



**CITY OF WESTMINSTER**



**THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA**

## **Health & Wellbeing Board**

### **MINUTES OF PROCEEDINGS**

Minutes of the virtual meeting of Westminster City Council's and the Royal Borough of Kensington & Chelsea's **Health & Wellbeing Board** held on 7 October 2021 at 4pm.

#### **Present:**

Councillor Cem Kemahli (RBKC - Lead Member for Adult Social Care and Public Health)  
Councillor Tim Mitchell (WCC - Cabinet Member for ASC and Public Health)  
Councillor Lorraine Dean (WCC - Deputy Cabinet Member for Children's Services)  
Councillor Nafsika Butler-Thalassis (WCC - Minority Group Representative)  
Grant Aitken (Head of Health Partnerships)  
James Benson (Chair, ICP)  
Anna Bokobza (Integrated Care Programme Director, Imperial College Healthcare)  
Iain Cassidy (OpenAge)  
Lena Choudhary-Salter (Westminster Community Network)  
Olivia Clymer (Healthwatch Westminster)  
Lucy Cook (Service Manager, CNWL)  
Veronica Christopher (Portfolio Advisor)  
Janet Cree (Chief Operating Officer, NWL CCG)  
Sarah Crouch (Bi-borough Deputy Director of Public Health)  
Jessica Dawson (Strategic Advisor)  
Maryam Duale (Policy Officer)  
Jenny Greenfield (Kensington and Chelsea Social Council)  
Simon Hope (Borough Director, NWL CCG)  
Tania Kerno (Healthwatch RBKC)  
Kathleen Isaac (Deputy Director of Operations, CLCH)  
Joe Nguyen (Borough Director, Central London CCG)  
Anna Raleigh (Bi-borough Director of Public Health)  
Visva Sathasivam (Bi-borough Director of Social Care)  
Ela Sen-Pathak (Deputy for Ade Odunlade, CNWL)  
Angela Spence (Kensington and Chelsea Social Council)  
Dr Andrew Steeden (Borough Chair, NWL CCG)  
Etiene Steyn (Head of Commissioning Children's Service)  
Russell Styles (Bi-borough Deputy Director of Public Health)  
Dr Mona Vaidya (Central London CCG)  
Rodney Vitalis (London Fire Brigade)

## **1 WELCOME TO THE MEETING.**

1.1 Councillor Cem Kemahli welcomed everyone to the meeting. The Board confirmed that as the meeting had been due to be held within RBKC, Councillor Kemahli would chair the meeting in line with the agreed memorandum of understanding.

## **2 MEMBERSHIP**

2.1 Apologies for absence were received from Councillors Rendall, Barnes and Bernie Flaherty (Bi-borough Executive Director of Adults). Darren Tulley retired from the London Fire Brigade.

## **3 DECLARATIONS OF INTEREST**

3.1 There were no declarations of interest.

## **4 MINUTES**

### **RESOLVED:**

4.1 That the minutes of the Kensington & Chelsea and Westminster Health & Wellbeing Board meeting held on 15th July 2021 be agreed as a correct record of proceedings.

## **5 HOMELESSNESS VERBAL UPDATE**

5.1 Sarah Crouch (Bi-borough Deputy Director of Public Health) and Joe Nguyen (Borough Director, Central London CCG) provided a brief verbal update to the Board.

5.2 As a number of people were sleeping rough and several were in supported accommodation in both boroughs, the risk of covid-19 transmission was much greater.

5.3 Those that were experiencing homeless were more likely to experience physical and mental health issues, with the average age of death being 45 for men and 43 for women. The potential increase of homelessness was also due to a reduction in furlough and economic downturn.

5.4 There was a multi-agency outbreak control team running from the start of the pandemic, responsible for identifying and acting in response to suspected or confirmed covid cases. A specialist homeless health outreach testing team called Find and Treat had been commissioned. The team would go into settings and support people on the street. They also provided on-site testing in settings where the outbreak risk was greatest.

5.5 There were sessions and webinars organised with providers, to ensure they were familiar with the latest guidance and providing them adequate support to ensure they could mitigate all risks. Self-isolation facilities had also been utilised, which responded rapidly to any potential transmission risks in shared accommodations.

5.6 A multi-agency team of housing social care, public health, community nurses had triaged over 803 people across 27 hotels across NWL. RBKC housing colleagues were hosting homeless health discharge work for the 8 boroughs, and had received 1.2 million for the current year, to develop hospital-based specialist homeless discharge teams to work with residents who were staying in hotels longer than they should be. The homeless team also appointed a new GP clinical lead across Bi-borough.

- 5.7 James Benson (ICP Director) endorsed the work conducted by the team that would bring together multiple agencies.
- 5.8 It was noted that borders were not recognised by most people, and it would be valuable to work in partnership with neighbouring borough such as Camden, as a few of the services accessed were across boroughs.
- 5.9 Find and Treat was a specialist inclusion health team that was based out of University College London Hospital. A small amount was paid to secure their services to provide support across WCC and RBKC.
- 5.10 Anna Raleigh (Director of Public Health) also presented a brief epidemiology update which had been circulated following the meeting.

## **6 STAYING WELL THIS WINTER PLAN**

- 6.1 Joe Nguyen (Borough Director, Central London CCG) presented an update on the Bi-Borough Staying Well this Winter plan.
- 6.2 In response to questions, the following points were raised:
- (i) Residents who were not fluent in English, found a triage via telephone appointment quite difficult.
  - (ii) Face-to-face appointments were ongoing, and they were increasing in numbers. There were several residents that preferred telephone consultations. A range of consultations were on offer to patients.
  - (iii) Work would have to continue to come up with ways to ensure patients could come into primary care rather than urgent care centres.
  - (iv) Interpreting services were not utilised often enough for telephone appointments.
  - (v) A report on Local Authority work done to keeping residents warm in winter could be circulated.
  - (vi) With regards to appointments in WCC, 70% of appointments were face-to-face.
  - (vii) Patients were prioritised on the same day at the St Charles walk-in centre and interpreting services were used when necessary.

## **7 ICP UPDATE**

- 7.1 James Benson (Chair, ICP) provided a brief update on the Bi-borough Integrated Care Partnership.
- 7.2 Discussions had taken place to review progress including the ability to improve discharge, plans around supporting public health management and bringing together a more consistent multi-disciplinary approach.
- 7.3 Meetings took place weekly with partners, health, and voluntary sector colleagues to understand the present operating performance of the out of hospital and hospital space.
- 7.4 Moving forward, the ICP would be coming together as a broader system to work with the Board to understand governance.
- 7.5 In response to questions, the following points were raised:
- (i) There was still confusion on the development of the ICP, as the guidance was awaited surrounding the role of the Board.
  - (ii) Historically, the HWBB would receive individual presentations as opposed to the collective group of healthcare, voluntary sector organisations delivering the objectives set by the HWBB, which the ICP would represent.

- (iii) Along with the Board, local priorities would be formed and the ICP would in turn inform the ICS.
- (iv) There may be central requirement from central government to deliver on key national objectives, which could have a bigger impact on NHS providers.
- (v) While it was a pragmatic approach on drawing from existing consultation material, there were other elements that affected patients daily.
- (vi) It was important to look at balancing work dealing with strategic goals and the issues that residents faced.
- (vii) Key performance metrics were in place and were continuously developing.

## **8 BCF UPDATE**

8.1 Grant Aitken (Bi-borough Head of Health Partnerships) provided a brief update on the delivery of the RBKC and WCC Better Care Fund.

8.2 As the national guidance had not yet been released at the time of drafting, there was a small change in Section 3 in a draft would need to be submitted to NHS London by 16th November.

8.3 The submission would need to be made offline, following work with health partners, it would be circulated offline to the Board Chairs.

## **9 ANY OTHER BUSINESS**

9.1 Janet Cree (Chief Operating Officer, NWL CCG) provided an update on work being done in supporting Afghan resettlement.

9.2 The health response was delivered in line with requirements set out by NHS England and other departments. The initial focus was in supporting triage and existing health requirements, registering residents with local practices, and ensuring the mental health and well-being needs were being assessed and met.

9.3 Health partners in community, acute and mental health trusts were all working together to mobilize in a short period of time, covering mental health, maternity, and community services for children and many more.

9.4 The West London GP federation were working closely with surrounding practices to coordinate and provide immediate responses and facilitating registration. Triage had not yet been completed, but would be by the 22nd for an estimate of 1300 people across the four sites in the Bi-borough area.

9.5 Arrangements were in place with local pharmacies to deal with prescription charges.

9.6 There was also work with acute maternity units nearby, with CNWL also providing mental health and well-being assessment and support.

9.7 Etienne Steyn (Head of Commissioning Children's Services) provided an update from Children's services. There were 750 evacuees in RBKC and 800 in WCC, 153 of which were primary aged in RBKC and 164 in WCC and 123 secondary school aged in RBKC and 90 in WCC. The focus was on ensuring primary aged and secondary aged children were enrolled.

9.8 There were 75 children aged 2 to 4 in RBKC and 74 in WCC. Over 85% of evacuees spoke little to no English. With 58% speaking Pashtu and 42% speaking Dari.

9.9 Staff were working with partners to focus on needs assessments, identifying trauma and providing services accordingly.

9.10 A programme of activities had been put together in RBKC and WCC. Including creche facilities, childcare and various trips and sports.

9.11 Anna Raleigh (Bi-borough Director of Public Health) provided a Public Health update. Environmental health officers completed risk assessments with all hotels.

9.12 Work was underway to reduce risks covid-19 and other infectious diseases, with access to regular testing. Rapid immunisations screenings were critical with regards to measles and wider infectious diseases. Some vaccinations were delivered on site, and some residents were transported to community vaccination sites.

9.13 The Chair reminded the Board of the upcoming away day scheduled for the 19th of November at WCC from 10am to 2pm.

The Meeting ended at 5.09 pm

**CHAIRMAN:** \_\_\_\_\_

**DATE** \_\_\_\_\_