



CITY OF WESTMINSTER

MINUTES

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health & Wellbeing Board** held on **Thursday 13th July, 2017**, Rooms 3.6 and 3.7, 3rd Floor, 5 Strand, London WC2 5HR.

Members Present:

Chairman: Councillor Heather Acton, Cabinet Member for Adult Social Services and Public Health

Clinical Representative from the Central London Clinical Commissioning Group:

Dr Neville Pursell

Cabinet Member for Children, Families and Young People: Councillor Karen Scarborough (acting as Deputy)

Minority Group Representative: Councillor Barrie Taylor

Tri-borough Public Health: John Forde

Tri-Borough Adult Services: Dylan Champion (acting as Deputy)

Housing and Regeneration: Andrea Luker (acting as Deputy)

Healthwatch Westminster: Janice Horsman

Chair of Westminster Community Network: Jackie Rosenberg

1 MEMBERSHIP

- 1.1 Apologies for absence were received from Melissa Caslake (Tri-borough Children's Services) and Dr David Finch (NHS England).
- 1.2 Apologies for absence were also received from Councillor Richard Holloway (Cabinet Member for Children, Families and Young People), Sue Redmond (Tri-borough Executive Director of Adult Social Care), Melissa Caslake (Tri-borough Children's Services), Rachael Wright-Turner (Tri-borough Children's Services) and Barbara Brownlee (Director of Housing and Regeneration).
- 1.3 Councillor Karen Scarborough (Deputy Cabinet Member for Children, Families and Young People), Dylan Champion (Tri-borough Adult Social Care) and Andrea Luker (Housing and Regeneration) attended as Deputies respectively for Councillor Richard Holloway, Sue Redmond and Barbara Brownlee.
- 1.4 The Chairman proposed that Dr Joanne Medhurst (Central London Community Healthcare NHS Trust) be appointed to the Board as a non-voting Member.

1.5 **RESOLVED:**

That Dr Joanne Medhurst be appointed onto the Westminster Health and Wellbeing Board as non-voting Member in her capacity as the representative of Central London Community Healthcare NHS Trust.

2 **DECLARATIONS OF INTEREST**

- 2.1 Dr Neville Purssell (Clinical Representative, NHS Central London Clinical Commissioning Group) declared an interest in his capacity as a GP in respect of item 8 on the agenda, 'Developing Westminster's Primary Care Strategy.
- 2.2 Dr Joanne Medhurst (Central London Community Healthcare NHS Trust) declared that in respect of item 8 on the agenda, that she is an Executive Director on the National Association of Primary Care.

3 **MINUTES AND ACTIONS ARISING**

- 1. That the Minutes of the meeting held on 25 May 2017 be signed by the Chairman as a correct record of proceedings.
- 2. That progress in implementing actions and recommendations agreed by the Westminster Health and Wellbeing Board be noted.

4 **GRENFELL FIRE RESPONSE**

- 4.1 The Chairman provided a verbal update on the City Council and its health partners' response to the recent Grenfell fire in the Royal Borough of Kensington and Chelsea (RBKC). She advised that staff from Adult Social Services, Children's Services and Housing had been amongst those who were involved in the London-wide response to the Grenfell fire. The Board heard that families and individuals from Grenfell Tower and Grenfell Walk and other bereaved families had each been allocated a key worker to provide support to them to access services. Council staff had undertaken housing needs assessments and offering accommodation to residents and Barbara Brownlee (Director of Housing and Regeneration) was coordinating the housing activities for the London-wide response. The Tri-borough Schools Services was assisting the most significantly affected schools and educational psychologists from this service were being used. City Council staff had been deployed at Westway Assistance Centre which had initially been used as a rest centre for survivors and was now a community assistance centre. The Chairman also informed Members that Tri-borough Public Health had collated information on those affected by the fire to provide a comprehensive picture of the total impact of the fire and to help provide data to the response coordinators who also received updates in respect of a Humanitarian Assistance Guidance Pack. She advised that response activities were now in the process of being transferred back to the control of RBKC.
- 4.2 Turning to the response of the City Council's health partners, the Chairman advised that NHS Central London and NHS West London Clinical Commissioning Groups (CCGs) had joined together to provide a community

based response to the fire. The providers leading this response were Central London Community Healthcare (CLCH) and the Central and North West London (CNWL) NHS Foundation Trust, along with the London Central and West Unscheduled Care Collaborative that was run by a group of GPs. The Chairman thanked health partners for their response to the fire.

- 4.3 Dr Joanne Medhurst added that health visitors had also been providing support to those affected by the fire.
- 4.4 During discussion, Jackie Rosenberg stated that the voluntary sector was also playing an important role in the response to the fire, and a voluntary work force was in place. The fallout from the fire would mean that there would be some trauma inflicted on the community. Jackie Rosenberg stated that at a meeting with 17 charity leaders, it had become apparent that they did not know precisely what the Council's procedures are in respect of emergency planning and she would raise this issue with the Cabinet Member for Environment, Sports and Community. However, the outpouring of support from citizens over the fire had been encouraging and there were lessons to be learnt to ensure there was sufficient organisation and support in place when such incidents arose.
- 4.5 Another Member highlighted the impressive response of the emergency services workers to the fire and he emphasised that the courage and bravery of these workers should be noted.
- 4.6 Members agreed to the Chairman's suggestion that the Board consider what lessons could be learnt from fire.

5 UPDATE ON DEVELOPMENT OF BETTER CARE FUND PLAN 2017-19

- 5.1 Dylan Champion (Interim Head of Health Partnerships) gave a presentation updating the Board on the Better Care Fund (BCF) Plan for 2017-19. He advised that the Government had published national guidance on 7 July, however the local framework was yet to be published. Dylan Champion drew Members' attention to the provisional allocation of the funding for the improved BCF for 2017-18 as set out in the presentation. He advised that the Council was working in conjunction with NHS Central London and NHS West London CCGs on the final proposals to ensure the best allocation of funds. The Council was also allocating additional financial resources to adult social care in order to meet rising demand. Members noted the eight areas of change proposed under the High Impact Change Model for Managing Discharge of Care, these being:

- Early discharge planning
- Systems to monitor patient flow
- Multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector
- Home first/discharge to access
- Seven day service
- Trusted assessors

- Focus on choice
 - Enhancing health in care homes.
- 5.2 Dylan Champion confirmed that the BCF Care Fund Plan for 2017-19 needed to be submitted to the Government by 11 September 2017.
- 5.3 During Members' discussion, the Chairman asked whether any problems were envisaged in submitting the plan by the deadline on 11 September and what would happen if the Government were unfavourable to the plan submitted. In respect of the improved BCF (iBCF) supplementary submission due by 21 July, she asked whether this was on target. Members asked at what stage the detailed breakdown of allocation of funding would be available and it was remarked that it would be desirable if the voluntary and community sector were involved in the discharging of the plan and early engagement with this sector should be undertaken. Clarification was sought as to whether there had been discussions on what actual measures would be undertaken with the plan. Members enquired what steps would be taken in terms of engagement with services users. Members welcomed the BCF Plan being reported to the Board and the opportunities that this would provide to monitor its implementation.
- 5.4 In reply to issues raised by Members, Dylan Champion advised that the BCF Plan was being worked through and the Government would not sign off the plan if it fell short of expectations. Members heard that discussions had taken place as to when a more detailed BCF Plan would be made available, including the individual projects contained within it. Consultation with service users was due to commence before September and a meeting with Healthwatch and NHS Central London and West London CCGs was due to take place on 18 July to discuss ways of engagement. Dylan Champion advised that the BCF quarterly submission was due to be submitted to the Government on 21 July. Considerable work had been undertaken on this prior to Government guidance being issued and the support of NHS Central London and NHS West London CCGs was needed in order for the Government to accept it. He added that the iBCF supplementary return setting out proposed targets for reducing delayed transfer of care was due to be submitted by 21 July, however this had been delayed due to guidance not being published and was now likely be submitted in September.
- 5.5 Chris Neill (Interim Deputy Director, NHS Central London CCG) advised that the key performance indicators (KPIs) in respect of the iBCF were already performing at high levels and it was difficult to agree stretch targets.
- 5.6 The Chairman advised Members that the North West London Strategy and Transformation Group was in the process of producing a paper to demonstrate what the Sustainability and Transformation Plan (STP) is designed to achieve and progress was being made to use more accessible language.
- 5.7 Dylan Champion then referred to the four national BCF priorities, these being jointly agreed plans, maintaining social care, investing in out of hospital services and managing transfer of care and he advised that Westminster was

undertaking activities addressing all these priorities. He then sought Members' views as to how to agree the BCF Plan for 2017-19 before the deadline of submission on 11 September in view that the Board would not meet again until after this date.

- 5.8 The Board agreed that the BCF Plan 2017-19 be circulated to Members for any comments and that final approval be delegated to the Chairman and Dr Neville Pursell (Vice Chairman and NHS Central London CCG clinical representative).

6 MINUTES OF THE LAST JOINT STRATEGIC NEEDS ASSESSMENT STEERING GROUP MEETING HELD ON 15 JUNE 2017

- 6.1 The Board noted the Minutes of the last Joint Strategic Needs Assessment Steering Group meeting held on 15 June 2017.

7 CITY FOR ALL

- 7.1 Mark Ewbank (Scrutiny Manager) presented the report which outlined the Council's City for All Strategy and how it aligned with the Joint Health and Wellbeing Strategy and the North West London STP. City for All was a three year vision and strategy and now in its third year. For 2017/18, three priorities had been set to help achieve the vision, these being:

- Putting civic leadership and responsibility at the heart of what the Council does
- Promoting opportunity and fairness across the city
- Setting the standards for a world class city.

- 7.2 Mark Ewbank explained that the three priorities would be delivered through five programmes, these being titled as below:

- Civic leaders
- Building homes and celebrating neighbourhoods
- Greener City
- World Class Westminster
- Smart Council.

- 7.3 Mark Ewbank added that the Council was also guided by the delivery principles set out in the 'One Front Door Standard' as defined by the Leader of the Council in her speech to Full Council on 1 March 2017 and he drew the Board's attention to the contents of this speech as set out in the report.

- 7.4 The Chairman emphasised the importance of collaboration between partner organisations and Housing and the role they played in optimising use of estates to improve access to preventative services. She welcomed Members' comments and suggestions in identifying further areas for collaboration.

- 7.5 A Member welcomed City for All's vision, however she felt that the level of representation from the voluntary and community sector was lacking and

could result in a number of missed opportunities to help achieve City for All's goals. She suggested that the Council make more mention of the role that voluntary organisations, residents' association, churches, mosques and other places of worship play in civic life and to engage and collaborate more with such organisations. More investment in community asset building should also take place to strengthen the community. The Member stated that the community and voluntary sector had been heavily involved in the response to the Grenfell fire and had prevented the situation from being even worse. Another Member stressed the need to have the ability to intervene in order to prevent inequalities in the community increasing. Members commented that the voluntary and community sector could make a major contribution to building community assets and people should be empowered to build community resources and improve community resilience.

- 7.6 Dr Joanne Medhurst commented that there should also be an emphasis on providing safe, as well as affordable, housing. Chris Neill sought comments on how health and care could help complement City for All and further details on the new care hubs.
- 7.7 The Chairman advised that the care hubs were virtual hubs that would involve working together with NHS Central London and NHS West London CCGs to help implement the Joint Health and Wellbeing Strategy, which City for All was totally aligned to. She advised that there would be collaboration with the voluntary and community sector in respect of building civic leadership and empowering local communities which was a key element of City for All and this area of work would be highlighted more in future reports, as well as activities being undertaken to help local people into employment. Mark Ewbank added that the Council had set a target to of 2,400 volunteers to be recruited in the borough.

8 DEVELOPING WESTMINSTER'S PRIMARY CARE STRATEGY

- 8.1 Chris Neill (Interim Deputy Managing Director, NHS Central London Clinical Commissioning Group) presented this item and began by referring to NHS England delegation of primary care commissioning to local CCGs in April 2017. He stated that there had been a lot of support from GPs in developing primary care commissioning and the strategy would address an area wider than primary care, such as accountable care. During the presentation, Chris Neill advised that the vision of the Primary Care Strategy was to improve the quality of care for individuals, carers and families, empowering and supporting people to maintain independence and to lead full lives as active participants in their community. Both national and local NHS priorities would be used to deliver the vision. NHS England's national priorities were set out in its' Five Year Forward View, whilst the North West London STP set out the local priorities. A person perspective approach had been taken to transform primary care, focusing on the patient's expectation of care. In respect of the workforce perspective, there would be more emphasis on technology and digital tools to ensure staff could undertake their work more effectively. Chris Neill stated that the transformation needed to ensure that there were improved patient outcomes, including reduced premature mortality and morbidity and improving

the experience of care. Care would also be coordinated around individuals, targeting their specific needs.

- 8.2 Chris Neill advised that there were three stages to transforming primary care built on village working, these being:
- Stage 1: Embedding effective village working
 - Stage 2: Forming primary care homes
 - Stage 3: Forming a multi-speciality community provider and accountable care.
- 8.3 Chris Neill stated that having larger groups of GPs working more closely together to provide primary care homes provided more structure and the transformation, which NHS England wanted completed by 2020, would provide greater flexibility to move more resources around. In terms of the commissioning approach, there will be more community focus and populations, services and budgets will be viewed together. Chris Neill advised that there was a three year delivery plan in place to ensure that NHS England's deadline was met and that the proposals to develop the strategy were currently subject to consultation with NHS Central London CCGs' partners, including the Council.
- 8.4 During Members' discussions, Dr Neville Pursell stated that GPs could not continue to work in the same way they currently did because of change in demographics, patient demand and lack of staff. GPs had recognised this and were focusing more on ensuring that they could undertake and meet specific purposes. There was considerable variation in the quality of delivering care and greater equality of care and better outcomes would be achieved by more GPs working closely together. In terms of governance, Dr Neville Pursell advised that this was being consulted on and GPs were also subject to the national General Medical Services Contract. Some new GPs were not keen on becoming partners and further consideration needed to be given in how to provide continuity of care. Looked after elderly patients also provided a considerable challenge, particularly where there were mental health issues involved and pharmacies would play a key role in addressing this. Dr Neville Pursell stated that primary care homes sought to focus on outcomes and more details on how these would operate would be made available soon as this matter was currently being discussed by the CCGs' governing bodies. A key aim of the strategy was not a new alignment of services, but rather an alignment of outcomes and the challenge would be in obtaining good data to demonstrate that this was being achieved.
- 8.5 Members commented that there should be a focus on explaining to GPs that the changes will benefit them and the village model offered the opportunity to start mapping what voluntary and community organisations could be involved in working with the CCGs and partner organisations as a parallel workstream. There also needed to be more public and patient consultation to ensure they understood the purpose of transforming primary care and developing a strategy and what outcomes it intended to deliver. Members asked when public consultation was due to take place. One Member suggested that the approach taken to primary care transformation needed to be altered as at the

moment it was suggesting services being provided and seeking responses to these. He felt this was the wrong emphasis as patients felt that they owned the condition they had and had their own ways of dealing with it. As such, the Member suggested that the emphasis should be on professionals working constructively with patients to achieve outcomes and the dialogue used should be positive.

- 8.6 The Chairman felt there was scope for the strategy to take a more ambitious approach and that highlighting customer journey stories and the role of health visitors and pharmacists should also be highlighted. It was important to impress upon GPs the case for transforming primary care and the benefits it would bring.
- 8.7 Dr Joanne Medhurst suggested that care needed to be taken in respect of the wording used in the strategy, including defining primary care and primary care homes as those involved was broader than just GPs. She stated that the voluntary sector had wide involvement in some areas of primary care, whilst acute services also played a role. It was also important to provide transparency and sound data to demonstrate to what extent the outcomes were being achieved.
- 8.8 In response to issues raised, Holly Manktelow (Head of Unscheduled and Primary Care, NHS Central London Clinical Commissioning Group) advised that stage 1 of the primary care transformation was being taken from a GP perspective and involved a significant piece of work. She acknowledged the need for an ambitious approach to be taken and step changes would be made during the transformation, with changes to commissioning being the next step. Holly Manktelow advised that formal public consultation was due to take place, however the intention was for patients to be fully involved in developing the strategy throughout the process and she also welcomed involvement from Healthwatch and the voluntary and community sector. She added that a clearer focus in respect of outcomes could be provided in September or October.
- 8.9 The Chairman welcomed the positive start to developing the strategy and emphasised the need for CCGs, providers, GPs, the voluntary and community sector and the Council to work closely together and share information to help develop the strategy.

9 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2016-17

- 9.1 John Forde (Deputy Director of Public Health) introduced the item and advised that the theme for the annual report would focus on wellbeing. He stated that there was an abundance of knowledge at both national and international level on what helps protect and promote wellbeing and this could even help in terms of community resilience to incidents such as the recent terror attacks and the Grenfell Tower fire. John Forde added that the report sought to promote wellbeing from beginning to end of life.
- 9.2 Colin Brodie (Public Health Knowledge Manager) then presented the annual report and advised that it was a statutory duty to provide an annual report

from the Director of Public Health to the Board. He stated that the report's focus on wellbeing would have a particular emphasis on mental health wellbeing. There was an opportunity for the report to act as a "Call to Action" and he welcomed any suggestions from Members in respect of good case studies to include in the annual report to demonstrate promotion of wellbeing. A campaign to promote mental health wellbeing was due to be launched in 2018 and it would take a community asset based approach involving events in the community and highlighting case studies. Colin Brodie advised that the annual report sought aligns with the launch by the Mayor of London of 'Thrive LDN', a city wide movement to improve the mental health and wellbeing of London residents. Colin Brodie welcomed suggestions from Members on how they wished the Board to engage with officers in helping to develop the report.

- 9.3 The Chairman suggested that community champions would be well placed to provide examples of good case studies, including those involving recovery and sense of purpose. She also suggested that the issue of social prescribing needed to be looked at further and asked if a draft of the report would be circulated to the Board before the final report was circulated. The Chairman then sought Members views and comments on developing the report.
- 9.4 During Members' discussions, it was remarked that a number of homeless people may have mental health related issues and this was an important issue to address. Councillor Barrie Taylor welcomed the focus on wellbeing and advised that a Scrutiny Task Group has been set up to look at the relationship between art and health and he felt this piece of work could be of some value. Janice Horsman (Healthwatch Westminster) commented that employment was a key factor in helping to address mental health and retaining staff with mental health issues and making jobs available to those who have had such issues would be of considerable benefit to them. Janice Horsman added that there were some good case studies that could be used from the voluntary mental health charity that she was involved in. It was commented that there was considerable evidence from health visitors, children's centres and GPs to address mental health and wellbeing at an early stage to benefit people later in life. Jackie Rosenberg (Westminster Community Network) suggested that John Forde attend a Westminster Community Network event on 20 July if available to discuss case studies and do a presentation on wellbeing.
- 9.5 Dr Joanne Medhurst stated that CLCH NHS Trust could provide case studies on wellbeing. Anna Bokobza (Integrated Care Programme Director, Imperial College Healthcare NHS Trust) added that in respect of accountable care, there was a strong focus on prevention.
- 9.6 Colin Brodie stated that every effort would be made to ensure the annual report was concise and a draft version would be circulated to Members around mid-August for further comments.

10 WESTMINSTER HEALTH AND WELLBEING STRATEGY WORK PLAN 2017-18

- 10.1 Dylan Champion introduced the report and referred Members to the proposed work plan that had been produced following the last Board meeting and the two workshops held in March and April. He welcomed any comments from Members.
- 10.2 Members welcomed the proposals and the Chairman advised that the Board meeting scheduled for 22 March 2018 may need to be brought forward by a week, although this would be clarified at a later stage.

11 ANY OTHER BUSINESS

- 11.1 The Chairman advised that there had been a decrease in the number of vaccinations amongst 0-5 year olds and the reasons for this needed to be looked into further before deciding on what course of action to take. There had also been one case of TB reported at Pimlico Academy.
- 11.2 John Forde added that the CCGs and the Council were also working with NHS England to help identify the reasons for the decreases in vaccinations for those aged 0-5 years. He stated that this could be attributable to some elements that were unique to Westminster and also in changes to the IT system in primary care. Every effort would be made to promote the importance of vaccinations to 0-5 year old to residents.

The Meeting ended at 6.00 pm.

CHAIRMAN: _____

DATE _____