



City of Westminster

Committee Agenda

Title: **Health & Wellbeing Board**

Meeting Date: **Thursday 13th July, 2017**

Time: **4.00 pm**

Venue: **Rooms 3.6 and 3.7, 3rd Floor, 5 Strand, London WC2 5HR**

Members:

Councillor Heather Acton (Chairman)	Cabinet Member for Adult Social Services and Public Health
Dr Neville Pursell	Central London Clinical Commissioning Group
Councillor Richard Holloway	Cabinet Member for Children, Families and Young People
Councillor Barrie Taylor	Minority Group
John Forde	Tri-borough Public Health
Sue Redmond	Tri-borough Adult Social Care
Melissa Caslake	Tri-borough Children's Services
Barbara Brownlee	Housing and Regeneration
Dr Philip Mackney	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 6.00pm. 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, Toby Howes, Senior Committee and Governance Officer.

**Tel: 7641 8470; Email: thowes@westminster.gov.uk
Corporate Website: www.westminster.gov.uk**

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 - 18)

a) To agree the Minutes of the meeting held on 25 May 2017.

b) To note progress in actions arising.

4. GRENFELL FIRE RESPONSE

The Chairman to provide a verbal update on the Grenfell fire response.

Part A

5. UPDATE ON DEVELOPMENT OF BETTER CARE FUND PLAN 2017-19

(Pages 19 - 22)

To consider an update on the development of the Better Care Fund Plan for 2017-19.

6. MINUTES OF THE LAST JOINT STRATEGIC NEEDS ASSESSMENT STEERING GROUP MEETING HELD ON 15 JUNE 2017

(Pages 23 - 26)

To note the Minutes of the last Joint Strategic Needs Assessment Steering Group meeting held on 15 June 2017.

Part B

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| <p>7. CITY FOR ALL
To consider the report on City for All.</p> | <p>(Pages 27 - 30)</p> |
| <p>8. DEVELOPING WESTMINSTER'S PRIMARY CARE STRATEGY
To consider an update on Westminster's Primary Care Strategy.</p> | <p>(Pages 31 - 36)</p> |
| <p>9. ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2016-17
To consider an update on progress on the Annual Report of the Director of Public Health for 2016-17.</p> | <p>(Pages 37 - 40)</p> |
| <p>10. WESTMINSTER HEALTH AND WELLBEING STRATEGY WORK PLAN 2017-18
To consider a report on the Westminster Health and Wellbeing Strategy Work Plan 2017-18.</p> | <p>(Pages 41 - 46)</p> |
| <p>11. ANY OTHER BUSINESS</p> | |

Charlie Parker
Chief Executive
7 July 2017

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CITY OF WESTMINSTER

MINUTES

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health & Wellbeing Board** held on **Thursday 25th May, 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

Minority Group Representative: Councillor Barrie Taylor

Tri-borough Director of Public Health: Mike Robinson

Tri-Borough Director of Adult Services: Sue Redmond

Tri-Borough Children's Services: Rachael Wright-Turner (acting as Deputy)

Housing and Regeneration: Andrea Luker (acting as Deputy)

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

Representative of Healthwatch Westminster: Olivia Clymer (acting as Deputy)

Chair of Westminster Community Network: Jackie Rosenberg

Also Present: Councillor Christabel Flight.

1 MEMBERSHIP

- 1.1 Apologies for absence were received from Councillor Richard Holloway (Cabinet Member for Children, Families and Young People) and Dr David Finch (NHS England).
- 1.2 Apologies for absence were also received from John Forde (Tri-borough Public Health), Melissa Caslake (Tri-borough Children's Services), Barbara Brownlee (Director of Housing and Regeneration) Dr Philip Mackney ((NHS West London Clinical Commissioning Group) and Janice Horsman (Healthwatch Westminster). Mike Robinson (Tri-borough Director of Public Health), Rachael Wright-Turner (Tri-borough Director for Children's Commissioning, Tri-borough Children's Services), Andrea Luker (Head of Strategy and Quality, Housing and Regeneration), Dr Naomi Katz (NHS West London Clinical Commissioning Group) and Olivia Clymer (Chief Executive,

Healthwatch Westminster) attended respectively as Deputies for John Forde, Melissa Caslake, Barbara Brownlee, Dr Philip Mackney and Janice Horsman.

- 1.3 Jules Martin (Managing Director, NHS Central London Clinical Commissioning Group), Anne Mottram (Imperial College Healthcare NHS Trust), Chris Neill (Interim Deputy Managing Director, NHS Central London Clinical Commissioning Group) and Louise Proctor (NHS West London Clinical Commissioning Group) were also in attendance.

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 2 February 2017 be signed by the Chairman as a correct record of proceedings.
2. That progress in implementing actions and recommendations agreed by the Westminster Health and Wellbeing Board be noted.

PART A

4 BETTER CARE FUND 2017-2019 UPDATE

- 4.1 Dylan Champion (Interim Head of Health Partnerships) presented the report and advised that final guidance from the Government with regard to Better Care Fund (BCF) plans for 2017-2019 was due to be published sometime in June. Action would need to be taken quickly to complete the BCF plan for 2017-2019 and there would be high level discussions on what should be included. Dylan Champion advised that the BCF Policy Framework guidance which had been published required BCF plans to focus on fewer key priorities, which was welcomed as it would allow greater focus on the priorities identified. Every effort would be made for partner organisations to work together to provide the best out of hospital care and managing the transfer of care which would mean ensuring the right pathways were in place. Dylan Champion advised that there would be a requirement to provide quarterly updates on the BCF plan to NHS England in future. With regard to the 2016-2017 plan, Members noted that good progress had been made.
- 4.2 Dylan Champion stated that a BCF plan for 2017-2019 had been drafted, however the final plan would be produced around six to eight weeks after the publication of the guidance. The final detail BCF 2017-2019 draft plan would then be put before the Board for its consideration at the next meeting on 13 July.
- 4.3 Members agreed to the Chairman's suggestion that there should be more detailed discussions on the BCF plan in future. A Member requested that future reports also include adult social care matters.

PART B

5 ACTIONS AGREED BY THE HEALTH AND WELLBEING BOARD TO PROGRESS THE DELIVERY OF THE HEALTH AND WELLBEING STRATEGY

5.1 Ezra Wallace (Head of Corporate Strategy) presented the report and referred to the actions agreed by the Board at the two briefings held on March and April. It had been agreed that the agenda be split into Part A, consisting of the formal and statutory business of the Board, and Part B, to focus on the collaborative partnership to implement the strategy's three priorities. The Director of Law had advised that the 25 May Board meeting could go ahead even though it was during the General Election Purdah period. Ezra Wallace advised that the Chairman and Dr Neville Pursell (NHS Central London Clinical Commissioning Group) were also meeting with larger provider organisations to discuss how they would be involved. It was also agreed that the Board consider how to engage with other providers, possibly through a provider event or through utilising existing provider fora.

6 DELIVERING THE HEALTH AND WELLBEING STRATEGY FOR WESTMINSTER

6.1 Dylan Champion gave a detailed presentation on delivering the Health and Wellbeing Strategy 2017-2022. Work had been undertaken to identify the priorities that were key to the strategy's delivery. Dylan Champion stated that good progress had already been made in agreeing and developing the strategy which also complemented the Council's 'City for All', the North West London CCGs Sustainability and Transformation Plan (STP), the BCF plan, NHS Central and London NHS West London Clinical Commissioning Groups' (CCGs') Business Plans 2017-18, the Public Health Business Plan 2017-18, the Adult Social Care Transformation Programme and the Children's Services Transformation Programme. Dylan Champion then referred to the strategy's five priorities, these being:

- Improving health and care for children, young people and families
- Reducing the risk factors for and improving the management of long term conditions such as dementia
- Improving mental health outcomes through prevention and self-management
- Creating a leading and sustainable and effective local health and care system
- Radically upgrade prevention and early intervention.

6.2 Dylan Champion advised that there were a number of public health and health and social care objectives within the Council's City for All. For example, within the "Opportunities and fairness across the city" key priority, it was stated that a positive approach would be taken to adult social care by working with partners to provide quality care and encourage residents to enjoy active,

fulfilling, healthy and happy lives, whilst focusing resources on the most vulnerable.

- 6.3 Chris Neill (Interim Deputy Director, NHS Central London CCG) then addressed the Board in respect of the North West London STP. He referred to the STP's priorities in improving health and wellbeing, improving care and quality and improving productivity and closing the financial gap. A number of high level conversations had taken place in respect of delivering the STP and how it related to the Health and Wellbeing Strategy. The Primary Care Strategy was identifying budgets and consideration was also being given about the role of a user panel. Chris Neill then referred to the STP's delivery areas and how they related to the Health and Wellbeing Strategy's priorities.
- 6.4 In order to review the Health and Wellbeing Strategy's priorities, Dylan Champion advised that these would be reviewed in the context of focus, sponsor and monitoring elements. The focus element would assist collaborative work to help delivery in respect of care coordination, children and young people and prevention, and mental health and wellbeing. The sponsor element would include areas where the Board was receiving and considering key decisions and updates, including the BCF Plan, the STP and strategies and plans in the Forward Plan. The monitor element would monitor progress in delivering the strategy as part of a six month monitoring report and would also be included in the annual report. There was also a gap element that addresses where insufficient or limited activity to deliver a priority had been identified. Dylan Champion advised that work would be undertaken to ensure that the views of residents and customers were heard in the delivery of the key priorities, including case studies and I-statements. He emphasised the importance of ensuring that the citizen focus was not lost and examples of receiving feedback from citizens would be required to demonstrate this. Dylan Champion concluded the initial part of the presentation by stating that encouragingly, there was already a large degree of alignment across the Health and Wellbeing Strategy, City for All, the STP and the BCF plan and this would help facilitate a joined-up approach.
- 6.5 During Members' discussions, the Chairman stated that a useful draft paper on integration and single commissioning had been produced at a recent North West London STP Strategy Transformation Group meeting. A London-wide paper drafted by NHS England had also been circulated and London Councils were considering it. London Councils were concerned that the proposals in the London-wide paper may lead to an additional layer of bureaucracy, however it did demonstrate alignment with other partner organisations.
- 6.6 A Member referred to the Council's City for All and commented that the Council had also agreed to use a separate social care precept for Adult Social Care. He enquired whether City for All would address the social care precept or would another strategy take responsibility for this. The Council had also agreed to use receipts from Capital funding, such as through Section 106 planning agreements, to help fund social care and this should be highlighted. Concern was expressed that there would also be a considerable financial shortfall in social care by 2020 and this needed to be addressed with some urgency. Members commented on the need for more financial details on how

the Health and Wellbeing Strategy and the North West London STP would be delivered, including spend details. It was also remarked that sufficient resources be put into communications to effectively inform residents and patients how the strategy was being implemented. Anne Mottram (Imperial College Healthcare NHS Trust) asked how it could be demonstrated that the strategy was delivering effectively on its priorities.

- 6.8 In reply to issues raised at this stage, Sue Redmond (Tri-borough Director of Adult Social Care) advised that the BCF Plan was mainly addressing social care issues, however the strategy could also reflect concerns raised by Members. Dylan Champion advised that background documents containing some financial details and key policy documents could be provided to Members if they wished. There were a number of actions and projects to deliver priorities and consideration was being given as to how progress could be measured. In some instances, the success of some projects may be more difficult to measure than others. Work would also be undertaken setting out how actions will impact upon outcomes. Harley Collins (Health and Wellbeing Manager) advised that the North West London STP Strategy Transformation Team were developing an information dashboard compiling information from a number of providers and commissioners. The Royal Borough of Kensington and Chelsea had asked whether they could also use the information dashboard to measure performance and Members agreed that this information be included at the next meeting. There should also be an explanation as to what experiences residents and patients would feel as aspects of the strategy are delivered.
- 6.9 A Member stated that both the widespread impacts, including the financial challenges, and the individual impacts, as demonstrated in I-Statements, needed to be considered. She remarked that NHS Central London CCG had not mentioned social prescribing which she felt was important to include. Members emphasised the importance of ensuring that patients were signposted to the right service, even before they went to see a GP.
- 6.10 The Chairman stated that there had been a significant amount of consultation undertaken during the development of the strategy and there would continue to be so. She advised that the North West London Strategy Transformation Group were also looking at the financial arrangements that would need to be in place to deliver the STP.
- 6.11 Chris Neill then referred to focus area 1, care coordination, which the Board had discussed during its two workshops in March and April. GP practices varied in the way they worked, including in respect of social prescribing. GP practices were coming together in “villages” where voluntary sector services would also be available and there was also more joint commissioning taking place. GPs and CCGs were also working even closer with Children’s Services in taking a joined-up approach. Chris Neill advised that there would be a presentation to the Board on the Primary Care Strategy at the 13 July meeting. Dylan Champion added that a set of outcomes achieved in care coordination would be provided at the end of the year.

- 6.12 A Member commented on the importance of language and suggested that the Primary Care Strategy be appropriately re-worded to reflect the fact that a number of community assets would be used. Members concurred with the Chairman's suggestion that Community Care Strategy, or Primary and Community Care Strategy as suggested by Louise Proctor (Managing Director, NHS West London CCG) may be a more appropriate wording and Chris Neill agreed to put these suggestions to NHS Central London and NHS West London CCGs. Anne Mottram suggested that Advance Care Planning be added as a success indicator.
- 6.13 Another Member stated that GPs and Children's Services were working well together, however there was potential for socially related problems in respect of children and young people and this is an area that needed to be addressed. It was acknowledged that the Prevent Programme aimed to prevent children and young people developing extremist views, however there were a number of unhappy and dissatisfied children and the area needed to be looked at more broadly. Rachael Wright-Turner (Tri-borough Director for Children's Commissioning) added that other groups and partnership should be brought together to provide a more cohesive, holistic and joined-up approach to address this matter.
- 6.14 Dylan Champion then referred to the strategy's five priority areas in the presentation, where specific priorities and projects within each priority had been proposed as areas under focus, sponsor or monitor elements and he sought Members' views on each of these. In respect of priority 1, improving health and care for children, young people and families, it was suggested that mental and social health be added under the focus element. Whilst it was acknowledged that there had already been a significant amount of work undertaken for this priority, there was no cause for satisfaction and greater integration of Children's Services was needed. For priority 2, improving the management of long term conditions, Olivia Clymer (Chief Executive, Healthwatch Minister) advised that Healthwatch had undertaken research on behalf of the STP in identifying gaps with regard to the Community Independence Service and she was happy to share this information with the Board.
- 6.15 For priority 3, improving mental health outcomes, it was noted that an annual report was required. The Chairman stated that employment, training and housing were all factors that could affect mental health. Louise Proctor stated that improved primary care management, impatient and residential recovery and developing crisis services delivered in the community could be sponsored by the Like Minded Strategy. In relation to priority 4, delivering a sustainable health and social care system, Dylan Champion advised that the Estates Review and Strategy needed to be worked on collectively. Members expressed concern that priority 4 could not be fully delivered and more work needed to be undertaken in influencing the behaviour of people and coping with demand. More communication to the public was needed to help understand why people behaved in a certain way and what could be done to change this.

6.16 For priority 5, radically upgrade prevention and early prevention, it was suggested that the Community Care Strategy be added as a focus and it was also suggested social prescribing should replace children and young people and prevention under focus. Dr Paul Reilly (NHS Central London CCG) advised that GPs were undertaking social prescribing in their own individual ways, however a more joined-up approach to this would be more beneficial. Sue Redmond recognised that social prescribing was important, however it played more of an enabler role. The areas for focus would be considered further.

6.17 The Chairman advised that My Westminster day taking place on 18 June would provide another opportunity for residents to provide feedback on the strategy. She thanked officers for the work undertaken to date and Dylan Champion added that he would update the strategy in respect of specific priorities and projects within each strategy priority accordingly in light of Members' comments and suggestions and there would be an update on the strategy at the next meeting on 13 July.

7 MINUTES OF THE LAST JOINT STRATEGIC NEEDS ASSESSMENT STEERING GROUP MEETING HELD ON 23 FEBRUARY 2017

7.1 The Board noted the Minutes of the last Joint Strategic Needs Assessment Steering Group meeting held on 23 February 2017.

8 WORK PROGRAMME

8.1 Dylan Champion advised that there was a full agenda for the next meeting on 13 July and that he would circulate an updated work programme to Members for consideration in the next two weeks. Chris Neill also agreed to circulate the Primary Care Strategy as it was currently titled in around two weeks.

9 ANY OTHER BUSINESS

9.1 There was no other business.

The Meeting ended at 5.41 pm.

CHAIRMAN: _____

DATE _____

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WESTMINSTER HEALTH & WELLBEING BOARD

Actions Arising

Meeting on Thursday 25th May 2017

Action	Lead Member(s) And Officer(s)	Comments
Delivering the Health and Wellbeing Strategy for Westminster		
Information dashboard being developed by North West London Clinical Commissioning Groups' Strategy Transformation Team to be circulated at next meeting.	Harley Collins (Health and Wellbeing Manager)	To be provided at 13 July meeting.
Healthwatch to circulate research undertaken on behalf of the North West London Sustainability Transformation Plan that identified gaps in the Community Independence Service to Members.	Healthwatch	
Specific priorities and projects within the Strategy to be updated to incorporate suggestions made by Members.	Dylan Champion	To be provided at the 13 July meeting.
Work Programme		
Updated work programme to be circulated to Members.	Dylan Champion	To be provided at a future meeting.
Primary Care Strategy to be circulated to Members.	Chris Neill (NHS Central London Clinical Commissioning Group)	

Meeting on Thursday 2nd February 2017

Action	Lead Member(s) And Officer(s)	Comments
Health and Wellbeing Strategy for Westminster 2017 – 2022 Implementation		
A joint implementation paper setting out a clear governance structure and providing details of actions being taken by NHS Central London and NHS West London Clinical Commissioning Groups to help deliver the implementation plan to be provided at next meeting.	Ezra Wallace, Chris Neill (NHS Central London Clinical Commissioning Group) and Louise Proctor (NHS West London Clinical Commissioning Group)	Completed.

Pharmaceutical Needs Assessment – Introduction

Report on implications for funding for community pharmacies being reduced for 2016/17 and 2017/18 to be provided at a future meeting.	Colin Brodie	To be provided at a future meeting.
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Extraordinary Meeting on Tuesday 13th December 2016

Action	Lead Member(s) And Officer(s)	Comments
NHS Central London and NHS West London Clinical Commissioning Groups' Commissioning Plans		
Members to provide any further comments on the Commissioning Plans by 20 December.	All Board Members	Completed.

Meeting on Thursday 17th November 2016

Action	Lead Member(s) And Officer(s)	Comments
Update on the North West London Sustainability Transformation Plan and Westminster's Joint Health and Wellbeing Strategy		
Board's comments in respect of the North West London Sustainability Transformation Plan to be fed back to the NHS Central and NHS North West London Clinical Commissioning Groups.	Chris Neill (NHS Central London Clinical Commissioning Group)	Completed.
Work Programme		
Board to receive first report on the next Pharmaceutical Needs Assessment at next meeting.	Mike Robinson / Colin Brodie	Completed.

Meeting on Thursday 15th September 2016

Action	Lead Member(s) And Officer(s)	Comments
Draft Westminster Health and Wellbeing Strategy Refresh		
Final strategy to be put to the Board at the next meeting.	Meenara Islam	Completed.
Housing Support and Care Joint Strategic Needs Assessment		
Board to look at the Housing Support and Care Joint Strategic Needs Assessment in more detail and to support the recommendations, subject to any concerns raised by Members in the next two weeks.	All Board Members / Anna Waterman	Completed.

Meeting on Thursday 14th July 2016

Action	Lead Member(s) And Officer(s)	Comments
Draft Westminster Health and Wellbeing Strategy Refresh		
Meenara Islam to circulate the dates that the consultation events and meetings are taking place to Members.	Meenara Islam	Completed.
Tackling Childhood Obesity Together		
Progress on the programme to be reported back to the Board in a year's time.	Eva Hrobonova	
Health and Wellbeing Hubs		
Details of the children's workstream to be reported to the Board at the next meeting.	Melissa Caslake	Completed.

Meeting on Thursday 26th May 2016

Action	Lead Member(s) And Officer(s)	Comments
Draft Westminster Health and Wellbeing Strategy Refresh		
Members to provide any further input on the strategy before it goes to consultation at the beginning of July.	All Board Members	Completed

Meeting on Thursday 17th March 2016

Action	Lead Member(s) And Officer(s)	Comments
Westminster Health and Wellbeing Strategy Refresh Update		
Members requested to attend Health and Wellbeing Board workshop on 5 April.	All Board Members	Completed.
Meenara Islam to circulate details of proposals discussed at an engagement plan meeting between Council and Clinical Commissioning Group colleagues.	Meenara Islam	Completed.
NHS Central and NHS West London Clinical Commissioning Group Intentions		
Clinical Commissioning Groups to consider how future reports are to be presented with a view to producing reports more similar in format and more user friendly.	Clinical Commissioning Groups	On-going.

Meeting on Thursday 21st January 2016

Action	Lead Member(s) And Officer(s)	Comments
Commissioning Intentions: (A) NHS Central London Clinical Commissioning Group; (B) NHS West London Clinical Commissioning Group		
Update on the Clinical Commissioning Groups' intentions to be reported at the next Board meeting.	Clinical Commissioning Groups	Completed.
Westminster Health and Wellbeing Strategy Refresh		
Draft proposals for the strategy refresh to be considered at the next Board meeting	Adult Social Care, Clinical Commissioning Groups and Policy, Performance and Communication	Completed.

Meeting on Thursday 19th November 2015

Action	Lead Member(s) And Officer(s)	Comments
Westminster Health and Wellbeing Hubs Programme Update		
Update on the Programme to be reported at the next Board meeting.	Adult Social Care	Completed.
Like Minded – North West London Mental Health and Wellbeing Strategy – Case for Change		
Board to receive report on Future In Mind programme to include details of how it will impact upon Westminster and how the Board can feed into the programme to provide more effective delivery of mental health services.	Children's Services	Completed.
Board to receive report on young people's services, including how they all link together in the context of changes to services.	Children's Services	Completed.

Meeting on Thursday 1st October 2015

Action	Lead Member(s) And Officer(s)	Comments
Central London Clinical Commissioning Group – Business Plan 2016/17		
West London Clinical Commissioning Group to circulate their Business Plan 2016/17 to the Board.	West London Clinical Commissioning Group	Completed.

Westminster Health and Wellbeing Hubs Programme Update		
Board to nominate volunteers to be involved in the Programme and to be on the Working Group.	Meenara Islam	Completed.
Update on the Programme to be reported at the next Board meeting.	Adult Social Care	Completed.
Dementia Joint Strategic Needs Assessment – Commissioning Intentions and Sign Off		
Board to receive and update at the first Board meeting in 2016.	Public Health	Completed.

Meeting on Thursday 9th July 2015

Action	Lead Member(s) And Officer(s)	Comments
Five Year Forward View and the Role of NHS England in the Local Health and Care System		
That a document be prepared comparing NHS England's documents with the Clinical Commissioning Groups to demonstrate how they tie in together.	Clinical Commissioning Groups/NHS England	Completed.
Board to receive regular updates on the work of NHS England and to see how the Board can support this work.	NHS England	To be considered at future meetings.
Westminster Housing Strategy		
Housing Strategy to be brought to a future meeting for the Board to feed back its recommendations.	Spatial and Environmental Planning	Completed.
Update on Preparations for the Transfer of Public Health Responsibilities for 0-5 Years		
Board to receive an update in 2016.	Public Health	Completed.

Meeting on Thursday 21st May 2015

Action	Lead Member(s) And Officer(s)	Comments
North West London Mental Health and Wellbeing Strategic Plan		
That a briefing paper be prepared outlining how the different parts of the mental health services will work and how various partners can feed into the process.	NHS North West London	Completed.
Adult Social Care representative to be appointed onto	NHS North West	Completed.

the Transformation Board.	London Adult Social Care	
Children and Young People's Mental Health		
A vision statement be produced and brought to a future Board meeting setting out the work to be done in considering mental health services for 16 to 25 year olds, the pathways in accessing services and the flexibility in both the setting and the type of mental health care provided, whilst embracing a multidisciplinary approach.	Children's Services	Completed.
The role of pharmacies in Communities and Prevention		
Public Health Team and Healthwatch Westminster to liaise and exchange information in their respective studies on pharmacies, including liaising with the Local Pharmaceutical Committee and the Royal Pharmaceutical Society.	Public Health Healthwatch Westminster	Completed.
Whole Systems Integrated Care		
That the Board be provided with updates on progress for Whole Systems Integrated Care, with the first update being provided in six months' time.	NHS North West London	Completed.
Joint Strategic Needs Assessment		
Consideration be given to ensure JSNAs are more in line with the Board's priorities.	Public Health	Completed.
The Board to be informed more frequently on any new JSNA requests put forward for consideration.	Public Health	On-going.
Better Care Fund		
An update including details of performance and spending be provided in six months' time.		Completed.
Primary Care Co-Commissioning		
Further consideration of representation, including a local authority liaison, to be undertaken in respect of primary care co-commissioning.	Health and Wellbeing Board	In progress
Work Programme		
Report to be circulated on progress on the Primary Care Project for comments.	Holly Manktelow Health and Wellbeing Board	Completed.
The Board to nominate a sponsor to oversee progress on the Primary Care Project in between Board meetings.	Health and Wellbeing Board	To be confirmed.
NHS England to prepare a paper describing how they see their role on the Board and to respond to Members' questions at the next Board meeting.	NHS England	Completed.

Meeting on Thursday 19th March 2015

Action	Lead Member(s) And Officer(s)	Comments
Pharmaceutical Needs Assessment		
Terms of reference for a separate wider review of the role of pharmacies in health provision, and within integrated whole systems working and the wider health landscape in Westminster, to be referred to the Board for discussion and approval.	Adult Social Care	Completed

Meeting on Thursday 22nd January 2015

Action	Lead Member(s) And Officer(s)	Comments
Better Care Fund Plan		
Further updates on implementation of the Care Act to be a standing item on future agendas.	Adult Social Care	Completed.
Child Poverty		
Work to be commissioned to establish whether and how all Council and partner services contributed to alleviating child poverty and income deprivation locally, through their existing plans and strategies – to identify how children and families living in poverty were targeted for services in key plans and commissioning decisions, and to also enable effective identification of gaps in provision.	Children's Services	In progress.
To identify an appropriate service sponsor for allocation to each of the six priority areas, in order to consolidate existing and future actions that would contribute to achieving objectives.	Children's Services	In progress.
Local Safeguarding Children Board Protocol		
Protocol to be revised to avoid duplication and to be clear on the different and separate roles of the Health & Wellbeing Board and the Scrutiny function.	Local Safeguarding Children Board	Completed.
Primary Care Commissioning		
A further update on progress in Primary Care Co-Commissioning to be given at the meeting in March 2015.	Clinical Commissioning Groups. NHS England	Completed.

Meeting on Thursday 20th November 2014

Action	Lead	Comments
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	Member(s) And Officer(s)	
Primary Care Commissioning		
The possible scope and effectiveness of establishing a Task & Finish Group on the commissioning of Primary Care to be discussed with Westminster's CCGs and NHS England, with the outcome be reported to the Health & Wellbeing Board.	Clinical Commissioning Groups NHS England	Completed
Work Programme		
A mapping session to be arranged to look at strategic planning and identify future agenda issues.	Health & Wellbeing Board	Completed.

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.	Completed.

Meeting on Thursday 19th June 2014

Action	Lead Member(s) And Officer(s)	Comments
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Whole Systems		
Business cases for the Whole Systems proposals to be submitted to the Health & Wellbeing Board in the autumn.	Clinical Commissioning Groups.	Completed.
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.	Completed.
The Health & Wellbeing Strategy		
A further update on progress to be submitted to the Westminster Health & Wellbeing Board in six months.	Priority Leads.	Completed.
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	Completed.
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. <i>Note: Recommendations to be put forward in next year's programme.</i>	Public Health Services Senior Policy & Strategy Officer.	Completed.

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.	Strategic Director of Housing	Completed.
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	Completed.
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:	13 July 2017
Classification:	General Release
Title:	Update on development of Better Care Fund Plan 2017-19
Report of:	Councillor Heather Acton, Chairman of the Health & Wellbeing Board Dr Neville Purssell, Chairman, NHS Central London Clinical Commissioning Group
Wards Involved:	All
Policy Context:	Health and Wellbeing
Financial Summary:	N/A
Report Author and Contact Details:	Dylan Champion (dchampion@westminster.gov.uk)

1. Executive Summary

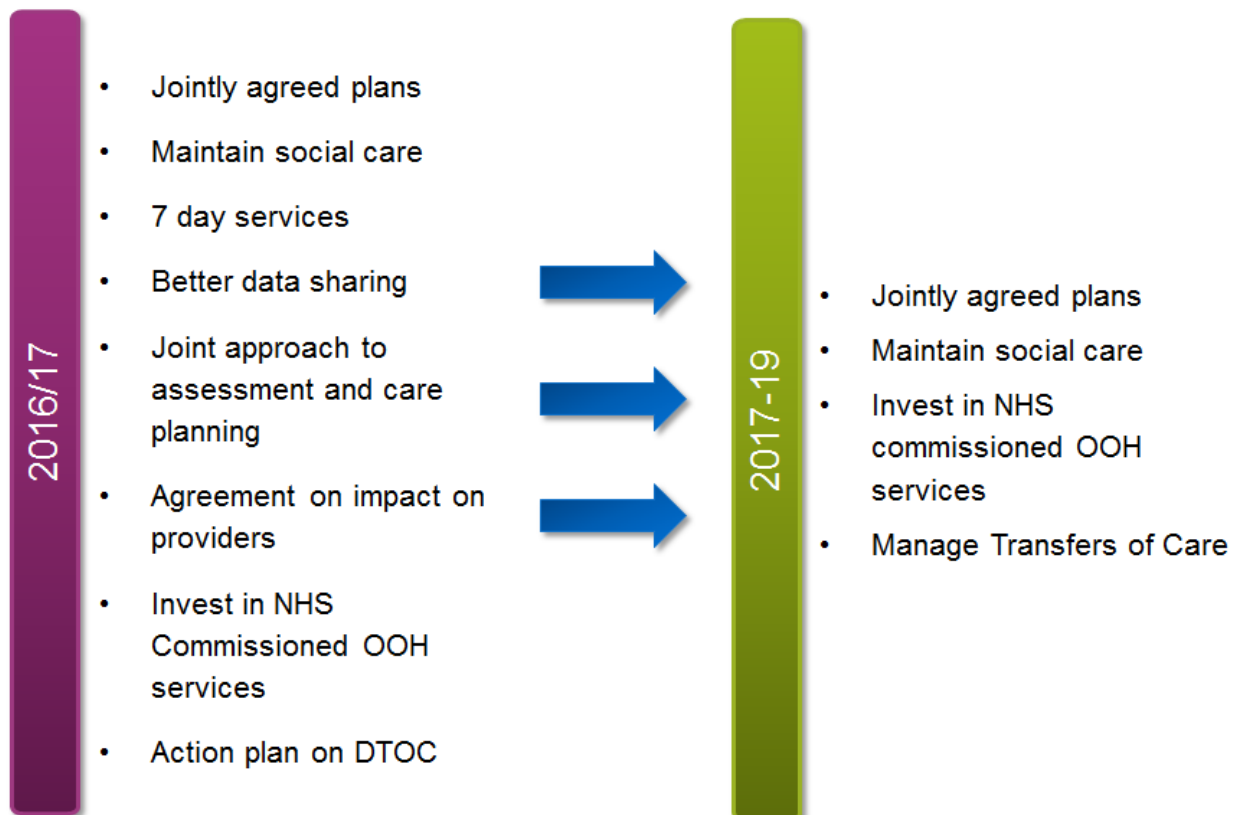
1.1 This report provides an update on the development of the Better Care Fund (BCF) Plan for 2017-19. Delivery of the Better Care Fund Plan is an important mechanism by which the Health and Wellbeing Board (HWB) fulfils its statutory duty to promote integrated ways of working and deliver a sustainable health and care system that is fit for the future.

Development of BCF Plan 2017-19

1.2 The national planning guidance was released on 5 July. A comprehensive analysis of this guidance is underway.

1.3 National coverage indicates that access to a significant proportion of the funding available will be linked to local performance in managing hospital admissions. The implications of this for Westminster are not yet clear but national comparative data published alongside the BCF planning guidance indicates that local performance is good and amongst the highest performing nationally.

- 1.4 The BCF planning submission date has been set at **11 September**. This is prior to the next planned meeting of the Health and Wellbeing Board which is currently scheduled for 14 September.
- 1.5 Ahead of this a supplementary return setting out proposed targets for reducing delayed transfer of care and for utilising Improved Better Care Fund (iBCF) resources is required to be submitted to the National Better Care Fund Panel by **21 July 2017**.
- 1.6 Intensive work will now begin to develop the Better Care Fund Plan 2017-19 and an update will be provided to the meeting on 12 July. There will also be an opportunity at the meeting to consider key priorities and the way forward.
- 1.7 Key national priorities for the Better Care Fund Plan remain as set out below and as previously indicated.



2. Key Matters for the Board

- 2.1 The Health and Wellbeing Board is asked to receive and consider at its meeting on 13 July an overview of the recently published BCF guidance, a presentation on key issues and priorities and a proposed action plan for completing the work required within the deadlines set.

3. Legal Implications

- 3.1 N/A

4. Financial Implications

- 4.1 An overview of the financial implications will be presented at the meeting.

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

Dylan Champion

Interim Head of Health Partnerships

Email: dchampion@westminster.gov.uk

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Joint Strategic Needs Assessment (JSNA) Steering Group

Thursday 15th June 2017 2.00-4.00pm

Westminster City Hall, 5 Strand, London, WC2N 5HR

Minutes

In attendance	
Mark Jarvis (MJ) (Chair)	Head of Governance and Engagement, H&F WL CCG
Colin Brodie (CB)	Knowledge Manager, Public Health
Catherine Handley (CH)	JSNA Manager, Public Health
Jackie Rosenberg (JR)	CEO, One Westminster
Angela Spence (AS)	CEO, Kensington and Chelsea Social Council
Samar Pankanti (SP)	Public Health Project Manager, CL CCG
Sharon Grant	Adult's Commissioning, ASC
Charlotte Healy (CH) Minutes	JSNA Officer, Public Health
Apologies: Shad Haibathan, Sobus	

Minutes
<p>1. Welcome and introductions</p>
<p>2. Updates from current projects:</p> <p>a) Special Educational Needs and Disability JSNA</p> <ul style="list-style-type: none"> CH & CH met with Jo Baty (SEND lead) to progress the SEND JSNA and ensure the JSNA and upcoming strategy will be aligned. It was discussed that the Sir Peter Gray Review should be incorporated into the JSNA as it encompasses a comprehensive review of local services, looks at supply and demand and provides qualitative feedback. We nearly have a full draft of the JSNA, which will be circulated to the wider group once the additional information from the Sir Peter Gray review has been incorporated. <p>MJ – Concerns over the recommendations feeding into the SEND strategy that may set requirements that Local Authorities and CCGs will be expected to implement. Group would like to be aware of the recommendations early on to see if they fit with STP priorities.</p> <p>ACTION – CH to share draft recommendations with the wider group once first draft is in place</p> <p>ACTION – ALL to suggest who the draft SEND JSNA should be circulated to for feedback</p>

b) Pharmaceutical Needs Assessment (PNA)

- This is a statutory requirement with the core purpose of providing a decision making tool to inform market entry decisions for providers to set up a service in a particular area.
- Like many other London Boroughs we have taken the decision to use a specialist provider to undertake the review and engagement with pharmacies.
- The procurement process has begun and providers have been invited to apply for the PNA – evaluation will be w/c 26th June.

Discussion on the types of questions included in the pharmacy questionnaire (opening hours, disabled access, consultation rooms etc.). It was suggested that the relationship and data linkage between pharmacies and GPs should be looked into to ascertain where there may be communication problems.

ACTION – CB to share previous PNA questionnaire with group – attached in email

ACTION – CB to follow up with Janet Cree re Choosing Wisely pharmacy programme across NWL

c) Annual Public Health Report (APHR)

- The APHR is another statutory duty for DPH that provides a highlight of the health of the local area. We have moved towards themed reports with this year's report focusing on wellbeing, particularly mental wellbeing. The report will look at the five ways to wellbeing and will display assets and case studies showing how people can support their own wellbeing and will signpost to the services we offer.

ACTION – CH to share link for “Road to Wellbeing” interactive map created by Turning Point:

<https://roadstowellbeing.communitymaps.org.uk/project/road-to-wellbeing-map>

ACTION: ALL to consider how their organisations can feed in case studies and other contributions and send to CB or CH (Charlotte)

d) Factsheets

- The PHI team are producing factsheets on key issues as there is a high demand for ‘snapshots’ of information with the intention that the factsheets will support and encourage evidence based discussions and decisions. The fact sheets will be a couple of pages long and will include general information, why it is a public health issue, key statistics and what the research is recommending.

Discussion on fact sheet topics e.g. obesity information would be beneficial as there is lots of information out there and consistency is needed, may need to be split into smaller topics such as:

- Healthy eating and buying from the supermarket
- Exercise – how much difference does getting off one bus stop early make?

Discussed that JSNA is aimed at providers and commissioners rather than informing the public, however fact sheets could inform those who are on the front line and inform public health communications.

3. Workshop

Purpose of the workshop is to do an initial scoping of the Joint Health and Wellbeing Strategies (JHWS) and the STP to begin the process of identifying where the JSNA Steering group can support the delivery of the priorities, The discussion will be used to inform a paper from the steering group to the Health and Wellbeing Boards. The ToR for the group will also be revised to give a more formal link between the group and the H&W board.

The group reviewed the JHWS and STP priorities and identified that similar key priorities – mental health, best start in life/supporting children & families, long-term conditions, sustainable health and social care system.

Outcomes of the discussion: The group, with the help of the JSNA Manager, will map existing JSNAs and their recommendations against the priorities to identify gaps in knowledge to address over the next 4-5 years. This will inform the basis of the JSNA work programme going forward.

The group provided suggestions for the future work programme including a focus on self-care and long term health conditions, but also discussed that these will need to be confirmed through the mapping and alignment exercise.

ACTION – CH to contact Harley to better understand how the work programme is structured and to what extent it is structured around the strategy.

ACTION – CH to produce paper for H&W board and circulate allowing time for comments

ACTION - CH to begin mapping and prepare workshop for the next meeting

4. AOB

ACTION – CH (Charlotte) to send round a doodle to find out availability for next meeting (mid-August)

Date of next meeting: TBC (around mid-August)

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City of Westminster

Westminster Health & Wellbeing Board

Date:	13 July 2017
Classification:	General Release
Title:	City for All
Report of:	Chairman of the Health & Wellbeing Board
Wards Involved:	All
Policy Context:	City for All Joint Health & Wellbeing Strategy for Westminster North West London Sustainability & Transformation Plan
Financial Summary:	N/A
Report Author and Contact Details:	Ezra Wallace, Head of Corporate Strategy ewallace@westminster.gov.uk

1. Executive Summary

- 1.1. The Westminster Health & Wellbeing Board is committed to regular strategic discussions to share and discuss each member organisation's priorities for the city. This paper outlines the council's City for All strategy and its fit with the Health & Wellbeing Strategy. The Board is invited to consider how their priorities for Westminster align and complement one another.
- 1.2. City for All is our three year vision and strategy for the council and the city. Now in its third year, City for All 2017/18 sets out three priorities and five programmes to build a city where every single person has the opportunity to realise their potential, where providing affordable housing gives the best possible prospects for people to thrive and where enabling businesses to flourish creates economic prosperity that everyone can benefit from.
- 1.3. To achieve this vision our three priorities are to:
 - Put civic leadership and responsibility at the heart of all we do.

- Promote opportunity and fairness across the city.
- Set the standards for a world class city.

1.4. These priorities will be delivered by five programmes:

- Civic leadership. Our community relies upon the civic pride and leadership shown by individuals and businesses every single day. We will make sure that nobody feels left behind and that we give everybody a stake in the future of our great city.
- Building homes and celebrating neighbourhoods. We will lead the housing debate, providing good quality and truly affordable housing, proving that this is possible even in the centre of London. Having a secure home gives people the opportunity to take decisions that are right for them and their families, can help improve health and contribute to shaping neighbourhoods where people look out for one another and are proud to live.
- Greener City. Westminster's location in the heart of a major world capital provides the opportunity for our greener city plan to inspire change and lead the way. We will make Westminster an example to all, with cleaner air and widely prized open spaces that are the envy of the world.
- World Class Westminster. We will give everyone in our community a stake in making Westminster a world class city. Westminster belongs to its residents and businesses, but it also belongs to the millions of people who visit it every week. We will make sure that businesses that play their part are rewarded and use our powers to protect residents and visitors from those that do not have a positive impact.
- Smart Council. We want to provide the best customer experience for our residents, making it as easy as possible to access local services. We will take responsibility for dealing with problems in full the first time and working with people and families to prevent more complex issues developing.

1.5. The Joint Health & Wellbeing Strategy for Westminster 2017 – 22 is fully aligned with the vision and priorities of both City for All and the North West London Sustainability & Transformation Plan. It sets out our shared vision and goals for the health and care system in Westminster, and identifies the priority areas which the health and care system will work together on over the next five years.

- 1.6. In addition, the council is guided by the delivery principles set out in our One Front Door Standard as defined by the Leader of the Council in her speech to Council in March 2017:

“As we seek to deliver our priorities, we also need to be a smarter council with a constructive approach. A council that thinks like a resident or a business and not a bureaucrat. A council that has one front door where all our services come together seamlessly for our customers. So this year we are having a bonfire of the silos – this council works better when it works together. People don’t care which department sorts out their problem just as long as it gets sorted. I will set a new standard for service delivery – the City for All Standard – every service will be tested against our priorities, delivered through the lens of our customers and challenged to go further and faster.”

2. Key Matters for the Board

- 2.1. The Board is invited to:

- Consider your organisation’s priorities for Westminster and how they align and complement, or may potentially conflict, with City for All
- Identify areas for further collaboration in creating a city in which everyone has access to the best opportunities to be healthy and well, including:
 - a) The use of our estates to improve access to preventative services
 - b) The practice of frontline workers to make sure that people get the right support at the right time and in the right way no matter how they first make contact with public services
 - c) The use of technology to share data and support collaboration across different professional disciplines

3. Legal Implications

None

4. Financial Implications

None

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

Ezra Wallace

Email: ewallace@westminster.gov.uk

Telephone: 020 7641 3056

APPENDICES:

None

BACKGROUND PAPERS:

Health and wellbeing strategy for Westminster 2017-2022

City for All 2017-18

Westminster Health and Wellbeing Board

Date: 13 July 2017

Classification: General Release

Title: Developing Westminster's Primary Care Strategy

Report of: Jules Martin, Managing Director, NHS Central London Clinical Commissioning Group

Cabinet Member Portfolio: Adult Social Services and Public Health

Wards Involved: All

Policy Context: Building Homes and Celebrating Neighbourhoods.

Report Author and Contact Details: Chris Neill, Deputy Managing Director, chrisneill@nhs.net
Kalu Obuka, Engagement & Communications Manager, k.obuka@nhs.net

1. Executive Summary

- 1.1 This report provides an introduction to the attached draft primary care strategy, which has been developed by the NHS Central London Clinical Commissioning Group (CLCCG) through discussion with primary care, Central London Healthcare and partners, including the local authority. Because the primary care strategy has been developed by and with primary care in Westminster, it is locally owned and supported by them and discussions are already taking place between practices about how best to bring networks of care (known as Primary Care Homes (PCHs)) into existence by working in more innovative ways.
- 1.2 The Health and Wellbeing Board is asked to consider the draft strategy and support the direction of travel set out within it – including the move to deliver accountable care by the timescales set out in the Five Year Forward View for health and care systems nationally (i.e. by 2020). The next steps include developing the detailed commissioning plan and business case which will support the delivery of the strategy, and this is planned to be completed by the early autumn. Board organisations will be invited to be a part of this process, with a particular focus on joining up health and care commissioners, and

working across the CCG and City Council. The Board's support for this work and this approach is sought.

2. Key Matters for the Committee's Consideration

2.1 The Board is asked to:

- a. Consider the draft primary care strategy, which is currently the subject of consultation with all partners, and support the overall direction of travel.
- b. Support the development of an integrated commissioning plan across health and care, through joint working between CLCCG and the City Council, and which aims to achieve accountable care in Westminster by 2020.

3. The primary care strategy in context

- 3.1 The draft primary care strategy is not just about primary care. It is about developing stronger networks of support across health, care and wellbeing, focussed on people, and improving our capacity and capability in the community to support people closer to their own homes.
- 3.2 Primary care is central to achieving these aims of more integrated care in the community for a number of reasons. Firstly, as the keepers of the registered list, primary care already holds clinical accountability for population level health outcomes and it is on this that the primary care strategy seeks to build. Secondly, there is strong evidence to support the preventative role that primary care plays, including in the tackling of health inequalities. But the primary care strategy also seeks to recognise that local people access the majority of health and care services either through or in consultation with their local GP practice and it is around these existing networks of access that the new system of health and care for Westminster must now be built.
- 3.3 Primary care in Central London continues to improve. It is improving through seven-day access, a range of "out-of-hospital" services provided in GP practices, and new approaches to commissioning primary care through delegated commissioning arrangements and some anticipated changes to primary care contracts (including those affecting PMS contracts).
- 3.4 Improved primary care underpins each of the Sustainability and Transformation Plan's delivery areas – radically upgrading prevention and wellbeing, eliminating unwarranted variation and improving management of long-term conditions, achieving better outcomes and experiences for older people, improving outcomes for children and adults with mental health needs, and providing safe, high-quality, and sustainable acute services. Primary care is also central to delivering on the local Health and Wellbeing Strategy.
- 3.3 Primary care's wider role in improving people's experiences of care sees it leading co-ordination of services and organising care in a way that suits those who receive it, including continuity, more options for physical access, or the greater use of digital technology.

- 3.4 Patients have high expectations of all care and primary care is no exception. These expectations have been reflected in several documents driving the commissioning and improvement of primary care in Westminster. These include the CCG's plans, the North West London Local Services Strategy, the North West London Sustainability and Transformation Plan, the London-wide Strategic Commissioning Framework for primary care, the GP Forward View and the Five Year Forward View. The CCG's own engagement supports the set of expectations and other messages which are reflected in these commissioning documents. Delivering on these expectations will improve care and experiences within and beyond primary care. At the same time, the CCG will support the improvement and consolidation of primary care. This is so that primary care can act as an effective "anchor" for the transformation of the rest of the health and care system.
- 3.5 The beginning of the evolution of primary care and the rest of the care system will be through Primary Care Homes. This is where a range of health and social care professionals work together to provide enhanced personalised and preventative care for their local community. Staff come together as a complete care community – drawn from GP surgeries, community, mental health and acute trusts, social care and the voluntary sector – to focus on local population needs and provide care closer to patients' homes. In Westminster, this model will serve as an extension of the existing village and locality structure: increasing the scale at which practices collaborate with each other and other out-of-hospital care services, based on an aggregated registered list.
- 3.6 The CCG will support CLH and groups of practices to work with each other and their stakeholders to collaborate and innovate at scale, based on the Primary Care Home approach designed by the National Association of Primary Care.
- 3.7 Our ambition is for the maximum coverage of positive change. At the same time, the CCG embraces the principle of groups of practices having the freedom to design their own forms of collaboration and service initiatives. The CCG's role at this point is to enable, as well as implementing commissioning-led change. In the short term, this is likely to mean a mixed economy of initiatives and collaborations, as well as varied rates of progress as groups of practices experiment and expand their initiatives in different ways. However, the urgency of the task before the local system means that the period of free experimentation needs to be time-limited, and quickly followed up with using health and care commissioning levers, in terms of both incentivisation and assurance, to expedite the integration upon which both primary care and broader system-wide transformation depends.
- 3.8 As local providers lead the development of the local Primary Care Homes, the CCG will undertake the work required to provide the financial and contractual basis to the MCP and broader accountable care.

4. CONSULTATION

- 4.1 The CCG has appropriate engagement mechanisms in place to ensure clinical and patient views are heard and taken on board. As such, patients are involved across the commissioning cycle to provide an independent and critical voice.
- 4.2 The CCG also has an effective approach to member engagement with regular forums and meetings with practices and a regular Board to Board with Central London Healthcare.
- 4.3 Each transformation programme or strategy is coproduced with clinicians and with patients. In particular, the CLCH Transformation Programme team has discussed plans and transformation progress at the User Panel with Service User Representatives and held Patient Workshops to discuss plans. There were also Patient Representatives invited to the Transformation Workshops, where the models for service changes were discussed and designed. The team followed up with relevant stakeholders where required to ensure their involvement in plans. This includes engagement with affected providers and GPs who may have not been able to attend relevant workshops and service re-design steering groups. The CCG will continue to work in collaboration with practice staff and patients as these service changes are implemented.
- 4.4 The CCG remains open to developing and improving its communication and engagement and is due to meet with Healthwatch to learn more from their experience of what works in the local community.

5. EQUALITY IMPLICATIONS

- 5.1. Any changes to policy will be measured against an Equalities Impact Assessment. The draft strategy is aimed at improving quality of care for all patients. Eliminating unwarranted variation, improving management of long-term conditions, achieving better outcomes and experiences for older people, improving outcomes for children and adults with mental health needs will be of particular benefit to members of our public who suffer from health inequalities.

6. LEGAL IMPLICATIONS

- 6.1. There are no legal implications arising directly from this report

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

Kalu Obuka: k.obuka@nhs.net

APPENDICES:

- Letter to partners inviting comments on the draft strategy

- Central London CCG's draft Primary Care Strategy

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Westminster Health & Wellbeing Board

Date:	13 July 2017
Classification:	General Release
Title:	Annual Report of the Director of Public Health 2016-17
Report of:	Director of Public Health
Wards Involved:	All
Policy Context:	The Director of Public Health has a statutory requirement to produce an independent report about the health of local communities
Financial Summary:	Not applicable
Report Author and Contact Details:	Colin Brodie E: cbrodie@westminster.gov.uk T: 02076414632

1. Executive Summary

- 1.1 This report introduces the annual report of the Director of Public Health for 2016-17. The theme for this year will be wellbeing, and particularly mental wellbeing. It provides an opportunity for the Health and Wellbeing Board to discuss and contribute to the development of the report.

2. Key Matters for the Board

- 2.1 We would like to invite the Health and Wellbeing Board to contribute to the development of the report and would welcome a wide-ranging workshop discussion on the theme of wellbeing. In particular, the Board are invited to consider the following:

- How can we best organise and harness the efforts of society to promote wellbeing in our population?
- What opportunities are there locally for the annual public health report to provide a springboard to action?
- Are the Health and Wellbeing Board members aware of local positive stories/case studies that could feature in the report?
- How do the Health and Wellbeing Board wish to continue to be engaged in the development of the report?

3. Background

3.1 The theme for the 2016-17 report will be wellbeing, and will have a particular focus on mental wellbeing. Wellbeing is a key public health issue and underpins local strategy and priorities, including the Westminster Joint Health and Wellbeing Strategy 2016-21.

3.2 Definitions of wellbeing and mental wellbeing often vary across disciplines. Broadly, it includes concepts of happiness, life satisfaction, feeling good, functioning well, and other positive states. Wellbeing involves both the mind and body – physical and mental wellbeing are closely related. The 2008 Foresight report considers mental wellbeing as:

“...a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community”

4. Purpose and scope

4.1 The aim of the APHR is to be a call to action and highlight the importance of protecting and promoting our own mental wellbeing and the wellbeing of those around us - family, friends, carers, colleagues, and communities.

4.2 This aligns with the launch by the Mayor of London, on 4 July 2017, of [Thrive LDN](#) – a city wide movement to improve the mental health and wellbeing of Londoners. Thrive LDN aims to start a conversation around mental health and wellbeing, raise awareness of mental health issues, challenge stigmas, and encourage all Londoners to look after their mental wellbeing and facilitate improvements in care.

4.3 The report will be presented in a way that makes the key messages easily accessible to members of the public as well as colleagues across the local authority, healthcare, and community and voluntary sectors. This will be structured around the [5 Ways to Wellbeing](#): Connect; Be active; Take notice; Keep learning; and Give.

4.4 The wider determinants of health are key to wellbeing, and the report will highlight factors that contribute to poor wellbeing, such as overcrowding/housing, physical inactivity, child poverty, and unemployment.

4.5 The report will also identify local assets, services and activities that contribute to positive wellbeing, e.g. parks and green spaces, workplace health, volunteering, the work of the community champions.

4.6 The report is expected to be published around late August 2017

5. Legal Implications

5.1 The Director of Public Health for a local authority must prepare an annual report on the health of the people in the area of the local authority Section (Section 31 (5) of the Health and Social Care Act, 2012). Westminster City Council has a duty to publish the report (Section 31 (6) of the Health and Social Care Act, 2012)

Implications verified/completed by: Hazel Best, Senior Solicitor, 07717423421

6. Financial Implications

6.1 There are no financial implications arising from this report. Any future financial implications identified as a result of the report will be presented to the appropriate Board(s) and governance channels in a separate report.

Implications verified/completed by: Brighton Fong, Finance Manager, (020) 76417634.

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

Colin Brodie

cbrodie@westminster.gov.uk

Telephone: (020) 76414632

APPENDICES:

None

BACKGROUND PAPERS:

None

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City of Westminster

Westminster Health & Wellbeing Board

Date:	13 July 2017
Classification:	General Release
Title:	Westminster Health and Wellbeing Strategy Work Plan 2017-18
Report of:	Councillor Heather Acton, Chairman of the Health & Wellbeing Board Dr Neville Purssell, Chairman, NHS Central London Clinical Commissioning Group
Wards Involved:	All
Policy Context:	Health and Wellbeing
Financial Summary:	N/A
Report Author and Contact Details:	Dylan Champion (dchampion@westminster.gov.uk)

1. Executive Summary

- 1.1 This report sets out the proposed work programme for the Health and Wellbeing Board in 2016/17. This has been developed in the light of the development session that took place following the Health and Wellbeing Board meeting on 25 May and in response to the agreement of the Health and Wellbeing Strategy 2017-22 earlier in the year.
- 1.2 Three key priorities have been identified by the Board for focus in 2017/18. These are:
 - Care Coordination
 - Mental Health and Wellbeing
 - Children and Young People and Prevention
- 1.3 In addition the Health and Wellbeing Board will play a key role in overseeing and shaping the development and implementation of the Better Care Fund Plan and the delivery of the Sustainability and Transformation Plan.

2. Recommendations

- 2.1 It is recommended that the Health and Wellbeing Board consider and adopt the work programme attached as appendix 1.

3. Key Matters for the Board

- 3.1 At its last meeting, on 25 May, the Health and Wellbeing Board considered its work programme for 2017/18. It noted that a large number of projects and initiatives were underway to deliver the policies and priorities set out in the Westminster City Council Health and Wellbeing Strategy 2017/22.
- 3.2 It also recognised the importance of, and the inter-relationship between, the Better Care Fund Plan, the North West London Sustainability and Transformation Plan and the Westminster City for All Plan.
- 3.3 Attached as appendix 1 is the proposed work plan for 2017/18.
- 3.4 The Health and Wellbeing Board concluded that it would have maximum impact and most contribute to improving health and wellbeing outcomes if it:
- Focussed its oversight on a number of key priorities;
 - Sponsored, or oversaw, a number of the big policy initiatives underway; and,
 - Monitored other key projects and initiatives underway.

Focus on key priorities

- 3.5 Three key priorities were identified to focus on and set out below is how it is proposed each will be addressed:

Care Coordination

- 3.6 Providing care coordination and more joined up care between organisations is essential for improving outcomes for all and in particular people with complex or multiple needs.
- Health Watch (Central and West London) are currently conducting a review of the use of Care Coordinators and the benefits that this approach can bring. Westminster City Council and Central London CCG will support

Health Watch in undertaking this review and at its September meeting the Health and Wellbeing Board will have an opportunity to review progress so far and input into the review before receiving the conclusions of the review later in the year;

- All agencies will work together to develop and implement a Primary Care Strategy for Westminster, which will focus on developing a locality based, multi- disciplinary and multi-agency model of care, which will incorporate the role of Care Coordinators, be GP led and be centred around the person. The Health and Wellbeing Board will consider the draft Primary Care Strategy in July and review Commissioning Intentions later in the year.

Children and Young People and Prevention

3.7 The Board's focus on Children and Prevention will be on-going throughout the year.

- A key focus will be on a joint project between Children's Services, Public Health and Chelsea and Westminster Hospital Trust which will focus on oral health for under-fives, which has been identified as a public health priority for the borough. Early outputs from the project will be presented to the Board in November where members will have an opportunity to make recommendations about next steps and identify opportunities for improvement;
- The January meeting of the Board will focus on Children and Young People's Services and Prevention, commissioning intentions and innovative work already underway.

Mental Health and Wellbeing

3.8 This has been identified as a priority by the Board and will be addressed in two ways

- Mental Wellbeing will be a key focus of the Director of Public Health's Annual Report. At its July meeting the Board will receive a presentation of the scope of this work and have an opportunity to shape the work to be undertaken. In September it will receive the Annual Report and will be required to agree an action plan to address those issues raised
- Improving mental health outcomes and mental health transformation has been identified as a key priority within the Sustainability and Transformation Plan and a substantial work programme has been mobilised to improve outcomes. The Board will receive an overview of the work underway and regular updates on progress.

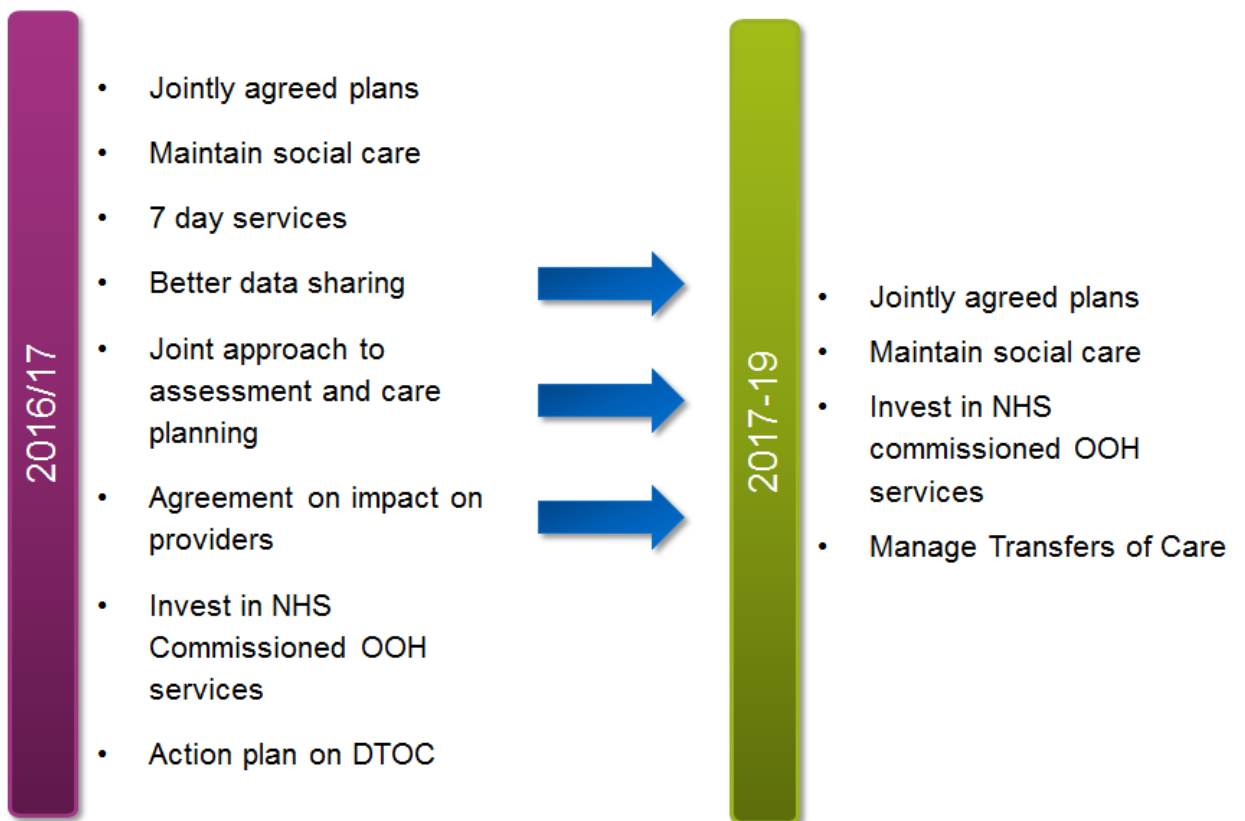
Other priorities

3.9 In addition to those projects which the Board has identified that it will focus on, there are a number of projects which are strategic priorities, or which the Board has indicated it wishes to sponsor.

Better Care Fund Plan

3.10 A key Central Government priority is the local development, agreement and delivery of a Better Care Fund Plan. Work is well underway to develop a Tri Borough Better Care Fund Plan for 2017/19. Though this will span three boroughs, it will not involve the pooling of budgets across borough boundaries.

3.11 The diagram below identifies the key priorities that have been identified by Central Government.



3.12 Recently published guidance indicates that Better Care Fund Plans need to be submitted by 11 September 17. A key role of the Health and Wellbeing Board will be to sign off the Better Care Fund Plan prior to submission to NHS England.

This should demonstrate that the plan is jointly agreed and that local arrangements are in place to maintain social care.

- 3.13 The Health and Wellbeing Board will address the other priorities as set out below.

Investing in NHS commissioned Out of Hospital Services

- 3.14 Key decisions need to be made this year about out of hospital services in the borough. In particular future commissioning intentions for the Community Independence Service and the Community Nursing Service need to be developed and agreed because both existing contracts expire within the next 18 months. The Health and Wellbeing Board will have a key role in overseeing and shaping these proposals.

Managing the transfer of care

- 3.15 Improving the effectiveness of how people are discharged from hospital is a Better Care Fund and a system wide priority and health and social care partners are already committed to a range of initiatives to improve current arrangements.

Sustainability and Transformation Plan

- 3.16 The Board will receive regular updates on the delivery of the Sustainability and Transformation Plan.

4. Legal Implications

- 4.1 N/A

5. Financial Implications

- 5.1 These will be presented as part of consideration of the draft Better Care Fund Plan.

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

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Appendix 1: Westminster City Council: Health and Wellbeing Strategy Implementation and Work Plan 2017/18

Meeting Date	May –June 17	July-August 17	Sept-Oct 17	Nov-Dec 17	Jan – Feb 18	March – April 18
Key Plans (Sponsor)	25 May	13 July	14 Sep	16 Nov	18 Jan	22 March
H&WB Strategy Implementation Plan	<ul style="list-style-type: none"> Workshop to develop Plan 	<ul style="list-style-type: none"> Plan for agreement (WCC) 			<ul style="list-style-type: none"> Workshop to develop 18/19 Plan 	<ul style="list-style-type: none"> Plan for agreement
Better Care Fund Plan	<ul style="list-style-type: none"> Update 	<ul style="list-style-type: none"> Update (WCC) 	<ul style="list-style-type: none"> Draft plan for agreement (WCC, CL CCG) 		<ul style="list-style-type: none"> Update 	
Sustainability & Transformation Plan		<ul style="list-style-type: none"> Overview of 17/18 priorities (WCC) 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Update 		<ul style="list-style-type: none"> Update
H&WB Priorities						
HWB Priority 1: Improving health and care for children, young people and families				<ul style="list-style-type: none"> Improving oral health for under 5s in Westminster Presentation (WCC/ChelWest) 	<ul style="list-style-type: none"> Children’s Prevention Commissioning Strategy 	
HWB Priority 2: Improving the management of long term conditions		<ul style="list-style-type: none"> Review of Primary Care Strategy (CL CCG) 	<ul style="list-style-type: none"> Outcome of Health Watch review of Care Coordinators (Health Watch) Whole Systems Model of Care Presentation (CL CCG) 	<ul style="list-style-type: none"> Whole Systems Commissioning Intentions (CL CCG) 	<ul style="list-style-type: none"> Care Homes Commissioning Strategy and Improvement Programme (WCC) 	
HWB Priority 3: Improving Mental Health Outcomes		<ul style="list-style-type: none"> Public Health consultation on Mental Wellbeing to inform Annual report (WCC) 	<ul style="list-style-type: none"> Mental Health Transformation Update & Overview (WL CCG) 		<ul style="list-style-type: none"> Mental Health Transformation Update & Overview (WL CCG) 	
HWB Priority 4: Delivering a sustainable health and social care system			<ul style="list-style-type: none"> Whole Systems Dashboard and measuring health outcomes demonstration 	<ul style="list-style-type: none"> Community Independence Service Commissioning Intentions (CL CCG) 	<ul style="list-style-type: none"> Improving Hospital Discharge/Managing Transfer of Care (CL CCG, WCC) 	
HWB: Priority 5: Radically upgrade prevention and early intervention			<ul style="list-style-type: none"> Consideration of Annual Public Health Report (WCC) 	<ul style="list-style-type: none"> Older Peoples Health and Wellbeing Hubs Commissioning Review (WCC) 	<ul style="list-style-type: none"> Making Every Contact Count presentation and action planning (WL CCG) 	