

# MINUTES



CITY OF WESTMINSTER



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

## Health & Wellbeing Board MINUTES OF PROCEEDINGS

Minutes of the virtual joint meeting of Westminster City Council's and the Royal Borough of Kensington & Chelsea's **Health & Wellbeing Board** held on 15 July 2021 at 4pm.

### **Present:**

Councillor Cem Kemahli (RBKC - Lead Member for Adult Social Care and Public Health)  
Councillor Tim Mitchell (WCC - Cabinet Member for ASC and Public Health)  
Councillor Tim Barnes (WCC - Cabinet Member for Children's Services)  
Councillor Lorraine Dean (WCC - Deputy Cabinet Member for Children's Services)  
Councillor Nafsika Butler-Thalassis (WCC - Minority Group Representative)  
Senel Arkut (Bi-Borough - Head of Health Partnerships and Development)  
Olivia Clymer (Healthwatch Westminster)  
James Benson (Central London Community Healthcare NHS Trust)  
Ian Robinson (NHS Ealing CCG)  
Anna Bokobza (Imperial College Healthcare)  
Emma Bikupski (Local Safeguarding Children Partnership Business Manager)  
Dr Kathie Binysh (Head of Screening NHSEI London)  
Iain Cassidy (OpenAge)  
Heather Clarke (Housing and Regeneration)  
Lesley Watts (Chelsea and Westminster Hospital NHS Foundation Trust)

Bernie Flaherty (Bi-Borough Executive Director for ASC and Health)  
Sarah Newman (Bi-Borough Executive Director of Children's Services)  
Simon Hope (North West London CCG)  
Jo Ohlson (North West London CCG)  
Janet Cree (North West London CCG)  
Philippa Johnson (Central London Community Healthcare NHS Trust)  
Luxan Thurairatnasingam (Metropolitan Police)  
Tania Kerno (Healthwatch RBKC)  
Jeffrey Lake (Deputy Director of Public Health)  
Sarah Crouch (Deputy Director of Public Health)  
Maryam Duale (Policy Officer, WCC)  
Visva Sathasivam (Director of Social Care)  
Lucy Cook (Central and North West London NHS Foundation Trust)  
Andrew Eagle (Central and North West London NHS Foundation Trust)  
Balu Pitchiah (Central and North West London NHS Foundation Trust)  
Angela Spence (Kensington and Chelsea Social Council)  
Alex Deolinda Severino (Portfolio Advisor, WCC)  
Dr Andrew Steeden (Chair, West London CCG)  
Russell Styles (Deputy Director of Public Health)  
Dr Mona Vaidya (Central London CCG)

## **1. WELCOME TO THE MEETING**

- 1.1 Councillor Tim Mitchell (Chair) welcomed everyone to the meeting. The Board confirmed that as the meeting was held within WCC, Councillor Mitchell would chair the meeting in line with the agreed memorandum of understanding.

## **2. MEMBERSHIP**

- 2.1 Apologies for absence were received from Anna Raleigh (Director of Public Health), Councillor Josh Rendall (Lead member Family & Children RBKC), Lena Choudary-Salter (CEO Mosaic Community Trust) and Joe Nguyen (Borough Director Central London CCG).

### **3. DECLARATIONS OF INTEREST**

- 3.1 There were no declarations of interest.

### **4. MINUTES**

#### **RESOLVED:**

- 4.1 That the minutes of the Kensington & Chelsea and Westminster joint Health & Wellbeing Board meeting held on 27 May 2021 be agreed as a correct record of proceedings.

### **5. COVID-19 VERBAL EPIDEMIOLOGY UPDATE AND LOCAL VACCINATIONS UPDATE**

- 5.1 Sarah Crouch (Deputy Director of Public Health) gave a commentary on her slides, which had been circulated prior to the meeting and are publicly available.
- 5.2 Three of slides to run through the epidemiology update reported on the 11 July 2021. The slides show the number of cases and deaths in both boroughs since the start of the pandemic. Case rates showed increases particularly in the younger age groups. Slide two shows case across Westminster and RBKC which continue to rise and slide three looks at case rates for the older age groups (60+) which remains low compared to the other groups.
- 5.3 Simon Hope (Borough Director of West London CCG) updated the Board on the vaccination programme. He provided commentary on the uptake rate of vaccinations and plans towards the end of line for a vaccination sprint. Events ongoing to vaccinate as many people as possible, with the CCG and LA meeting several times a week. Engagement ongoing with the LA and NHS communications teams to reach groups in the community.
- 5.4 In response to questions, the following points were made:
- (i) Modelling showed that winter bed occupancy would be unlikely to drop below 90%. Planning through regular gold meetings across NW London acute trust and GP's coming together – Dr Andrew Stephens (Northwest London)
  - (ii) Phase 3 booster programme: primary care taking a lead role as they did in phases 1 and 2.
  - (iii) Patient contact: Guidance to practices may be provided, but practices will work with what they have found to be more effective including lessons learned and knowledge of practice list population. Letter, telephone, text as well as LA communications and local social media including tick tock will be used in contacting patients.

- (iv) Patient feedback used by practices to inform the way they invite patients and in August will be used in a more structured and formal way. Need to use multiple channels to get to patients and a print information campaign planned for older people and volunteers.

## **6. PRIMARY CARE AND MENTAL HEALTH RECOVERY UPDATE**

- 6.1 Lucy Cooke (Service Manager RBKC Community Mental Health) spoke on work done in community health and introduced Katherine Nagib (colleague/member expert by experience) on co-production work done. Health and Wellbeing and how we co-provide community transformation event in mental health. Working together with shared goals, keeping stakeholders involved, equality and diversity.
- 6.2 Aims level playing field. Language – micro listening/welcoming opinions. Keep going along with the challenges of COVID. Everybody achieves more and teamwork makes a dream work. Family focused approach also known as triangle of care. Doing things for ourselves with help of services and loved ones. Place at table, opinions heard, place for eight boroughs, five-year plan.
- 6.3 Detailed plans in slides provided by Lucy. Slide 3 details the co-produced model. Hoping to achieve one door entry/ daily triage. Meeting with oversight of all the resources available. Whole systems approach-access to expert consultation/community engagement etc. Physical health and mental health. One team, people accessing services at the right time and right place. How do we feel improvement? No primary and secondary care divide.
- 6.4 Slide 6 – Sets out how services will be improved including transfer of care and feedback. Implementation in WCC live in September 2020, social care agenda is in the front door. RBKC has drafted SOP with engagement with service users etc. Go live in September 2021. Training packages for staff developed and rolled out with Dr Eagle elaborating on new roles.
- 6.5 In response to questions, the following points were made
  - (I) Compare WCC to RBKC: service availability, peer support and employment support. Resource with community hubs is resourced in a similar way there is no reason for difference.
  - (II) Check that work is going on alongside with work in CAMS – 16-25 and yes working together as a whole system.

## **7. ICS UPDATE**

- 7.1 Bi Borough Integrated care partnership (ICP) and Primary care recovery update. Effective primary care response to pandemic. All local services have stayed open and supporting each other. Examples include shift from face to face to virtual appointments for infection prevention and control guidance.

- 7.2 Non urgent service scaled down. Contractual requirement paused – patient participation groups. Long term condition management scaled back up and unlikely to see everything go back to way things were pre-pandemic e.g., patient access to service.
- 7.3 Healthwatch. Some patients have found challenges in accessing service delivery. Work to optimize opportunities technology provides in health service delivery. Key challenge: building back better. Lessons learned in pandemic included in plans moving forward (patients views and experience into changes we will be making).
- 7.4 Slide on recovery. General practice at the heart of integrated care. Digital, inequalities, long term conditions, mental health and post covid challenges. For patient access, overview informed by a population health management approach with principles in informing key principles to be addressed.
- 7.5 Primary care Gearing up for phase 3 flu and booster jabs. Summit next week to look at winter pressures. James (Director of borough...) weekly call-in place to address issues. Build ICP – maximum delivery and reduce repetitive nature of how things used to be. ICP and ICS agenda: build a local partnership at place. Maximise delivery for the needs of residents.
- 7.6 Chair thanked Andrew for highlighting system for overall performance in individual health needs groups e.g., hypertension etc. Andrew said information gathered goes at various levels to really examine where they are issues and good practice, for example work by Dr Farrell on diabetes is best in west London and lessons to be learned from them.
- 7.7 In response to questions, the following points were made
- (I) Olivia from Healthwatch thanked report authors for a comprehensive paper and asked where it sits with regards to NHS long term care, continuity of care, supporting relationships with triage and digital. In response SH said they enhance opportunities for patient and GP contact, optimising GP time. Able to focus GP time on continuity of care patients. Engagement workshop is a bi borough ICT strategy.
  - (II) Andrew (COC) said failings over the last number of months will be met by work going forward around pro-active care planning and experience of supportive network. James spoke on actual capacity as we build more roles (building evaluation).
  - (III) Question on what is been done on equalities (interpreting services and registration with GP services). Most evident in terms of vaccine uptake, flu, child immunisation and cancer services. Emphasis will be in making sure we target inequalities. Key prioritisation in our list of ICP priorities. Understand why we are challenged in the bi borough and keep coming back to this committee. Vaccination issue with trust, communication is key, also interpreting service is key.

- 7.8 Chair Cllr. Tim Mitchell. GP registration service some more difficult to access than others, an area for further work. Patient survey compares favourably with others the country. Population specific for inner London high turnover of population. Independent study and analysis on why the rates are what they are.

## **8. NHS COMMISSIONING UPDATE**

- 8.1 James Benson/Joe/Janet (COO for bi borough area). Paper outlines Core strategic priorities- borough level priorities based on local needs. Financial strategy and approach will directly tackle inequalities. Current set will be guided by legislation in terms of governance, constitution, statutory board and partnership board. Significant steps taken towards having all this in place. Further work on details will be guided by legislation.
- 8.2 James: Recognise operation at two different levels. Delivering ICP split in two to recognise difference in both places. Come together to become one ICP with time.

## **9. HEALTH AND WELLBEING BOARD AWAY DAY**

- 9.1 Senel Arkut discussed board development away day in September. Paper on Health and Well Being board was going forward and outlined significant changes, thus there is a real opportunity for the how board develops statutory duties. Review terms of reference and priorities in changing landscape. Oversight in health and care inequalities work.
- 9.2 Proposals for development day in September to be signed off by chairs in both boroughs. Another board away day next financial year to meet legislative changes.

## **10. WCC RBKC JOINT HWB HD AND AW FUNDING REPORT**

- 10.1 Joe (Accountable officer for North London CCG). Third scheme in place for discharge funding. NHS funding first six weeks of discharge up to end of July. Request from local authorities cost pressure in terms of discharges and continuing funding. Ian – Hospital discharge shows a good example of all coming together and thanked colleagues on work done.

## **11. WESTMINSTER'S PARTNERSHIP RESPONSE TO SERIOUS YOUTH VIOLENCE**

- 11.1 Sarah Newman (Bi-Borough Executive Director of Children's Services) – Update on WCC response to serious youth violence. Statutory requirement on

local authority to respond. Duties detailed in section 6 of report. Helpful to have a representative from LA to sit on board. Crimes by under 18's reduced, but 18 to 24 cohort increased. Twenty-one people killed/dead since start of year with five in Westminster. All due to gangs linked to drugs supply and demand. Potential increase as we come out of lockdown with youth unemployment and mental health issues as contributory factors.

- 11.2 Engagement work. Target different communities, looking at what we are doing and what we can do. Community engagement officer now recruited in Westminster.
- 11.3 James – Discuss with rest of ICT executive, Janet/James get right person on this and looking at broader bi borough position.
- 11.4 Look at arrangements there and bring something back at next meeting. Looking at how we amalgamate to bi-borough. Complex issue. Response should come from communities. Also do young people have a voice, so little funding in terms of places for young people to go. Complex and difficult subject requiring careful consideration.
- 11.5 Reactive and proactive response. How we approach kids to set up aversion methods to divert from criminality. Criminality a product of society, want to be proactive in identifying kids and preventing violence to provide a much more fruitful future for them. Looking at past learnings and reincorporate to present activities. Review and reusing what we are doing and listening /talking to communities.

## **12. ANY OTHER BUSINESS**

- 12.1 None.

The Meeting ended at 5.30pm

**CHAIR:** -----

**DATE** -----