DRAFT MINUTES

CITY OF WESTMINSTER

WESTMINSTER HEALTH & WELLBEING BOARD
19 JUNE 2014
MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Westminster Health & Wellbeing Board** held on Thursday 19 June 2014 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
Minority Group Representative: Councillor Barrie Taylor
Director of Public Health: Eva Hrobonova (acting as Deputy)
Tri-Borough Executive Director of Children's Services: Andrew Christie
Tri-Borough Executive Director of Adult Social Care: Cath Attlee (acting as Deputy)
Clinical Representative from the Central London Clinical Commissioning Group: Kiran Chauan (acting as Deputy)
Clinical Representative from the West London Clinical Commissioning Group: Dr Naomi Katz
Representative of 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:
Councillors Barbara Arzymanow and Iain Bott.

1. MEMBERSHIP

1.1 Apologies for absence were received from Councillor Danny Chalkley (Cabinet Member for Children & Young People), Dr Ruth O'Hare (Central London CCG) and Liz Bruce (Tri-borough Director of Adult Social Care). Kiran Chauan and Cath Attlee attended as Deputies for Ruth O'Hare and Liz Bruce respectively. Apologies for absence were also received from Meradin Peachey (Director of Public Health) and Dr David Finch (NHS England), with Eva Hrobonova and Dr Belinda Coker attending as their Deputies.

1.2 The Chairman welcomed Louise Proctor (Central London CCG) and Simon Tucker (West London CCG); and also welcomed Councillor Iain Bott (Deputy Cabinet Member for Adults & Health) and Councillor Barbara Arzymanow (Adults, Health & Public Protection Policy & Scrutiny Committee).

2. DECLARATIONS OF INTEREST

2.1 No declarations were received.

3. MINUTES AND ACTION TRACKER

3.1 **Resolved**:

3.1.1 That the minutes of the meeting held on 24 April 2014 were approved for signature by the Chairman.

3.1.2 That progress in implementing actions and recommendations agreed by the Board be noted.

4. WHOLE SYSTEMS INTEGRATED CARE UPDATE

4.1 At its last meeting on 24 April, the Board received an update on progress in the work being undertaken by Westminster's CCGs to develop a model of working and local priorities as part of the Whole System Integrated Care Pioneer Programme (Minute 7). Kiran Chauhan (Central London CCG) now introduced the model of integrated provision that was being developed, which would seek to address strategic issues and combine work streams to avoid duplication.

4.2 Over the last 9 weeks, the vision for Whole Systems Integrated Working had been developed in consultation with Adult Social Care and a wide range of partners and stakeholders at steering groups and workshops. The CCG had made good progress in patient engagement, and had taken strategic needs and cost information into account in identifying outcomes and determining how the new model of care could have the most impact. It was proposed that the new model would be based on localities, with GP practices being grouped into 'villages', and with the creation of the new role of Care Co-ordinator, who would have immediate access to data relating to the history of individual patients.

4.3 The Whole System plans had received a positive response, for the number of people who had been engaged, and for reflecting what the people of Central London wanted from a model of care. The proposals had also been endorsed by health and social care commissioners and providers, and by service users and third sector organisations.

4.4 Marina Muirhead (Project Lead for Whole Systems Integration, Central London CCG) informed the Board that the CCG was now in the second phase of the planning process, which would take place between June and October. Development during this phase would include:

- providing access to accurate, real time patient data across the system;
- costing the new model of care and identifying where savings could be made to provide funding;
- agreeing budgets to be pooled; and

- agreeing the list of contracts that were affected.

4.5 Simon Tucker (West London CCG) updated the Board on the development of the Whole Systems model for the West London CCG, which was being produced following an extensive co-production exercise with the Central London CCG. Members noted that there were three elements to the West London model:

- GP hubs where care planning was focussed by a Care Co-ordinator with a GP accountable for every person;
- a central co-ordination team with a single point of access who would ensure that patients, carers and front line professionals are able to obtain appropriate referrals quickly; and
- two integrated care hubs, with an integrated care team having access to advice and intermediate care for patients whose conditions are not stable and who may need extra support.

4.6 The West London model sought to enable professionals to have a shared vision, and work in a joined-up way with the person at the centre. The model would also seek to improve quality of life, with care plans being shaped to individual needs minimising time away from home. Simon Tucker highlighted the importance of people having trust in the services they received, with a single named accessible co-ordinator who could provide continuity in and out of hours and in different settings of care. The Board noted that the model also included two Whole Systems projects, which were centred on the health needs of people over 75 and on mental health.

4.7 The Board commented on the reduction in available resources to meet the ongoing increase in an aging population, and highlighted the importance of community knowledge and support, and the value of the contribution made by the third sector community in health outcomes. Members also commented on the need for the third sector to be taken into account in care plans; and suggested that there was a need for Registered Social Landlords to be engaged in the Whole Systems process.

4.8 Members discussed the monitoring role of the Health & Wellbeing Board, and suggested that difficult or contentious issues should be referred to the Board in addition to progress reports.

4.9 Full business cases for the Whole Systems proposals would be submitted to the Board in the autumn.

4.10 **Resolved:** That progress in the development of Whole Systems Integrated Care be noted.

5. CHILDHOOD OBESITY

5.1 Eva Hrobonova (Deputy Director of Public Health) presented the findings of the Tri-Borough Obesity Prevention and Healthy Weight Services' Review, together

with the programme of actions designed to halt and reverse the rising trend in childhood obesity. Levels of childhood obesity in Westminster were high, and the Board noted that nearly a quarter (23.6%) of Reception children were overweight or obese, with this figure rising to almost two fifths of children (39.4%) in year 6.

5.2 The Board acknowledged that childhood obesity presented a major challenge to health and wellbeing, which increased the risk of premature mortality in adults. Problems relating to overweight, obesity and physical inactivity also tended to start in childhood, and often disproportionately affected disadvantaged socio-economic groups. Evidence suggested that multi-disciplinary action was fundamental to supporting changes in the behaviour of individuals and families, and local authorities were now uniquely placed to influence both the commissioning and provision of family weight management services that were needed in order to halt and reverse the rising trend in obesity.

5.3 As the first part of the re-commissioning process, Public Health had carried out a review of current Public Health service provision together with a consultation exercise, to map activities that contributed to the prevention of child obesity and to identify gaps in services. Evidence suggested that the main influence on people's weight was their environment.

5.4 The Board discussed commissioning intentions, and highlighted the value of child health and public health programmes in providing an opportunity for patterns of behaviour to be changed at an early stage. Members suggested that three or four real opportunities for change or improvement were identified and concentrated upon for delivering specific gains.

5.5 The Board also received the draft report of the Childhood Obesity Task Group from Councillor Iain Bott, who was Chairman of the Group. The key messages of the report had been that diet was crucial, and that people needed to eat less. The report commented on the need to avoid sugar, particularly in drinks, and recommended the creation of obesity care pathways. Current provision needed to be expanded, and the Board acknowledged the critical role of children's centres and schools, with school based interventions aiming to give young people the cognitive ability to deal with obesity. The report also suggested that many families were not aware that they had an issue, and recommended that support be provided through GPs, dentists and family healthcare workers, with parents being further incentivised through measures such as 'money off' vouchers for healthy food.

5.6 The Board commended the findings of the report, and acknowledged the importance of establishing a whole Council approach which would engage all Council departments and stakeholders in the creation of an easy and supportive environment, where children could eat and live more healthily. Members also commented on the need for a national media campaign to change attitudes, and for planning and licensing services to influence and reduce the number and placement of fast food shops near schools.

5.7 Members discussed whole population behaviour change, and agreed that messages needed to made at community level, being tailored for specific cultural groups who may not consider being overweight as a problem, and being interesting and fun in order to engage young people. Members also suggested that recommendations were Borough specific, and implemented in a localised community setting through Wards with potential support from Ward budgets.

5.8 Members discussed the value of exercise facilities, and expressed concern that there was a lack of specific provision for children and young people under 18. The Board noted that Public Health were looking to develop and commission a bespoke programme similar to Weight Watchers, as soon as a provider had been confirmed. Other issues discussed included the popularity of cooking as part of the school curriculum and at the Stowe Centre, and encouraging people to grow their own food.

5.9 **Resolved:**

1) That the review of childhood obesity prevention services and plans for commissioning childhood obesity prevention and intervention services be noted;

2) That the findings and recommendations of the draft report of the Childhood Obesity Task Group be endorsed;

3) That the development of a whole Council partnership approach to preventing childhood obesity be noted; and

4) That a further report be submitted to a future meeting of the Westminster Health & Wellbeing Board by the local authority and health partners, providing an update on progress in the processes and engagement for preventing childhood obesity.

6. THE HEALTH & WELLBEING STRATEGY

6.1 The Board received reports on progress made over the past six months in the delivery of the five Priorities of the Westminster Health & Wellbeing Strategy.

6.2 <u>Priority One: Every child has the best start in life</u>

6.2.1 Andrew Christie (Tri-Borough Executive Director of Children's Services) reported that a comprehensive plan for the delivery of Priority One would be produced in the near future. Members noted that there had been a delay in obtaining data on MMR immunisation from NHS England, and that it was anticipated that a paper on MMR would be brought to the next meeting of the Board. Members commended the work and research of the BME Health Forum, and highlighted the need to ensure that recommendations were implemented.

6.3 Priority Two: Young people are enabled to have a healthy adulthood.

6.3.1 Andrew Christie also provided an update on progress in the delivery of Priority Two, and commented that the Children's Trust Board had expressed concern that the quality of inpatient provision and transition from child and adolescent services was poor. The Board noted that the Children and Adolescent Mental Health Service (CAMHS) continued to provide a good service, and that young people were being encouraged to engage in positive activities and to choose to live a healthy lifestyle. Members also noted that there was a shortfall in Troubled Family referrals, and asked that GPs be informed of the availability of the service.

6.4 Priority Three: Supporting economic and social wellbeing and opportunity.

6.4.1 The Board received an update on the delivery of Priority Three from Tom Harding (Senior Policy Officer), who reported encouraging progress with a range of services having been commissioned to support people with issues relating to mental health, learning disabilities or physical disabilities. Support for employment and people on long term benefit was to be recast over the forthcoming year, and would operate on an area based model for tackling long-term unemployment, including groups which were difficult to reach. Analysis had suggested that employers also needed to act as mentors, and proposals were being developed for a work place co-ordinator to join the existing team of brokers and to work with employers. Other issues being taken forward included increasing the capacity of social enterprise schemes and the healthy workplace charter.

6.4.2 The Board commented on the importance of people continuing to receive support once they had found employment, and highlighted the need for this to be recognised by Government agencies. Members also commented on the work of the Public Service Reform Group in looking at people with mental health issues, and discussed long-term worklessness and the role of the local authority in the pathway to employment.

6.5 Priority Four: Ensuring access to appropriate care at all times.

6.5.1 Kiran Chauan (Central London CCG) provided an update on progress in delivering Priority Four. Work was in progress to establish integration programmes between hospitals and Primary Care to overcome data sharing issues and associated risks. Measures to provide extra care for Children and avoid planned and unplanned hospital admissions were also moving forward, and the CCGs were working with hostels to avoid people going to A&E due to substance misuse. The Board noted that the number of people in Westminster attending A&E was going down, and agreed that this would be added as a performance indicator.

6.5.2 Dave Eastwood (Interim Head of Community Protection) provided an update on progress in taking forward the recommendations and actions which had been proposed by the Homeless Health Task and Finish Group, and set out in the report 'Sleeping Rough in Westminster: Health, Wellbeing and Healthcare". The Board noted that although the Homeless Health Group had been very successful, problems remained in obtaining real-time information that was needed for data

matching from A&Es and GPs, who had many different databases. Members noted that input from Adult Social Care was needed for the homeless case conferences based in the two homeless GP practices, to ensure that there were co-ordinated community services working together to prevent admissions and to ensure successful discharges.

6.6 Priority Five: Supporting people to remain independent for longer

6.6.1 The Board received an update from Cath Attlee (Tri-Borough Adult Social Care) on the indicators and targets that had been given in Priority Five. Members noted that the main focus of activity had been the development of the Better Care Fund Plan, and ensuring alignment with the CCG 2-5 year trajectories and Adult Social Care Medium Term Plan. Proposals relating to readmissions, health related quality of life and addressing isolation through health related activities also continued to be developed, and Dementia services were being reviewed in light of the national strategy.

6.7 Members suggested that a briefing note setting out details of the five Priorities of the Health & Wellbeing Strategy, and their Priority Leads, be circulated to all Members of the City Council.

6.8 **Resolved**:

1) That progress in the delivery of the five Priorities of the Westminster Health & Wellbeing Strategy be noted; and

2) That a further update on progress be submitted to the Westminster Health & Wellbeing Board in six months.

7. NHS HEALTH CHECKS UPDATE AND IMPROVEMENT PLAN

7.1 Christine Mead (Behaviour Change Commissioner, Tri-Borough Public Health) presented the outcomes of the 2013-14 NHS Health Check, which was a national risk assessment and prevention programme that helped people take action to avoid, reduce or manage their risk of developing health problems. The Board noted that the Department of Health had set targets for 20% of the eligible population to be invited for Health Checks each year, on the basis that the entire eligible population would then have a Health Check every five years. Between 50-75% of those invited are expected to attend a Health Check each year.

7.2 Christine Mead reported that during 2013-2014, Health Checks had been delivered to 9.7% of eligible residents in Westminster, against a target of 10%. Data indicated that Health Checks were useful, and the Board noted that the new target was for delivery to be raised from 10% to 20% of eligible residents by 2015-16; with the proportion of people being checked who were older and at higher risk also being increased.

7.3 Key areas for improvement had included working closely with CCGs to raise the delivery of Health Checks in all practices and to support communication and training for motivational interviewing; and to increase the uptake in the community through expanding delivery by health trainers, and by making them available to residents at pharmacies. The Board noted that GP practices had the option whether to carry out Health Checks, and acknowledged the need for the NHS to know if they were not being offered so alternative arrangements could be made.

7.4 The Board considered ways in which referral systems could be made more effective, and suggested that they could be shaped to relate more to local communities, with vulnerable communities being specifically targeted. Members commended the work of the community based Health Trainers service; and suggested that health care assistants were not in the best position to carry out Health Checks as they had less authority than GPs.

7.5 The Board discussed the effectiveness of the Patient Outcome Data (POD) system, which sought to provide consistency of delivery, referrals and monitoring. Members expressed concern that the need to have real time data together with issues relating to the processes of the POD system could put GPs at potential risk, and highlighted the importance of effective monitoring to ensure that referrals were followed up.

7.6 **Resolved:**

1) That the delivery of a plan to improve the offer and take-up of NHS Health Checks within Westminster be supported; and

2) That Westminster's Public Health team work with the Clinical Commissioning Groups to identify ways of improving the effectiveness of Health Checks, with a further report on progress being submitted to a future meeting.

8. THE ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH

8.1 Eva Hrobonova (Deputy Director of Public Health) presented the key messages from the Annual Public Health Report, which reviewed the health of people who lived in Westminster; identified local public health priorities; and described current projects designed to improve the health and wellbeing of local people.

8.2 The Board noted that compared to the rest of the country, people living in Westminster were relatively healthy. Although overall life expectancy in Westminster was at or higher than the national average for both men and women, there were significant differences between different communities and between affluent and deprived areas. The report highlighted the need to ensure that people had equal access to health care services, and that they were supported to make healthy choices and were protected against risks to their health.

8.3 The report suggested that health inequalities could be reduced by a focused effort across all services that affected health and wellbeing, which would need to include

leisure, education, employment, housing and planning. The Board acknowledged that giving every child the best start in life was crucial to reducing health inequalities. Health agencies also needed to consider how people could be helped to address multiple rather than individual behaviours, as unhealthy lifestyle choices tended to cluster together; with people who smoked being more likely to drink too much alcohol or to use drugs, and to have poor diets and be inactive.

8.4 Members commented on inequalities that were linked with poverty, and noted that children who lived in poverty were at greater risk of health and social problems later in life; which ranged from obesity, heart disease and poor mental health, to low educational achievement and employment status. Members also suggested that public health initiatives for Westminster should focus on the local community, rather than on a Tri-borough overview.

8.5 **Resolved:** That the Annual Report of the Director of Public Health be noted.

9. JOINT STRATEGIC NEED ASSESSMENT WORK PROGRAMME

9.1 Colin Brodie (Public Health Services) invited the Board to approve the Joint Strategic Need Assessment (JSNA) work programme for 2014/15. The JSNA Steering Group had met on 29 April to consider possible areas for deep-dive JSNA, and had suggested that the issues of childhood obesity, older people and housing, and dementia were three priority areas to be developed into formal applications, as they affected large populations and related to clear commissioning decisions. Members noted that other potential topics could be developed into JSNA deep-dives at a later date, or be addressed in other ways as new priorities emerged.

9.2 The Board requested that the implications of language creating a barrier to successful health outcomes be considered as a further JSNA application.

9.3 Colin Brodie also provided an update on progress in the Pharmaceutical Needs Assessment, and the Board noted that the sending of questionnaires was dependent upon NHS England providing details of community pharmacies.

9.4 **RESOLVED**: that the issues of ‘Childhood Obesity’, ‘Dementia’ and ‘Older People’s Housing Needs’ be included in the 2014/15 Work Programme for detailed Joint Strategic Need Assessments.

10. WORK PROGRAMME

10.1 The Board reviewed its Work Programme for 2014-15.

10.2 Members discussed the agenda for the forthcoming meeting on 18 September, and suggested that the commissioning strategy and capacity of GP services be considered at a future meeting.

11. ITEMS ISSUED FOR INFORMATION

11.1 No papers had been circulated for information since the last meeting of the Westminster Health & Wellbeing Board on 24 April 2014.

12. TERMINATION OF MEETING

12.1 The meeting ended at 6.05pm.

CHAIRMAN _____ DATE _____