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City of Westminster

Committee Agenda

Title:	**Health & Wellbeing Board**
Meeting Date:	**Thursday 22nd January, 2015**
Time:	**4.00 pm**
Venue:	**Rooms 3 & 4 - 17th Floor, City Hall**

Members:

Councillor Rachael Robathan	Cabinet Member for Adults & Health
Dr Ruth O'Hare	Central London Clinical Commissioning Group
Councillor Danny Chalkley	Cabinet Member for Children's Services
Councillor Barrie Taylor	Minority Group
Eva Hrobonova	Tri-Borough Public Health
Liz Bruce	Tri-borough Adult Social Care
Andrew Christie	Tri-borough Children's Services
Dr Naomi Katz	West London Clinical Commissioning Group
Janice Horsman	Healthwatch Westminster
Jackie Rosenberg	Westminster Community Network
Dr David Finch	NHS England

Members of the public are welcome to attend the meeting and listen to the discussion Part 1 of the Agenda

Admission to the public gallery is by ticket, issued from the ground floor reception at City Hall from 3.30pm. If you have a disability and require any special assistance please contact the Committee Officer (details listed below) in advance of the meeting.

An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter. If you require any further information, please contact the Committee Officer, Andrew Palmer.

Telephone: 020 7641 2802
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Note for Members: Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions they should contact the Head of Legal & Democratic Services in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1. MEMBERSHIP

To report any changes to the Membership of the meeting.

2. DECLARATIONS OF INTEREST

To receive declarations of interest by Board Members and Officers of any personal or prejudicial interests.

3. MINUTES AND ACTIONS ARISING **(Pages 1 - 12)**

I) To agree the Minutes of the meeting held on 20 November 2014.

II) To note progress in actions arising.

4. BETTER CARE FUND **(Pages 13 - 18)**

To receive an update on Westminster's Better Care Fund submission.

5. CARE ACT IMPLEMENTATION **(Pages 19 - 24)**

To receive an update on progress in preparing for the implementation of the Care Act, and on how this might impact on the Health & Wellbeing Board and how it can be supported.

6. CHILD POVERTY **(Pages 25 - 32)**

To consider how plans are developing to address Child Poverty in Westminster following the Joint Strategic Needs Assessment that was previously undertaken.

7. ADULT SAFEGUARDING BOARD - PROTOCOL AND KEY MESSAGES FROM THE ANNUAL REPORT **(Pages 33 - 42)**

To consider and agree a protocol for working with the Adult Safeguarding Board, and to receive any key messages from the Annual Report which are of particular relevance to the Board.

8.	**CHILDREN SAFEGUARDING BOARD PROTOCOL** To review a revised protocol between the Health & Wellbeing Board and the Children Safeguarding Board following comments made at the last meeting on 20 October 2014.	**(Pages 43 - 52)**
9.	**PRIMARY CARE CO-COMMISSIONING** To receive an update from Westminster's Clinical Commissioning Groups on their plans for co-commissioning with NHS England.	**(Pages 53 - 64)**
10.	**WORK PROGRAMME** To consider the Work Programme for the remainder of the 2014-15 Municipal Year.	**(Pages 65 - 72)**
11.	**ANY OTHER BUSINESS**	

Peter Large
Head of Legal & Democratic Services
14 January 2015

Dates of future meetings for 2014/15:

- Thursday 19 March 2015
- Thursday 21 May 2015

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CITY OF WESTMINSTER

DRAFT MINUTES

WESTMINSTER HEALTH & WELLBEING BOARD
20 NOVEMBER 2014
MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Westminster Health & Wellbeing Board** held on Thursday 20 November 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
Clinical Representative from the Central London Clinical Commissioning Group: Matthew Bazeley (acting as Deputy)
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: James Cuthbert (acting as Deputy)
Clinical Representative from the West London Clinical Commissioning Group: Dr Naomi Katz
Chair of the Westminster Community Network: Jackie Rosenberg
Representative for NHS England: Dr Belinda Coker (acting as Deputy)

1. MEMBERSHIP

1.1 Apologies for absence were received from Councillor Danny Chalkley (Cabinet Member for Children & Young People). Apologies for absence were also received from Dr Ruth O'Hare (Clinical Representative from the Central London Clinical Commissioning Group), Meradin Peachey (Director of Public Health), Liz Bruce (Tri-Borough Executive Director of Adult Social Care) and Dr David Finch (NHS England). Matthew Bazeley, Eva Hrobonova, James Cuthbert and Dr Belinda Coker attended as their respective Deputies.

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 18 September 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. CHILDREN & YOUNG PEOPLE MENTAL HEALTH TASK & FINISH GROUP

4.1 Steve Buckerfield (Acting Head of Children's Joint Commissioning) and Jackie Wilson (Central London Clinical Commissioning Group) presented the report of the Children, Young People & Mental Health Task & Finish Group, which set out a series of recommendations that sought to improve Tri-borough services for children and young people in the short to medium term.

4.2 The report also framed the discussion for the Health & Wellbeing Board around the development of a new long-term vision for how children and young people access support for mental health illness across the borough. Board Members noted that there was currently national and local interest in how well the mental health needs of children and adolescents were being met, and that the services for emotionally vulnerable young people in schools had been criticised by the Government as being inadequate. A strong move for a modernisation of services was accordingly taking place, with the views of young people being sought to establish what worked for them.

4.3 The Task & Finish Group had focussed on three particular areas where it had been agreed that more could be done to improve the outcomes for children and young people:

- Ensuring early intervention and prevention in relation to children and young peoples' mental health and wellbeing.
- Reducing the impact of parental mental health disorders on children and young people.
- The transition from children's to adult mental health services

The report had highlighted the need for consistency in outcomes, and in providing signposting and building confidence.

4.4 The Board noted the report's 12 recommendations, which included establishing an out of hours self-referral Children and Adolescent Mental Health Service (CAMHS) consultation, advice and referral telephone line across Tri-borough, to ensure that young people were referred to the right service at the right time. Other recommendations included improving the provision of mental health care to parents and recognising that this could affect childhood health; and managing the move into adult mental health services with differing thresholds. A high number of young people were leaving the system before the transition into adult mental health services, and it was recommended that professionals talk to young people to determine whether there was a business case for developing a service for 16 to 25 year olds.

4.5 A survey undertaken to help design out of hours services had received 319 responses, which had highlighted the need to build an accessible, relevant and

non-stigmatising service which would be used by young people. It was acknowledged that professionals could recognise that young people were not coping, but were hesitant to discuss mental health issues out of concern that problems could escalate. The Board noted that the work arising from the Task Group was gaining momentum, and that the Patient Engagement Officer for the Central London CCG wanted to speak with young people leaving care in Westminster to establish how services could be improved.

4.6 The report had been discussed with the Children's Trust Board, who had considered the recommendations and had agreed to draw up an Action Plan for implementation across the three boroughs. The Board noted that the work of the Task & Finish Group had also been supported by Healthwatch, who had undertaken their own qualitative research with service users.

4.7 The Board also heard from Selena Grogan and Harry Wills from the Rethink national mental health charity, which had been funded to deliver a pilot which moved away from traditional consultation model and involved people co-productively in senior decisions for services. Rethink had focussed their work on three different projects:

- Young people in care and care leavers
- Young people who go through youth offending teams
- Young people around out of hours services

The Board noted that a lot of the work carried out by Rethink had correlated with the findings of the Task Group.

4.8 A piloted training session given as a co-productive group to 8 social workers in Hammersmith Town Hall in September had been well received, with the social workers being willing to take part in a longer session. Rethink would also be targeting teachers to attend future training.

4.9 Harry Wills commented that young people generally preferred to self-refer to mental health services, and suggested that non-health professionals such as key-workers, social workers and teachers be better educated in mental health needs. He also commented on the difficulty young people had in speaking about personal issues, and highlighted the need for practitioners to listen to young people, and the importance of being able to talk to a social worker who knew the details of their case. The Board noted that the team workers in the Leaving Care service were not qualified in social work, and may not understand how to respond to mental health issues.

4.10 Rethink had considered that speaking to a trained person at a drop-in centre would be a better model for accessing services than through schools, due to the potential stigma of accessing pastoral care. Rethink highlighted the need to take away the fear of talking about mental health issues, and also highlighted the value of peer support in engaging young people in children's services.

4.11 The Board noted that 80% of illnesses among teenagers related to mental health; and acknowledged the difficulties in boys seeking help for mental health issues,

with only 13% of boys who had identifiable or recognisable mental health issues seeking treatment. Board Members discussed the issue of stigma, and agreed the objective for mental health to become as mainstream and important as any other health issue.

4.12 The Board commented on the need to engage with mental health providers, and highlighted the role of Public Health partners in taking this forward with schools and voluntary agencies to ensure that mental health became part of universal services. Julia Mason (Families & Children's Public Health Commissioner) highlighted the importance of the school health service, and confirmed that mental health concerns would be taken into account in the review and re-commissioning of the School Nursing Service.

4.13 Westminster's CCGs acknowledged that a more radical approach was needed for the commissioning of services, and welcomed the Action Plan. The CCGs agreed that mental health needed the same approach, strategic direction and parity as physical health, and recognised the important role of the community in supporting individuals.

4.14 Board Members highlighted the need for the Task Group's recommendations to be taken into account by commissioning groups; and of being specific in looking to improve services in Westminster.

4.15 The Board thanked the Task & Finish Group for the work it had undertaken, and commended its report. The Children's Trust had recognised the mental health of children and young people as being a priority issue, and the Health & Wellbeing Board endorsed the Trust's intention that the recommendations be developed into a specific Action Plan, which would be formally presented at a future meeting to determine how partner agencies could assist in implementation.

4.16 The Board also thanked the representatives from Rethink for attending the meeting and for their valuable contributions.

5. SCHOOL NURSING REVIEW AND SERVICE REDESIGN

5.1 Julia Mason (Families & Children's Public Health Commissioner) presented the findings of a review of Tri-borough School Nursing, which had been undertaken to inform the proposed re-commissioning of a new model of improved services. School nursing services were being reviewed across the country by local authorities, and refreshed to ensure they met current priorities and new technologies and could demonstrate that they contributed to health outcomes. The Board noted that from April 2013, School Nursing Services had been commissioned by Public Health, and were aligned to the City Council's Health & Wellbeing Strategy. The report had yet to be finalised, and the Board's comments were sought on suggested options.

5.2 It was proposed that rather than providing for school nursing alone, core components of a new, effective model of school health would include the provision

of school aged immunisation; the Healthy Child Programme of screening and health assessments; a school health information website; and evidence based interventions with clear outcomes that were linked to child public health programmes and priorities.

5.3 The results of consultation had indicated that parents of primary school children sought increased access to the school nursing service for health information, and for advice on childhood development and health issues. Parents of older children found it hard to talk to their teenage children about sexual health and other issues.

5.4 Rachel Wright (Tri-borough Children's Services) commented that a significant number of schools in Westminster had expressed a low level of satisfaction with the provision and consistency of the current School Nursing service at a time of high demand and high need, and had helped shape the two options that were set out in the report. School staff had been concerned about issues such as obesity and children's health and wellbeing, and were reluctant to deliver messages on issues such as puberty, hygiene and female genital mutilation (FGM) which specialist nurses may be better placed to provide. Schools also did not consider one day of nursing services per week to be adequate, and had commented that young people wanted to be able to go to someone they knew and trusted.

5.5 A steer was sought from the Westminster Health & Wellbeing Board on two options for the deployment of the school nurse work force:

- Option 1: which included a school health model with a number of lead or specialist school nurses to provide additional expertise, training capacity and co-ordination to support specific public health outcomes.
- Option 2: which included a school health model which deployed a full-time qualified Specialist Public Health Nurse workforce to co-ordinate services where they were most needed; in secondary schools, high need primary schools and moderate learning disability special schools.

5.6 Board Members acknowledged that a strong health presence was needed in schools which understood the first tier of needs, and which could provide a two-way signposting service for GPs and community health. The Board noted that nurses and health practitioners had developed the 'Health Matters' pilot website in Westminster, which provided simple information for young people and resources for schools. Students and staff were also able to contact a nurse through the website to make an appointment.

5.7 The Board also discussed the possibility of GPs running surgeries in schools, and noted that while GPs were able to go into schools to talk to students, they could not hold surgeries due to legal constraints.

5.8 The Board recognised the importance of the School Nursing Service, but considered that there had been too strong a focus on the school nurse rather than on the health services that were needed. The Board agreed that there was a need to be more innovative and to consider the health outcomes that should be delivered in schools, such as mental health, sexual health and dietary services; and whether they would be better delivered by school nurses or by other

practitioners. The Board also acknowledged the need to provide advice and signposting, and to establish networks between services and practitioners to look more widely at relevant health services were delivered to the 4–18 age group.

6. LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT

6.1 The Board received the Local Safeguarding Children Board's (LSCB) Annual Report 2013-2014 which detailed the core functions of the LSCB and the proprieties that were established in April 2012. The report was being submitted to the Tri-borough Health & Wellbeing Boards to ensure that the LSCB was effective and meeting its obligations. Members noted that the first joint meeting between the Children's and Adults' Safeguarding Boards was to take place later in November.

6.2 Jean Daintith (Independent Chair of the LSCB for Hammersmith & Fulham, Kensington & Chelsea and Westminster) outlined the work that was being carried out by the LSCB to engage diverse communities on the safeguarding of children, and to address national concerns which included the neglect of children and young people, child sexual exploitation, gangs and female genital mutilation (FGM). It was acknowledged that radicalisation was also a safeguarding issue. The LSCB were seeking to include senior police representatives at all Board meetings to ensure effective partnership working and communication.

6.3 The report included the Safeguarding Plan for 2014/15, which identified four key priorities for development based on early health and the prevention of harm, which would seek the delivery of better outcomes for children. The key themes also focussed on children who were looked after or on protection plans, and would be incorporated into a multi-agency, timetabled Action Plan.

6.4 Board Members commented on the role of Health & Wellbeing Boards, which needed to be satisfied that the Safeguarding Board was operating correctly and to identify any issues that it can deal with as a co-commissioning group. Members suggested that future reports highlighted issues that the Health & Wellbeing Board could comment on, and agreed that a clear protocol needed to be developed with the Children's and Adults' Safeguarding Boards that would clarify the role and responsibility of the Health & Wellbeing Board and of Policy & Scrutiny Committees.

6.5 The Board commended the achievements and progress that had been made by the LSCB, and the effectiveness of local arrangements to safeguard and promote the welfare of children within the Tri-Borough area.

7. PRIMARY CARE COMMISSIONING

7.1 At its last meeting on 18 September (Minute 6), the Board received a report on Primary Care Commissioning in Westminster, which had highlighted a number of issues and concerns that included the provision of GP practices and the

availability of premises; the commissioning framework for primary care; and the availability of data. Following a subsequent discussion between the Chairman and Vice-Chairman, it was suggested that the Board consider the possibility of undertaking a piece of work on the commissioning of primary care, and whether this should be done by way of a Task & Finish Group.

7.2 Board Members highlighted the need to be confident that there were sufficient GP practices in specific areas to enable the delivery of out of hospital care, and suggested that the City Council take potential opportunities for GP premises into account when negotiating planning applications.

7.3 Board Members noted that the commissioning of primary care was currently being investigated by Westminster's Clinical Commissioning Groups (CCGs), and agreed that any review undertaken by the Health & Wellbeing Board should seek to extend the work that was in progress and avoid duplication, and with external expertise being commissioned if required. The Board also agreed that the review would need to be seen as a piece of work by the Health & Wellbeing Board rather than the Clinical Commissioning Groups alone, and that any resulting action would need to be taken in a West London perspective and involve all partners.

7.4 **Resolved:** That the possible scope and effectiveness of establishing a Task & Finish Group be discussed with Westminster's CCGs and NHS England, and that the outcome be reported to the Health & Wellbeing Board at its next meeting on 22 January 2015.

8. BETTER CARE FUND

8.1 The Board received an update from James Cuthbert (Adult Social Care) on further progress in the Better Care Fund Plan, which had been submitted to the Department of Health on 19 September. The Board noted that the Tri-borough Plans had now been given assurance without conditions by NHS England, who had also given approval to proceed with implementation.

8.2 The Better Care Fund Steering Group had been meeting to drive forward the four work streams, and progress had been made with the development of the Community Independence Service which formed a key component of the development of integrated health and social care in the borough. The three Cabinet Members from the Tri-borough authorities and CCG Chairs had agreed to the establishment of a Better Care Fund Board, which would oversee implementation and ensure that the Health and Wellbeing Boards received regular reports on progress.

9. CONTRACTING INTENTIONS

9.1 The Board received updates from Matthew Bazeley and Simon Hope from the Central and West London Clinical Commissioning Groups (CCGs) on progress in developing their Contracting Intentions for 2015-16. The proposed Contracting

Intentions had been presented to the Board at its meeting on 18 September (Minute 5), and largely followed the same strategic agenda and sought to develop Whole Systems working and provide more integrated Out of Hospital Care.

9.2 Board Members acknowledged the CCGs' intention to commit further resources to mental health, and to work with the Child & Adolescent Mental Health Service (CAMHS) to support and implement the findings and recommendations of the Children & Young People Mental Health Task Group.

9.3 The Board noted that less detailed versions of the Commissioning Intentions were to be produced for patients and for public information.

9.4 **Resolved:** That the Contracting Intentions of Central and West London Clinical Commissioning Groups be endorsed.

10. WORK PROGRAMME

10.1 The Board considered its work programme, and agreed that the format of agenda reports would be reviewed.

10.2 Board Members also agreed to arrange a mapping session to identify future agenda issues.

11. ITEMS ISSUED FOR INFORMATION

11.1 The Board noted that a paper providing information on GP services in Westminster had been issued for information.

12. TERMINATION OF MEETING

12.1 The meeting ended at 6.18pm.

CHAIRMAN _____ DATE _____

WESTMINSTER HEALTH & WELLBEING BOARD
Actions Arising

Meeting on Thursday 20th November 2014

Action	Lead Member(s) And Officer(s)	Comments
Local Safeguarding Children Board Annual Report		
That a clear protocol be developed with the Children's and Adults' Safeguarding Boards that would clarify the role and responsibility of the Health & Wellbeing Board and of Policy & Scrutiny Committees.	Helen Banham Tim Deacon	To be submitted to the meeting on 22 January 2015.
Primary Care Commissioning		
The possible scope and effectiveness of establishing a Task & Finish Group be discussed with Westminster's CCGs and NHS England, and that the outcome be reported to the Health & Wellbeing Board at its next meeting on 22 January 2015.	Clinical Commissioning Groups. NHS England	Dealt with outside of Board meetings.

Meeting on Thursday 18th September 2014

Action	Lead Member(s) And Officer(s)	Comments
Better Care Fund Plan 2014-16 Revised Submission		
That the final version of the revised submission be circulated to members of the Westminster Health & Wellbeing Board, with sign-off being delegated to the Chairman and Vice-Chairman, subject to any comments that may be received.	Director of Public Health.	Completed.
Primary Care Commissioning		
The Commissioning proposals be taken forward at the next meeting of the Westminster Health & Wellbeing Board in November	NHS England	Completed.
Details be provided of the number of GPs in relation to the population across Westminster, together with the number of people registered with those GPs; those who are from out of borough; GP premises which are known to be under pressure; and where out of hours capacity is situated.	NHS England	Completed.
Measles, Mumps and Rubella (MMR) Vaccination In Westminster		
That a further report setting out a strategy for how uptake for all immunisations could be improved, and which provides Ward Level data together with details of the number of patients who have had measles, be brought to a future meeting of the Westminster Health & Wellbeing Board in January 2015.	NHS England Public Health.	To considered at the forthcoming meeting in May 2015.

Meeting on Thursday 19th June 2014

Action	Lead Member(s) And Officer(s)	Comments
Whole Systems		
Business cases for the Whole Systems proposals to be submitted to the Health & Wellbeing Board in the autumn.	Clinical Commissioning Groups.	Complete.
Childhood Obesity		
A further report to 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.	Director of Public Health.	In progress
The Health & Wellbeing Strategy		
A further update on progress to be submitted to the Westminster Health & Wellbeing Board in six months.	Priority Leads.	To considered at the forthcoming meeting in March 2015.
NHS Health Checks Update and Improvement Plan		
Westminster's Clinical Commissioning Groups to work with GPs to identify ways of improving the effectiveness of Health Checks, with a further report on progress being submitted to a future meeting.	Clinical Commissioning Groups	In progress.
Joint Strategic Needs Assessment Work Programme		
The implications of language creating a barrier to successful health outcomes to be considered as a further JSNA application. *Note: Recommendations to be put forward in next year's programme.*	Public Health Services Senior Policy & Strategy Officer.	In progress.

Meeting on Thursday 26th April 2014

Action	Lead Member(s) And Officer(s)	Comments
Westminster Housing Strategy		
The consultation draft Westminster Housing Strategy to be submitted to the Health & Wellbeing Board for consideration in the autumn.	Strategic Director of Housing	In progress

Child Poverty Joint Strategic Needs Assessment Deep Dive		
A revised and expanded draft recommendation report to be brought back to the Health & Wellbeing Board in September.	Strategic Director of Housing Director of Public Health.	Completed.
Tri-borough Joint Health and Social Care Dementia Strategy		
Comments made by Board Members on the review and initial proposals to be taken into account when drawing up the new Dementia Strategy.	Matthew Bazeley Janice Horsman Paula Arnell	In progress
Whole Systems		
A further update on progress to be brought to the Health & Wellbeing Board in June.	Clinical Commissioning Groups	Completed.

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City of Westminster

Westminster Health & Wellbeing Board

Date:	**22 January 2015**
Classification:	**General Release**
Title:	**Better Care Fund Update**
Report of:	**WCC and Central and West London CCGs**
Wards Involved:	**All**
Policy Context:	**Health and Social Care Integration**
Report Author and Contact Details:	**James Cuthbert, Whole Systems Lead for Adult Social Care**

1. Executive Summary

1.1 This paper provides an update on progress with development of the Better Care Fund (BCF) Plan and explains preparations for implementation in 2015/16 of BCF schemes.

1.2 The BCF is a national initiative to improve health and social care outcomes and cost-effectiveness, with an emphasis on more care at and near home. Every Health and Wellbeing Board is tasked with developing a plan and, following a national review process during the summer and autumn, the Borough's updated BCF Plan is expected to be approved by the national BCF Task Force soon. Work is in progress to implement the schemes in the BCF Plan, especially to develop a new integrated Community Independence Service (CIS).

2. Key Matters for the Board

2.1 The Health and Wellbeing Board is asked to note progress towards approval of the BCF Plan and preparation for implementation of the BCF schemes.

3. Background

3.1 The BCF is a single pooled budget for health and social care services to work closer in local areas, based on a plan agreed between the NHS and local authorities. A national fund of at least £3.8bn was announced in the summer of 2013.

3.2 The BCF does not come into full effect until 2015/16, but additional funds were made available to aid planning in 2014/15. A national BCF Task Force working across the Department of Health (DH), the Department of Communities and Local Government (DCLG), NHS England (NHSE) and the Local Government Association (LGA) has been in place since July 2014 to drive and refine BCF planning.

4. Progress Update

BCF Plan Development

4.1 The BCF Plan was developed within the existing Whole Systems partnership between the local authority and the NHS, and reflects the shared aims for integrated care.

4.2 The Health and Wellbeing Board approved the first version of the BCF Plan at its meeting in March 2014. In July 2014, the BCF planning guidance was updated and each area was asked to demonstrate how their plans would reduce emergency admissions to hospitals.

4.3 A revised plan reflecting the changes to guidance, based on more detailed analysis of the costs and benefits of the main schemes, was submitted on 19th September 2014, following an update at the Health and Wellbeing Board on 18th September 2014. The revised BCF Plan was then assessed against a common template as part of the BCF Task Force's National Consistent Assurance Review (NCAR), which was used to assess all BCF plans. Some further clarifications were requested and responses were provided in an updated version of the plan on 28th November 2014. As a consequence, the NHSE Area Team has confirmed that the plan will be recommended to the BCF Task Force for approval.

BCF Implementation Planning

4.4 In anticipation of approval, work has progressed on projects in the plan. The most significant of these is a new, integrated CIS serving all three boroughs. It will provide consistent rapid response for people at risk of emergency admission to hospital; in-reach for people getting ready to leave hospital; and rehabilitation and reablement. It will help more people avoid a stay in hospital when they become ill; help those who need hospital care to go home as soon as they are well enough; and ensure everyone who uses the service has time and support to recover and return as far as possible to independent life when they leave the service. CCGs and Cabinets agreed a business case for CIS following the BCF resubmission process in September. Preparations to implement the new service beginning in April 2015 are progressing well.

4.5 Community Independence Services in each of the three boroughs work in different ways and are provided by numerous organisations. This fragmentation is not efficient and contributes to the confusion that people report when they are asked about their experience of services.

4.6 In 2015/16, the BCF begins to expand and to standardise the CIS, so that it offers services of the same type and quality in all three boroughs; provides enough service to meet the needs of each borough's population; and simplifies the complex organisational structure in each and all of the boroughs. It is not, in this first year, possible to create one organisation to provide the whole of CIS. Instead, in 2015/16, the plan aims to invest in improvements in front-line services by appointing two leads: one for health services and the other for social services. While this does not create a single provider of integrated services, it goes some considerable way to simplifying the existing arrangement.

4.7 The social care provider is the Adult Social Care service that is shared by the LBHF, RBKC and WCC. A preferred bidder has been selected as Lead Health Provider following a competition among NHS providers that work in inner North West London. The lead health provider will be expected to work seamlessly with the social care provider to deliver a service that improves quality and outcomes of care and, by doing so, creates savings by keeping people out of hospitals and residential care. A contractual framework to support this approach is being developed. Engagement is taking place to reach contract signature and make the mobilisation arrangements to enable the new services to commence.

4.8 Health and social care commissioners will work together through existing Section 75 Partnership Agreements. Between them, the commissioners will oversee the implementation of the new service next year.

4.9 From the perspective of patients and people who work in the sector the improvements include a single entry-point that is professionally-led and has a single assessment process; responds in a timely way 7-days, responding to urgent needs in two hours; and has a single, multidisciplinary team working to a common set of standards.

4.10 Alongside CIS, other work is in progress to support increased integration of all the operational services that make up CIS. This includes ensuring an effective interface between CIS and the new homecare service, and enhancements to the social care elements of hospital discharge. This aims to achieve sustainable 7-day social work support in hospitals, from 8am until 8pm, and will help to ensure that sufficient referrals of patients and service users are generated to deliver benefits that were described in the September BCF plan. A pilot before April will test a range of innovations aimed at supporting swift and safe discharge.

4.11 The BCF creates savings by improving the quality of and outcomes from services in the community. With the introduction of these new services, a new monitoring tool help will show whether improvements in care translate into financial benefits, in particular savings from planned reductions in emergency admissions to hospital, and in admissions nursing and residential care homes. Regular data collection will support rigorous evaluation of impact and allow any trends of under-performance to be addressed quickly if detected.

4.12 The BCF requires CCGs and councils to share the financial consequences if plans do not reduce unplanned admissions to hospital. The revised BCF plan that was submitted to NHS England in September includes the core principles of risk sharing that will help us prepare new Partnership Agreements between the commissioners and contracts between the commissioners and providers. These include commitment to a shared approach to resolving variances and amending service models and the share of costs if required.

BCF Implementation Planning – Other Projects

4.13 The BCF is not just about changing settings of care and savings. It should improve people's experience of care. An important group of BCF projects is under way to ensure we can routinely report people's satisfaction with their services, as well as recording how many people use the services and the cost of their care.

4.14 The BCF also includes plans to improve the joint commissioning of services between health and social care and other things that help with integration, such as shared information technology and good information governance.

4.15 In the review of jointly-commissioned services, work is in progress to streamline nursing and care home contracting, helping to focus on both quality and efficiency. This is working towards creating a single team for care home placement contracting, to maximise value for money, ensure that appropriate provision and improve outcomes for people who use residential care services. Detailed review of contracts is also being undertaken to ensure that services commissioned through partnership arrangements between health and social care commissioners give the best value for money.

4.16 The development of all these projects is led by the BCF Board and owned by the executive teams for health and social care, which regularly meet jointly and are supported in between meetings by a BCF steering group of the officers responsible for BCF.

4.17 The Better Care Fund Board was established in November 2014 and its purpose is to provide an executive function that will make joined up recommendations before going to formal forums for decision. This will be key to the successful

development of an integrated health and social care model locally. Membership of the BCF Board is currently as follows:

- Hammersmith & Fulham CCG Chair
- West London CCG Chair
- Central London CCG Chair
- Cabinet Member for Community Care and Public Health, LBHF
- Cabinet Member for Adult Social Care and Public Health, RBKC
- Cabinet Member for Adults and Public Health, WCC
- Three-boroughs Executive Director for Adult Social Care and Health
- Chief Officer, Central London, West London and Hammersmith CCGs
- Chief Executive, Chelsea and Westminster NHS Foundation Trust (for part of the meeting)
- Chief Executive, Imperial College Healthcare NHS Trust (for part of the meeting).

The BCF Board will have monitoring and advisory duties and will report its activities to the three Health and Wellbeing Boards and to the boards /cabinets/governing bodies of the respective organisations represented.

5. Legal Implications

5.1 Legal considerations associated with the BCF (including legislation needed to ring-fence NHS contributions to the Fund at national and local levels) were described in the paper for the meeting on 18th September 2014.

6. Financial Implications

6.1 Estimates of 2015/16 costs and savings included in the September BCF submission (and maintained for consistency in the November update) were based on analysis available at the time. As stated in the paper of 18th September 2014, these estimates are being refined as we prepare for implementation. Updated values will be submitted to the BCF Board for review in early 2015. Further updates will also be provided to the Health and Wellbeing Board.

6.2 For 2015-16 the minimum value required of the BCF pooled budget across the three boroughs was £44.531m. For the Westminster Health and Wellbeing Board area, this was £18.203m.

6.3 In total across the three boroughs was considerably larger than the minimum. The proposed a budget of £193.092m, which included pooled budgets or jointly commissioned services that existed before the BCF and are incorporated in it.

6.4 The split for Westminster Health and Wellbeing Board within the BCF submission is as per the table below:

Westminster Health & Wellbeing Board	WCC £'000	Central & West London CCGs £'000	Total £'000
BCF Plan (Sep & Nov)	£23,686	£40,161	£63,847

6.5 The BCF Plan estimates saving around £12.477m across the three boroughs in 2015/16, if targets are fully met. Based on the September plan submission (*but subject to updates as per paragraph 6.1 above*) the BCF ensures that WCC receives funding in 2015/16 for the Care Act (£748k) and the investment costs associated with the new CIS (£856k), and should generate recurrent savings (£2.2m). It also protects social care by continuing to pass through the *Social Care to Benefit Health* funding, currently worth £4.9m in Westminster.

6.6 The individual local authorities will track actual savings and CCGs on an ongoing basis and the Health and Wellbeing Board will be provided with updates during the course of 2015/16.

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

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Telephone: 07792 963830

City of Westminster

Westminster Health & Wellbeing Board

Date:	**22 January 2015**
Classification:	General Release
Title:	**CARE ACT IMPLEMENTATION**
Report of:	The Executive Director for Adult Social Care & Health
Wards Involved:	All
Policy Context:	Health
Financial Summary:	A number of duties within the Care Act are likely to have financial impacts for Westminster City Council. For 2015/16 the costs of implementing the programme will be addressed by the Department of Health via specific funds made available through the Care Act implementation grant or Better Care Fund (BCF) monies. For the City Council, the implementation grant recently announced indicates total grant funding available of £967,402. Confirmation of BCF monies is still awaited from the Department of Health. The issue of how future costs from 2016/17 onwards will be met is still to be addressed.
Report Author and Contact Details:	Jerome Douglas – Care Act Programme Manager Tel: 0208 753 2306 E-mail: Jerome.Douglas@lbhf.gov.uk

1. Executive Summary

1.1 The purpose of this report is to inform Health & Wellbeing Board Members about progress in relation to the implementation of the Care Act in Westminster City Council.

2. Key Matters for the Board

2.1 It is recommended that the Board note the content of this report.

3. Background

3.1 All local authorities are expected to implement the requirements of the Care Act 2014. The programme is focussed on delivery to the milestones below as part of a phased approach.

3.2 Phase 1 key deliverables for compliance by 31 March 2015 include:

- Implementation of an eligibility framework and a single set of criteria for Carers
- All service users in receipt of a personal budget (includes a review of the appropriateness of the resource allocation system)
- Assessment processes in line with Care Act requirements (includes Carers Assessments, assessment of self-funders, and prevention duty)
- Implementation of new safeguarding duties
- Market shaping responsibilities embedded (including Market Position Statement and protocols regarding duty around provider failure)
- Managing transition from children and young people services to adults services which includes a right to an "adults" assessment prior to the 18th Birthday. This right also extends to carers of children and young people.
- Information and advice provision (across operations and commissioned services) and provision of preventative services
- Provision of an advocacy service
- Deferred Payment Agreements
- Workforce trained and developed to meet the new operational requirements

3.3 Phase 2 key deliverables for compliance by 31 March 2016 include:

- Funding Reforms embedded in business (including a care account, cap on care costs)
- Communications and engagement plan fully implemented

3.4 Workstreams are in place to implement the deliverables in Phase 1 and Phase 2 in alignment with the agreed schedule. The work to date has involved the following:

i. **Eligibility and the new National Minimum Threshold** - All three boroughs would already be considered compliant with the national minimum eligibility criteria, based on the existing FACS criteria for 'Critical' and 'Substantial' needs. However, the eligibility policy has been formally updated, and this has been reflected in the Adult Social Care (ASC) standard operating procedures, which will form part of the training modules for roll out to all social care staff. The lead ASC officers in RBKC will also develop options to consider how to retain existing service users that have 'Moderate' needs for care and support under the existing FACS criteria, which will no longer be applicable from April. RBKC is able to do this because local authorities have powers under the Care Act to extend the eligibility criteria beyond the new minimum threshold, if they wish to do so.

ii. **All service users in receipt of personal budget (includes review of appropriateness of RAS) –** personal budgets are already part of the offer to service users with eligible needs in all three boroughs. The Care Act requires that local authorities have a more transparent approach to setting the amount offered to service users. Work is therefore underway to review the existing resource allocation system, with a view to potentially replacing it with something more appropriate. Our objective is to put in place a person-centred, holistic framework for setting personal budgets, linked to focussed outcomes for the service user.

iii. **Assessment processes in line with Care Act requirements (includes Carers Assessments, assessment of self-funders, and prevention duty) –** we have built a revised assessment process into the ASC operating procedures, to be rolled out as part of the training programme in the New Year. This includes a new Carer's assessment process, which is being piloted in December. Early assessment of self-funders will be rolled out from October 2015, inviting 25% of known self-funders ahead of the April 2016 deadline, in alignment with Department of Health recommendations. This is because self-funders will be entitled to an assessment once their care costs reach the £72,000 cap, with a view to seeking support via their local authority.

iv. **Implementation of new safeguarding duties –** The London Association of Directors of Adult Social Services (ADASS) is developing a Care Act compliant set of protocols for safeguarding that will be rolled out to all London local authorities. These protocols will be embedded within the ASC standard operating procedures and rolled out to all staff as part of this training.

v. **Market shaping responsibilities embedded (including Market Position Statement and protocols regarding duty around provider failure) –** A Market Position Statement has been drafted to support market shaping through engagement with local providers,. The market position statement will help to inform commissioning of new, innovative services for local residents.

vi. We have developed a draft Provider failure protocol. This will help inform decisions about how to support the transfer and continuity of care for service users in the event the incumbent provider is unable to support them due to business failure.

vii. **Managing transition from children and young people services to adults services -** Project work is underway to build the Education, Health and Care transition pathway, which will be embedded within the ASC Standard Operating Procedures and rolled out to staff in the Learning Disability team. This will ensure a more holistic approach is adopted that supports young people requiring an "adults" assessment prior to their 18th Birthday.

viii. **Information and advice provision (across operations and commissioned services) and provision of preventative services –** The workstream activity to deliver compliance includes development of all information and advice formats, including the People First Website and leaflets. An audit checklist of the full range of the types of information and advice required has been completed. The next stage will refresh the content for each topic area. The work on information and advice also links very closely with new duties to promote prevention, and a mapping exercise is underway to document the existing prevention offer. This includes developing a shared understanding of services provided by the private, voluntary and community sector, health, and universal services that support preventative approaches to underpin health and wellbeing.

ix. **Advocacy Support Services** – A procurement process is underway to develop the service so that the local authority can routinely offer independent advocacy support to anyone who requests it, as part of the assessment and support planning process.

x. **Deferred Payment Agreements -** Deferred Payments Agreements are offered today. The funding reform workstream is hoping to develop a consistent approach to deferred payment agreements across all three boroughs, including appropriate interest charge rates. This approach will be embedded within the finance operating procedures and rolled out to staff.

xi. **Workforce trained and developed to meet the new operational requirements –** A workforce development programme is being shaped and resourced to be rolled out in the New Year from February onwards. This follows engagement with staff and managers about the workforce implications of the Care Act reforms and the completion of a training needs analysis. Care Act awareness sessions have already been rolled out to ASC staff and this is likely to be extended to other departments across the local authority, externally to health partners including the CCGs, and to the voluntary and private sector.

4. COMMUNICATIONS / CONSULTATION

4.1 Successful 'show and tell' events have been held in the London Borough of Hammersmith and Fulham and Westminster City Hall, to promote the work of the programme and encourage stakeholders to engage in the implementation. The Royal Borough of Kensington and Chelsea show and tell event is scheduled for January 2015.

4.2 A communications plan has been developed to co-ordinate key messages to be communicated to all stakeholders, and a regular update is published in the monthly Triangle newsletter to ASC staff. The communications plan includes the roll out of the Public Health England Campaign to share information with the general public about the Care Act. This is to ensure residents are fully aware of the reforms and the local authority's implementation programme. Care Act

briefing sessions have been held with GP's, Housing, Carers Network in Westminster, and care and support providers, and the Public Health Leadership Forum.

5. PARTNERSHIP WORKING

5.1 The Care Act requirements make it clear that Councils are required to co-operate with other organisations including health, housing and employment services to ensure a holistic approach to care and support. Adult Social Care has therefore taken steps to work collaboratively with other parts of the Council, including Housing, Children and Families, Public Health, Environmental Health Leisure, Community Safety, Corporate Voluntary and Community Sector. External engagement with health colleagues in the CCG's and NHS England is also underway.

5.2 The implementation programme is aligned to other transformation work for Adult Social Care focussed on greater partnership / integration, through the Customer Journey project and the development of the Community Independence Service. This will lead to better coordination of information and advice, assessments, support planning, hospital discharge and help to live at home.

5.3 Mental Health and Housing sub-groups have been meeting regularly to identify key actions that will contribute to compliance with the Care Act. This is specifically in relation to pathways, assessment and support planning, information and advice mapping, alignment of operating procedures, and identifying workforce development activities.

6 RESOURCE IMPLICATIONS

6.1 A number of duties within the Care Act are likely to have financial impacts for the Council that are difficult to quantify at this stage; these are explained below.

6.2 *Financial Modelling.* Conducting accurate financial modelling of the impact of the Care Act and the care cap is challenging due to the large number of variables and unknowns. Our initial model of the costs of self-funders approaching the council indicates that costs in Westminster could rise substantially (this in addition to the costs of additional assessments and deferred payments). Our feedback on funding formulae consultation for the Care Act was that it did not provide assurance that these costs are being fully addressed. This is a major concern, and is compounded by the lack of data about self-funders, which makes it hard to accurately estimate costs for this group. We believe that nationally, we are no further forward in developing robust data to predict self-funder impact.

6.3 *Increased demand for needs assessments.* The implementation costs of the Care Act are significantly higher than the Government's current estimation. Needs assessments help self-funders keep track of progress towards the cap on their care costs as they become eligible for local authority funding from April 2016. Carer's assessments will also increase from April 2015. The estimated costs, using the Lincolnshire Modelling (the nationally adopted tool) indicates that the

additional assessments for Westminster City Council during 2015/16 are £449,111.

6.4 *Deferred Payments.* We have no robust evidence on which to model future demand arising from the implementation of a universal deferred payment scheme. We believe we will see an increase in the number of people wishing to take out a deferred payment. This will have a financial impact, particularly in managing cash flow, although government funding will be available to support these costs. Based on the Lincolnshire model, cost estimates for deferred payment agreements during financial year 2015/16 are £364,574.

6.5 *Possibility of more people becoming eligible for care and support.* There is likely to be an increased cost to operational delivery within each of the local authorities, to manage the increased demand for information and advice, assessments, and arranging service provision, as more people become eligible for public funding. Based on the Lincolnshire model, the additional costs will potentially come from carers assessments which are estimated to be £1,352,000 during 2015/16 for the carers package and service provision.

6.6 *London specific impact.* The impact upon London is likely be significantly different from the impact in other regions, due to its higher cost base; this needs to be fully understood and reflected in funding received from the Department of Health to support implementation of the reforms. For example, the higher costs of care in London will mean that people are likely to reach their cap earlier, so London boroughs will incur costs earlier and face higher costs for these newly eligible people, than will authorities in other parts of the country. These costs have not been quantified as part of the Lincolnshire Model.

6.7 For 2015/16 the costs of implementing the programme will be addressed by the Department of Health via specific funds made available through the Care Act implementation grant or Better Care Fund monies. For Westminster City Council, the implementation grant recently announced indicates total grant funding available of £967,402. However, we are still awaiting confirmation of BCF monies from the Department of Health. We also do not have information about how future costs from 2016/17 onwards will be addressed.

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

The final regulations and guidance were published for local authorities in October 2014. These can be found at:

https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation

WESTMINSTER CITY COUNCIL

HEALTH AND WELLBEING BOARD – 22 JANUARY 2015

REPORT BY THE TRI-BOROUGH EXECUTIVE DIRECTOR OF CHILDREN'S SERVICES

CHILD POVERTY – JSNA UPDATE AND NEXT STEPS

This paper provides and update report following the JSNA on child poverty (published in July 2014) and recommends further activity.

FOR DECISION

1. INTRODUCTION

1.1 Better City, Better Lives and the Board's Joint Health and Wellbeing strategy share a priority which seeks to "give every child the best start in life.' Addressing the causes and consequences of poverty and income deprivation have been a priority for Children's services for a number of years, notably via the borough's Child Poverty programme with Save The Children (2011-2014). This was a three year partnership that sought to respond to, and mitigate against the effects of, child poverty in the borough.

2. BACKGROUND

2.1 The government published its strategy on child poverty in the Spring of 2013. The borough does not currently have a single, standalone strategy on child poverty. The Child Poverty Act 2010 established a statutory framework for local partners to cooperate to tackle child poverty. The expectation is that partners ***publish*** a Joint Strategic Needs Assessment and ***prepare*** a Child Poverty strategy. This note provides a short update on needs assessment and strategy and recommends next steps for the Board to consider.

2.2 The Tri-borough Public Health team led a cross departmental 'deep dive' JSNA on child poverty in early 2014, across all three boroughs. The final report was considered for approval by the Health and Wellbeing Board in March 2014 and was published in April 2014. The borough has therefore met its duty with regards to assessment of needs. The Board noted the JSNA, which presented some potential recommendations and proposed a set of priorities. Whilst no specific actions were commissioned by the Board as a result of the JSNA, this report provides a brief update on how services have targeted to meet needs found in the JSNA study.

3. NEED: what the JSNA found and recent activity to support families

3.1 The Joint Health and Wellbeing Strategy (2013 to 2016) carries an objective of "giving every child the best start in life" and refers to carrying out a JSNA on income deprivation as a priority. The JSNA reinforced what we know about levels of deprivation in some areas of the borough and demonstrated that the drivers of child poverty are complex and multi-faceted. It also demonstrated that the child poverty is intrinsically linked to family income, and that families have been affected by the recent economic downturn and changes to benefits.

3.2 Historically, child poverty affected 'workless' families in London and efforts were focussed on supporting families where no adult was in sustainable employment. However the trend in recent years is for working families to represent an increasing proportion of those living in poverty, because of low pay, employment conditions and high housing costs. For example, unemployment in London has reduced significantly since the start of the recession, yet levels of child poverty have increased.

3.3 Addressing the causes and consequences of child poverty therefore requires attention from a range of agencies, both statutory and voluntary with Children's Services just being one. Schools and wider children's services play a key role in dealing with the consequences of child poverty.

3.4 The JSNA report suggested six priority areas:

- Supporting families to engage with services
- Promoting parental employment
- Access to quality/affordable early years childcare, for all families
- Supporting the role of the school community
- Appropriate healthcare, at the right time
- All families have access to housing of a reasonable standard.

The appendix provides some examples of recent service developments, to address the priorities identified.

3.5 The Troubled Families programme, Early Help services and response to welfare reforms by Children's Services and the Housing department all ensure that those most likely to be in poverty are targeted for support. The importance of targeted parental employment support, pay and conditions and housing costs, and the related impact on child health, mean that the causes and consequences of child poverty extend across the whole family and need to be tackled by departments across the council and by the NHS. Child Poverty cannot be reduced and its impact alleviated by Children's Services alone.

4. CONSULTATION

4.1 The JSNA on child poverty was produced via wide consultation with local authority departments, NHS partners, statutory providers and voluntary / community sector partners. An engagement summit was held in November 2013, attended by over 70

representatives from a breadth of organisations. The draft JSNA was considered by the Health and Wellbeing board in March 2014.

5. OPTIONS

5.1 The Health and Wellbeing Board is asked to consider options on *governance* of child poverty policy and *strategy* development to address the needs identified via the JSNA and elsewhere.

5.2 ***With regards to governance***, the Board is asked to consider and decide whether it should be the body which oversees child poverty policy and strategy in the borough. Given the findings of the JSNA and the impact that poverty has on child health and wellbeing in the short, medium and long term, the Board is ideally placed to oversee progress in addressing both the causes and consequences of child poverty.

5.3 With regards to ***strategy***, like Westminster, many local authorities do not publish a stand-alone child poverty strategy. The local authority has few levers over national tax and benefits policy or the austerity measures set out by central government. A child poverty strategy that seeks to reduce child poverty could be a challenge to achieve on a scale that will affect child poverty statistics across the entire borough. The borough's Children's Plan was the strategy vehicle used to articulate an approach to alleviate child poverty locally to date, however the statutory duty to produce a children's plan has been removed.

5.4 The local authority and its partners have more leverage in addressing the consequences of poverty on the child, ensuring that all major plans and strategies seek to maximise their contribution to the child poverty agenda.

6. RECOMMENDATION(S)

6.1 **It is recommended that:**

a) The Health and Wellbeing Board agrees to be the body to oversee a co-ordinated response to child poverty in Westminster;

b) The Director for Children's Services leads the next steps on behalf of the Board, working with statutory and voluntary partners;

c) The Health and Wellbeing Board commissions a piece of work (led by Children's services) to establish whether and how all council and partner services contribute to alleviating child poverty and income deprivation locally through their existing plans and strategies. This would identify how children and families living in poverty are targeted for services in key plans and commissioning decisions. This approach will also enable effective identification of gaps in provision; and

d) Each partner on the Health and Wellbeing Board commits relevant resources as required, to ensure consistent contribution from all agencies.

Andrew Christie
Tri-borough Executive Director of Children's Services

Background papers: Child Poverty JSNA July 2014. Child Poverty Act 2010.

Contact officer: Ian Elliott, Tri-borough Children's Policy Team.
Tel: 02073613577 **E-mail:** ian.elliott@rbkc.gov.uk

Appendix A: Examples of recent service developments, contributing to child poverty in Westminster.

The following provides just a few examples of how existing services and planned investment is meeting the needs identified via the JSNA.

Priority 1- Supporting families to engage with services

1.1 Better City, Better Lives will ensure that 50% of families on the Troubled Families programme will have resolved their re-offending, Anti-Social Behaviour, and poor school attendance.

1.2 The Your Choice programme worked with over 100 gang members and at-risk young people to help them access support and mentoring, get into employment and training, and exit gangs.

1.3 Better City Better Lives carries a priority to enable school leavers and adults with barriers to work to enter employment.

1.4 In May 2014, the Public Health Investment Fund (PHIF) invited proposals that could make significant contributions to developing a more co-ordinated and focused approach to improving health and wellbeing. As a result Public Health are contributing funding to support the continued provision of targeted activity in children centres ensuring that vulnerable families are able to access a range of health promoting and preventative services

Priority 2 – Promoting parental employment

2.1 An initiative is underway to consider how best to increase parental employment rates. Pending the outcome, funding has been allocated by the PHIF referred to above to support pilot initiative(s).

2.2 The PHIF is also supporting the continuation and extension of the Welfare Reform Team which works with households in housing need who are affected by welfare reform, to support access to employment and prevent homelessness.

Priority 3 – Access to quality/affordable childcare, for all families

3.1 A key project via Better City Better Lives is provision for 886 free day care opportunities for two year olds. The Family Information Service are planning for the take-up of tax free childcare which will be launched in Autumn 15 and will enable working families[1] with children under the age of 12 to claim up to £2000 per child per year. This will benefit more working families than those who currently have access to workplace childcare voucher schemes.

3.2 Early years and childcare providers within each borough already provide a mix of sessional and flexible day care in order to meet the needs of local families. Now that

the eligibility criteria for the targeted 2 year old offer has expanded to include more low income families additional places will be created that suit the needs of these families as demand grows for parents wishing to take up this offer.

Priority 4 – Supporting the role of the school community

4.1 Better City Better Lives will ensure that there is a place in education, employment and training for every young person after they complete their GCSEs.

4.2 A new Employment Passport has been rolled out across six schools in the Tri-borough area, helping ensure we have a skills ready workforce.

4.3 Working with the Sir Simon Milton Foundation, Network Rail and the University of Westminster, we will start on the building of the University Technical College to ensure that Westminster has a skills ready workforce which matches the needs of the employment market.

4.4 From September 2014 all children in Reception, Year 1 and Year 2 became entitled to a Free School Lunch. Officers have been working with schools within the school meals contract to implement this change. Early indications are that from an already high base, school meals consumption across the Tri-borough has risen. Officers are currently working on the re-procurement of the school meals service across the Tri-borough area, on behalf of schools. Schools have determined that all school lunches under the new contract will meet the Food for Life Silver or Gold Standards and that new providers will also contribute to local employability by seeking their workforce from the local area and the provision of workforce training.

4.2 From 1 January 2015, schools across England are legally required to ensure milk is made available during the school day to all pupils (5-18 years) who want it. Schools can make milk available at either mid-morning or afternoon break or at lunchtime. Those infant school pupils who are receiving free school meals will receive it as part of their lunch. Older pupils who are registered for Free School Meals will receive the milk free at whatever time the school makes it available.

4.3 As part of the School Food Plan funding was allocated to Magic Breakfast to pilot and evaluate a number of models of school breakfast club provision. Public Health worked with Magic Breakfast to identify and contact eligible schools. 12 schools with high Free School Meal eligibility across the Tri-borough have taken the opportunity to take part in this 2 year pilot. These include 4 primary schools, 6 secondary schools and 1 Pupil Referral Unit which will significantly expand the number of free breakfasts available to pupils.

Priority 5 – Appropriate healthcare, at the right time

5.1 The CCGs have recently launched a programme called Connected Care for Children. This model brings paediatricians out of hospitals into GP practice hubs to enhance local clinical knowledge of children's health. There is an opportunity to encourage

these hubs to network with local children's centres and seek fresh opportunities for integrated services and support for families.

Priority 6 – All families have access to housing of a reasonable standard

6.1 An award from the PHIF is being used to add capacity to enable the residential environmental health team to work more closely with GPs, health professionals and adult social care to intervene and advise where health issues that are linked with poor housing conditions have been identified, including undertaking arrange home visits.

6.2 A separate PHIF award is being used to establish a proactive residential environmental health service for council tenants in Westminster whose health and wellbeing is compromised by poor housing conditions.

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City of Westminster

Westminster Health & Wellbeing Board

Date:	22nd January 2014
Classification:	General Release
Title:	**Safeguarding Executive Adults Board**
Report of:	Executive Director of Adults Social Care Services and Health
Wards Involved:	All
Policy Context:	Safeguarding
Financial Summary:	N/A
Report Author and Contact Details:	Helen Banham, ASC Strategic Lead for Professional Standards and Safeguarding, Tel: 02076414196, Email: hbanham@westminster.gov.uk

1. Executive Summary

1.1 The Health and Wellbeing Board (HWB) is asked to consider a joint working protocol describing the relationship between the HWB and the Safeguarding Adults Executive Board (SAEB) and areas where joint-work might be beneficial to improve health and wellbeing outcomes for residents.

1.2 **Appendix A** of this report is draft joint working protocol which outlines the way in which the HWB and the SAEB might work together, as equal partners, to ensure that safeguarding functions are discharged effectively in the three boroughs, without duplicating functions or creating additional structures.

1.3 The anticipated outcomes of this working together will be:

a) Ensuring safeguarding is “everyone’s business’’ and is reflected in the public health agenda;
b) Any safeguarding issues, or opportunities for the HWB to use its strategic influence over commissioning, are communicated to the HWB by the SAEB;
c) Equally, if the HWB have concerns about safeguarding issues affecting health outcomes, these are effectively communicated back to the SAEB for consideration;

d) Cross-Board partnership working embeds safeguarding across the health and wellbeing sector.

1.4 In addition, this report considers current issues which the HWB and SAEB may wish to undertake joint-work to address over the next year.

2. Key Matters for the Board

2.1 The Health and Wellbeing Board are asked to review and agreed a joint protocol for working with the SAEB. A draft of a protocol is attached at **Appendix A**.

2.2 The SAEB would like the HWB to consider three areas of potential joint work which have emerged from adult safeguarding case activity and joint work on "improving people's experience of care" this year, that the SAEB think require a strategic and joint response. These are

a) Safer recruitment;
b) Commissioning care for older people with complex care needs;
c) Understanding and resourcing shared responsibilities for the Deprivation of Liberty Safeguards.

2.3 These three areas will be included in the SAEB's business plan 2015/16.

2.4 The SAEB would be happy to consider any other issues that the HWB would like to raise for joint work, where there are shared outcomes for people living in the borough, or which are the responsibility of the local authority or Clinical Commissioning Group.

3. Background

3.1 Leadership of safeguarding adults across the three boroughs[1] is provided by the multi-agency, independently-chaired Safeguarding Adults Executive Board (SAEB).

3.2 The purpose of the SAEB is to ensure that agencies working with adults at risk of abuse or neglect in the three boroughs, and represented on the SAEB, work together to;

- prevent harm and reduce the risk of abuse or neglect, to adults with care and support needs;
- safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives;

[1] The City of Westminster; the Royal Borough of Kensington and Chelsea; and the London Borough of Hammersmith and Fulham.

- promote an outcomes approach in safeguarding that works for people resulting in the best experience possible; and
- raise public awareness so that professionals, other staff and communities as a whole play their part in preventing, identifying and responding to abuse and neglect.[2]

3.3 At present, the SAEB is non-statutory body but this will change on 1 April 2015 when the Care Act 2014 is implemented.

3.4 The inaugural Annual Report 2013-14 of SAEB was published in the autumn and is available as a background paper to this report.[3]

3.5 The SAEB is working on its annual plan for 2015/16, which it aims to sign off at its April 2015 meeting. The SAEB draws on issues emerging from case review[4], both locally, and national-reported Serious Case Reviews[5], to inform how its sets its work priorities.

3.6 Between January and March 2015 the SAEB will be consulting member agencies, and the local community with the help of Healthwatch, on the priority areas for adult safeguarding plan for 2015/16. As required by the Care Act 2014, the 2015/16 plan will be published in May 2015.

3.7 From 1 April 2015, under the Care Act 2014, the Local Authority is required to conduct a Safeguarding Adults Review (SAR) where an adult has died (or experienced serious harm) and agencies might have worked together more effectively to prevent their death (harm).

4. Options / Considerations

4.1 There are themes emerging from adult Safeguarding case activity, and joint work done on 'improving people's experience of care' this year, that the SAEB think require a strategic, joint response, and for this reason may be of interest to the HWB. These are:

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[2] Care Act 2014 Guidance S 14 Safeguarding
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf

[3] The SAEB annual report shows the progress has been made in consolidating the governance arrangements of adult safeguarding, that were agreed by all three Cabinets in March 2013, in readiness for the implementation of the Care Act 2014. The report sets out what the SAEB has achieved in its first year, and the priorities it is working on in 2014/15.

[4] This includes findings from audit; peer audit; surveys; as well as formal case reviews.

[5] The Serious Case Reviews that the SAEB have used to inform its thinking and work this year are Winterbourne View; Mid-Staffs Enquiry; Gloria Foster (Surrey); Michael Gilbert (Luton); and the recent events in Rotherham.

a) Safer recruitment;
b) Commissioning care for older people with complex care needs;
c) Understanding and resourcing shared responsibilities for the Deprivation of Liberty Safeguards.

a.) Safer Recruitment

4.2 Evidence is emerging from safeguarding case activity, and joint work in improving people's experience of care, that health and care providers in London are increasingly challenged to find suitably qualified staff, with the right experience and qualifications, to carry out essential work. This includes health and social care workers, registered managers, and qualified (Band 7) nurses. There is also the challenge of increasing numbers of illegal workers being attracted to the sector.

4.3 The issue for the SAEB is that risk of abuse and harm is increased when complex tasks are being carried out by unskilled staff, and false identity undermines the need for accountability in care givers.

4.4 The SAEB intend to commission a thematic review of this issue and would welcome the support of the HWB in implementing its findings across all commissioning agencies.

b.) Commissioning care for older people with complex care needs

4.5 A recent case, currently under police investigation, where a Safeguarding Adults Review may be indicated, has highlighted the issue of provision for older people who may, because of dementia or related illnesses, display behaviour that puts themselves, and other people at serious risk of harm.

4.6 The SAEB would value a joint piece of work to identify how many people this applies to, and what new services might be commissioned; or how existing services might be organised differently, or strengthened; to meet this need.

c.) Deprivation of Liberty Safeguards (DOLS): impact of the Supreme Court judgement in March 2014

4.7 Additional safeguards are provided to people who do not have capacity to make decisions about their care and treatment, by the Deprivation of Liberty Safeguards (DOLS). A Supreme Court judgement in March 2014 lowered the

threshold for what constitutes a deprivation of liberty, which has led to a significant increase in the number of applications for DOLS authorisations[6].

4.8 The responsibility for processing DOLS applications, and granting authorisations in hospital, nursing and care homes, was given to local authorities from April 2013. However, both health and adult social care retain responsibilities for ensuring any deprivation of liberty is identified and authorised, using the relevant legislation.

4.9 The response to the Supreme Court judgement from Adult Social Care (ASC) has been robust, despite an additional and unplanned financial burden being placed upon it. In the three boroughs, the same standard of assessment and vigorous scrutiny of each case has been maintained as prior to March 2014, and there continue to be some very good outcomes for people, where restrictions placed on the person have been safely reduced.

4.10 A priority system is being used to manage the increased volumes of application but some risks remain where assessments cannot be completed because of availability of suitably qualified assessors.

4.11 This activity is being closely monitored by the ASC leadership team and the SAEB. The SAEB would like the HWB to consider how the Supreme Court judgement is impacting on the whole health and adult social care system, and to work together to ensure that as far as possible, any risks to persons and organisations are mitigated.

5. Legal Implications

5.1 None

6. Financial Implications

6.1 None

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

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Telephone: 02076414196

[6] A ten-fold increase is indicated

APPENDICES:

A: (DRAFT) Protocol to set out governance arrangements between the Westminster Health and Wellbeing Board and the Safeguarding Adults Board

BACKGROUND PAPERS:

Section 14 (Safeguarding) of the Care and Support Statutory Guidance, issued under the Care Act 2014
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf

Cabinet Report 25th February 2013: Consideration of the Findings and Recommendations of the Consultation, and Agreement on the Governance Arrangements for Adult Safeguarding across Tri-borough.
http://democracy.lbhf.gov.uk/documents/s28265/

Safeguarding Adults Executive Board Annual Report 2013-14
http://committees.westminster.gov.uk/documents/s9017/Safeguarding%20Adults%20Executive%20Board%20Annual%20Report%202013-14.pdf

APPENDIX A

(DRAFT) Protocol to set out governance arrangements between the Westminster Health and Wellbeing Board and the Safeguarding Adults Board

Purpose of the Protocol

1. The purpose of this protocol is to:
   - Set out the governance arrangements between the Safeguarding Adults Executive Board (SAEB) and the Westminster Health and Wellbeing Board (HWB);
   - Ensure there is a clear route through by which to refer up partnership issues from the SAEB to the HWB and to raise any issues which may need to be met through strategic commissioning or delivery; and
   - Ensure that there is a coordinated approach to strategic planning between the HWB and the SAEB.

Statutory Framework

2. HWB's were established by the Health and Social Care Act 2012. They are intended to be 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 health inequalities.

3. As a committee of the local authority, and a dual-function with the Clinical Commissioning Group (CCG), the HWB reports to the council and, where appropriate, the CCG governing body. HWBs are subject to overview and scrutiny committees of their local authority who are able to review their decisions.

4. The HWB enjoys a reciprocal relationship with other statutory boards operating within the health and wellbeing system, such as the Local Safeguarding Children's Board and the SAEB.

5. The Care Act 2014 replaced a raft of social care legislation and guidance and by April 2015, all local authorities will be required to establish a Safeguarding Adults Board.

6. In March 2013, the Cabinets of the London Borough of Hammersmith and Fulham, the Royal Borough of Kensington and Chelsea and Westminster City Council agreed to establish an independently chaired, multi-agency SAEB to provide robust leadership of adult safeguarding across the three boroughs.

Role and responsibilities

7. The Health and Social Care Act 2012 sets out specific statutory responsibilities which HWBs must fulfil including duties to:
   a.) encourage integrated working between health and social care service commissioners;
   b.) provide advice, assistance or other support for the purpose of encouraging use of flexibilities under NHS Act 2006;
   c.) prepare a Joint Strategic Needs Assessment (JSNA) in relation to local authority needs;
   d.) Prepare Joint Health and Wellbeing Strategies (JHWSs) for meeting needs included in the JSNA for their area; and
   e.) Provide opinions to relevant CCGs and local authorities on whether commissioning plans take proper account of JHWS.

8. Under the Care Act legislation, SAEBs are required to:
   a.) Include the local authority, the NHS and the police, who must meet regularly to discuss and act upon local safeguarding issues;
   b.) Develop shared plans for safeguarding, working with local people to decide how best to protect adults in vulnerable situations; and
   c.) Publish this safeguarding plan and report to the public annually on its progress, so that different organisations can make sure they are working together in the best way.

Working together

9. The relationship between the SAEB and the HWB would be one of equal partners underpinned by this protocol.

10. The HWB and the SAEB will co-ordinate strategic planning across partnerships to secure coherent delivery of business and to avoid duplication and gaps.

11. The HWB will communicate Joint Strategic Needs Assessments to partners on the SAEB to include safeguarding data analysis that helps drive strategic commissioning.

12. The Independent Chair of the SAEB will provide reports when appropriate to the HWB which highlight specific safeguarding areas where support from the HWB is required, such as changes which need to be sought through strategic commissioning and integrated working.

13. The HWB and SAEB will work together to ensure that they include the views of service users in their development of key strategies.

Outcomes of joint working

14. This protocol is designed to ensure that safeguarding functions are discharged effectively in the Westminster without duplicating functions or creating additional structures. Other outcomes include:
    a.) Ensuring safeguarding is “everyone’s business’’ and is reflected in the public health agenda;
    b.) Communicating any issues or opportunities to the HWB in relation to its strategic influence over commissioning.
    c.) Where the HWB has concerns about safeguarding issues affecting health outcomes (such as domestic violence), these are effectively communicated back to SAEB for consideration.
    d.) Cross-Board partnership working to embed safeguarding across the health and wellbeing sector.

Signed

..... **.....**

Chair of the Westminster HWB

Independent Chair of the Safeguarding Adults Board

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City of Westminster

Westminster Health & Wellbeing Board

Date:	22 January 2015
Classification:	General Release
Title:	**WORKING AGREEMENT BETWEEN THE LOCAL SAFEGUARDING CHILDREN BOARD AND HEALTH AND WELLBEING BOARD**
Report of:	The Executive Director for Tri-borough Children's services
Wards Involved:	All
Policy Context:	This report provides the Westminster Health and Wellbeing Board (H&WB) with an overview of the role and responsibilities of the Tri-borough Local Safeguarding Children Board (LSCB) and its priorities for 2013/14. The report proposes that the H&WB agree to a formal working agreement between the Westminster H&WB and the Tri-borough LSCB to maximise opportunities to safeguarding children in the local area.
Financial Summary:	N/A
Report Author and Contact Details:	Tim Deacon, LSCB Manager Telephone: 020 8753 5140 Email: tim.deacon@lbhf.gov.uk

1. Executive Summary

1.1 This report provides the Westminster Health and Wellbeing Board (H&WB) with an overview of the role and responsibilities of the Tri-borough Local Safeguarding Children Board (LSCB).

1.2 The report proposes that the H&WB agree to a formal working agreement between the Westminster H&WB and the Tri-borough LSCB to maximise opportunities to safeguarding children in the local area.

1.3 The protocol was originally presented to the H&WB in April 2014, however Members requested clarification as to whether it was proposed that the Board would have executive responsibility for the LSCB, which was a parallel body. The Board also sought clarification of the powers members of the LSCB would have in speaking on behalf of the local authority.

1.4 This report seeks to clarify that the H&WB **does not** have executive responsibility for the LSCB. The two Boards have complementary but distinct roles in promoting the welfare of children and young people and keeping them safe. The LSCB is not subordinate to the Health and Wellbeing Board in a way that might compromise its separate identity and independent voice

1.5 The LSCB is a partnership of organisations working with children and families in the three boroughs; as such, members of the LSCB would be able to represent the collective view of the Board on an issue but would not be able to speak on behalf of a particular agency. While LSCBs do not have the power to direct other organisations they do have a role in making clear where improvement is needed. Each Board partner retains their own existing line of accountability for safeguarding.

2. Key Matters for the Board

2.1 The Board is asked to consider:

a) The complementary but distinct roles the Health and Wellbeing Board (H&WB) and the Tri-borough Local Safeguarding Children Board (LSCB) have in safeguarding and promoting the welfare of children and young people in Westminster.

b) The LSCB's current priority areas for focus during 2013/14-2014/15.

c) The proposed protocol for joint working between the Westminster H&WB and the Tri-borough LSCB.

d) How else the two Boards might work together to promote 'safeguarding is everyone's business' and to ensure that there is a coordinated approach to strategic planning between the three H&WB's and the LSCB.

3. Background

Statutory requirements of Local Safeguarding Children Board (LSCB)

3.1 Section 13 of the Children Act 2004 requires that every area establish a Local Safeguarding Children's Board (LSCB). The LSCB has a range of roles and statutory functions including developing local safeguarding policy and procedures and scrutinising local arrangements. The statutory responsibilities of the LSCB are:

a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
b) to ensure the effectiveness of what is done by each such person or body for those purposes

3.2 The LSCB must include at least one representative of the local authority and include representation of: the Police; Local Probation Trust; Youth Offending Team; the NHS Commissioning Board and clinical commissioning groups; NHS Trusts and NHS Foundation Trusts all or most of whose hospitals, establishments and facilities are situated in the local authority area; CAFFCASS; and the governor or director of any secure training centre or prison in the area of the authority.

3.3 Members of an LSCB should be people with a strategic role in relation to safeguarding and promoting the welfare of children within their organisation. They should be able to: speak for their organisation with authority; commit their organisation on policy and practice matters; and hold their own organisation to account and hold others to account.

3.4 The role of the LSCB is to scrutinise and challenge the work of agencies both individually and collectively. The LSCB does not commission services and is not operationally responsible for managers and staff in the constituent agencies.

Tri-borough Local Safeguarding Children Board

3.5 A Tri-borough Local Safeguarding Children Board for Hammersmith & Fulham, Kensington and Chelsea and Westminster, replaced the previous three LSCBs in April 2012. The LSCB is chaired by an independent chair, Jean Daintith, and is supported by a single team, with an agreed set of subgroups and activities.

3.6 As a Tri-borough board there has been increased opportunity for challenge and comparison of key safeguarding activity and practice; better use of training opportunities; shared learning through audits, Serious Case Reviews and projects; and a streamlining of meetings and administration.

3.7 There are a number of LSCB subgroups which meet at least quarterly where much of the business of the Board is taken forward. These include:

- **Quality Assurance** - this group has been working on the development of a new multi-agency quality assurance framework for the LSCB which will capture key performance data, audit and survey findings and support the Board in its scrutiny and challenge role.
  Chair: Clare Chamberlain – Director of Family Services RBKC

- **Learning and Development** - this group oversees the existing tri-borough LSCB multi-agency training programme ensuring that the local children's

workforce is equipped to deliver sound safeguarding practice whilst responding to local priorities and national developments and learning.
Chair: Liz Royle - CLCH Head of Safeguarding, CLCH

- **Case Review** - this group considers how local agencies can learn from national and local case review findings and oversees the implementation of local action plans arising from case reviews.
Chair: Steve Miley - Director of Family Service Hammersmith and Fulham

- **Child Death Overview Panel** - this group has been operating as a tri-borough initiative for some time and considers the circumstances relating to the deaths of children from the three boroughs and relevant practice implications.
Chair: Nicky Brownjohn - Associate Director for Safeguarding (CWHH)

- **Chairs Group** - this group oversees the work of the subgroups, short life working groups and partnership groups of the Board and effectively steers the direction and progress of the Board's work, responding to key issues arising.
Chair: Jean Daintith.

3.8 In order to secure the effective engagement of and communication with local partners, a multi-agency Partnership Group has been maintained in each of the three local authorities. The focus of these partnership groups is primarily early help/prevention of harm.

3.9 There are many opportunities for the H&WB to add value to the work of the LSCB; in particular on areas of national focus and where the contribution of services outside of the membership of the LSCB – such as Adult Services - is critical to ensuring progress in priority areas of work. Examples include priority areas such as child sexual exploitation, female genital mutilation, and missing children; and services for adults who are parents and dealing with issues such as poor mental health and domestic violence.

4. JOINT WORKING AND GOVERNANCE ARRANGEMENTS BETWEEN THE HEALTH AND WELLBEING BOARD AND TRI-BOROUGH LOCAL SAFEGUARDING CHILDREN BOARD

4.1 Health and Wellbeing Boards have a unique role in providing 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 health inequalities. H&WBs are the executive body responsible for agreeing what the needs of the local population are, promoting integration, and supporting alignment and joint commissioning.

4.2 Working Together to Safeguard Children 2013 does not outline in detail how the relationship between LSCBs and H&WBs, and other key partnership bodies, should be secured; this is for local determination. The two partnerships are separate and there are no requirements for the boards to report to each other.

However, given the important role that both Boards have to help, protect and care for children and young people this relationship should be clearly articulated.

4.3 A draft protocol outlining a proposed joint working arrangement between the two boards is included in Appendix A. The aim of this protocol is to promote 'safeguarding is everyone's business' and to ensure that there is a coordinated approach to strategic planning between the three H&WBs and the LSCB.

4.4 The protocol also sets out the proposed governance arrangements which will enable the three boroughs' Health and Wellbeing Boards (H&WB), and the Tri-borough Local Safeguarding Children Board (LSCB), to assess whether they are fulfilling their statutory responsibilities to help (including early help), protect and care for children and young people.

4.5 As part of the new Ofsted inspection framework, a review of the effectiveness of the LSCB will be undertaken at the same time as the inspection of the local authority. Such an inspection can be announced at any time and it is anticipated that Ofsted will carry out a simultaneous inspection of Westminster and the other two Tri-borough authorities. This protocol will help explain to Ofsted Inspectors the relationship between the two boards and be used to judge how well the LSCB uses its scrutiny role and statutory powers to influence priority setting across other local strategic partnerships.

4.6 In order to deliver the draft protocol, it is proposed that the following arrangements would be put in place to ensure effective co-ordination and coherence in the work of the H&WBs and the LSCB:

a) Between September and November each year, the Independent Chair of the LSCB would present to the H&WB its Annual Report outlining performance against business plan objectives in the previous financial year. This would provide the opportunity for the Health and Wellbeing Boards to understand where it may be able to support the performance of the LSCB, to draw across data to be included in the JSNA and to reflect on key issues that may need to be incorporated in the refresh of the Health and Wellbeing Strategies.

b) Between October and February the Health and Wellbeing Boards to liaise with the LSCB on the review of the Health and Wellbeing Strategies, and the JSNA to enable the LSCB to consider whether it may be able to support the Health and Wellbeing Board drive delivery of the Health and Wellbeing Strategy.

c) Between March and May, the LSCB will share their proposed business plans with the HWBBs to identify areas for partnership working across the year.

5. RECOMMENDATION(S)

5.1 It is recommended that the Health and Wellbeing Board approve the protocol for joint working between the H&WB and the Tri-borough Local Safeguarding Children Board.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact: Tim Deacon, LSCB Manager
Telephone: 020 8753 5140
Email: tim.deacon@lbhf.gov.uk

APPENDICES:

A) Protocol to set out governance arrangements between the Health and Wellbeing Board and the Tri-borough Local Safeguarding Children Board

BACKGROUND PAPERS:

Children Act 2004
Working Together to Safeguard Children 2013

APPENDIX A

Protocol to set out governance arrangements between the Health and Wellbeing Board and the Tri-borough Local Safeguarding Children Board

Purpose of the Protocol

1. The purpose of this protocol is to set out the governance arrangements which will enable the three borough's Health and Wellbeing Boards (H&WB), and the Tri-borough Local Safeguarding Children Board (LSCB), to assess whether they are fulfilling their statutory responsibilities to help (including early help), protect and care for children and young people.

2. The aim of this protocol is to promote 'safeguarding is everyone's business' and to ensure that there is a coordinated approach to strategic planning between the three H&WB's and the LSCB.

Statutory framework

3. H&WB's were established by the Health and Social Care Act 2012. They are intended to be 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 health inequalities.

4. The Children Act 2004 required each local authority to establish a Local Safeguarding Children Board (LSCB). It is the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children and to ensure that these agencies are effective.

5. Working Together to Safeguard Children 2013 does not outline in detail how the relationship between LSCB's and H&WB's, and other key partnership bodies, should be secured; this is for local determination. However, given the LSCB's scrutiny and challenge role, and the fact that they do not commission or directly delivery services, there is a strong case that the relationship between them is clearly articulated.

Role and responsibilities

6. The three borough's H&WBs have strategic influence over commissioning decisions across health, public health and social care through their Joint Strategic

Needs Assessment (JSNA) and the development of their Health and Wellbeing strategies.

7. The H&WB Board is the executive body responsible for agreeing what the needs of the local population are, promoting integration, and supporting alignment of and joint commissioning. The purpose of the Board is to provide strong and effective leadership across the local authority and NHS partners to improve the health and wellbeing of local residents and reduce inequalities in outcomes. The Board sets a clear direction, across traditional boundaries, to deliver change and fresh thinking in the provision of health, adult and children's services social care and housing services.

8. The LSCB is required to: a) coordinate what is done by each person or body represented on the board for the purposes of safeguarding and promoting the welfare of children in the area; and b) to ensure the effectiveness of what is done by each such person or body for these purposes.

Working together

9. The H&WB and the LSCB agree that strategic planning across partnerships will be coordinated to secure coherent delivery of business, to avoid duplication and gaps.

10. The H&WB and LSCB will work together to ensure that the JSNA includes comprehensive safeguarding data analysis. The JSNA will drive the formulation of the Health and Wellbeing Strategies and the LSCB's Business Plan.

11. The Independent Chair of the LSCB will forward the LSCB's annual report, on the effectiveness of child safeguarding and promoting the welfare of children across the three boroughs, to the Chair of the H&WB. The Chair will also present a report to the H&WB which outlines particular areas of focus which would benefit from the joint strategic leadership of both boards.

12. The H&WB will liaise with the Tri-borough LSCB to ensure members are aware of the JSNA, the Health and Wellbeing Strategy, the commissioning intentions and progress against these. The LSCB will provide relevant feedback on any key aspect of the H&WB plans as set out above, in respect of safeguarding and promoting the welfare of children.

13. This process will provide opportunity for sharing learning and expertise and to enable Boards to feed any improvement and development needs into the planning process for future years' strategies and plans.

14. In addition to the above the Tri-borough LSCB and H&WB will have members in common who can ensure that key information in relation to trends, concerns and action plans are communicated to relevant Boards in a coordinated way. The LSCB Chair will also, at any time necessary, bring to the H&WB or its members, any matters which require their attention outside of the opportunities outlined above.

15. The H&WB and LSCB will work together to ensure that they include the views of young people in their development of key strategies.

Outcomes of joint working

16. The role of the LSCB in relation to the HWBB would be one of equal partners underpinned by this protocol. The LSCB has a statutory responsibility to challenge and hold agencies to account for the safety of local children and young people. This protocol is designed to ensure these functions are discharged effectively in the three boroughs without duplicating functions or creating additional structures. Other outcomes include:
    a. Ensuring safeguarding is ‘’everyone’s business’’ and is reflected in the public health agenda;
    b. Supporting the Health and Wellbeing Board to drive delivery of safeguarding outcomes through the Health and Wellbeing Strategy, and of safeguarding on wider determinants of health outcomes (such as domestic abuse);
    c. Cross-Board partnership working to embed safeguarding across the health and wellbeing sector.

Signed

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Chair of Westminster Health and Wellbeing Board

Independent Chair of the Tri-borough Local Safeguarding Children Board

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City of Westminster

Westminster Health & Wellbeing Board

Date:	22 January 2015
Classification:	Public
Title:	**Primary Care Co-Commissioning in North West London: Update for Westminster Health and Wellbeing Board**
Report of:	Chair of Central London Clinical Commissioning Group (CLCCG)
Wards Involved:	CLCCG Coverage
Policy Context:	Health
Financial Summary:	N/A
Report Author and Contact Details:	Lucy Hall, Programme Manager Primary Care Transformation - Strategy &Transformation Team North West London CCGs lucy.hall@nw.london.nhs.uk

1. Executive Summary

1.1 Through the letter to Local Authority Chief Executive Officers and Health and Wellbeing Board (HWBB) Chairs issued on 18th December[1], NHS England encouraged HWBBs to have a conversation with their local commissioners of primary care; both Clinical Commissioning Groups (CCGs) and NHS England.

1.2 This paper serves as an update for HWBBs on developments in primary care co-commissioning across the eight CCGs of North West London (NWL). Furthermore, this paper is intended to initiate conversations between local commissioners and HWBBs in NWL on the role of local HWBBs in primary care co-commissioning going forward to ensure a timely and transparent dialogue about the role primary care co-commissioning could play in realising the NWL shared pioneer vision to improve the quality of care for individuals, carers and families, empowering and supporting people to maintain independence and lead full lives as active participants in their community. In particular it focuses on the role of the General Practice (GP) at the centre of organising and coordinating care, based upon need and individual circumstances, rather than separate services or disease conditions.

[1] Update on primary care co-commissioning. 18 December 2014. Gateway reference: 02776.

1.3 The paper notes the initial expression of interest submitted by the eight CCGs of NWL and the agreement to enter into shadow arrangements from January 2015 onwards. The paper also notes the intention to continue to formally explore the establishment of primary care co-commissioning with NHS England through the nationally-established assurance processes and notes the need for constituent practice support for any constitutional changes.

1.4 Finally, the paper proposes the areas where more structured engagement with the HWBB of NWL will be helpful to ensure that the benefits of co-commissioning in relation to achieving the pioneer vision, is fully realised.

2. Key Matters for the Board's Consideration

2.1 The HWBB are asked to support the conversation between the HWBB and local commissioners of primary care for NWL and NHS England on the role of local HWBBs in primary care co-commissioning going forward.

2.2 Furthermore the HWBB is asked to consider:

- How to ensure a transparent dialogue both during shadow arrangements and following any decision to enter into formal co-commissioning arrangements in April 2015; and
- Further stakeholder organisations that they may need to engage with over the coming months and how the NWL CCGs can support in this.

3. Background

3.1 In June NHS England invited clinical commissioning groups (CCGs) to submit and Expression of Interest in an increased role in the commissioning of primary care services. The intention was to empower and enable CCGs to improve primary care services locally for the benefit of patients and local communities.

3.2 Currently NHS England commission primary care services, including primary medical care services, ophthalmology, dentistry and pharmacy. NHS England also commission specialised services, offender healthcare and healthcare for people in the military.

3.3 At this stage primary care co-commissioning refers to the commissioning of primary medical care services only, either jointly between CCGs and NHS England or though NHS England delegating their commissioning functions to a CCG.

3.4 The eight CCGs of NWL jointly submitted an Expression of Interest in Primary Care Co-commissioning to NHS England in June 2014.

3.5 On 10 November 2014, NHS England published Next steps towards primary care co-commissioning[2]. This document sets out three possible models for primary care co-commissioning (greater involvement, joint commissioning and delegated commissioning) and the next steps towards implementation.

[2] *Next steps towards primary care co-commissioning*. NHS England and NHS Clinical Commissioners. 10 November 2014. Publications Gateway Reference 02501.

3.6 The approach has been developed by the joint CCG and NHS England primary care co-commissioning programme oversight group, which includes two local authority representatives: Ged Curran (Chief Executive, Merton Council) and Merran McRae (Chief Executive, Calderdale Council).

4. Legal Implications

4.1 Nil.

5. Financial Implications

5.1 Nil.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:
Lucy Hall, Programme Manager Primary Care Transformation - Strategy &Transformation Team North West London CCGs lucy.hall@nw.london.nhs.uk

Appendices:

Appendix A
Primary Care Co-commissioning in North West London: Update for Health and Wellbeing Boards

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Appendix A

Primary Care Co-commissioning in North West London: Update for Health and Wellbeing Boards

1. Executive Summary

Through the letter to Local Authority Chief Executive Officers and Health and Wellbeing Board (HWBB) Chairs issued on 18th December[1], NHS England encouraged HWBBs to have a conversation with their local commissioners of primary care, both Clinical Commissioning Groups (CCGs) and NHS England.

This paper serves as an update for HWBBs on developments in primary care co-commissioning across the eight CCGs of North West (NW) London. Furthermore, this paper is intended to initiate conversations between local commissioners and HWBBs in NW London on the role of local HWBBs in primary care co-commissioning going forward to ensure a timely and transparent dialogue about the role primary care co-commissioning could play in realising the NW London shared pioneer vision to improve the quality of care for individuals, carers and families, empowering and supporting people to maintain independence and lead full lives as active participants in their community. In particular it focuses on the role of the General Practice at the centre of organising and coordinating care, based upon need and individual circumstances, rather than separate services or disease conditions.

The paper notes the initial expression of interest submitted by the eight CCGs of NW London and the agreement to enter into shadow arrangements from January 2015 onwards. The paper also notes the intention to continue to formally explore the establishment of primary care co-commissioning with NHS England through the nationally-established assurance processes and notes the need for constituent practice support for any constitutional changes.

Finally, the paper proposes the areas where more structured engagement with the HWBB of NW London will be helpful to ensure that the benefits of co-commissioning in relation to achieving the pioneer vision, is fully realised.

2. Key Matters for the Board's Consideration

2.1. The HWBB are asked to support the conversation between the HWBB and local commissioners of primary care for NW London and NHS England on the role of local HWBBs in primary care co-commissioning going forward.

2.2. Furthermore the HWBB is asked to consider:

- How to ensure a transparent dialogue both during shadow arrangements and following any decision to enter into formal co-commissioning arrangements in April 2015; and
- Further stakeholder organisations that they may need to engage with over the coming months and how the NW London CCGs can support in this.

[1] Update on primary care co-commissioning. 18 December 2014. Gateway reference: 02776.

3. Introduction and National Context

3.1. In June NHS England invited clinical commissioning groups (CCGs) to submit and Expression of Interest in an increased role in the commissioning of primary care services. The intention was to empower and enable CCGs to improve primary care services locally for the benefit of patients and local communities.

3.2. Currently NHS England commission primary care services, including primary medical care services, ophthalmology, dentistry and pharmacy. NHS England also commission specialised services, offender healthcare and healthcare for people in the military.

3.3. At this stage primary care co-commissioning refers to the commissioning of primary medical care services only, either jointly between CCGs and NHS England or though NHS England delegating their commissioning functions to a CCG.

3.4. The eight CCGs of NW London jointly submitted an Expression of Interest in Primary Care Co-commissioning to NHS England in June 2014.

3.5. On 10 November 2014, NHS England published next steps towards primary care co-commissioning[2]. This document sets out three possible models for primary care co-commissioning (greater involvement, joint commissioning and delegated commissioning) and the next steps towards implementation.

3.6. The approach has been developed by the joint CCG and NHS England primary care co-commissioning programme oversight group, which includes two local authority representatives: Ged Curran (Chief Executive, Merton Council) and Merran McRae (Chief Executive, Calderdale Council).

3.7. Through the letter to Local Authority CEOs and Health and Wellbeing Board (HWBB) Chairs issued on 18th December[3], NHS England encouraged Health and Wellbeing Boards to have a conversation with their local commissioners of primary care, both CCGs and NHS England.

3.8. This paper serves as an update for HWBBs on developments in primary care co-commissioning in North West London. Furthermore, this paper is intended to initiate conversations between local commissioners and HWBBs in NW London on the role of local HWBBs in primary care co-commissioning going forward.

4. The Vision for Care in North West London for Sustainable, Integrated and High Quality services

4.1. In NW London, there is a vision 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.

4.2. This vision is supported by three principles:

- People will be empowered to direct their care and support and to receive the care they need in their homes or local community;

[2] *Next steps towards primary care co-commissioning*. NHS England and NHS Clinical Commissioners. 10 November 2014. Publications Gateway Reference 02501.

[3] Update on primary care co-commissioning. 18 December 2014. Gateway reference: 02776.

- General Practitioners will be at the centre of organising and coordinating people's care; and;
- The NW London systems will enable and not hinder the provision of integrated care.

4.3. The vision for NW London is focused on integrated whole systems delivering population based care, co-ordinated around the needs of the patient.

4.4. General Practice will be the cornerstone for this new model of care delivery, with the majority of patient care being delivered in the primary care setting and with General Practice delivering more accessible, co-ordinated services with a focus on prevention.

4.5. Therefore in NW London there is an ambition of achieving sustainable General Practice that is supported to deliver the services and high quality that local people need.

5. North West London's Plans for Early Adopter Implementation of Whole Systems Integrated Care and the National Policy Direction Indicated in NHS England's Five Year Forward View

5.1. The opportunity to enter into arrangements for co-commissioning from April 2015 is particularly timely given NW London's plans for early adopter implementation of Whole Systems Integrated Care and the national policy direction indicated in NHS England's recently published Five Year Forward View. Both the Whole Systems Integrated Programme and the wider national context envisage a vital role for enhanced primary care including co-commissioning arrangements.

5.2. Under the NW London Whole Systems Integrated Care programme, 31 pioneer partner organisations are working together in pursuit of a common vision 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. This means proactive, coordinated care delivered in the right setting, enabled and incentivised by the right commissioning arrangements, aligned outcomes and funding flows.

5.3. From April 2015, early adopters in each of NW London's eight boroughs will begin to implement new models of integrated care, based on NWL vision and framework set out in the NW London Integrated Care Toolkit. General Practitioners will be at the centre of organising and coordinating care, based on need and individual circumstances, rather than separate services or disease conditions.

5.4. As well as aligning to the next crucial stage for Whole Systems Integrated Care, the introduction of co-commissioning in NWL also fits with the direction of national policy outlined in the Five Year Forward View that was published by NHS England on 23 October. The Forward View describes new models of care to be tested from 2015/16 by local places across the country working in conjunction with NHS England and other national partners. Transformation funding of £200m is being made available across the country to help meet the costs of implementing new care models.

At this stage, we envisage that the multi-speciality community provider model relates most closely to the NW London approach – predicated on establishment and development of General Practice networks or federations to expand primary care leadership, working with a wider range of professionals and providers.

6. Challenges Faced in General Practice Nationally and in North West London

6.1. Today General Practice undertakes 90 per cent of NHS activity for 7.5 per cent of the cost, seeing more than 320million patients nationally per year.

6.2. The vision of whole systems integrated care for NW London describes General Practice at the core of coordinating and delivering services.

6.3. However, the model of General Practice that has served Londoners well in the past is now under unprecedented strain. Therefore in NW London there is an ambition to enable a shift in investment into primary care to achieve supported and sustainable General Practice.

6.4. Primary care nationally and in North West London is facing a number of challenges in the evolving health and care landscape:

- A growing and aging population with increasingly complex health and care needs;
- Variable levels of accessibility and quality of primary care services that patients can access;
- Workforce challenges with an increasing proportion of General Practitioners nearing retirement age and with limited number of clinicians coming into the system; and
- A significant fall in investment in General Practice as a percentage of total health spend with minimal investment into developing and maintaining primary care estates and facilities.

6.5. As patients' needs are changing the systems that are currently in place need to evolve to ensure that those are still fit for purpose.

6.6. However, new ways of working that General Practitioners would be asked to deliver for the NW London vision, are above and beyond that expected in the current primary medical services contracts. Furthermore, while some expectations are within the remit of the core contracts, there is a lack of clarity in the specification.

6.7. In addition, current contractual forms for General Practice cannot be readily changed.

7. Primary Care Co-commissioning in North West London to Promote Sustainable and Integrated high Quality Services to Deliver Patient Benefits

7.1. Since May 2014, NW London CCG Chairs, Londonwide LMCs and NHS England / NW London representatives have been involved in a discussion about the place primary care co-commissioning could have in ensuring that General Practice is supported in its role as the core for the new model of care for NW London.

7.2. Alongside this, NW London have been involved in an extensive period of stakeholder engagement with the NHS England local area team, CCG Governing Bodies, CCG constituent members, the Londonwide LMCs, local NW London LMC borough Chairs, patient and public representative groups and other stakeholder groups.

7.3. Primary care co-commissioning will be an enabler to helping NW London achieve this vision, by enabling local commissioners and stakeholders the ability to:

- Influence local decision making in primary care to align with wider local strategies for integrated and coordinated care;
- Commission for a new contractual offer for General Practice to sustainably deliver the necessary enhanced services for it to act as the foundation for the new model of care and to limit current variations in quality and access; and
- Influence the necessary investment in the supporting primary care estates and workforce to enable the delivery of the enhanced role of General Practice.

7.4. Ultimately, through primary care co-commissioning, the ambition is to achieve the right benefits for patients:

- Improved access to primary care and wider out-of-hospitals services, with more services available closer to home;
- High quality out-of-hospitals care;
- Improved health outcomes, equity of access, reduced inequalities;
- Services that are joined up, coordinated and easy for users to navigate around;
- A better patient experience through more joined up services; and
- A greater focus on prevention, staying healthy and patient empowerment.

7.5. Although primary care co-commissioning is seen as an opportunity for local clinicians and people to gain more influence over the commissioning of primary care to achieve the right benefits for patients, through stakeholder engagement it has been agreed that in NW London co-commissioning will not be about:

- CCGs taking on the role of performance or contract managing practices or General Practitioners which would introduce potential conflicts of interest;

- Losing local influence in decision-making on out of hospital services to NHS England; or
- Taking away core primary care contracts from practices.

7.6. As member-led organisations, the decision to enter into primary care co-commissioning arrangements will be determined through the support of each CCG's constituent member practices. Although the method needed to demonstrate this support varies between CCGs generally this support must be achieved through a majority vote.

7.7. Through engagement over the last months, NW London have achieved support from CCG constituent members and Governing Bodies to enter into a shadow period in which joint commissioning arrangements may be trialled in order to test how arrangements could work. Through these arrangements, NW London can explore and determine how to achieve the flexibility to enable the required benefits as well as defining streamlined and efficient governance arrangements that allow for effective and consistent decision-making with localisation.

7.8. As the establishment of shadow arrangements do not affect the CCG constitutionals arrangements in place, all decisions continue to be ratified by individual CCG Governing Bodies and NHS England.

7.9. Any decision to enter into formal primary care co-commissioning arrangements will be following full engagement with CCG's constituent member practices to gain the support to make the necessary constitutional amendments. Support is likely to be sought in March 2015.

8. National Guidance has influenced how Primary Care Co-commissioning can be taken forward

8.1. On 10 November 2014, NHS England published Next steps towards primary care co-commissioning[4] (which can be found by clicking here). This document sets out three possible models for primary care co-commissioning (greater involvement, joint commissioning and delegated commissioning) and the next steps towards implementation.

8.2. Further statutory guidance on the management of conflicts of interest was issued on 18 December (and can be found here).

8.3. The new guidance does not change what have been agreed as priorities for NW London, however it will impact how NW London can take co-commissioning plans forward in practice.

8.4. The new guidance makes it apparent that *delegated commissioning* arrangements may align best with what has been described for NW London, as it would enable:

- Greater local influence in primary care commissioning decisions without giving up influence to NHS England on decisions relating to out of hospital services;

[4] *Next steps towards primary care co-commissioning*. NHS England and NHS Clinical Commissioners. 10 November 2014. Publications Gateway Reference 02501.

- The commissioning of a full new offer for General Practice;
- Streamlined and efficient governance arrangements that allow for effective and consistent decision-making with localisation; and
- More appropriate management resource to carry out assumed functions.

8.5. Ultimately, future arrangements must be designed around the required benefits and the boundaries that have been agreed upon through stakeholder engagement.

8.6. NHS England have requested that proformas for delegated commissioning arrangements are submitted by 9 January 2015 and this date is non-negotiable.

8.7. The NW London CCGs have committed to strive to influence the process as much as possible to ensure the end result is the most beneficial for our local health economy. To put NW London on the right footing to choose to move onto the next steps in co-commissioning next year if this is agreed following further constituent membership engagement, a proforma must be submitted to NHS England within these timeframes.

8.8. As member-led organisations, any alterations to CCG governance arrangements are subject to full consultation with members in due course at the appropriate forums. Therefore, any submission to NHS England will be in draft form.

8.9. As such, NW London reserve the right to either withdraw their application and not proceed into co-commissioning arrangements in April 2015, or to opt for joint arrangements in April 2015, dependent on agreement through further consultation with CCG constituent members and other stakeholders.

9. Health and Wellbeing Board involvement in Primary Care Co-commissioning

Under the National Health Service Act 2006 (as amended by the Health and Social Act 2012), CCGs have the following statutory requirements in relation to CCG commissioning plans and Health and Wellbeing Boards:

9.1. CCGs must give each relevant Health and Wellbeing Board a draft of the plan and consult each such Board on whether the draft takes proper account of each joint health and wellbeing strategy published by it, which relates to the period that the plan relates to (section 14Z13(4));

9.2. Where a Health and Wellbeing Board is consulted, it must give the CCG its opinion on whether the plan takes proper account of each relevant joint health and wellbeing strategy;

9.3. CCGs must include a statement of the final opinion of each relevant Health and Wellbeing Board consulted in relation to the commissioning plan in the final plan as published (section 14Z13(8)); and

9.4. Where a significant revision is made to an existing commissioning plan, CCGs must consult with the Health and Wellbeing Board as per section 14Z13, before finalising the revised plan (section 14Z12). They must also give a copy of the document to each relevant Health and Wellbeing Board.

National guidance on Health and Wellbeing Board involvement in primary care co-commissioning states that:

9.5. In both joint and delegated commissioning arrangements, CCGs must issue a standing invitation to the local Health and Wellbeing Board to appoint representatives to attend commissioning committee meetings, including, where appropriate, for items where the public is excluded from a particular item or meeting for reasons of confidentiality. These representatives would not form part of the membership of the committee;

9.6. Where there is more than one local Health and Wellbeing Board for a CCG's area, the CCG should agree with them which should be invited to attend the committee; and

9.7. Health and Wellbeing Boards are under no obligation to nominate a representative, but we believe there would be significant mutual benefits from their involvement. For example, it would support alignment in decision making across the local health and social care system.

10. Next Steps in Terms of Health and Wellbeing Board Involvement in Primary Care Co-commissioning for North West London

10.1. This paper serves as an update for HWBBs on developments in primary care co-commissioning in North West (NW) London. Furthermore, this paper is intended to initiate conversations between local commissioners and HWBBs in NW London on the role of local HWBBs in primary care co-commissioning going forward.

10.2. With the publication of the new guidance and the proposal to explore delegation and / or joint commissioning now is the appropriate time to take forward the conversation between the NW London CCGs and HWBBs, both across NW London and on individual borough basis on HWBB involvement in formal primary care co-commissioning arrangements in the future. These conversations will enable:

- The agreed benefits that should be realised across NW London in relation to primary care co-commissioning as an enabler of achievement of the NW London Pioneer vision for whole system integrated care;
- The joint identification of local authority representation for future co-commissioning arrangements in NW London;
- Local authority representation in shadow co-commissioning arrangements in NW London; and
- The appropriate ways to ensure full engagement at a local and NW London level in the development of co-commissioning over the coming months.

City of Westminster

Westminster Health & Wellbeing Board

Date:	**22 January 2015**
Classification:	**Public**
Title:	**WORK PROGRAMME**
Report of:	**Head of Legal & Democratic Services**
Wards Involved:	**All**
Policy Context:	**Health & Wellbeing**
Financial Summary:	**None**
Report Author and Contact Details:	**Andrew Palmer, Committee & Governance Services: telephone 020 7641 2802 email apalmer@westminster.gov.uk**

1. Executive Summary

1.1 The Westminster Health & Wellbeing Board is invited to review its Work Programme for 2015-16. The Board has the opportunity to review its work programme at each meeting.

2. Key Matters for the Board's Consideration

2.1 That the Westminster Health & Wellbeing Board considers whether any changes need to be made to the Work Programme for 2015-16.

3. Background

3.1 The 2015/16 work programme will be co-ordinated as much as is appropriate alongside the Health & Wellbeing Boards in the London Borough of Hammersmith & Fulham and the Royal Borough of Kensington & Chelsea. The work programme for 2015/16 is attached as Appendix A.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact: Andrew Palmer, telephone 020 7641 2802, email apalmer@westminster.gov.uk

Appendix A

Westminster Health & Wellbeing Board
Work Programme
2015 / 2016

KEY
FOR DECISION
FOR DISCUSSION
FOR INFORMATION
PLANNING

Agenda Item	Summary	Lead	Item
Meeting Date January 2015			
CARE ACT IMPLEMENTATION	Consider the implementation of the Care Act and the role of the Health and Wellbeing Board	Adult Social Care	For discussion
LSCB follow up report	Update from the LSCB on requested items from previous HWB meeting.	Executive Director of Children's Services	For information and discussion
ADULT SAFEGUARDING BOARD	Agree protocol of working between ASB and HWB and consider key messages from the annual report of the Adult Safeguarding Board focussed on strategic issues which should be responded to through commissioning	Chair of the Adult Safeguarding Board	For discussion
CHILD POVERTY	Consider the plans to tackle child poverty following the Health and Wellbeing Board JSNA	Executive Director of Children's Services	For Discussion
Primary Care Co-Commissioning	Consider the plans being developed by CCGs and NHSE for the co-commissioning of Primary Care Services	CCG Chairs and MDs	For discussion
BETTER CARE FUND UPDATE	Standing item update	Adult Social Care	For information

Meeting Date March 2015: END OF YEAR STRATEGIC PLANNING			
STRATEGIC PLANNING WORKSHOP – 1hr mins (Liz Bruce)			
INPUTS TO STRATEGIC PLANNING WORKSHOP	Key messages from the **Westminster HWB annual report** reviewing progress and identifying key areas for improvement (includes 2014/15 Learning and Development)	Chair of the HWB	For discussion to set key priorities for the HWB in 2015/16
	Key messages and gaps arising from **the 2014/15 Joint Strategic Needs Assessment** highlight report for Westminster	Liz Bruce	
	Key messages arising from the **Director of Public Health Report**		
	A short note/update from the system leaders represented at the Board on the **key challenges facing the system in 2015/16**		
	"**Health of the health and wellbeing system " dashboard** highlighting key performance data from across health, ASC, Children's and public health		
	Key messages from patients and service users gathered through Healthwatch, a patient and stakeholder network and other groups (BCF)		
PUBLIC MEETING (1 hr): Business issues			
PHARMACEUTICAL NEEDS ASSESSMENT	Final Westminster Pharmaceutical Needs Assessment for publication	JSNA Steering Group	For decision
JOINT STRATEGIC NEEDS ASSESSMENT	Final Joint Strategic Needs Assessment products for publication	JSNA Steering Group	For decision
Westminster Health and Wellbeing Board Annual Report	Draft Westminster Health and Wellbeing Board Annual Report	Chair of the HWB	For decision
Westminster HWB Governance	Revised Westminster HWB governance and ToR	Chair of HWB	For decision
BETTER CARE FUND	Update on progress	Executive Director of Adult Social Care	For information

Meeting Date 21st May 2015: SYSTEM IMPROVEMENT			
EARLY YEARS	Consider the preparations underway for the transfer of health visiting from NHS England to the local authority	Public Health	For discussion
PREVENTATIVE HEALTHCARE	Follow on from MMR discussion: Partnership strategy for improvement of preventative healthcare (particularly imms and screening)	Public Health & NHS England	For information and discussion
MENTAL HEALTH TRANSFORMATION	Update on delivery of the mental health transformation programme	NWL CCG	For information
ADULTS AND HEALTH INTEGRATION	Update on Better Care Fund and Whole Systems Integration	Exec Director of ASC	For information
JSNA 2015/16	To agree recommendations from the JSNA Steering Group on JSNA Programme priorities for 2015/16	JSNA Steering Group Chair	For Decision
AVAILABLE SLOT			
Meeting Date 9th July 2015: HWB STRATEGY AND WIDER DETERMINANTS			
HEALTH AND WELLBEING STRATEGY	Update on progress against Westminster Health and Wellbeing Strategy and discussion on escalated issues	Board leads	For discussion
CHILD POVERTY	Provide steer on the developing approach to reducing child poverty in Westminster	Exec Director of Children's Services	For discussion and steer
SUPPORTED EMPLOYMENT	Discussion on the improvements made to supported employment to date and next steps	TBC	For discussion
AVAILABLE SLOT			
AVAILABLE SLOT			

Meeting Date 17th September 2015: 2016/17 COMMISSIONING WORKSHOP			
INPUTS TO WORKSHOP	Key commissioning themes from CCG and local authority "Health of the health system" dashboard Key messages from Adult and Children Safeguarding Boards, Children's Trust and other partnership groups Key messages from Patients and Service Users	Led by (tbc)	To steer 2016/17 commissioning across health and wellbeing system
PRIMARY CARE COMMISSIONING	Outcomes of primary care commissioning task and finish group work Update from CCG on plans for co-commissioning	TBC	For discussion
CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH	Discussion on new approach to commissioning children and young people's mental health (follow up from shared services task force)	Steve Buckerfield	For discussion and steer
AVAILABLE SLOT			
AVAILABLE SLOT			
Meeting Date 19th November 2015: SYSTEM IMPROVEMENT			
EARLY YEARS	Consider progress made in improving partnership and integration relating to child health and wellbeing	Children Services	For discussion
ADULTS AND HEALTH INTEGRATION	Update on Better Care Fund and Whole Systems Integration	Exec Director of ASC	For information
JSNA 2015/16	Review progress against JSNA Programme	JSNA Steering Group Chair	For information
AVAILABLE SLOT			
AVAILABLE SLOT			
Meeting Date: 21st January 2016: MISCELLANEOUS			
HEALTH AND WELLBEING STRATEGY	Update on progress against Westminster Health and Wellbeing Strategy and discussion on escalated issues	Board leads	For discussion
CHILD POVERTY	Discussion on progress being made to reduce child poverty in Westminster	Andrew Christie / Ben Denton	For discussion
AVAILABLE SLOT			
AVAILABLE SLOT			
AVAILABLE SLOT			

Meeting Date: 17th March 2016: END OF YEAR STRATEGIC PLANNING MEETING			
STRATEGIC PLANNING WORKSHOP – 1hr (Liz Bruce)			
INPUTS TO SUPPORT STRATEGIC PLANNING WORKSHOP	Key messages from the **Westminster HWB annual report** reviewing progress and identifying key areas for improvement in the following year (includes summary of 2014/15 Learning and Development Programme)	Chair of the HWB	For discussion to set key priorities for the HWB in 2015/16
	Key messages and gaps arising from **the 2014/15 Joint Strategic Needs Assessment** highlight report from Westminster	Liz Bruce	
	Key messages arising from the **Annual Director of Public Health Report**		
	A short note/update from the system leaders represented at the Board on the **key challenges facing the system in 2015/16**		
	"**Health of the health and wellbeing system " dashboard** highlighting key performance data from across health, ASC, Children's and public health		
	Key messages from patients and service users gathered through Healthwatch, a patient and stakeholder network and other groups (BCF)		
Business issues (1HR)			
JOINT STRATEGIC NEEDS ASSESSMENT	Final Joint Strategic Needs Assessment products for publication	JSNA Steering Group Chair	For decision
Westminster Health and Wellbeing Board Annual Report	Draft Westminster Health and Wellbeing Board Annual Report	Chair of the HWB	For decision

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