



CITY OF WESTMINSTER

MINUTES

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health & Wellbeing Board** held on **Thursday 19th November, 2015**, Rooms 3 & 4 - 17th Floor, City Hall, 64 Victoria Street, London SW1E 6QP.

Members Present:

Chairman: Councillor Rachael Robathan , Cabinet Member for Adults and Public Health

Clinical Representative from the Central London Clinical Commissioning Group:
Dr Neville Pursell

Cabinet Member for Children and Young People: Councillor Karen Scarborough (acting as Deputy)

Minority Group Representative: Councillor Patricia McAllister (acting as Deputy)

Acting Director of Public Health: Eva Hrobonova

Tri-borough Director of Children's Services: Chris Neill (acting as Deputy)

Clinical Representative from West London Clinical Commissioning Group:
Dr Philip Mackney

Representative from Healthwatch Westminster: Janice Horsman

Chair of the Westminster Community Network: Jackie Rosenberg

Also Present: Councillor Barbara Arzymanow and Matthew Bazeley (Managing Director, NHS Central London Clinical Commissioning Group)

1 MEMBERSHIP

1.1 Apologies for absence were received from Dr David Finch (NHS England), Dr Belinda Coker (NHS England) and Louise Proctor (Managing Director, West London Clinical Commissioning Group).

1.2 Apologies for absence were also received from Councillor Danny Chalkley (Cabinet Member for Children and Young People), Councillor Barrie Taylor (Minority Group Representative) and Liz Bruce (Tri-borough Executive Director of Adult Social Care). Councillor Karen Scarborough (Deputy Cabinet Member for Children and Young People), Councillor Patricia McAllister (Minority Group Representative) and Chris Neill (Tri-borough Adult Social Care Whole Systems Lead) attended as their respective Deputies.

2 DECLARATIONS OF INTEREST

2.1 No declarations were received.

3 MINUTES AND ACTIONS ARISING

3.1 RESOLVED:

1. That the Minutes of the meeting held on 1 October 2015 be approved for signature by the Chairman; and
2. That progress in implementing actions and recommendations agreed by the Westminster Health and Wellbeing Board be noted.

3.2 With regard to the actions arising from the last Board meeting held on 1 October 2015, it was noted that the West London Clinical Commissioning Group's (CCG) Business Plan 2016/2017 had since been circulated to Members.

4 HEALTH AND WELLBEING HUBS

4.1 Eva Hrobonova (Acting Tri-borough Director of Public Health) introduced the report and advised that the purpose of the Health and Wellbeing Hubs programme was to ensure that the resources available were being used effectively to provide greater service access to older, young and disadvantaged people and groups that were more likely to be reluctant to access services. The programme also sought to provide help to people at an early stage. Eva Hrobonova informed the Board that sharing of assets and co-designing services between the partner organisations was important for the programme's success and she referred to an email sent to Members welcoming their involvement. Work to date had involved developing a model of services for older people to widen preventative access and the Neman Street project for single homeless adults. The two schemes would continue to develop in the next five months and Central London and West London CCGs were also involved in developing the programme. Eva Hrobonova added that there would be regular updates on the programme to the Board.

4.2 Helena Stephenson (Senior Transformation Manager) then provided the Board with further details about the Newman Street project. She advised that because of the huge shortage of permanent housing in Westminster, people who had been homeless could spend a significant period in temporary housing. There was a high threshold in legal terms over what could be defined as homelessness and it required proof of vulnerability. Helena Stephenson advised that the Newman Street temporary accommodation had 77 self-contained studio flats for homeless people. CCTV and a concierge were provided, however it was not a supported housing site. The site had some of the most disadvantaged and complex residents within the borough and they were more likely to require visits to Accident and Emergency units at hospitals and suffer relapses. In order to address these issues, the Health and Wellbeing Hubs programme aimed to provide services in a joined-up way to meet the needs of the Newman Street temporary accommodation residents.

- 4.3 Helena Stephenson explained that one of the first steps undertaken in the project was mapping Newman Street residents with the services they accessed, benefits they received and the GPs that they were registered with or used. A data tracking exercise was also undertaken to ensure all relevant data was captured. The next step involved converting the basement of Newman Street into an office in which floating support workers would be based. The purpose of the floating support workers was to encourage the residents to access services and by basing the workers at Newman Street, it was felt that this would increase the likelihood that residents would engage with them. Helena Stephenson advised that one of the floating support workers included a housing options officer who was based at Newman Street twice a week. The support workers also provided an outreach service to provide residents with the information to access the relevant services. The Council also worked with the nearby Great Chapel Street Medical Centre in providing 'in-reach' services and this work was facilitated by a nurse practitioner.
- 4.4 Helena Stephenson advised that substance misuse was a significant issue amongst Newman Street residents, however very few residents were accessing the support services available and it was hoped that the Newman Street project would address this. Work was being undertaken in mapping outcomes on a weekly basis since the project had begun and there were also weekly multi-disciplinary team meetings. Helena Stephenson advised that future steps involved widening the work of the project, such as introducing health champions and providing employment support. She concluded by stating that although the project was in its infancy, progress was already being made.
- 4.5 The Chairman commented that the Council was making a big effort to ensure the success of the Health and Wellbeing Hubs programme, especially in ensuring that people were accessing services more effectively and at an earlier stage, and the help the CCGs were providing was welcomed. She advised that the workstream for older people involved taking services to them in locations such as libraries and CityWest sites. In addition, the programme also included a workstream on young people with mental health issues. The Chairman stated that a Whole Systems approach to the programme was needed to ensure that the programme was effective.
- 4.6 Councillor Karen Scarborough informed Members that she worked with the Crisis at Christmas programme run by Crisis and she suggested that the Health and Wellbeing Hubs programme would benefit by working with Crisis to help engage homeless people who were otherwise hard to reach. Councillor Patricia McAllister added that the West London Mission operated a number of homeless projects and were also worth approaching.
- 4.7 Members commented that in respect of substance misuse, a smart recovery programme that was peer led should be considered as it was more likely to be effective. Members asked whether the office space at Newman Street was sufficient and how many people were registered as homeless in Westminster. A Member remarked that key workers helped his patients who had mental

health issues and the level of need amongst homeless people in respect of mental health was high. He asked whether there were any key workers based at Newman Street. He added that it would be useful to track residents' progress once they had moved into permanent accommodation. Another Member commented that support officers often left once a homeless person was transferred to permanent accommodation and she felt that efforts should be made to ensure a network of support was available as seamlessly as possible once the transfer to permanent accommodation had been made. She emphasised the need for a properly planned pathway to ensure the effectiveness of supporting homeless people. A Member commented that consideration needed to be given as to whether people fitted the present criteria for the various services and that a report on this be provided to the Board. Other issues for consideration included whether young people were already known by the care services and had they been involved in the justice system and the probation service. It was also asked whether there was sufficient governance in place in respect of the Health and Wellbeing Hubs programme.

- 4.8 In reply to the issues raised by Members, Helena Stephenson welcomed the suggestions that the programme engage with Crisis and West London Mission. She acknowledged the effectiveness of peer support regarding recovering from substance misuse and she knew of a rough sleeping hostel that was successful in its use of peers. Furthermore, people who had been homeless were being approached to provide peer support for the homeless generally. Helena Stephenson advised that the office space for floating support workers in Newman Street was sufficient, however it was not a large space and Great Chapel Street Medical Centre could also be used. The lack of office space in Westminster for support workers that worked with homeless people was also an issue generally. The Board heard that there were around 360 registered homeless in Westminster, however the number of homeless would increase once rough sleepers were factored in. The intention was to learn about the needs of the registered homeless first, before then looking at other homeless groups too. Helena Stephenson advised that currently not all residents were engaging with the floating support workers at Newman Street, but it was hoped that numbers would increase significantly as the project progressed. She agreed that it would be useful to continue to track those residents who went into permanent accommodation. Helena Stephenson advised that one of the floating support workers at Newman Street was linked with the probation service. In respect of governance, it was noted that the Health and Wellbeing Hubs programme had a steering group that was chaired by Councillor Rachael Robathan and Children's Services were represented by Mike Potter (Head of Commissioning – Early Intervention).
- 4.9 The Chairman agreed that there was a need to evaluate the progress of homeless people over a long period of time. She welcomed involvement on the Health and Wellbeing Hubs programme from other organisations, especially as its work was wide ranging. The Chairman added that there was a need to develop further the workstream on young people and she welcomed input from the Board.

5 DEVOLUTION TO LONDON: UPDATE FOR BOARD MEMBERS

- 5.1 Ezra Wallace (Head of Corporate Strategy) presented the report and advised that there was likely to be some movement in devolution following the Government's Spending Review and Autumn Statement on 25 November. The Government had invited London Councils and the Mayor of London to submit a single document on their Devolution and Public Service Reform proposition and this had been duly submitted to the Government on 4 September. Ezra Wallace stated that there was still a need for further consideration on what London could do to accelerate devolution. It was possible that the Government would announce some pilot devolution schemes in the future. Ezra Wallace added that the Board needed to consider its role in terms of system leadership which would be even more important under devolution, and to set out its priorities.
- 5.2 Members noted that the Board had discussed system leadership and its 'asks' in May and had identified that its views were in line with other London health and wellbeing boards. The Board had concurred that it desired greater leverage in order to ensure services worked in the way it wished. It was commented that some interesting opportunities would arise if the Health Education Fund was devolved locally, especially as local authorities, CCGs and the Board had a greater understanding of the workforce it needed. It was also commented that workforce needs would also tie in with the need for sufficient affordable housing. A Member stated that part of the debate around devolution centred on partner organisations working with hospitals with regard to patient discharge and working on accountable care. Another Member emphasised the need to wrest local control of assets and control of NHS estates would also be desirable. She stated that at a recent Providers Network meeting, concerns had been expressed about whether there would be sufficient funding to operate services locally in an effective way, particularly in respect of older people pathways. Strong relationships and an organic way of thinking would also play an important role in getting the best out of pathways. A Member asked whether NHS estates would come under the public realm or would there be a risk that they would be sold off privately. She added that she had heard that it may take up to five years to take control of the estates.
- 5.3 Matthew Bazeley (Managing Director, NHS Central London Clinical Commissioning Group) referred to the vacant Samaritan Hospital site that had been sold with the receipts going to the Government treasury. Under the current arrangements, the NHS could not be certain that it would receive any return from the sale. However, devolution would present the opportunity to reset some of the rules with regard to estate allocation, whilst there were already a considerable number of local powers that could be used to control estates and other assets. Matthew Bazeley also stressed the importance of strong relationships and partner organisations working closely together, whilst there should not be an excessive focus on policy.
- 5.4 The Board expressed its hope that devolution would allow for strengthening of local ways of working, including greater control over estates and providing levers to enforce the Board's wishes in ways of working. Members also

emphasised the importance of locally devolving the Health Education Trust in order to help deliver the workforce it needed.

6 PRIMARY CARE CO-COMMISSIONING

- 6.1 Matthew Bazeley presented this item and explained that the latest update on primary care co-commissioning provided more details of co-commissioning to date as well as on processes which previous reports had focused on. He advised that the Central London CCG Joint Co-Commissioning Committee and the West London CCG Joint Co-Commissioning Committee had each met three times, in common with the other six North West London CCG Joint Co-Commissioning Committees. The nomination of a Board representative on the Central London CCG and West London Joint Co-Commissioning Committees was welcomed.
- 6.2 Matthew Bazeley advised that the Co-Commissioning Joint Committees had discussed the review of Personal Medical Services (PMS) contracts led by NHS England at their June and September meetings. The review sought to ensure that the PMS contracts in place were providing effective services. A PMS Review Steering Group had been set up by the North West London CCGs to undertake the work of the eight Joint Committees and to make recommendations to them about a North West London wide strategic approach to the review. Matthew Bazeley also advised Central London, West London and North West London CCGs were developing a new model of primary care that would draw from the output of the PMS review. The Board heard that the Joint Committees had no appetite at the moment to create a fully delegated commissioning model.
- 6.3 Dr Neville Purssell (NHS Central London Clinical Commissioning Group) advised that work was to be undertaken in terms of the outcome of the PMS review. Consideration also needed to be given as to how work on the Whole Systems Integrated Care would feed into developing a new model of primary care. Dr Neville Purssell added that providing equality of access was a major objective both in terms of the PMS review and in a future model of primary care.
- 6.4 The Board sought further details on what differences would patients see as a result of the PMS review and the new model of primary care. Members asked what mechanisms would be place to ensure that GP practices raised standards where they were seen to be lacking and would the changes mean more work for GPs. Another Member asked if conflict of interest was an issue, particularly where a member of a CCG Joint Co-Commissioning Committee may be awarding contracts to providers who they were familiar or friendly with, or even related to. A Member emphasised the need for Healthwatch representation and input on the local Joint Co-Commissioning Committees.
- 6.5 In reply to issues raised by the Board, Dr Neville Purssell advised that the outcome of the PMS review and the development of a new model of primary care may result in some GP practices benefitting, whilst others may experience the reverse. Some practices were appreciably better funded than others and the quality of care for less well funded practices may be affected.

Defining quality of care through the new primary care model would help provide for more equal quality of care for all patients. Dr Neville Pursell explained that some practices were having to provide more for less, particularly where they wanted to qualify for the premium, however during the changes, transitional funding would be made available to practices. He stated that access to out of hospital services for patients was presently determined by postcode, however the new model of primary care would put an end to this and patients would be able to access their local GP provider or the closest GP provider that offered the service they required. Dr Philip Mackney (NHS West London Clinical Commissioning Group) concurred that there was a significant difference in funding amongst GP practices and careful consideration needed to be given as to what to expect from them, including looking at what services could be done more simply.

- 6.6 Matthew Bazeley advised that awarding of contracts was also subject to authorisation of the Investment Committee that considered matters such as conflict of interest. He added that Healthwatch representation on the local Joint Co-Commissioning Committees would be discussed further and he acknowledged that it was essential to have wider representation and support when making decisions.
- 6.7 Members emphasised the need to continue to receive updates on primary care co-commissioning. Members agreed that Chris Neill represent the Board as its' Member on the Central London CCG and West London CCG Joint Co-Commissioning Committees, with Meenara Islam as the Deputy Member.

7 LIKE MINDED - NORTH WEST LONDON MENTAL HEALTH AND WELLBEING STRATEGY - CASE FOR CHANGE

- 7.1 Matthew Bazeley introduced the item and emphasised that addressing mental health issues of the population was essential. Discussions concerning the Like Minded programme had taken place in Westminster both at strategic and frontline level.
- 7.2 Jane Wheeler (Acting Deputy Director, Mental Health, Strategy and Transformation Team, NHS North West London Collaboration of Clinical Commissioning Groups) then presented the Case for Change document and sought the Board's endorsement of it. The Case for Change considered ways in which the CCGs worked with local authorities and Whole Systems Integrated Care. Members noted that Andrew Christie (Tri-borough Director of Children's Services) was on the North West London Mental Health and Wellbeing Transformation Board. The CCGs were also liaising with Liz Bruce and Eva Hrobonova and the Mental Health and Wellbeing Strategy would be a joint strategy between the CCGs and the local authorities.
- 7.3 Jane Wheeler then provided details of the four work streams contained within the Case for Change, these being:
- Children and young people – a bid for funding to NHS England through the Transformation Programme had been successful and funding would be available by the end of November.

- Serious and long term mental health needs – focusing on people in the community and in hospital. A model of care had been agreed in October and the business case was to be submitted in 2016.
- Common mental health needs – initial workshop to be held to scope work, followed by a detailed review of the data to understand the current situation
- Wellbeing and prevention – the role of public health in ensuring proper coverage was provided.

- 7.4 Members welcomed the Like Minded Programme and Case for Change and highlighted the Board's focus on mental health, particularly in respect of children and young people. Members enquired how the Board's work on mental health issues tied in with the work of the Like Minded Programme and was it sufficiently joined up and be able to produce desired outcomes. The mental health needs of migrants were highlighted, especially as it was complicated by the fact that English may not be the first language for many. Jackie Rosenberg (Westminster Community Network) informed Members that the Community Mental Health Needs Group had met for the first time and was putting together a work plan and workstreams. A desk research of all consultation undertaken on mental health issues was to be undertaken and the Group would focus on self-care, mental health literacy, mental health pathways, older people and equalities, especially in respect of black and ethnic minority needs. The Group would also focus on the needs of new arrivals, including migrants and refugees, who may be suffering from a number of mental health conditions such as post-traumatic stress.
- 7.5 In reply to issues raised by the Board, Andrew Christie advised that the Future In Mind programme had been created to tackle issues concerning children and young people's mental health and was borough specific to each of the tri-boroughs. Funding for the programme had been identified and there would be much work involved in implementing the programme. Andrew Christie indicated that he would be happy for a report on the Future In Mind programme to be considered at a future Board meeting. He added that the Like Minded Programme offered a good opportunity to involve a number of organisations in tackling mental health. Eva Hrobonova advised that she had met with Like Minded programme colleagues to consider how the Council could work with them on mental health issues.
- 7.6 Members expressed support for the Like Minded programme and Case for Change and emphasised the need for the work of partner organisations on mental health to be better aligned in order to be more effective. It was suggested that providing a single portal, such as one phone number, for any kind of mental health query be provided so the enquiry could then be appropriately referred.
- 7.7 The Board requested a report providing details of the Future In Mind programme, including how it would impact on Westminster and how the work of the Westminster Health and Wellbeing Hubs could feed into the programme to ensure more effective delivery of mental health services for the next meeting on 21 January 2016. The Board also requested information on all young people's services and how they linked together, especially in the

context of changes to services, be provided at the next meeting. The Board endorsed the Case for Change.

8 SYSTEM CHANGE REQUIRED AS A RESULT OF THE LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT

- 8.1 The Board had before them the report for noting. The Chairman advised that it was the role of the Children, Sports and Leisure Policy and Scrutiny Committee to consider this item. A Member sought confirmation as to whether GPs and teachers were now statutorily required to report known instances of Female Genital Mutilation (FGM). In reply, Andrew Christie advised that there were already procedures in place for GPs and teachers to report instances of FGM, however they could now be reported to their respective regulatory bodies if they did not report instances they were aware of. The Board heard that FGM was still generally significantly underreported. Andrew Christie advised there was a specific service for FGM in Westminster that was operated by the midwifery service and community champions.
- 8.2 A Member noted that NHS England had only attended one Local Safeguarding Children Board (LSCB) meeting and asked if their attendance was statutorily required. In reply, the Chairman advised that NHS England had statutory membership of the LSCB, however they were not statutorily required to attend every meeting. A Member commented that the LSCB received valuable contributions from health colleagues. The Board noted the report.

9 MINUTES OF THE JOINT STRATEGIC NEEDS ASSESSMENT STEERING GROUP MEETING HELD ON 30 SEPTEMBER 2015

- 9.1 Meenara Islam advised that a new Joint Strategic Needs Assessment (JSNA) was to be considered at the next JSNA Steering Group meeting. The Board noted the minutes of the last JSNA Steering Group meeting held on 30 September.

10 WORK PROGRAMME

- 10.1 In addition to the items listed on the Work Programme for 21 January 2016, Meenara Islam advised that the Local Safeguarding Adults Board report was also likely to be put to the Board for noting at the meeting. The Chairman advised that the Westminster Joint Health and Wellbeing Strategy was due to be refreshed for 2016 and discussions would take place at the next Board meeting to discuss proposals and areas to focus on for the refresh. The Board noted the Work Programme.

11 ANY OTHER BUSINESS

- 11.1 There was no additional business for the Board to consider.

The Meeting ended at 5.47 pm.

CHAIRMAN: _____

DATE _____