



CITY OF WESTMINSTER

MINUTES

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health & Wellbeing Board** Committee held on **Thursday 26th May, 2016**, Rooms 3 and 4, 17th Floor, City Hall, 64 Victoria Street, London, SW1E 6QP.

Members Present:

Chairman: Councillor Rachael Robathan, Cabinet Member for Adults and Public Health
Clinical Representative from the Central London Clinical Commissioning Group: Dr Neville Pursell
Cabinet Member for Children and Young People: Councillor Karen Scarborough (acting as Deputy)
Minority Group Representative: Councillor Barrie Taylor
Deputy Director of Public Health: Eva Hrobonova
Tri-Borough Director of Adult Services: Chris Neill (acting as Deputy)
Tri-Borough Children's Services: Melissa Caslake
Clinical Representative from West London Clinical Commissioning Group: Dr Philip Mackney
Representative of Healthwatch Westminster: Janice Horsman
Chair of the Westminster Community Network: Jackie Rosenberg

1 MEMBERSHIP

- 1.1 Apologies for absence were received from Barbara Brownlee (Director of Housing and Regeneration), Dr David Finch (NHS England) and Dr Eva Larsson (NHS England).
- 1.2 Apologies for absence were also received from Councillor Danny Chalkley (Cabinet Member for Children and Young People) and Liz Bruce (Tri-Borough Director of Adult Social Care). Councillor Karen Scarborough (Deputy Cabinet Member for Children and Young People) and Chris Neill (Director, Whole Systems) attended as their respective Deputies.

2 DECLARATIONS OF INTEREST

- 2.1 No declarations were received.

3 MINUTES AND ACTIONS ARISING

3.1 RESOLVED:

1. That the Minutes of the meeting held on 17 March 2016 be approved for signature by the Chairman; and
2. That progress in implementing actions and recommendations agreed by the Westminster Health and Wellbeing Board be noted.

3.2 In respect of the discussion on health and wellbeing hubs at the meeting on 17 March 2016, a Member commented that he would like Public Health to be engaged in the hubs providing youth services. In response, the Chairman advised that there was a children's workstream within the Health and Wellbeing Hubs programme, although it was yet to be developed. A review of the older people's hubs would be undertaken prior to an update on progress on the children's workstream.

4 DRAFT JOINT HEALTH AND WELLBEING STRATEGY AND NORTH WEST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE

- 4.1 The Chairman introduced the item and thanked the Board for attending the draft Joint Health and Wellbeing Strategy workshop for Members. Two other workshops had taken place, one for commissioning teams and the other for community representatives and there had also been discussions with community groups. The Chairman reminded Members that this was the last discussion the Board would have on the draft Joint Health and Wellbeing Strategy before it was due to go to consultation at the beginning of July.
- 4.2 Matthew Bazeley (Managing Director, NHS Central London Clinical Commissioning Group) then provided an update on the North West London Sustainability and Transformation Plan (STP) and welcomed the collaborative and joined-up approach taken by the partner organisations in developing it. The workshops held had been successful and the commissioners and providers had worked together to take the STP forward. There had also been a constructive meeting with the Westminster Community Network. Matthew Bazeley advised that the Joint Health and Wellbeing Strategy refresh would play a critical role in driving the STP. He emphasised that the STP was pitched at North West London level under which each London borough would have its individual Joint Health and Wellbeing Strategy. Matthew Bazeley also advised that there was not to be a local tri-borough STP as had erroneously been mentioned in the report. The Board noted that the STP was due to be submitted to NHS England by 30 June 2016.
- 4.3 The Chairman added that there had been a constructive meeting of the eight North West London boroughs to discuss the STP on 23 May 2016 and it was crucial that local authorities were involved in developing the STP.
- 4.4 Meenara Islam (Principal Policy Officer) then gave a presentation on progress on the draft Joint Health and Wellbeing Strategy and explained that the three

workshops that had taken place had focused on: Working with Board Members to understand the strategic priorities for the future, including integration, transformation and sustainability; working with commissioners and officers in understanding service design and delivery and in making priorities relevant and encourage joint working across organisations; and working with delivery and service user representatives to understand challenges to accessing care and improving outcomes and the role of individuals, families and communities in improving health.

4.5 Meenara Islam advised that a vision and mission statement had been drafted, as well as four main priorities to underpin these:

- Improving outcomes and life chances for children young people
- Reducing risk factors for, and managing long term conditions such as dementia
- Improving mental health outcomes through prevention
- Creating and leading a local health and care system fit for the future.

4.6 Meenara Islam advised that a joint engagement plan was being developed and the Board was asked to consider what other activities could be undertaken during the draft strategy's consultation. Members noted that the draft strategy was due to go to consultation at the beginning of July, with a view to proposing a revised strategy taking into account the views expressed at the November 2016 Board meeting and then adopting the strategy in December 2016.

4.7 During Members' discussions, Janice Horsman advised that Healthwatch Westminster's consultation framework was based on the draft Joint Health and Wellbeing Strategy's four priorities. A survey was being undertaken and the results would be shared with the Board. Janice Horsman added that Healthwatch Westminster would also be hosting a public forum to discuss the draft strategy on 14 June. A Member welcomed the draft strategy's style and the approachable language used and concurred that it was moving in the right direction, although the voluntary sector had made some suggestions about developing the draft strategy. She emphasised the need for the draft strategy to emphasise the need for a whole systems, cohesive approach and that it give examples of best practice or emphasise the areas that needed to be focused on. The focus on prevention was welcomed, however the need to improve childcare services was stressed. Another Member felt that a statement setting out what was expected of providers should be included in the draft strategy. He suggested that there should be regular engagement with the community to assess if the strategy was delivering. The Member also highlighted the need for the youth to be engaged in the process and he suggested that the draft strategy could be discussed at two upcoming youth conferences taking place in June and July. Another Member commented that there needed to be a process in place which allowed providers to gauge how well they felt they were delivering.

4.8 The Chairman stated that discussions on how the strategy would be implemented had started and it was recognised that it would be operating under a tight budget. There was also a requirement to provide statutory

services and so working in different ways, including increased partnership working, would be essential in being able to provide other services. She welcomed the suggestion that there be regular engagement with the community that would hold the Board to account and an annual health check could also be undertaken.

- 4.9 Matthew Bazeley felt that it was important to capture the thoughts and comments on the draft strategy from Westminster residents and he welcomed Healthwatch Westminster's role in leading on this through the sessions it was providing. He suggested that National Voices could help invigorate conversation on this issue. Matthew Bazeley highlighted the need to ensure that the strategy was a live and organic document that would be easily accessible and available online, as well as being easily viewed from a mobile phone.
- 4.10 Louise Proctor (Managing Director, West London Clinical Commissioning Group) commented on the importance of providing good quality end of life care. Members then concurred that the reference to end of life care be included in the draft strategy and it was suggested that this could be added to the second priority. Members also agreed to Matthew Bazeley's suggestion that the fourth priority be amended to read that "an increasingly collaborative approach is taken for a more effective local health and care system." The Chairman welcomed any further feedback before the draft strategy goes to consultation.

5 BETTER CARE FUND PROGRAMME 2016/17

- 5.1 Chris Neill (Director, Whole Systems) provided an update on the Better Care Fund (BCF) Programme and advised that the local allocation for the BCF for 2016/17 had been agreed at the end of 2015. It was proposed that the 2016/17 plan would continue with the same scope and focus as the 2015/16 programme and that it be updated accordingly to reflect the requirements of the STP. Chris Neill drew Members' attention to the summary of the 2016/17 BCF planned schemes as set out in the report.
- 5.2 Members asked if there were any proposals on how to use the additional £900,000 from the adult social care precept. The Chairman responded that there were no proposals as yet, however further information would be provided at a later date and she added that there were also a number of increasing costs to take into account.

5.3 RESOLVED:

That the arrangements for the 2016/17 Better Care Fund be noted.

6 PRIMARY CARE MODELLING

- 6.1 Stuart Lines (Public Health) introduced the report that provided an update on the work on primary care modelling. He advised that the Council was working closely with the Clinical Commissioning Groups (CCGs) in obtaining patient data. Stuart Lines referred to the three phases of the project, the first phase

being to produce a borough wide set of projections and disease burdens. The second phase involved measuring the impact of regeneration, housing and infrastructure plans and mapping the existing provision of GP services and the third phase in measuring the impact on the demand for frontline services. Stuart Lines advised that the project was also receiving the attention of other North West London local authorities and it would inform the STP.

- 6.2 Rianne Van Der Linde (Public Health Analyst) then gave a presentation on primary care modelling and informed Members of the findings to date. The next steps agreed at the primary care modelling workshop were to align data, sources and assumptions across health, local authority and other data held. This would involve producing a GP registered based variant and validating the model using local data. Rianne Van Der Linde advised that 80% of NHS Central London CCG's patients lived in Westminster. However, the number of NHS Central London CCG patients who were aged 19-25 exceeded Westminster's population for that age group and this could be attributed to students choosing to register with this CCG rather than the one where they otherwise normally resided. Members noted trends and changes to NHS Central London CCG's registered population, however it was still difficult to predict its future registered population.
- 6.3 During Members' discussions, it was queried when modelling data for NHS West London CCG would be available to be reported to the Board. It was also asked whether the project would include modelling data in terms of capacity and estates.
- 6.4 In reply, Stuart Lines advised that primary care modelling for NHS West London CCG would take place and Louise Proctor confirmed that two colleagues from the CCG were working on this, with the intention to use the model to project demand on frontline services. Rianne Van Der Linde advised that modelling on capacity and estates had not yet been undertaken, however this was planned in the future. Damian Highwood (Evaluation and Performance Manager) added that work was taking place in respect of validating costs for particular treatments and conditions and then checking to see if Westminster aligned generally with other London boroughs and London as a whole.
- 6.5 The Chairman welcomed progress to date and stressed the usefulness in modelling data for capacity and estates and working collaboratively with the CCGs to achieve this.

7 HEALTH AND WELLBEING HUBS

- 7.1 Eva Hrobonova (Deputy Director of Public Health) introduced the report and provided an update on the three work streams. In respect of the refresh of the Older People's Hubs, a need to provide further sites had been identified and further mapping work around libraries was to be undertaken to assess what they already offered and what could be additionally provided. In respect of the Newman Street project that provided housing for single, homeless adults, initial data had shown some success in increasing access to health services, including GPs and dentists, for those living in the block and this would have

the benefit of reducing demand on Accident and Emergency Services. Eva Hrobonova added that workshops were planned to help improve prospects of finding meaningful occupations. In respect of the Church Street Hub, Eva Hrobonova advised that there were long term plans to develop a hub providing a wide range of health, community and childcare facilities as part of the regeneration programme.

- 7.2 Steven Falvey (Commissioning Manager for Carers) then provided details of the Older People's Hub multi-stakeholders workshop that had taken place in May. He advised that the purpose of the workshop was to build on the project, consider what outcomes stakeholders wanted it to achieve and to extend the reach of the preventative offer. Members heard that 80 people from a number of partner organisations and groups had attended the workshop.
- 7.3 The Chairman advised that the Church Street Hub had been included under the programme as a joint project. She had been encouraged by progress on the Newman Street project which took services to homeless, single adults and provided greater engagement with them. An evaluation of the project's impact on health services would be undertaken, as well as seeing how the future of the group develops. The Chairman also welcomed progress on the Older People's Hubs and the workshop that had taken place.
- 7.4 In noting that the Older People Hubs provided activities aimed at improving mental and physical health, a Member stated that activities for improving these aspects for young people up to the age of 18 was also needed. A Member commented that the voluntary sector would like to be more involved and expressed particular interest in pursuing an opportunity for the voluntary sector to contribute in respect of the Newman Street project. The Chairman welcomed input from the voluntary sector to the programme and she commented that efforts were also being made to identify how the programme linked with other pieces of work. She added that a mapping exercise was being undertaken to see what activities were taking place in the various areas. A Member enquired whether males were still less likely to access services provided by the Older People's Hubs.
- 7.5 In reply to some of the issues raised, Steve Falvey advised that males were still less likely to access the Older People's Hubs and this was an issue that needed to be addressed. Eva Hrobonova explained that the programme was taking a multi-disciplinary approach, including developing digital services and undertaking an audit of available properties and Members would be updated on progress on these.

8 SHARED SERVICES FEMALE GENITAL MUTILATION PREVENTION PROJECT

- 8.1 Debbie Raymond (Head of Safeguarding, Review and Quality Assurance) presented the report and explained that initially the Shared Services Female Genital Mutilation (FGM) Prevention Project was initially based on a model devised by the Council in 2014 which had subsequently been rolled out across the tri-borough from May 2015 to May 2016. Evidence from 2014 estimated that around 770 girls and young women in Westminster were at

potential risk of FGM, however Children's Services had not received any referrals. The initial pilot FGM project in 2014 worked closely with ante-natal clinics, including health advocates, who had a greater understanding of the problem. This allowed women and families to discuss the implications of FGM and for many women this was the first opportunity for them to do so. Debbie Raymond advised that the project's successes had included referrals going from zero in the tri-boroughs to 77, with most families based in Westminster and the frequency of clinics at St Mary's Hospital had increased from monthly to weekly. The project had demonstrated a successful example of collaborative working between Children's Services and the health, voluntary and community sectors, with the early interventions enabling families to understand the emotional and health implications of FGM and so improving health outcomes. This included midwives, social workers and health advocates all playing their role in early intervention in addressing FGM.

8.2 Debbie Raymond advised Members that the pilot project's success had led to it being successful in obtaining further funding from the Department for Education's (DfE) Innovation Fund to operate the project across the tri-boroughs and become part of the Mayor's Office for Policing and Crime (MOPAC). As the project developed, a further grant of £90,000 had been provided to enable the project to run until December 2016. However, alternative funding needed to be identified in order for the project to continue after this time.

8.3 During discussions, the Board welcomed the success of the project. A Member commented that FGM had been raised as a concern at the Neglect Campaign launch on 24 May and the Council was working with faith leaders to tackle this issue. In noting that the project would need to identify alternative funding if it was to continue beyond December 2016, Melissa Caslake (Tri-Borough Children's Services) advised that the Council was working collaboratively with health colleagues to consider how the project can be sustained. A Member remarked on whether the estimate of 770 girls and women in Westminster potentially being at risk of FGM was accurate and he asked whether there had been any engagement with the private sector on whether practices had been approached to undertake FGM. He felt that the Board should indicate its support for the continuation of the project. Another Member felt that consideration needed to be given as to how the services the project provided could receive funding from mainstream funding as a clear need for these services had been identified. It was also remarked that consideration needed to be given as to how families access psychological services support.

8.4 In reply to some of the issues raised, Debbie Raymond advised that the estimated of women and young girls potentially at risk of FGM in Westminster was at the lower end of what the actual number may be. She advised that communities practising FGM tended to have a large number of siblings that could potentially increase instances of FGM. However, the NHS had been collecting data on FGM cases over the last 18 months. Debbie Raymond advised that a number of FGM procedures were carried out overseas. She added that a few referrals had been received where families had approached GPs to request FGM.

9 COMMUNITY INDEPENDENCE SERVICE PROCUREMENT

- 9.1 Matthew Bazeley presented the report and advised that an evaluation of the Community Independence Service had been undertaken in November 2015. Positive outcomes included high satisfaction from patients and users, low complaint numbers and satisfaction with clinical engagement. Issues that needed to be looked at included the impact of focusing on in/out hospital pathways at the expense of supported living at home, the need to provide more alignment with local level of care and whole systems integrated care and the need for a single integrated information system. Matthew Bazeley commented that there were also competing priorities to consider and there had been some slippage in terms of commissioning intentions. However, he advised that the procurement process was almost complete and the Board would receive an update on the outcome of this.
- 9.2 The Board welcomed the update on the Community Independence Service procurement and Members expressed their interest in receiving details of the outcome of the procurement process.

10 MINUTES OF THE JOINT STRATEGIC NEEDS ASSESSMENT STEERING GROUP MEETING HELD ON 4 APRIL 2016

- 10.1 The Board noted the Minutes of the last Joint Strategic Needs Assessment Steering Group meeting held on 4 April 2016.

11 WORK PROGRAMME

- 11.1 The Board noted the work programme for 2016/17. In reply to a Member's query, Meenara Islam advised that the Pharmaceutical Needs Assessment was undertaken every three years.

12 ANY OTHER BUSINESS

- 12.1 On behalf of Members, the Chairman in recognition that Matthew Bazeley was leaving NHS Central London CCG, thanked him for the support he had given to the Board and his working in partnership with the Council. She also welcomed Jules Martin as the new Managing Director of NHS Central London CCG.

The Meeting ended at 6.02 pm

CHAIRMAN: _____

DATE _____