



CITY OF WESTMINSTER

MINUTES

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health & Wellbeing Board** held on **Thursday 12th July, 2018**, Room 3.1, 3rd Floor, 5 Strand, London, WC2 5HR.

Members Present:

Councillor Heather Acton: Chairman and Cabinet Member for Family Services and Public Health

Councillor Nafsika Butler-Thalassis (Minority Group Representative)

Dr Andy Liggins (Bi-Borough Deputy Director of Public Health) – acting as Deputy Paul O'Reilly (Central London CCG)

Bernie Flaherty (Bi-Borough Adult Social Care)

Jennifer Travassos (Head of Prevention)

Dr Naomi Katz (Clinical Representative from West London Clinical Commissioning Group)

Olivia Clymer (Healthwatch Westminster)

Basirat Sadiq (Central London Community Healthcare NHS Trust) – Acting as Deputy Maria O'Brien (Central and North West London NHS Foundation Trust)

Also Present: Ian Heggs (Bi-Borough Director of Schools Quality and Standards, Julie Ely (Children's Services), Holly Holmes (Children's Services), Senel Arkut (Director of Health Partnerships), Ezra Wallace (Head of Corporate Strategy), Rebecca Green (Trailblazer Project Lead), Ross Harvey (Shelter Westminster) and Colin Brodie (Knowledge Manager – Public Health).

1 MEMBERSHIP

- 1.1 Apologies for absence were received from Dr Neville Purssell (Clinical Representative from the Central London Clinical Commissioning Group), Mike Robinson (Bi-borough Public Health), Hilary Nightingale (Chair of Westminster Community Network), Clare Robinson (Imperial College NHS Trust), Louise Proctor (Managing Director – NHS West London Clinical Commissioning Group), Melissa Caslake (Bi-borough Director of Children's Services), Dr David Finch (NHS England), Dr Joanne Medhurst (Central London Community Healthcare NHS Trust) and Detective Inspector Iain Keating (Metropolitan Police).

2 DECLARATIONS OF INTEREST

- 2.1 No declarations were made.

3 MINUTES AND ACTIONS ARISING

3.1 RESOLVED:

That the minutes of the meeting held on 24 May 2018 be signed by the Chairman as a correct record of proceedings subject to the first sentence on paragraph 4.3 being amended to read: "Olivia Clymer advised that the engagement process had been open to all relevant parties."

4 DECISION ON THE SELECTION OF THREE KEY TOPICS FOR THE BOARD

- 4.1 The Chairman confirmed that the three key topics selected by the Board to focus on in the future would be dementia, loneliness and sugar.
- 4.2 Dementia – This was now regarded as a Cabinet priority with a detailed dementia strategy currently being prepared in order to ensure Westminster could be classified as a dementia-friendly city.
- 4.3 Loneliness – MyWestminster funding had been applied for to assess loneliness within the borough. Significant work had been undertaken at tackling the issue amongst elderly persons but more work was required with regard to younger residents. Future work on loneliness would be expanded across a wider range of age groups.
- 4.4 Sugar – Work on this topic would be accompanied with early years and identification work featuring elements on mental health, obesity and dental issues. A 'Tackling Childhood Obesity Together' programme was in place, which was having a positive initial impact. It was proposed to work closer with schools from a health perspective and in September, the Council would be meeting with the Headteachers of local schools to discuss these issues.
- 4.5 The Chairman also confirmed that there was a new fund available to improve the level of air quality in the vicinity of local schools. Several schools had already applied for funding to design and implement appropriate measures with the aim of reducing pollution in their local area.
- 4.6 A more integrated health provision was now provided throughout the Council with a designated public health individual within each Directorate. The Board also noted that a more seamless health and care package for all Westminster residents was being developed as one of the Council's main priorities.

5 HOMELESSNESS PREVENTION HEALTH REFERRALS

- 5.1 Jennifer Travassos (Head of Prevention), Rebecca Green (Trailblazer Project Lead) and Ross Harvey (Shelter Westminster) presented the report and explained that with the introduction of the Homelessness Reduction Act the

Housing Service had been restructured to better meet the needs of residents and deal with issues surrounding housing supply. The restructure would mean an earlier support for households before the point of a housing crisis and deal with the issues when they were less complex and less costly.

- 5.2 The Board was advised that patients frequently discussed housing issues with GPs and commonly asked GPs to advocate housing providers on their behalf, an area that was not their specialism nor responsibility. As such, it was proposed to trial a Westminster GP Referral Pathway system that would create one single, simple point of referral GPs could use when their patients raised housing concerns. The referral would be to housing and homelessness prevention specialists who would then take on the case, removing responsibility from health professionals and enabling early and efficient intervention.
- 5.3 The Board welcomed the proposals and discussed potential methods of engagement with GPs. These included the formation of a focus group with GPs to receive feedback, the circulation of a survey and engagement with the London Medical Committee. The Chairman requested that any ideas be forwarded on to Jennifer Travassos with an update on progress to be provided to the Board in six months.

6 DRAFT ANNUAL DIRECTOR OF PUBLIC HEALTH REPORT

- 6.1 Colin Brodie (Knowledge Manager, Public Health) introduced the item, which updated the Board on progress on the annual report of the Director of Public Health for 2017/18. The Board was provided with an outline of the theme for the report, which was the health and wellbeing of young people and the experience of living and growing up in the Bi-Borough area. The report would not only contain data analysis undertaken but feature case studies and interviews with young people describing their experience of growing up in Westminster. The Board was particularly pleased to note that input from young people was driving the process and helping develop solutions to health and wellbeing challenges.
- 6.2 The Board noted that the report was currently in its research and analysis phase, a draft version was planned for September with publication of the report due in November 2018. Colin Brodie requested case studies be forwarded on to him to help inform the report with the deadline to receive these being the end of July 2018.
- 6.3 The Chairman requested that the initial draft of the report come before the Board for review.

7 CHILDREN'S SPECIAL EDUCATIONAL NEEDS AND DISABILITIES STRATEGY

- 7.1 Ian Heggs (Bi-Borough Director of Schools Quality and Standards), Julie Ely (Children's Services) and Holly Holmes (Children's Services) presented the report. The Board was informed of the reforms to the strategy that had taken place since 2014 following the introduction of the Children and Families Act

and the SEND Code of Practice. The vision of the strategy was detailed and the Board noted that it mirrored the strategy of the Board, namely “stay well and live well”. Improved methods of communication with patients and carers had been initiated and this helped build relationships and ensure their views were captured within the strategy.

- 7.2 In response to a question from the Board Julie Ely explained that the Patient/Carer Forum had a management committee, which was organised by parents with children who had special educational needs and disabilities. The Council was providing support to enable them to extend their reach beyond their membership through the organising of drop in centres and surgeries to encourage the broadest possible membership to reflect the views of families.
- 7.3 The Board requested further details on personal budgets, their current status and any future plans. The Board was advised that the level of take-up of personal budgets was low nationally, potentially because of the complex nature of completing them, however efforts were being made to simplify the application procedure and this was regarded as a priority locally.
- 7.4 The Board commented on the very comprehensive nature of the report and was pleased with the significant level of detail contained within it. The reforms undertaken since 2014 were noted and it was agreed to receive an action plan setting out the key milestones for the strategy.

8 CHILDREN’S JOINT COMMISSIONING PLAN

- 8.1 Ian Heggs (Bi-Borough Director of Schools Quality and Standards), Julie Ely (Children’s Services) and Holly Holmes (Children’s Services) presented the report. The Board was informed that the Plan was intended to be a follow-on from the SEND Strategy and contained an identical vision. The Plan was a key part of the Children and Families Act with a focus on joint commissioning to improve services for those with complex health, social and educational needs and disabilities. The importance of engagement and partnership between CCGs and the Council was stressed along with the importance of ensuring this could be broadened even further when delivering priority projects. A number of projects had been identified as priorities for joint commissioning and these included:
- Speech, language and communication needs;
 - Occupational therapy;
 - Preparation for adulthood;
 - 0-25 Integration;
 - Emotional health and wellbeing support; and
 - Autism
- 8.2 The Board commented on the reporting arrangements in place but requested that consideration be given to the Provider Board being consulted on joint commission priorities. Concern was also expressed on the limited section on obesity within the Plan, especially considering this was highlighted as a key priority within the Plan, especially considering this was highlighted as a key priority for the Board. The Board was informed that this was due to the limited

amount of joint working currently undertaken on this issue, however important work was still being carried out with regards to obesity.

- 8.3 The Board commended the level of joint working undertaken and was pleased with the involvement of providers in the process, which the Board hoped could be used as an opportunity to widen joint working opportunities. To obtain additional viewpoints of the process the Board expressed an interest in a representative from the Patient Carer Forum attending a future meeting. The Board noted the report but requested that the section on obesity be expanded to reflect the fact it was a Board priority.

The Meeting ended at 5.32 pm.

CHAIRMAN: _____

DATE _____