



CITY OF WESTMINSTER

MINUTES

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health & Wellbeing Board** held on **Thursday 2nd February, 2017**, Rooms 3 & 4 - 17th Floor, Westminster City Hall, 64 Victoria Street, London, SW1E 6QP.

Members Present:

Chairman: Councillor Heather Acton, Cabinet Member for Adult Social Services and Public Health

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

Cabinet Member for Children, Families and Young People: Councillor Richard Holloway

Minority Group Representative: Councillor Barrie Taylor

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)

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

Representative of Healthwatch Westminster: Janice Horsman

Chair of Westminster Community Network: Sarah Mitchell

Also Present: Councillors Rachael Robathan and Christabel Flight.

1 MEMBERSHIP

1.1 The Board agreed that Councillor Rachael Robathan (Cabinet Member for Housing) lead the meeting, as the previous Chairman of the Board.

1.2 Apologies for absence were received from Barbara Brownlee (Director of Housing and Regeneration) and Dr David Finch (NHS England).

1.3 Apologies for absence were also received from Liz Bruce (Tri-borough Director of Adult Social Care) and Melissa Caslake (Director of Family Services). Sarah McBride (Tri-borough Director for Whole Systems Integrated Health and Care) and Jayne Vertkin (Head of Early Help) attended respectively as Deputies for Liz Bruce and Melissa Caslake.

- 1.4 An apology for absence was also received from Jules Martin (Managing Director, NHS Central London Clinical Commissioning Group). Chris Neill (Interim Deputy Director, NHS Central London Clinical Commissioning Group) attended as Deputy for Jules Martin.

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 17th November 2016 be signed by the Chairman as a correct record of proceedings, subject to the first two sentences of paragraph 4.6, page 3 to be amended to read:

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.

2. That the Minutes of the extraordinary meeting held on 13th December 2016 be signed by the Chairman as a correct record of proceedings.
3. That progress in implementing actions and recommendations agreed by the Westminster Health and Wellbeing Board be noted.

4 HEALTH AND WELLBEING STRATEGY FOR WESTMINSTER 2017 - 2022 IMPLEMENTATION

- 4.1 Councillor Rachael Robathan introduced the item and emphasised the magnitude of the work that had been undertaken in producing the Westminster Health and Wellbeing Strategy for 2017 – 2022. The strategy was now in the process of implementation and the report detailed the various processes proposed to achieve this.
- 4.2 Ezra Wallace (Head of Corporate Policy and Strategy) then presented the report and provided Members with an update since the strategy had been formally adopted by the Board, the Cabinet and NHS Central London and NHS West London Clinical Commissioning Groups (CCGs). He advised that the strategy was focused on local priorities within the sub-regional priorities of the North West London Sustainability and Transformation Plan (STP) and to support its delivery, the Board had agreed to jointly develop an implementation plan. The report proposed an approach to develop the implementation plan and included the Council's draft plans for 2017-2018. Ezra Wallace advised that an officer level implementation group would lead

on delivering the implementation plan and the following members were proposed:

- Officer from NHS Central London CCG
- Officer from NHS West London CCG
- Tri-borough Health and Wellbeing Board Manager
- Officer from the Council's Policy and Strategy Unit
- Officer from Public Health Intelligence
- Representative from Healthwatch
- Representative from the Voluntary and Community Sector

4.3 Ezra Wallace informed Members that the implementation group would provide regular informal feedback to the Executive Director of Adult Social Care the Managing Directors of NHS Central London and NHS West London CCGs and the Chair and Vice Chair of the Board. Officers would also provide thematic updates to Board meetings, each focusing on one of the four priorities. Performance would be measured in terms of both the measure of progress of commitments and measuring outcomes. Members noted the timeline for the implementation plan as set out in the report.

4.4 Councillor Robathan emphasised that the implementation plan sought to ensure delivery of the strategy, whilst also addressing the overarching themes of the STP and that it was a living plan that would evolve and take on board feedback. A joined-up approach was proposed in terms of governance and the implementation plan.

4.5 Members emphasised the importance of co-ordination between the partner organisations and it was recognised that the strategy was also to be seen within the context of the wider STP for North West London. The work of the delivery areas within the STP should also be looked at to ensure they tied in with the strategy's priorities. Although some of the deadlines in the implementation plan were quite challenging, it was recognised that these deadlines were not definitive, however every effort should be undertaken to progress the plan. A Member referred to the last Council meeting on 25 January, where it had been recognised that the Council was facing significant pressures in health and social care service services and the Council had endorsed plans to address these, as set out in the strategy as part of the STP. It has also been agreed to use the social care precept for Adult Social Care if this was approved at the next Council meeting on 1 March. The Member added that the financial shortfall in social care was significant and there was a need to have good social care support for Westminster residents. He also referred to the fact that the Samaritan Hospital had been closed for a number of years and this had become a big issue with residents. A Member welcomed voluntary and community sector involvement in the implementation plan and she emphasised the importance in explaining what changes residents would see in practice and also in improving access to health and wellbeing services for young people.

4.6 Chris Neill (Interim Deputy Director, NHS Central London Clinical Commissioning Group) commented that time would be required to look at

budgetary considerations and he welcomed a focus on how health and wellbeing centres could support the strategy and also working more closely with housing.

- 4.7 The Board agreed that a joint implementation paper setting out a clear governance structure and information on the activities being undertaken by NHS Central London and NHS West London CCGs to help deliver the implementation plan be provided at the next meeting.

5 PRIMARY CARE CO-COMMISSIONING UPDATE

- 5.1 Chris Neill (Interim Deputy Managing Director, NHS Central London Clinical Commissioning Group) presented the report which included providing an update on NHS Central London CCG's current situation with regard to moving from joint commissioning to delegated commissioning of primary medical services in Westminster. Chris Neill advised that NHS England had requested that all CCGs consider proposals to move to full delegation of commissioning of primary care from 1 April 2017. NHS Central London CCG was currently consulting and in discussion with its' GPs on the proposals and the benefits and risks of the proposals were under consideration. Chris Neill advised that the risks of fully delegated commissioning included issues such as the costs of the CCGs' estates, including rents. He confirmed that the voting process for Westminster GPs had commenced and would continue over a two week period, with voting closing on 14 February.
- 5.2 Louise Proctor (Managing Director, NHS West London Clinical Commissioning Group) advised that NHS West London CCG was also holding a ballot with its' GPs on the delegated commissioning proposals and this would take place on 7 February, with advanced voting available for GPs who were unavailable to vote on that date. She added that the views on the proposals from the CCG's GPs had been mixed. The other North West London CCGs were also discussing the proposals and it was possible that views amongst the CCGs would vary quite widely.
- 5.3 Councillor Robathan asked what were the main risks associated with the proposals and was there a consistent trend amongst GPs that would determine what their views would be.
- 5.4 In reply, Dr Philip Mackney (NHS West London Clinical Commissioning Group) stated that it was difficult to identify whether the size of a practice would be more likely to determine whether it was in favour of the proposals or not, however a number of GPs within his CCG had expressed concerns with regard to governance
- 5.5 Dr Neville Pursell (NHS Central London Clinical Commissioning Group) advised that the main risks perceived amongst his CCGs' GPs were their concerns about being responsible for rents and rates and that their practices would be unviable if they were not reimbursed in timely manner. He felt that this was due to the way the NHS system worked as opposed specifically to the proposals for delegation. The advantages of the proposals included

increasing the ability to align commissioning of primary care with secondary and community care and ensuring the same direction of travel with the STP.

- 5.6 Dr Mona Vaidya (NHS Central London Clinical Commissioning Group) stated that GP practices felt they were exposed to rents being determined by landlords and GPs wanted clarity from NHS England on the matter, including what would happen in respect of rates. Staff, including doctors and nurses, were also discouraged by high commuting costs to central London and partner organisations needed to work closer together to find a solution.
- 5.7 A Member commented that estates had been an issue for a long time and landlords had consistently raised costs, whilst costs of land in Westminster would continue to rise. There was also a need for more GPs in Westminster and in general and he stated that the NHS England representative should be attending Board meetings and making suggestions to help the CCGs. The Member felt that all partner organisations should be involved in helping resolve the issue of estates and costs, including housing and he suggested that sports and leisure could also play a role. Another Member emphasised the importance of ensuring that primary care co-commissioning and the Health and Wellbeing Strategy were aligned and that consideration be given as to how the Board could support this piece of work.
- 5.8 Councillor Robathan advised that the Council had undertaken a significant piece of work in primary care modelling and emphasised the need for joined-up working amongst partner organisations. She stated that joint estate mapping would need to feed into delegated primary care commissioning if this went ahead, whilst there also needed to be further consideration as to how health and wellbeing centres and the work of hubs could be linked better with primary care commission to move forward.

6 FAMILY HUBS - COMMISSIONING INTENTIONS FOR CHILDREN AGED 0-5

- 6.1 Jayne Vertkin (Head of Early Help) presented the report and advised that preventative measures taken at an early stage would help families from getting into difficulties and being escalated through the health and social care systems. The commissioning of preventative services for children aged 0 to 5 was a key area and the initial focus would be on shaping the new health visiting services and the Family Nurse Partnership. Jayne Vertkin commented that it was considered that the health visiting service currently worked quite separately to other services and there was a need for more integration. She advised that the principle of health visiting would remain the same, however the ways of delivery would be changed. In terms of the new service, the details were still being put in place, however it was anticipated that a much clearer picture of what the service would look like would emerge by the summer of 2017.
- 6.2 Councillor Robathan stated that her suggestion that birth registries be located in Family Hubs was already being taken up, and a birth registry service was being piloted at the hub in Queens Park. She stated that one of the objectives was to ensure the Family Hubs provided greater access to health services

and pathways. She advised that feedback from the Health and Wellbeing Strategy's consultation had identified the need to utilise the health visiting service more to provide an early warning of any problems identified. Councillor Robathan stated that the voluntary sector was involved in this piece of work and she sought further details regarding CCG's involvement.

- 6.3 In reply, Chris Neill advised that there were yet to be any CCG representatives appointed, however a Joint Commissioning Team would be providing clinical input. There had also been a significant piece of work between CCGs and Children's Services focusing on why children ended up in hospital. Louise Proctor welcomed the approach taken for the Family Hubs programme and the role of health visitors was highly valued. She suggested that CCGs could contribute more to the Family Hubs Programme. Jayne Vertkin advised that there would be a series of workshops up until April looking at how a greater range of services could be provided by the Family Hubs. There would also be a session with voluntary sector representatives taking place on 6 February. Members noted that a formal launch of the programme would be discussed in April.
- 6.4 Councillor Robathan expressed her support for the work on the Family Hubs to date and advised that she would continue to be the lead member for the Hubs Programme as this area was part of her new Cabinet portfolio as Cabinet Member for Housing.

7 PHARMACEUTICAL NEEDS ASSESSMENT - INTRODUCTION

- 7.1 Colin Brodie (Public Health Knowledge Manager) presented the report and advised that a Pharmaceutical Needs Assessment (PNA) was required to be refreshed and published every three years. The last PNA had been published in March 2015 and the next one was due for publication in March 2018. Colin Brodie advised that the PNA contributed to providing a local evidence base. He then referred to the purpose and requirements of the PNA, which included:
- Proving a clear picture of the current services provided by community pharmacies and identifying gaps in service provision
 - Enabling planning for future services to be delivered by community pharmacies, ensuring gaps in service had been addressed
 - Providing robust and relevant information on which to base applications for market entry in accordance with National Health Services (Pharmaceutical Services) Regulations
- 7.2 Councillor Christabel Flight enquired whether it was possible to locate small pharmacies at Health and Wellbeing Hubs. In reply, Dr Neville Purssell advised that most hubs did not have pharmacies, however consideration could be given to increasing the number of sub-branches located within the hubs.
- 7.3 Members commented that pharmacies had a positive impact in ensuring patients complied with their medical requirements in respect of mental health and there was evidence to support this. Members also stated that there was a need to look further into the implications of funding for community pharmacies

being reduced for 2016/17 and 2017/18 and a report on this matter should be brought to the Board in future.

8 JOINT STRATEGIC NEEDS ASSESSMENT UPDATE: YOUNG ADULTS, ONLINE JOINT STRATEGIC NEEDS ASSESSMENT HIGHLIGHTS AND PROGRAMME FORWARD PLAN

- 8.1 Jessica Nyman (Joint Strategic Needs Manager) introduced the item and stated that both the Young Adults Joint Strategic Needs Assessment (JSNA) and the online JSNA highlights were significant pieces of work. She also requested the Board's endorsement of the JSNA work programme for 2017/18.
- 8.2 Dr Mona Vaidya (NHS Central London Clinical Commissioning Group) then presented an update on the Young Adults JSNA and stated that a gap in services for young adults aged 18 to 25 years had been identified. The Young Adults JSNA sought to address this gap and consideration needed to be given as to whether there needed to integrate hubs for young people, as they tended to prefer other locations. She felt that a one stop shop providing a number of services for young people would be desirable. Members heard that young adults were often reluctant to visit family GPs, possibly because of concerns over confidentiality.
- 8.3 Dr Monda Vaidya then referred to the recommendations of the Young People JSNA in the report. Amongst them was a recommendation to pilot an integrated primary care model at one or more GP practice in each CCG where there were a high number of young adult patients, providing services such as sexual health services, eating disorder services and talking therapies. GPs would be offered training in young adults' health at these practices. Another recommendation in view of the rise in eating disorders amongst young people was to review the eating disorder pathway as part of the Like Minded Serious and Long Term Mental Health Need population group. Other recommendations included extending Children and Adolescent Mental Health Services (CAMHS) or looked after children CAMHS from 16 to 25 year old care leavers, extending substance misuse services to young adults up to 25 years and coproduce the design of services with young people.
- 8.4 Thilna Jayatilleke (Senior Public Health Analyst) then provided a live demonstration of the online JSNA highlights. He advised that there were presently a number of different sets of data available from a variety of sources. The online JSNA report sought to provide a platform for all such data through one view and provided the latest data on Westminster. The report was due to be updated and Thilna Jayakilleke welcomed feedback from Members by end of March 2017. The online JSNA report and the Westminster JSNA highlights report were available at <https://www.jsna.info/online/highlightreports> and <https://lbhf.maps.arcgis.com/apps/MapJournal/index.html?appid=baef2c5ffea4355a2261101d8fadfa3> respectively.
- 8.5 During Board discussions, a Member stated that providing access to services for young adults was further complicated in that young adults often preferred a

social setting to access services. He suggested that there was an opportunity to consider Sports and Leisure facilities as a setting to offer these services. He also suggested that the Youth Council be approached to discuss how these services could be accessed and they could also be linked with settings that provided entertainment. He emphasised the need to ensure that young adults could approach services in a community setting they trusted. It was also asked whether addressing the needs of young adults was particularly challenging in Westminster because of the transient nature of the population. Members noted that the online JSNA report could provide details on specific localities.

- 8.5 In reply to issues raised by Members, Eva Hrobonova (Deputy Director of Public Health) advised that the demographics of Westminster for young adults was not too dissimilar to other neighbouring boroughs, such as Camden, however it was difficult to make direct comparisons. Mona Vaidya added that a number of students would try to register with GPs in Westminster, even though they were not in the practices' catchment area. She acknowledged that a GP setting was not the preference for a number of young adults and that it was important that they were comfortable in the location where they were accessing services.
- 8.6 The Board approved the publication of the Young Adults JSNA and endorsed the future JSNA work programme for 2017/18.

9 CONTRIBUTING TO HEALTH AND WELLBEING THROUGH INVESTMENT IN HOUSING

- 9.1 Dermot Moloney (Senior Regeneration Programme Manager) presented the report and began by stating that the link between providing appropriate housing and the positive effects that this could have on health had been clearly recognised. He advised that the Housing Renewal Strategy launched in 2010 sought to increase the supply and quality of affordable homes, improve the quality of the local environment, promote a higher quality of life, maximise economic opportunity in Westminster and create a more distinct sense of neighbourhood. He advised that data was being collected to see the impact of regeneration and improved housing had on residents, including their health. Members noted that there was a direct and positive relationship between implementing the Housing Renewal Strategy and the objectives of the Health and Wellbeing Strategy.
- 9.2 Dermot Moloney then referred to the current housing renewal programmes taking place in Westminster. The largest scheme was the Church Street regeneration where considerable work had been undertaken over the last 18 months. He stated that a central theme of the scheme was improving the health of residents and it was anticipated that there would be a Community Health and Wellbeing Hub located there by 2020. It had also been recognised that there was a positive link between employment and health and the Housing Renewal Strategy sought to navigate people back into work. An example of this was the Ebury Bridge scheme where residents' events were built around the themes of employment and health. Dermot Moloney also referred to the Tollgate Gardens and infill housing schemes.

- 9.3 Turning to CityWest Homes Investment Programmes, Dermot Moloney advised that there were a number of programmes that would benefit residents' health. This included the Condensation Investment Programme which set aside a budget of £12m over the next five years. The General Major Works Programme included a number of schemes designed to contribute to warmer, dryer and safer homes. Dermot Moloney advised that a Sheltered Housing Review was underway and he welcomed any Board comments on this. He also referred to the work undertaken to tackle rough sleeping and Members noted that they had received a report and presentation on this at the 15 September 2016 meeting.
- 9.4 Councillor Robathan commented that the role of housing in improving health outcomes was considerable. In respect of Church Street, she advised that the development of the Lisson Arches site had commenced with the enabling work near completion and the emptying of the site was due to be completed by 2019. It was anticipated that the Health and Wellbeing Hub would be in place by 2020/21. She added that the Ebury Bridge site was due for completion around 2023.
- 9.5 A Member commented that he was pleased overall with progress. He felt that further consideration should be given as to how community housing was a solution in relieving pressure on care beds, particularly during winter when demand was likely to be greater and which may lead to residents being moved out of Westminster. Although he acknowledged the huge amount of work involved in housing regeneration schemes, the timescales involved could be frustrating. He commented that registered social landlords were also ready to become involved and they should be encouraged to work with the City Council in housing regeneration schemes. Another Member emphasised the importance of voluntary and community organisations being involved in the proposed Church Street Hub and that this was an appropriate place to co-locate, especially if a community café was to be located there. She added that the Westminster Community Network could help in finding appropriate community and voluntary organisations. A Member appreciated the time needed to complete housing regeneration schemes, however this often led to community fatigue making it difficult to keep residents interested in the schemes. She enquired whether there were any schemes or part of schemes that could be completed relatively quickly to provide evidence of progress to residents.
- 9.6 In reply to issues raised by the Board, Councillor Robathan advised that a planning application for a new care home was due to be considered by a Planning Applications Committee soon. The care home would contain 84 care beds and was due for completion in mid 2019.
- 9.7 Dermot Moloney acknowledged that housing regeneration schemes took time and that it would be desirable if they could be completed more quickly. Every effort would be made to complete any viable scheme as soon as possible. He added that works had already started for the Tollgate Gardens scheme.

10 WORK PROGRAMME

- 10.1 The Board had before them the Work Programme for 2017. It was noted that the Better Care Fund update was likely to be moved back to the 13 July 2017 meeting.

11 MINUTES OF THE LAST JOINT STRATEGIC NEEDS ASSESSMENT STEERING GROUP MEETING HELD ON 15 DECEMBER 2016

- 11.1 The Board noted the Minutes of the last Joint Strategic Needs Assessment Steering Group meeting held on 15 December 2016.

12 ANY OTHER BUSINESS

- 12.1 On behalf of the Board, Dr Neville Purssell expressed his gratitude for Councillor Robathan's effective leadership as the previous Chairman of the Board and he welcomed working with her in her new portfolio as Cabinet Member for Housing. Councillor Robathan expressed her pleasure in working with colleagues from the Council, the CCGs and the voluntary and community sector in working together on the Health and Wellbeing Strategy and the STP. She also expressed her thanks for the support given to the Board by Meenara Islam (Principal Policy Officer) who was leaving the Council and this was echoed by Members.

The Meeting ended at 6.02 pm.

CHAIRMAN: _____

DATE _____