

# Westminster Scrutiny Commission

Date: 2<sup>nd</sup> September 2013

Classification: General Release

Title: Westminster Health and Wellbeing Strategy

**Report of:** Westminster Health and Wellbeing Board

Cabinet Member Portfolio Adults and Public Health

Wards Involved: All

Policy Context: Health and Wellbeing

**Financial Summary:** None but the Health and Wellbeing Strategy helps to

direct commissioning of health and care services at a

local level.

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## 1. Executive Summary

1.1 This report includes information on the consultation undertaken on the Westminster Joint Health and Wellbeing Strategy, the issues/themes raised by respondents and the steps that the Westminster Health and Wellbeing Board are taking to continue to improve their strategy.

#### 2. Key Matters for the Committee's Consideration

- 2.1 The Committee are asked to provide their views on:
  - The current draft of the Westminster Joint Health and Wellbeing Strategy
  - The high level summary of views received during the consultation process;
  - The next steps for developing the Westminster Joint Health and Wellbeing Strategy further.

# 3. Background

#### Health and Wellbeing Boards

- 3.1 The Department of Health defines Health and Wellbeing Boards as a "forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce inequalities".

  The ambition behind Health and Wellbeing Boards is "to build strong and effective partnerships which improve the commissioning and delivery of services across NHS and local government"<sup>2</sup>
- 3.2 The Health and Social Care Act 2012<sup>3</sup> gives health and wellbeing boards specific statutory functions. These are:
  - to prepare Joint Strategic Needs Assessments (JSNAs)<sup>4</sup> and Joint Health and Wellbeing Strategies (JHWSs). These are also duties for local authorities and clinical commissioning groups (CCGs) as individual organisations;
  - A duty to encourage integrated working between health and social care commissioning, including providing advice, assistance or other support to encourage arrangements under section 75 of the National Health Service Act 2006 (i.e. lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services.
  - The responsibility for issuing and updating a Pharmaceutical Needs Assessment<sup>5</sup> for their area.
  - A power to encourage close working between commissioners of healthrelated services and the board itself; and
  - A power to encourage close working between commissioners of healthrelated services (such as housing and many other local government services) and commissioners of health and social care services.

## The Westminster Health and Wellbeing Board

- 3.3 On 1<sup>st</sup> May 2013 the Westminster Health and Wellbeing Board was formally constituted as a committee of the local authority and its membership and terms of reference were endorsed by full council. While, under legislation, the Health and Wellbeing Board must be a committee of the local authority, it is a joint-board of both the local authority and local clinical commissioning groups.
- 3.4 The Board met as a shadow Board for 18 months previous to May 2013 in order to start developing the Westminster Joint Health and Wellbeing Strategy.
- 3.5 The Board had its first meeting as a statutory board on 23<sup>rd</sup> May 2013. At this meeting the Board were made aware of their statutory functions and reviewed the current state of play against these functions. Their also considered

<sup>3</sup> http://services.parliament.uk/bills/2010-11/healthandsocialcare.html

<sup>&</sup>lt;sup>1</sup> http://healthandcare.dh.gov.uk/hwb-guide/

<sup>&</sup>lt;sup>2</sup> ibid

<sup>4</sup> http://www.jsna.info/

<sup>&</sup>lt;sup>5</sup> https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack

evidence about the healthcare needs of homeless people in Westminster and the barriers to the homeless accessing health services at the appropriate time in an appropriate place. As a result of this discussion, the Board has formed a multi-agency task and finish group to develop solutions to the barriers identified. They Health and Wellbeing Board will consider the recommendations of this group later in the year and agree what actions to take forward.

#### Joint Health and Wellbeing Strategies

3.6 The Department of Health guidance sets out that the purpose of Health and Wellbeing Strategies is to form the basis for local decisions that drive service change such as investment and disinvestment in services according to local needs and engagement with the local communities.

## The Westminster Joint Health and Wellbeing Strategy

- 3.7 The Westminster Joint Health and Wellbeing Strategy was endorsed for consultation by the shadow Board in March 2013. It includes actions focussed around five priority areas:
  - Every child has the best start in life;
  - Enabling young people to have a healthy adulthood;
  - Supporting economic and social wellbeing and opportunity;
  - Ensuring access to appropriate access at the right time; and
  - Supporting people to remain independent for longer.
- 3.8 The Strategy is not a statement of all the Westminster City Council, Clinical Commissioning Groups or others are doing to improve local health and wellbeing. Instead, in-line with national guidance, it aims to focus on those areas where the Clinical Commissioning Groups and the local authorities need to work together to effect change.
- 3.9 With this in mind, the Committee are asked to consider and provide their views on this version of the strategy, attached as Appendix A

#### **Consultation Process**

3.10 The Westminster Health and Wellbeing Strategy<sup>6</sup> was published on 2<sup>nd</sup> April 2013 for consultation. Notification of the consultation was sent to over 1200 partner including, but not limited to, schools, sports groups, housing providers and voluntary and community groups. Additionally the consultation was publicised in all relevant Westminster City Council publications and through GPs, local community and health venues, as well as by some local employers across Westminster. This was done through the use of posters and business cards.

 $<sup>^{6} \ \</sup>underline{\text{http://www.westminster.gov.uk/services/healthandsocialcare/health-and-wellbeing/joint-health-and-wellbeing-strategy/}$ 

- 3.11 The consultation closed on 2<sup>nd</sup> July 2013. Over 120 responses were received via an online survey, email, telephone and letter.
- 3.12 The Health and Wellbeing Board support team also attended 32 meetings with interested groups or those identified as vulnerable communities. These including meetings with mental health service users, older people, those with learning disabilities, local employers, rough sleepers and carers. Practical feedback was received via roundtable discussions or working groups.
- 3.13 An overview summary of the responses received during the consultation attached at Appendix B.
- 3.14 Some of the responses received to the consultation suggested the inclusion of new areas of focus for the Health and Wellbeing Board. However, when considering the responses received, it is important to remember that the Board and the Strategy should be focussed on areas of health and wellbeing where the clinical commissioning groups and the local authority need to work together to improve outcomes. Some suggestions put forward, i.e. improving air quality, in which clinical commissioning groups have little to no role, would not be suitable priority area for the Board.
- 3.15 The Committee are asked to consider Appendix B which sets out a summary of the views received during consultation.

## Next Steps

Refining the Health and Wellbeing Strategy in the short-term

- 3.16 Work is underway by the local authority, Central London Clinical Commissioning Group and West London Clinical Commissioning Group to consider the responses received and to develop the strategy further to reflect any common themes. A revised strategy will then be considered by the Westminster Health and Wellbeing Board in October 2013.
- 3.17 The main changes that are being considered include:
  - Greater refinement of priority one, with more focus on maternity and parenting, obesity and immunisations.
  - Development of actions under priority two with a focus on access to services for young people, and the mental wellbeing of young people. This will build on research that was commissioned around the link between mental health and youth violence, including gangs.
  - Further work to consider how to best support those suffering from dementia in Westminster
  - A clear focus on improving the quality of life for carers locally; and
  - Greater clarity as to how Board partners will improve the quality and access to health and care services across the whole-system with a focus on increasing prevention activity, providing greater personalisation, reducing inequality of access to information and services and encouraging further integration.

3.18 We look forward to receiving feedback from the Westminster Scrutiny Commission as to how we may be able to improve the Strategy further.

## Longer-term improvements

- 3.19 It is important to note that the Strategy is a living document which will need to bend and flex to take account of emerging needs, health trends and evidence of best practice.
- 3.20 We are keen to ensure that there is ongoing dialogue between the Health and Wellbeing Board and those who contributed to the consultation, or have an interest in its work. We will produce a full consultation summary for publication later in the autumn. We also plan to return to the groups which we met during the consultation process to discuss feedback with them in more detail.
- 3.21 Following on from this, the Health and Wellbeing Board are mapping the engagement networks available to them locally and how they can put in place a more open and free-flowing dialogue with local patients, service users, residents and visitors. Healthwatch will be a key component of this dialogue and the Board are looking forward to developing a closer relationship with them in the future
- 3.22 We are in the process of confirming the outcome measures that will be used to monitor the delivery of the Health and Wellbeing Strategy and how this will be communicated to those with an interest including patients, service users and the wider public.

#### 4. Health and Wellbeing Implications

4.1 The Health and Wellbeing Strategy has wide-ranging implications for the health and wellbeing of patients, service users, residents and visitors.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

## **BACKGROUND PAPERS**

Appendix A: The Westminster Joint Health and Wellbeing Strategy (Consultation Version)

Appendix B: Summary of themes/issues raised during consultation