



CITY OF WESTMINSTER

MINUTES

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health & Wellbeing Board** held on **Thursday 17th November, 2016**, Rooms 3 and 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 Barbara Grahame (acting as Deputy)

Deputy Director of Public Health: Eva Hrobonova

Tri-Borough Director of Adult Services: Sarah McBride (acting as Deputy)

Tri-Borough Children's Services: Jayne Vertkin (acting as Deputy)

Director of Housing and Regeneration: Barbara Brownlee

Clinical Representative from West London Clinical Commissioning Group:

Dr Philip Mackney

Representative of Healthwatch Westminster: Carena Rogers (acting as Deputy)

Chair of Westminster Community Network: Sarah Mitchell

1 MEMBERSHIP

1.1 An apology for absence was received from David Finch (NHS England).

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), Liz Bruce (Tri-borough Director of Adult Social Care), Melissa Caslake (Tri-borough Children's Services) and Janice Horsman (Healthwatch Westminster). Councillor Karen Scarborough (Deputy Cabinet Member for Children and Young People), Councillor Barbara Grahame (Minority Group Representative), Sarah McBride (Tri-Borough Director for Whole Systems Integration Health and Care), Jayne Vertkin (Head of Early Years Help) and Carena Rogers (Healthwatch Westminster) attended as their respective Deputies.

1.3 Apologies for absence were also received from Jules Martin (Managing Director, NHS Central London Clinical Commissioning Group) and Louise

Proctor (Managing Director, NHS West London Clinical Commissioning Group). Chris Neill (Interim Deputy Managing Director, NHS Central London Clinical Commissioning Group) and Kerry Doyle (Head of Corporate Services, NHS West London Clinical Commissioning Group) attended on their behalf.

2 DECLARATIONS OF INTEREST

2.1 There were no declarations of interest.

3 MINUTES AND ACTIONS ARISING

3.1 RESOLVED:

1. That the minutes of the meeting held on 15th September 2016 be signed by the Chairman as a correct record of proceedings, subject to the following sentence to be added to the end of paragraph 5.3, page 5:

Councillor Karen Scarborough (Deputy Cabinet Member for Children and Young People) requested whether a GP could be based at Family Hubs. Dr Neville Pursell (NHS Central London Clinical Commissioning Group) indicated that this may be feasible.

2. That progress in implementing actions and recommendations agreed by the Westminster Health and Wellbeing Board be noted.

4 UPDATE ON THE NORTH WEST LONDON SUSTAINABILITY TRANSFORMATION PLAN AND WESTMINSTER'S JOINT HEALTH AND WELLBEING STRATEGY

4.1 The Chairman introduced the item and advised that sign-off of the North West London Sustainability Transformation Plan (STP) had been put back until the end of December. There was still considerable work to be undertaken until this point and the Council was taking leadership of the finance and property workstreams.

4.2 Chris Neill (Interim Deputy Managing Director, NHS Central London Clinical Commissioning Group) then provided an update on progress with the STP and advised that the draft STP had been published online on 21st October. He advised that the areas of work the STP was focusing on included governance, resources and reporting, finance, contracting processes and system leadership, with a whole systems approach being taken. The operational plan was due to be completed by 23rd November and contract processes by 23rd December.

4.3 Meenara Islam (Principal Policy Officer) introduced the update on the Joint Health and Wellbeing Strategy and handed over to Emma Playford (Engagement and Corporate Affairs Lead, NHS Central London Clinical Commissioning Group) who gave a presentation on progress on the strategy. Emma Playford informed Members that there had been 76 responses to the online consultation on the strategy, with around 83% from individuals and 17% from organisations. There had also been five formal submissions to the

joint health and wellbeing strategy dedicated email address, 23 written submissions to the Open Forum event and feedback received from the three events organised with stakeholders. Meenara Islam advised that the four headline priorities of the strategy were supported by most of the respondents. Respondents wished to see partners promote existing services already available to improve health and the majority were supportive of partnership working across housing, leisure and wellbeing, transport and planning and public health to realise further health benefits. Respondents also welcomed and supported a focus on ensuring people have regular opportunities to be active and on person-centred care. Emma Playford then referred to the changes to the strategy since taking on board feedback from the consultation as set out in the Appendix 1 of the report.

- 4.4 Phoebe Morris-Jones (Policy Officer) then advised Members that the next steps included any further amendments in response to the Board's and the NHS Central London and NHS West London Clinical Commissioning Groups' (CCG) respective Governing Bodies. The strategy would then be put before the Council's Cabinet and the NHS Central London and NHS West London CCGs' Leadership Executive Committee and Operations Group respectively, with a view to launching the strategy on 19th December. From January 2017, an implementation plan and performance monitoring mechanism would be developed by the Council, NHS Central London and NHS West London CCGs, the voluntary and community sector and Healthwatch to align with the STP's implementation plan and would be brought to the Board at the 2nd February 2017 meeting.
- 4.5 The Chairman added that there was also a strong desire to report back to communities on how the strategy was progressing in meeting its' objectives and this would be undertaken on an annual basis, as well as being reported back to the Adults, Health and Public Protection Policy and Scrutiny Committee. Engagement with communities had been encouraging to date and it was important to keep this dialogue going.
- 4.6 During Members' discussion, Carena Rogers (Healthwatch) stated that the consultation event on the Health and Wellbeing Strategy at Church Street Library had not been clearly publicised with the result that there had been some confusion about whether there was also to be a consultation event on the STP at City Hall. In addition, the focus at Church Street Library had been the Health and Wellbeing Strategy which left some people feeling like they had not had sufficient opportunity to comment on the STP. A Member stated that the strategy played a significant role in into informing the STP. Eva Hrobonova (Tri-borough Public Health) advised that the local Public Health Team was doing some work in relation to the costs associated with obesity, although it was difficult to prove that measures taken to tackle this gave a return of investment. Sarah Mitchell (Westminster Community Network) felt that there had been good engagement with the voluntary sector on the strategy. She stated that the voluntary sector played an important role in interpreting health sector language to the public and voluntary organisations could play a larger role in helping the CCGs on this.

- 4.7 In reply to the issues raised, Chris Neill stated that he would feedback to the CCGs comments in relation to consultation on the STP and efforts would be made to ensure that the voice of groups such as special educational needs and those with disabilities were heard. Kerry Doyle (Head of Corporate Services, NHS West London Clinical Commissioning Group) added that developing the STP was an on-going process and there were still opportunities to provide feedback. Meenara Islam also confirmed that comments would be taken on board in respect of the strategy.
- 4.8 The Chairman acknowledged that consulting on both the strategy and the STP simultaneously may have been confusing for some, however efforts had been made to explain the connection. She stated that both the strategy and the STP were living plans and the comments and concerns raised had been acknowledged and there was huge determination to engage as widely as possible. The Chairman thanked all involved in the huge effort they had made in developing the strategy and the STP.

5 LOCAL SAFEGUARDING CHILDREN BOARD DRAFT ANNUAL REPORT 2015-16

- 5.1 Jean Daintith (Independent Chair of the Local Safeguarding Children Board) presented the report and stated that this was the fifth annual report that the Local Safeguarding Children Board (LSBC) had produced. An Ofsted inspection of all three of the tri-boroughs had taken place during 2015-16 and there had also been five serious case reviews over the same period. Jean Daintith advised that the Government was consulting on changes to LSBCs that were due to take place. This included Children's Services taking an enhanced role in safeguarding children. The draft annual report was due to go to the Children, Sports and Leisure Policy and Scrutiny Committee and there were still some changes to be made to it. Each member of LSBC had the opportunity to contribute to the report and to provide updates in key areas and it was noted that there was a health representative on the LSBC.
- 5.2 Jean Daintith advised that the tri-boroughs were considering alternative arrangements for Children's Services which were going through a transitional phase and it may be 18 months before everything was finalised. The LSBC had a number of sub-groups which aimed to help frontline staff and the Health and Wellbeing Board could also play a role in measuring impact on frontline services.
- 5.3 During Members' discussions, the Chairman emphasised the importance of ensuring that the Board did not repeat the discussions to be heard at the Children, Sports and Leisure Policy and Scrutiny Committee and she sought views as to what the Board should focus on. Another Member stressed the importance of data sharing and asked what steps were being taken to promote this. Barbara Brownlee (Director of Housing and Regeneration) advised that Housing were working ever closer with Children's Services, with some Housing staff based at Children's Hubs and she added that having a GP located at these hubs would also be beneficial. Housing was also working closely with health services and affordable housing providers who housed a significant proportion of vulnerable people. A Member asked why there had

been a reduction in the number of children in care. In respect of young carers, it was commented that there had been recent changes to the way they were supported and concerns had been expressed about how this area would be monitored and the number it may impact upon.

- 5.4 In reply to the issues raised, Jean Daintith emphasised the role of the STP in ensuring there was appropriate safeguarding of children and remarked that for instance, there were very few children who transferred from Child and Adolescent Mental Health Services (CAMHS) to adult mental health services and this was an area the Board could focus on. Other areas including the mental wellbeing of children and their relationships with their parents and the impact of events such as moving home and Children's Services were working closely with Housing on such matters. The overall health of children could also be looked at and the effectiveness of services such as the school nurse service, transition to adult services and services tackling female genital mutilation.
- 5.5 Jean Daintith advised that each CCG had a dedicated nurse who would address gaps in service identified by the LSBC. In respect of a drop in children in care, she informed Members that this was also happening elsewhere in the country and the reduction may be due to the preventative work undertaken following the earlier spike in children coming into care following the Baby P case. In addition, some children who had been taken into care following the Baby P case had since become adults and had left Children's Services. Jean Daintith acknowledged that there had not been a huge focus in respect of young carers and she would raise this as an issue to be addressed, although there was already a LSBC sub group that considered such matters. Another area that needed greater focus was with regard to children with disabilities and Jean Daintith added that there could be more communication generally on measures taken to safeguard children.
- 5.6 Chris Neill stated that data sharing was a very high priority for the CCGs and a Care Information Exchange platform was being developed. The STP also sought to make full use of digital applications and GPs were signing up to information sharing agreements. Dr Neville Purssell (NHS Central London Clinical Commissioning Group) added that better communication between partner organisations was vital, as well as staff being appropriately trained and every effort should be made to ensure that families did not 'slip under the net.'
- 5.7 Councillor Karen Scarborough (Deputy Cabinet Member for Children and Young People) advised that she would seek information on what work was being undertaken to support young carers in Westminster. The Chairman stated that it was important to reinforce that children's safeguarding was the role of all partner organisations and services and not just Children's Services. It was also essential that people knew who to contact if they thought that a child may be in danger.

6 SAFEGUARDING ADULTS EXECUTIVE BOARD ANNUAL REPORT 2015-16

- 6.1 Helen Banham (Strategic Lead in Professional Standards and Safeguarding) presented the report and gave an apology for absence on behalf of Mike Howard (Independent Chair of the Safeguarding Adults Executive Board). Helen Banham advised that this was the third annual report that the Safeguarding Adults Executive Board (SAEB) had produced, and the first since Schedule 2 of the Care Act 2014 had been introduced and the report sought to focus what needed to be in place under Schedule 2. Members heard that the Chairman of SAEB welcomed a broad approach in involving a number of organisations and the safeguarding of adults was the responsibility of a wide range of partner organisations. The sub groups of SAEB were all chaired by people outside of Adult Social Care and this helped to engage a wider audience. The SAEB had identified a number of issues to be addressed and consulted with the public on what safeguarding is. There were a number of issues identified that had led to abuse and this helped inform the creation of preventative measures.
- 6.2 Helen Banham referred to a serious case review highlighted in the report concerning the death of a person living in a residential care home that involved another resident who had severe dementia. A number of lessons had been learnt from this incident and there had been good engagement and joined up working with Housing, the CCGs, the Police, the Coroner and Adult Social Care and a number of changes had since been made as a result of this incident. Helen Banham added that the voluntary sector had made a valuable contribution to safeguarding adults.
- 6.3 During Members' discussion, Barbara Brownlee emphasised the strong link between Housing and Adult Social Care in respect of adults safeguarding, including provision of new housing and refurbishing existing housing appropriately as a preventative measure. A Member sought further information on work being undertaken in respect of Deprivation of Liberty Safeguard (DoLS) assessments. Sarah McBride (Tri-borough Adult Social Care) stated that new models of care were being developed and would be influenced by changes to primary care and GPs were also involved in serious case reviews. She asked how information learned from the serious case reviews was fed back to the SAEB. Sarah McBride noted that 60% of incidents of abuse reported to have occurred in victim's homes was comparatively high, with a lower number in care homes, whilst financial abuse was also comparatively high and she sought a further explanation of this.
- 6.4 The Chairman advised that she had met with the Chief Executive of CityWest Homes and it had been agreed that focus be given to providing housing that was more appropriate for those that were vulnerable. She also informed the Board that a workshop was also to take place involving housing and health colleagues and Members were invited to attend to provide their feedback and to discuss the kind of accommodation specification that could make a difference.

- 6.5 Chris Neill asked if there were any other priorities mapped out for the future, including joint packages involving health, housing and social care and that such arrangements can be problematic to design.
- 6.5 In reply to issues raised by Members, Helen Banham stated that the serious case review she had referred to had meant that the adults concerned were subjected to a 'pinball' like experience with reactive pathways to the problems experienced and the lessons learnt included creating proactive pathways. She advised that Adult Social Care processed DoL applications, however a person's preference as to where they wished to live would be prioritised. Adult Social Care was also responsible for following through on data obtained as a result of serious case reviews and the Board would have an oversight of activities. An assessment of where adults had been abused would be undertaken and Members noted that the proportion of adults remaining in their own homes was increasing. Focus was also being given on tackling financial abuse, including scamming. Helen Banham added that greater effort was also being made to improve the proportion of cases being concluded in a timely manner.
- 6.6 The Chairman concluded discussions on this item by welcoming a focus on recruiting more care workers in order to help address adults' safeguarding needs.

7 OPTIMISING OLDER PEOPLE HUBS

- 7.1 The Chairman introduced the item and advised that the Health and Wellbeing Hubs Programme sought to re-design services to support the preventative agenda. The programme included three workstreams, one of which was the Older People Hubs programme.
- 7.2 Sarah McBride (Tri-Borough Director for Whole Systems Integration Health and Care) presented the report to update Members on the Older People Hubs programme in light of changes taking place as a result of the North West London STP and increased partnership working. She advised that a joint strategic review of health and adult social care preventative services for older people was nearing completion which would inform the approach for new contracts being in place from 1 August 2017. Members then received a presentation on the Older People Hubs programme and Sarah McBride advised that the objectives of this work stream included identifying opportunities to reduce duplication of services, increasing integration with partners and making best use of health and wellbeing hubs for older people. A multi-agency project team was also to be established to shape and agree the future service model for the Older People's preventative programme.
- 7.3 During the Board's discussions, the Chairman stressed the importance of this piece of work and taking a joined-up approach with other services and organisations and of the need to manage the estates more effectively and she welcomed any further feedback. The desirability of having GPs present at the Older People Hubs and involving the voluntary sector more was also raised by Members.

- 7.4 Chris Neill stated that there was a need to make local links with models of service and commissioning pathways. Some work could be focused on local pressures, such as homelessness, rough sleeping and drug taking.
- 7.5 Barbara Brownlee advised that a new pathway was being developed in respect of housing and rough sleepers and this was a big area of work. However, helping those who were not Westminster residents was difficult and usually the only services available to such category of rough sleepers were the Accident and Emergency units in hospitals.
- 7.6 The Chairman stated that the Newman Street Pilot had achieved early successes in helping young people by providing accommodation and helping their health needs, with 100% of these residents now registered with GPs. She concurred on the need for joint pathways working with partner organisations. The Chairman added that the purpose of the hubs was not necessarily to have all services based in one building, but to ensure that services were linked up more effectively and that the estates were used more effectively. She suggested that birth registrations could also be undertaken at Children and Family Hubs.

8 DEMENTIA JOINT STRATEGIC NEEDS ASSESSMENT PROGRESS REPORT

- 8.1 Ben Gladstone (Head of Complex Needs Older People) presented the report and stated that a Joint Health and Social Care Dementia Programme Board (JHSCDPB) had been created to implement the recommendations of the dementia joint strategic needs assessment. He drew Members' attention to the five priorities identified and the progress made against these to date as set out in the report. In respect of the second priority concerning coordinated training and support for people across the dementia pathway, the first wave of internet training was due to be completed by February 2017. In respect of establishing a Joint Dementia Programme Board, Ben Gladstone advised that this would be linked to the work of the Safeguarding Adults Executive Board. The JHSCDPB, which met four times a year, would also continue to work closely with the Safeguarding Adults Executive Board.
- 8.2 Sarah McBride welcomed the priorities set out in the report and stated that there needed to be a performance management tool in place to monitor progress. She also emphasised the need for the JHSCDPB to align its work with that of the Health and Wellbeing Board's strategy and its delivery plan for dementia, which would include a set of actions to measure. The Board indicated its support for the work of the JHSCDPB.

9 CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH TRANSFORMATION PLAN UPDATE AND NEXT STEPS

- 9.1 At this point, Councillor Rachael Robathan (Chairman and Cabinet Member for Adults and Public Health) left the meeting and Dr Neville Pursell assumed the role of Chairman.

- 9.2 Angela Caulder (CAMHS Commissioner) introduced the report and advised that the Transformation Plan had been submitted to NHS England. Achievements to date included the introduction of new services, including co-production work with young people and a Young People's Mental Health Conference had been held on 29th October. She advised that the next steps involved a re-design of the CAMHS service, increasing work in schools and mapping delivery services across the tri-boroughs for those with learning disabilities, including autism. A Partnership Alliance was also due to be launched on 17th January 2017.
- 9.3 Jackie Shaw (Central and North West London Service Director of Westminster CAMHS) then provided details on the new community eating and disorder service for young people, advising that it already supported 25 young people and had received positive feedback from both young people and parents.
- 9.4 A Member commented on the lack of uptake in transition of services from CAMHS to adult mental health services and asked what steps were being taken to address this. Another Member enquired why the number of school aged pupils with Special Educational Needs (SEN) in Westminster was the highest amongst North West London boroughs. Members also noted that the Council was considering withdrawing or re-directing funding in respect of young people's mental health services and further comments were sought on this matter.
- 9.5 In reply, Angela Caulder advised that there were difficulties in transition of services from CAMHS to adult mental health services nationally, with the issue complicated by the fact that local authorities arrangements varied. In particular, there was a gap in services for young people between 16 to 25 years old with less serious mental health conditions. Angela Caulder stated that this was one of the reasons for running a pilot scheme for high functioning young people with autism in which it was hoped enough evidence could be compiled to re-design services. She acknowledged that the possibility of the Council withdrawing or re-directing funding for young people's mental health services was a concern and alternatives would need to be identified if this happened. Eva Hrobonova (Tri-borough Public Health) added that the Council's financial capacity overall needed to be considered in the context of this issue.
- 9.6 In noting the financial situation, the Board indicated its support for the work undertaken in transforming mental health services for young people whilst it currently received some funding from the Council.

10 WORK PROGRAMME

- 10.1 Meenara Islam advised that the next Pharmaceutical Needs Assessment was due to commence shortly and the first report would be presented to the Board at the next meeting on 2 February 2017.
- 10.2 Chris Neill suggested that an item on regeneration schemes and their impact on adult social care be added to the work programme.

11 ANY OTHER BUSINESS

11.1 There was no other business.

The Meeting ended at 5.59 pm.

CHAIRMAN: _____

DATE _____