya advised that initial analysis of performance data from quarter 4 of 2014-2015 suggested that the health

visiting service was meeting performance requirements for the mandated elements of the Healthy Child Programme.

7.2 A Member commented that a lot of ground work had been done in respect of midwifery, nursery providers and health visitors and she felt there was a lot of ground support for earliest years services. She felt that GP practices could benefit from a more joined up approach. Louise Proctor stated that the efforts to cover potential gaps and risks in services during the re-organisation of work in this area had been effective.

7.3 The Board suggested that ways in which the work of the Family Nurse Partnership could link with troubled families be considered. The Board also requested an update on this item at a future meeting in 2016.

8 BETTER CARE FUND

8.1 Matthew Bazeley provided an update on the progress in the Better Care Fund Plan. He advised the Board that the Community Independence Service was progressing well, whilst the In-Reach Service had enjoyed even greater success, although there was still a need for improvement in terms of getting patients more quickly to the appropriate health service location. Matthew Bazeley added that the next update would provide examples of success and challenges to date. Challenges continued to remain with regard to recruitment, particularly around social care providers, however a collaborative approach was being taken to address this. Proposals to increase capacity in term of New Road rehabilitation were in the process of being finalised and it was intended to commission 19 additional beds. In reply to a query from a Member, Matthew Bazeley confirmed that the Hospital Discharge Project, which had shown early signs of success, did not include mental health discharges.

9 PRIMARY CARE CO-COMMISSIONING

9.1 Matthew Bazeley updated the Board on progress in primary care co-commissioning and advised that the Terms of Reference for the Primary Care Co-Commissioning Joint Committees was in the process of being agreed. The Board heard that the first meeting of the Central London Clinical Commissioning Group (CCG) Joint Co-Commissioning Committee had taken place on 21 May and a representative from the Board was sought to serve on the Committee. The Board was also invited to appoint a representative on the Local Operational Committee, whose work Matthew Bazeley suggested may be of particular interest to the Board. Matthew Bazeley confirmed that he would provide the terms of reference for the North West London CCG Joint Commissioning Committee and the Local Operational Committee at the next Board meeting.

9.2 The Board acknowledged the need to appoint a member to the Central London CCG Joint Co-Commissioning Committee and this would be undertaken once the new Director of Public Health was in post.

10 WORK PROGRAMME

10.1 The Board noted the current Work Programme.

11 ANY OTHER BUSINESS

11.1 On behalf of the Board, the Chairman thanked Holly Manktelow for her support and advice that she had provided to the Board over the last few years and wished her every success in her new role. The Chairman also welcomed Meenara Islam (Principal Policy Officer) who would be taking on the role of supporting the Board.

The Meeting ended at 6.03 pm.

CHAIRMAN: _____ **DATE** _____