



City of Westminster

Committee Agenda

Title: **Health & Wellbeing Board**

Meeting Date: **Thursday 7th October, 2021**

Time: **4.00 pm**

Venue: **Virtual meeting**

Members:

Councillor Tim Mitchell (Chair)	WCC-Cabinet Member for Adult Social Care and Public Health
Councillor Timothy Barnes	WCC-Cabinet Member for Children's Services
Councillor Cem Kemahli	RBKC – Lead Member for Adult Social Care and Public Health
Councillor Nafsika Butler- Thalassis	WCC - Minority Group
Councillor Josh Rendall	RBKC – Lead Member for Family and Children's Services
Sarah Newman	Bi-Borough, Children's Services
Olivia Clymer	Healthwatch Westminster
Tania Kerno	Healthwatch RBKC
Jo Ohlson	NHS England North West London Imperial Copllege NHS Trust
Bernie Flaherty	Bi-borough Adult Social Care
Philippa Johnson	Central London Community Healthcare NHS Trust
Detective Inspector Nikki Beecher	Metropolitan Police
Dr Andrew Steeden	Chair of West London CCG
Dr Mona Vaidya	Central London CCG
Darren Tully	London Fire Brigade
Lena Choudary-Salter	Westminster Community Network
Heather Clarke	Housing and Regeneration
Angela Spence	Kensington & Chelsea Social Council Representative
Iain Cassidy	Open Age Representative

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you require any further information, please contact the Committee Officer, Veronica Christopher, Portfolio Advisor.

Email: vchristopher@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 Director of Law in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1. WELCOME TO THE MEETING.

The Chair to welcome everyone to the meeting.

2. MEMBERSHIP

To report any changes to the Membership of the meeting.

3. DECLARATIONS OF INTEREST

To receive declarations by Members and Officers of the existence and nature of any pecuniary interests or any other significant interest in matters on this agenda.

4. MINUTES

To agree the minutes of the concurrent meeting of the Westminster and Kensington and Chelsea Health and Wellbeing Board held on 27 May 2021.

(Pages 5 - 12)

Agenda Items: Part A

5. HOMELESSNESS VERBAL UPDATE

Covering discharge planning, next phase of Covid measures and collaborative working between CCH, Primary Care, Housing Services and VCS Sector.

6. STAYING WELL THIS WINTER PLAN

To receive the Board's sign off to the plan

(Pages 13 - 22)

Other Important items sponsored by the Board

7. ICP UPDATE

To present an update on workstreams within ICP, especially learning lessons from Covid and vaccine rollout and where possible, capture the work we are doing on behalf of London as a

(Pages 23 - 32)

whole.

8. BCF UPDATE

To provide update on the delivery of the Kensington and Westminster Better Care Fund.

9. ANY OTHER BUSINESS

Include an update on Afghan Resettlement work – invite all Board partners to come prepared to contribute to this discussion so that the Board has an overview of the work being done & encourage collaboration

(Pages 33 - 36)

Barry Quirk - Royal Borough of Kensington and Chelsea Chief Executive

Stuart Love - Westminster City Council Chief Executive

29 September 2021

MINUTES



CITY OF WESTMINSTER



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Health & Wellbeing Board MINUTES OF PROCEEDINGS

Minutes of the virtual joint meeting of Westminster City Council's and the Royal Borough of Kensington & Chelsea's **Health & Wellbeing Board** held on 15 July 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 Tim Barnes (WCC - Cabinet Member for Children's Services)
Councillor Lorraine Dean (WCC - Deputy Cabinet Member for Children's Services)
Councillor Nafsika Butler-Thalassis (WCC - Minority Group Representative)
Senel Arkut (Bi-Borough - Head of Health Partnerships and Development)
Olivia Clymer (Healthwatch Westminster)
James Benson (Central London Community Healthcare NHS Trust)
Ian Robinson (NHS Ealing CCG)
Anna Bokobza (Imperial College Healthcare)
Emma Bikupski (Local Safeguarding Children Partnership Business Manager)
Dr Kathie Binysh (Head of Screening NHSEI London)
Iain Cassidy (OpenAge)
Heather Clarke (Housing and Regeneration)
Lesley Watts (Chelsea and Westminster Hospital NHS Foundation Trust)

Bernie Flaherty (Bi-Borough Executive Director for ASC and Health)
Sarah Newman (Bi-Borough Executive Director of Children's Services)
Simon Hope (North West London CCG)
Jo Ohlson (North West London CCG)
Janet Cree (North West London CCG)
Philippa Johnson (Central London Community Healthcare NHS Trust)
Luxan Thurairatnasingam (Metropolitan Police)
Tania Kerno (Healthwatch RBKC)
Jeffrey Lake (Deputy Director of Public Health)
Sarah Crouch (Deputy Director of Public Health)
Maryam Duale (Policy Officer, WCC)
Visva Sathasivam (Director of Social Care)
Lucy Cook (Central and North West London NHS Foundation Trust)
Andrew Eagle (Central and North West London NHS Foundation Trust)
Balu Pitchiah (Central and North West London NHS Foundation Trust)
Angela Spence (Kensington and Chelsea Social Council)
Alex Deolinda Severino (Portfolio Advisor, WCC)
Dr Andrew Steeden (Chair, West London CCG)
Russell Styles (Deputy Director of Public Health)
Dr Mona Vaidya (Central London CCG)

1. WELCOME TO THE MEETING

- 1.1 Councillor Tim Mitchell (Chair) welcomed everyone to the meeting. The Board confirmed that as the meeting was held within WCC, Councillor Mitchell would chair the meeting in line with the agreed memorandum of understanding.

2. MEMBERSHIP

- 2.1 Apologies for absence were received from Anna Raleigh (Director of Public Health), Councillor Josh Rendall (Lead member Family & Children RBKC), Lena Choudary-Salter (CEO Mosaic Community Trust) and Joe Nguyen (Borough Director Central London CCG).

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 joint Health & Wellbeing Board meeting held on 27 May 2021 be agreed as a correct record of proceedings.

5. COVID-19 VERBAL EPIDEMIOLOGY UPDATE AND LOCAL VACCINATIONS UPDATE

- 5.1 Sarah Crouch (Deputy Director of Public Health) gave a commentary on her slides, which had been circulated prior to the meeting and are publicly available.
- 5.2 Three of slides to run through the epidemiology update reported on the 11 July 2021. The slides show the number of cases and deaths in both boroughs since the start of the pandemic. Case rates showed increases particularly in the younger age groups. Slide two shows case across Westminster and RBKC which continue to rise and slide three looks at case rates for the older age groups (60+) which remains low compared to the other groups.
- 5.3 Simon Hope (Borough Director of West London CCG) updated the Board on the vaccination programme. He provided commentary on the uptake rate of vaccinations and plans towards the end of line for a vaccination sprint. Events ongoing to vaccinate as many people as possible, with the CCG and LA meeting several times a week. Engagement ongoing with the LA and NHS communications teams to reach groups in the community.
- 5.4 In response to questions, the following points were made:
- (i) Modelling showed that winter bed occupancy would be unlikely to drop below 90%. Planning through regular gold meetings across NW London acute trust and GP's coming together – Dr Andrew Stephens (Northwest London)
 - (ii) Phase 3 booster programme: primary care taking a lead role as they did in phases 1 and 2.
 - (iii) Patient contact: Guidance to practices may be provided, but practices will work with what they have found to be more effective including lessons learned and knowledge of practice list population. Letter, telephone, text as well as LA communications and local social media including tick tock will be used in contacting patients.

- (iv) Patient feedback used by practices to inform the way they invite patients and in August will be used in a more structured and formal way. Need to use multiple channels to get to patients and a print information campaign planned for older people and volunteers.

6. PRIMARY CARE AND MENTAL HEALTH RECOVERY UPDATE

- 6.1 Lucy Cooke (Service Manager RBKC Community Mental Health) spoke on work done in community health and introduced Katherine Nagib (colleague/member expert by experience) on co-production work done. Health and Wellbeing and how we co-provide community transformation event in mental health. Working together with shared goals, keeping stakeholders involved, equality and diversity.
- 6.2 Aims level playing field. Language – micro listening/welcoming opinions. Keep going along with the challenges of COVID. Everybody achieves more and teamwork makes a dream work. Family focused approach also known as triangle of care. Doing things for ourselves with help of services and loved ones. Place at table, opinions heard, place for eight boroughs, five-year plan.
- 6.3 Detailed plans in slides provided by Lucy. Slide 3 details the co-produced model. Hoping to achieve one door entry/ daily triage. Meeting with oversight of all the resources available. Whole systems approach-access to expert consultation/community engagement etc. Physical health and mental health. One team, people accessing services at the right time and right place. How do we feel improvement? No primary and secondary care divide.
- 6.4 Slide 6 – Sets out how services will be improved including transfer of care and feedback. Implementation in WCC live in September 2020, social care agenda is in the front door. RBKC has drafted SOP with engagement with service users etc. Go live in September 2021. Training packages for staff developed and rolled out with Dr Eagle elaborating on new roles.
- 6.5 In response to questions, the following points were made
 - (I) Compare WCC to RBKC: service availability, peer support and employment support. Resource with community hubs is resourced in a similar way there is no reason for difference.
 - (II) Check that work is going on alongside with work in CAMS – 16-25 and yes working together as a whole system.

7. ICS UPDATE

- 7.1 Bi Borough Integrated care partnership (ICP) and Primary care recovery update. Effective primary care response to pandemic. All local services have stayed open and supporting each other. Examples include shift from face to face to virtual appointments for infection prevention and control guidance.

- 7.2 Non urgent service scaled down. Contractual requirement paused – patient participation groups. Long term condition management scaled back up and unlikely to see everything go back to way things were pre-pandemic e.g., patient access to service.
- 7.3 Healthwatch. Some patients have found challenges in accessing service delivery. Work to optimize opportunities technology provides in health service delivery. Key challenge: building back better. Lessons learned in pandemic included in plans moving forward (patients views and experience into changes we will be making).
- 7.4 Slide on recovery. General practice at the heart of integrated care. Digital, inequalities, long term conditions, mental health and post covid challenges. For patient access, overview informed by a population health management approach with principles in informing key principles to be addressed.
- 7.5 Primary care Gearing up for phase 3 flu and booster jabs. Summit next week to look at winter pressures. James (Director of borough...) weekly call-in place to address issues. Build ICP – maximum delivery and reduce repetitive nature of how things used to be. ICP and ICS agenda: build a local partnership at place. Maximise delivery for the needs of residents.
- 7.6 Chair thanked Andrew for highlighting system for overall performance in individual health needs groups e.g., hypertension etc. Andrew said information gathered goes at various levels to really examine where they are issues and good practice, for example work by Dr Farrell on diabetes is best in west London and lessons to be learned from them.
- 7.7 In response to questions, the following points were made
- (I) Olivia from Healthwatch thanked report authors for a comprehensive paper and asked where it sits with regards to NHS long term care, continuity of care, supporting relationships with triage and digital. In response SH said they enhance opportunities for patient and GP contact, optimising GP time. Able to focus GP time on continuity of care patients. Engagement workshop is a bi borough ICT strategy.
 - (II) Andrew (COC) said failings over the last number of months will be met by work going forward around pro-active care planning and experience of supportive network. James spoke on actual capacity as we build more roles (building evaluation).
 - (III) Question on what is been done on equalities (interpreting services and registration with GP services). Most evident in terms of vaccine uptake, flu, child immunisation and cancer services. Emphasis will be in making sure we target inequalities. Key prioritisation in our list of ICP priorities. Understand why we are challenged in the bi borough and keep coming back to this committee. Vaccination issue with trust, communication is key, also interpreting service is key.

- 7.8 Chair Cllr. Tim Mitchell. GP registration service some more difficult to access than others, an area for further work. Patient survey compares favourably with others the country. Population specific for inner London high turnover of population. Independent study and analysis on why the rates are what they are.

8. NHS COMMISSIONING UPDATE

- 8.1 James Benson/Joe/Janet (COO for bi borough area). Paper outlines Core strategic priorities- borough level priorities based on local needs. Financial strategy and approach will directly tackle inequalities. Current set will be guided by legislation in terms of governance, constitution, statutory board and partnership board. Significant steps taken towards having all this in place. Further work on details will be guided by legislation.
- 8.2 James: Recognise operation at two different levels. Delivering ICP split in two to recognise difference in both places. Come together to become one ICP with time.

9. HEALTH AND WELLBEING BOARD AWAY DAY

- 9.1 Senel Arkut discussed board development away day in September. Paper on Health and Well Being board was going forward and outlined significant changes, thus there is a real opportunity for the how board develops statutory duties. Review terms of reference and priorities in changing landscape. Oversight in health and care inequalities work.
- 9.2 Proposals for development day in September to be signed off by chairs in both boroughs. Another board away day next financial year to meet legislative changes.

10. WCC RBKC JOINT HWB HD AND AW FUNDING REPORT

- 10.1 Joe (Accountable officer for North London CCG). Third scheme in place for discharge funding. NHS funding first six weeks of discharge up to end of July. Request from local authorities cost pressure in terms of discharges and continuing funding. Ian – Hospital discharge shows a good example of all coming together and thanked colleagues on work done.

11. WESTMINSTER'S PARTNERSHIP RESPONSE TO SERIOUS YOUTH VIOLENCE

- 11.1 Sarah Newman (Bi-Borough Executive Director of Children's Services) – Update on WCC response to serious youth violence. Statutory requirement on

local authority to respond. Duties detailed in section 6 of report. Helpful to have a representative from LA to sit on board. Crimes by under 18's reduced, but 18 to 24 cohort increased. Twenty-one people killed/dead since start of year with five in Westminster. All due to gangs linked to drugs supply and demand. Potential increase as we come out of lockdown with youth unemployment and mental health issues as contributory factors.

- 11.2 Engagement work. Target different communities, looking at what we are doing and what we can do. Community engagement officer now recruited in Westminster.
- 11.3 James – Discuss with rest of ICT executive, Janet/James get right person on this and looking at broader bi borough position.
- 11.4 Look at arrangements there and bring something back at next meeting. Looking at how we amalgamate to bi-borough. Complex issue. Response should come from communities. Also do young people have a voice, so little funding in terms of places for young people to go. Complex and difficult subject requiring careful consideration.
- 11.5 Reactive and proactive response. How we approach kids to set up aversion methods to divert from criminality. Criminality a product of society, want to be proactive in identifying kids and preventing violence to provide a much more fruitful future for them. Looking at past learnings and reincorporate to present activities. Review and reusing what we are doing and listening /talking to communities.

12. ANY OTHER BUSINESS

- 12.1 None.

The Meeting ended at 5.30pm

CHAIR:

DATE

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City of Westminster

Health & Wellbeing Board

Date:	Thursday 7 th October
Classification:	General Release
Title:	Bi-borough Integrated Care Partnership (ICP) Staying Well This Winter, And Keeping Each Other Safe Plan
Report of:	Bi-borough Integrated Care Partnership
Wards Involved:	All
Policy Context:	
Financial Summary:	
Report Author and Contact Details:	Joe Nguyen, Central London Borough Director, NWL CCG (joe.nguyen@nhs.net), and Simon Hope, West London Borough Director, NWL CCG (simonhope@nhs.net)

1. Executive Summary

- 1.1 This report provides an overview of the Bi-borough Integrated Care Partnership (ICP) winter plan and the three broad priorities for supporting our local health and care system, namely:
 - 1.1.1 being proactive through a community-led Making Every Contact Count approach to support people to stay well over the winter months.
 - 1.1.2 managing demand pressures on health and care by ensuring we are maximising the opportunities for people to be supported within the community rather than attending hospital, or to be supported at home as early as possible if a hospital attendance is required.
 - 1.1.3 working as an integrated partnership to continue to support our health and care workforce over the challenging winter months.

2. Key Matters for the Board

- 2.1 The Health and Wellbeing Board is invited to note for discussion the Bi-borough ICP Staying Well This Winter, And Keeping Each Other Safe Plan.

3. Background

- 3.1 Winter presents numerous challenges on the health and care system through increased demand on front line services, and this has been made even more challenging with the continued presence of Covid alongside seasonal flu and other viruses. These pressures continue to create risks to the health and wellbeing of both people who need care and support, and the health and social care workforce.
- 3.2 The Bi-borough ICP have worked in partnership to develop a winter plan to support the community and health and care services in managing the upcoming demands. The winter plan has been developed alongside the wider North West London Integrated Care System (ICS) led winter planning, which has involved health and care system partners across the ICS, and also builds on the local learning and integrated working that has happened over the past year.

4. Options / Considerations

- 4.1 The Health and Wellbeing Board is asked to review the winter plan and to provide feedback on the proposed approach to help inform the implementation of the plan.

5. Legal Implications

- 5.1 None

6. Financial Implications

- 6.1 None

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

Joe Nguyen, Central London Borough Director, NWL CCG (joe.nguyen@nhs.net),

Simon Hope, West London Borough Director, NWL CCG (simonhope@nhs.net)

APPENDICES:

Health and Wellbeing Board Bi-borough Staying Well This Winter High Level Overview Plan

BACKGROUND PAPERS:

N/A

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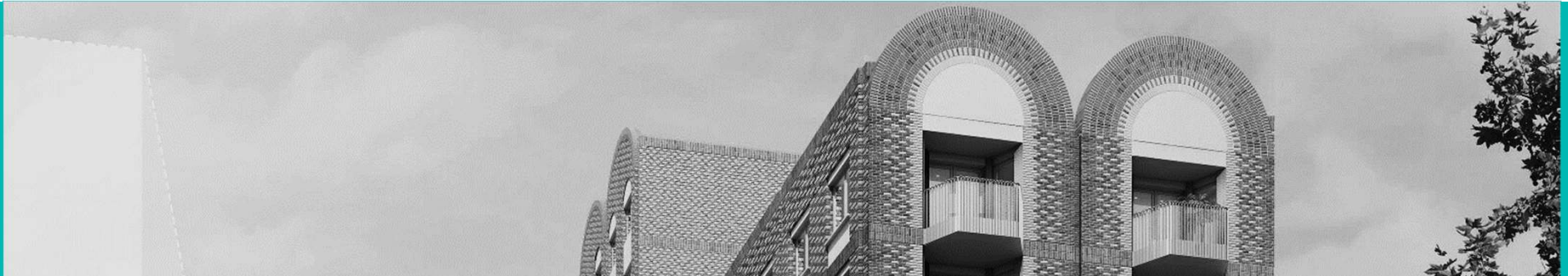
City of Westminster



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA



North West London
Integrated Care System

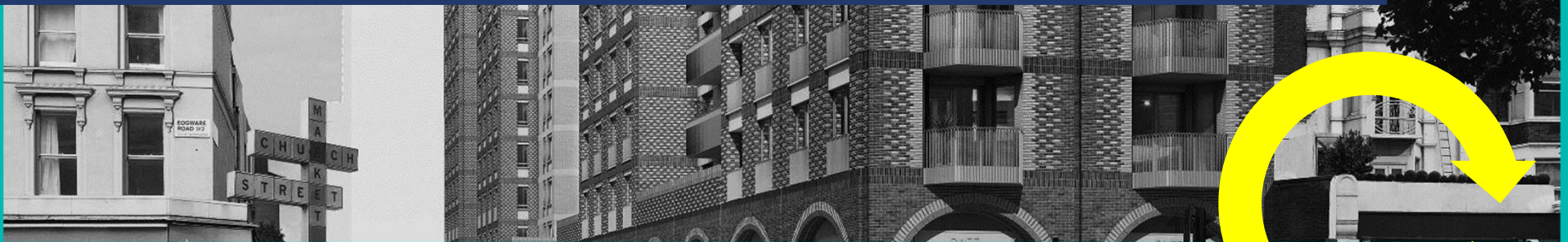


Staying Well this Winter, *and Keeping Each Other Safe*

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Bi-Borough Planning Outline

02 September 2021



What our residents are telling us (so far) about their urgent care use?

	Some emerging themes of 'excess' UTC and A&E utilisation	Potential co-production solutions
1	Lack of Clarity about the role of pharmacies and 'I don't like to bother the GP too much'	Q&A Sessions similar to Vaccine Q&As in neighbourhoods (PCNs) with local GPs, Pharmacists, Social Prescribers, Community champions, Neighbourhood Officers, A&E reps etc..
2	An explanation of the point on the paper about why the data shows that South Asian groups use A&E less than other groups is due to the fact that many South Asians live in multi-generational households, therefore you have access to reassurance and support at home, access to natural remedies for colds etc.. reassurance if you are a new mother who might be worried about a child with a temperature or unsure about what to do etc..	Role of community champions and connectors to do neighbourhood based to provide support and activities as well as awareness sessions especially for those who do not have extended family support
3	Being new to the country e.g. one participant explained that as a new mother she kept going to A&E and to her GP every time she was worried that her new baby might be sick. After a while her GP sat with her gave her information about what to do if her baby has a temperature, gave her a leaflet and where to get Calpol, she was reassured and that meant no more unnecessary visits to the GP and A&E	Greater availability of social prescribers and health and care assistants in GP practices to sign post to local services
4	Losing friends, families and neighbours to COVID and being isolated while trying to manage anxiety, depression and not having anyone to speak to or access to support, loss of job and income	Deliver faith based and community support, social events and peer led mental health and wellbeing activities in the community, provide low-cost lunches and social events



Early findings from 20 residents suggest community-led interventions can be effective as part of our 'winter toolbox'. More insights to come!

What is our Bi-Borough plan for this winter? What do we want to work on collectively as one team?

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Community Led

- Adopting **public health and communities** approach
- **Generating insights** across community (e.g. residents, community groups, housing, etc) to inform our plan
- Clarify top **2-3 messages** we can further amplify through our community networks
- Working with **our Community resources** (e.g. Champions, Pharmacy, Groups) to help facilitate and support
- **Adopting preventive interventions** (e.g. *Falls Prevention*)
- **Making every contact count** – across both community and practitioner groups



System Resilience

- Improving our integrated **'Same Day' care** – e.g. Soho & St Charles Hubs
- **Mental Health** – preventing and supporting crisis (e.g. AMPs)
- **MDT Working** – developing a targeted & personalised Long Covid offer
- **Step-Down (2 Hour, 2 Day Offer)** – clarity of offer to support admissions and enable discharge from hospital (e.g. assessment, reablement, home care)
- **High Intensity population** – improving social prescribing and psycho-social approaches



Health & Care Workforce

- Understanding **current qualified 'as-is' workforce** position – e.g. ARRS, Ageing Well, Vacancies
- Clarity on development and recruitment of both **Qualified vs. Non-qualified** roles – supporting local jobs for local residents campaign
- **Supporting and developing our current workforce** – coaching, mental wellbeing, and sustainable working and retention



Ensuring our plan address **all ages** – targeted interventions for vulnerable groups, 0-17, 18-64, 65+

Workplan (1/2) – working through the detailed options for sign-off

Task/Action	Description	Lead	Output & Deadline
Public Health Interventions	<ul style="list-style-type: none"> • 2-3 key public health and community messages – informing our wider comms activities – boosting your immunity, flu/vax, NHS is open – needs to be on keeping well agenda and ‘call to action’ • Making Every Contact Count – using it the delivery mechanism (e.g. community champions, primary care, etc) 	Sarah Crouch & Jeff Lake	Draft Proposal & Options, High Delivery Plan – Fri, 10 th Sep
Community Insights	<ul style="list-style-type: none"> • Organise sets of forums to generate cross-section of community insights to inform, iterate and co-delivery plan 	Samira Ben-Omar	Draft insight report & recommendations – Fri 10 th Sep
Launch 3 rd Sector ICP Group	<ul style="list-style-type: none"> • Support this work and other ICP priorities – further work through key messages, 3rd sector, interventions • Leverage existing KCW group – and volunteers programme 	Jenny Greenfields, Jackie Rosenberg & Ruth Davoll	Confirm First Meeting by w/c Mon, 13 Sep
HIU	<ul style="list-style-type: none"> • Development of HIU proposal for winter – consultation with existing 3rd sector, LA and NHS partners • Focus on primary care high intensity group 	Andrew McCall & Samira Ben-Omar, Ruth Davoll	Revised proposal – Wed, 15 th Sep
Step Down (2 Hour, 4 Hour)	<ul style="list-style-type: none"> • Community resources – maximising and optimising existing resources – CIS, Reablement, Community Teams, Social Care. Understand collective demands – and how we can work together differently • Spot Purchasing (home care & bedded care)– i.e. reablement & homecare providers to support • Developing realistic solutions within existing resources 	Ruth Davoll & Grant Aitken	Partner Meeting – decide 7 th Sep meeting Short Term Proposal- Fri 24 th Sep
St Charles & West London Hub	<ul style="list-style-type: none"> • GP & ChelWest Senior Clinical Decision Support • Restart of St Charles same day offer 	Lizzy Bovill & Joe McGale	Live - complete

Workplan (2/2) – focusing on both resident, population and staff wellbeing

Task/Action	Description	Lead	Output & Deadline
Soho Hub	<ul style="list-style-type: none"> Revised Soho 'same-day' offer – further alignment and integration of Covid, urgent, homelessness resources within hub 	K Isaac & Taneisha Scanlon	Revised business & estates proposal – Fri, 10 th Sep Go-Live – Oct (TBC)
Post Covid	<ul style="list-style-type: none"> Bringing together outline proposal for Bi-Borough personalised Long Covid model – bringing together existing resources from primary care, community, acute and 3rd sector Looking at maximising social prescribing and 3rd sector support 	Rachel Krausz & Cameron Hill	Revised proposal – Fri 17 th Sep
Mental Health	<ul style="list-style-type: none"> Scoping additional crisis support via Hestia (existing Safe Haven provider) 	Faye Rice	Revised proposal – Fri 10 th Sep
Workforce	<ul style="list-style-type: none"> Baseline of qualified staff – vacancies & recruitment plans (e.g. ARRS & Ageing Well) Joint recruitment of Qualified & Non Qualified Staff – building on vaccination recruitment Holistic emotional wellbeing and employment support for health and care staff 	Ivan Okyere-Boakye & Grant Aitken	Baseline Request – Fri 10 th Sep Workforce Wellbeing Proposal - TBC Existing Recruitment Offer – TBC
Population Health management	<ul style="list-style-type: none"> Alignment the local Population Health Management pilots (as part of ICS programme) 	Joe Nguyen	Pilot Launch– Fri, 24 th Sep
Measurements	<ul style="list-style-type: none"> Identifying key baseline measure and KPI for each area – to understand impact of key schemes – building on current ICP work 	Tom Harte	Draft List – Fri, 24 th Sep

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City of Westminster

Westminster Health
& Wellbeing Board



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

RBKC Health
& Wellbeing Board

Date:	Thursday 7 th October
Classification:	General Release
Title:	Update on ICP Local Integration Plan & Priorities, including Covid Vaccination programme
Report of:	Bi-Borough Integrated Care Partnership
Wards Involved:	All
Policy Context:	Integrated Care Partnerships
Financial Summary:	N/A
Report Author and Contact Details:	Joe Nguyen, Central London Borough Director, NWL CCG (joe.nguyen@nhs.net), and Simon Hope, West London Borough Director, NWL CCG (simonhope@nhs.net)

1. Executive Summary

- 1.1 This report provides an overview and updated position regarding the development of the Bi-Borough Integrated Care Partnership (ICP).
- 1.2 The ICP has been making excellent progress in identifying and progressing key local priorities, as well as priorities mandated by the North West London Integrated Care System (ICS).
- 1.3 Appendix 1 provides detail regarding key milestones to date, relevant work programmes, and next steps in ICP development.

1.4 One of the highest priority work streams so far has been the Covid vaccination programme. Provided below is a detailed update regarding plans for phase 3 of the programme, and how lessons learned to date have been incorporated.

2. Key Matters for the Board

2.1 The Health and Wellbeing Board is invited to note and discuss this update.

3. 3rd phase of NHS Response to COVID Vaccination programme - Summary

3.1 In addition to the delivery of the flu campaign all practices and Primary Care Networks (PCNs) have opted in to the COVID-19 vaccination programme: phase 3, 2021/22 Enhanced Service which went live on the 6th September with sites able to draw down vaccine following pharmaceutical assurance and final site assurance visits following the receipt of the full supply inventory list.

3.2 The Phase 3 Enhanced service comprises two elements:

- an 'evergreen' offer to maintain the delivery of COVID-19 second doses to those receiving their first dose over the summer and to offer new first and second doses of the vaccine to all eligible patients, and
- a booster campaign for eligible patients following confirmation from the JCVI.

3.3 The PCNs will be supported in the delivery of vaccinations through access to a centrally resourced NWL Roving Team and with integrated delivery with system partners including CLCH, as part of on-going efforts to tackle inequalities through roving models.

3.4 In addition to the PCN-based delivery a number of local pharmacy sites have submitted expressions of interest to NHSE to participate in the Phase 3 programme with centrally managed assurance and mobilisation of these sites.

3.5 The learning and experiences from the delivery of Phase 1 and Phase 2 of the vaccination programme have informed the planning for the Phase 3 campaign and will continue to be considered as part of an iterative approach to increasing the vaccine uptake in the borough.

Booster Vaccinations

3.6 The Joint Committee on Vaccination and Immunisation (JCVI) have now published their advice on booster vaccinations.

“JCVI advises that for the 2021 COVID-19 booster vaccine programme individuals who received vaccination in Phase 1 of the COVID-19 vaccination programme (priority groups 1 to 9) should be offered a third dose COVID-19 booster vaccine. This includes:

- those living in residential care homes for older adults
- all adults aged 50 years or over
- frontline health and social care workers
- all those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19 (as set out in the green book), and adult carers
- adult household contacts of immunosuppressed individuals”

Phase 3 Delivery locations

- 3.7 The CCG has been working with stakeholders to jointly manage the next phase of the Covid vaccination programme. The programme will be mainly delivered via out Local Vaccination sites (LVs) with a hybrid model of community outreach clinics and community pharmacies.
- 3.8 In Westminster City Council (WCC), the primary care sites will be based at Little Venice Sports Centre and South Westminster Centre for Health, offering regular vaccination services 7 days a week. In addition, 22 pharmacy sites have submitted applications to be vaccination centres, 12 have been prioritised by the Westminster team for immediate authorisation with the remaining ones to follow as soon as possible.
- 3.9 In the Royal Borough of Kensington & Chelsea (RBKC), the primary care sites will be based at sites used successfully during Phase 1 and 2 at St Charles Centre for Health & Wellbeing, and Violet Melchett Health Centre. In addition, 4 pharmacy sites have been approved, to date, from a total of 18 phase 3 applications.
- 3.10 The table below shows the pharmacies that have been authorised to date. The national team will continue their rolling programme to authorise sites. The pharmacies are situated throughout the borough and will offer locally accessible services through the national booking system.

Westminster Pharmacies	RBKC pharmacies
BAYSWATER PHARMACY	GOLDBOURNE PHARMACY
BENSON PHARMACY	MEDICINE CHEST PHARMACY
BERKELEY COURT PHARMACY	PESTLE & MORTAR
COLLINS CHEMIST	ZAFASH MIDNIGHT PHARMACY
COURTNEY CHEMISTS	
JOHN BELL & CROYDEN	
MARKET CHEMISTS	
PORTMANS PHARMACY	
VICTORIA PHARMACY	
WARWICK PHARMACY	
PAXALL CHEMIST	
SUPERDRUG THE STRAND	

- 3.11 We expect the majority of Phase 3 will be delivered through a combination of Primary Care sites and approved Community Pharmacies. This will require a coordinated response alongside local community providers (CNWL/CLCH) and Local Authority teams in order to maximise uptake.

Phase 3 Vaccination Cohorts

- 3.12 The Phase 3 COVID-19 vaccination campaign commenced on 6th September 2021 comprising a number of confirmed cohorts, and additional vaccination groups may be mobilised at a later date pending the confirmation from the JCVI and national programme teams.

- 3.13 The confirmed cohorts in detail comprise:

- All 18+ who require a new first or second dose of the vaccine as part of an extension of the Phase 1 and Phase 2 programme (the 'evergreen' offer)
- Those aged 16-17 who require a single dose of the vaccine
- At-Risk 12-15 Year Olds / 12-15 year Old Household Contacts of Immunocompromised Individuals
- Immuno-suppressed / compromised age 12+: Third dose to be offered – currently the ask is for both acute and practices to identify individuals eligible under the definitions from the JCVI for which searches are due by end of September. Once identified the third dose should be offered with consideration for the optimal timing and interaction with any treatment but needs to be at least 8 weeks after their second dose.
- All 12-15 Year Olds - a single dose of vaccine for this cohort which will predominantly be delivered through a programme of vaccination through schools.
- Booster campaign:
 - Stage 1:
 - adults aged 16 years and over who are immunosuppressed
 - those living in residential care homes for older adults
 - all adults aged 70 years or over
 - adults aged 16 years and over who are considered clinically extremely vulnerable
 - frontline health and social care workers
 - Stage 2:
 - all adults aged 50 years and over
 - adults aged 16 to 49 years who are in an influenza or COVID-19 at-risk group. (Refer to the Green Book for details of at-risk groups)
 - adult household contacts of immunosuppressed individuals

- 3.14 Boosters will be offered to those most vulnerable initially which will include patients in care homes and those that are housebound.

- 3.15 In WCC, over 87% of care home Residents are eligible for 3rd dose (booster) before 3rd October (based on 6 months after the 2nd vaccine). In RBKC it is over 60%.

In WCC, 58% of housebound patients are eligible for a 3rd dose (booster) before 18th October. In RBKC this figure is 72%.

Learning from Phases 1 & 2

- 3.16 As a result of collaborative working during the Covid pandemic, the following improvements have been made for phase 3;
- During the early stages of Phases 1 and 2 at times similar conversations took place in parallel in both WCC and RBKC. To avoid duplication and encourage a joined-up approach going forward, a joint Health and Local Authority Bi-Borough Vaccine Taskforce chaired by the Director of Health Protection, reporting into the Covid Health Protection Board is now in place. One of the benefits of this vaccination programme has been the joint working that has happened between the local authority, CCG, primary care and health provider teams which has reflected the focus and determination in Bi-borough to vaccinate local residents and to encourage a hesitant population to come forward. We are keen that these relationships are continued and developed.
 - Targeting community engagement using a data-driven approach. Vaccination uptake data is reviewed on at least a weekly basis in order to identify areas of low uptake (either by location, gender, ethnicity or age). This is used to create a bespoke programme of community engagement and targeted vaccination to provide easy access to vaccines.
 - PCNs were key to delivery during Phases 1 and 2. Within each borough, the PCNs have come together to deliver Phase 3 with the support of their GP Federation. This will involve some elements that took place in WCC also now taking place in RBKC (Centralised team of vaccinators to reduce impact on General Practice, Invitations sent out to all centrally and dedicated team to undertake call and recall of patients).
 - There is a greater level of understanding of the data available through multiple sources and how the programme team can use analysis of this to support and inform our Covid vaccination response making best use of the tools available.
 - The Bi-Borough Vaccination bus has been introduced and the learning from Phases 1 and 2 will see the bus attend regular locations so that the population can know where vaccinations can be conveniently accessed. There is also an understanding that flexibility to provide additional vaccines, when required, will ensure uptake is maximised.
 - Where pop-up clinics take place, the teams will seek to ensure there is additional lead-in time in order to maximise uptake and, where possible, these should also be regular to allow both communications and community engagement teams to promote to targeted populations.

- The learning from the Covid vaccination programme will also inform this year's Seasonal Flu campaign which has begun, where vaccination sites will seek to co-administer, where possible to protect the eligible population against any potential Flu outbreak.

4. Options / Considerations

4.1 The Health and Wellbeing Board is asked to note and discuss this update.

5. Legal Implications

5.1 None

6. Financial Implications

6.1 None

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

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Simon Hope, West London Borough Director, NWLCCG (simonhope@nhs.net)

APPENDICES:

Appendix 1 – Bi-Borough Integrated Care Partnership (ICP) - update

BACKGROUND PAPERS:

N/A



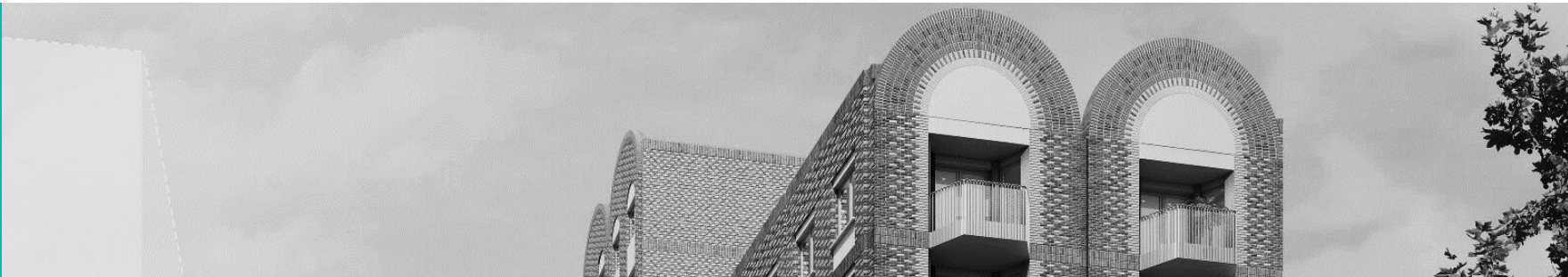
City of Westminster



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA



North West London
Integrated Care System

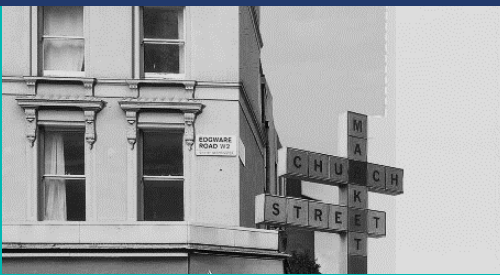


Bi-Borough Integrated Care Partnership (ICP) - update

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Health and Wellbeing Board

October 2021

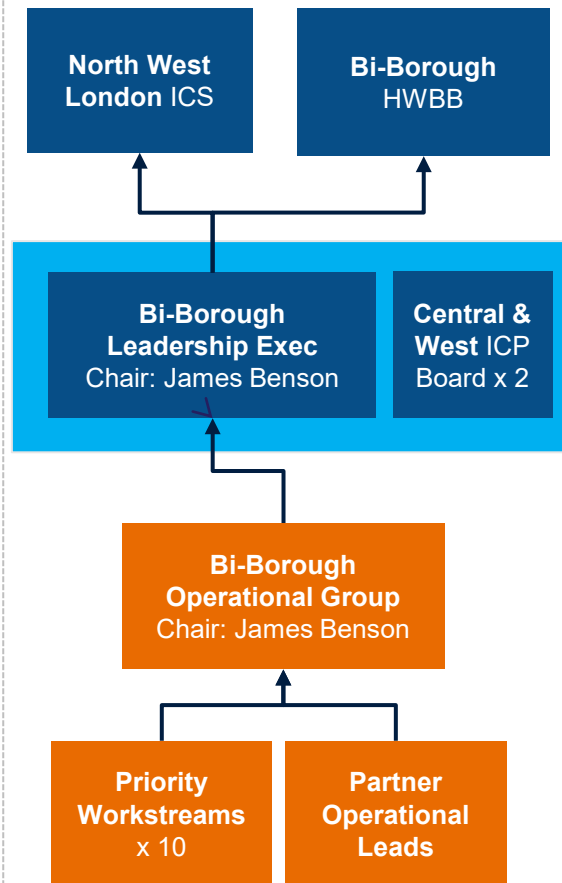


In early February 2021, the youngest ICP in NW London was born!

Who are we?

- **Bi-Borough ICP** – sometimes known as KCW partnership based on historical footprint
- Both Westminster and Kensington & Chelsea **share similarities that are unique to NW London** – stark ‘North & South’ divide, 2nd home residents, ‘day-time’ workers and tourists and homelessness populations, thriving business and 3rd sectors
- Our partnership is focused on addressing **‘system’ challenges** that cannot be resolved by individual partners – e.g. Obesity, Mental Health, CYP, Homelessness, etc.
- We are moving towards **community-led approach** – developing care and support models that are tailored and owned locally and within PCNs
- **Our partnership includes:** OneWestminster, K&C Social Council, Healthwatch, CLCH, CNWL, WCC & RBKC, Central & West GP Confeds, NWL CCG – supported by Central & West London Borough Teams

How are we structured?



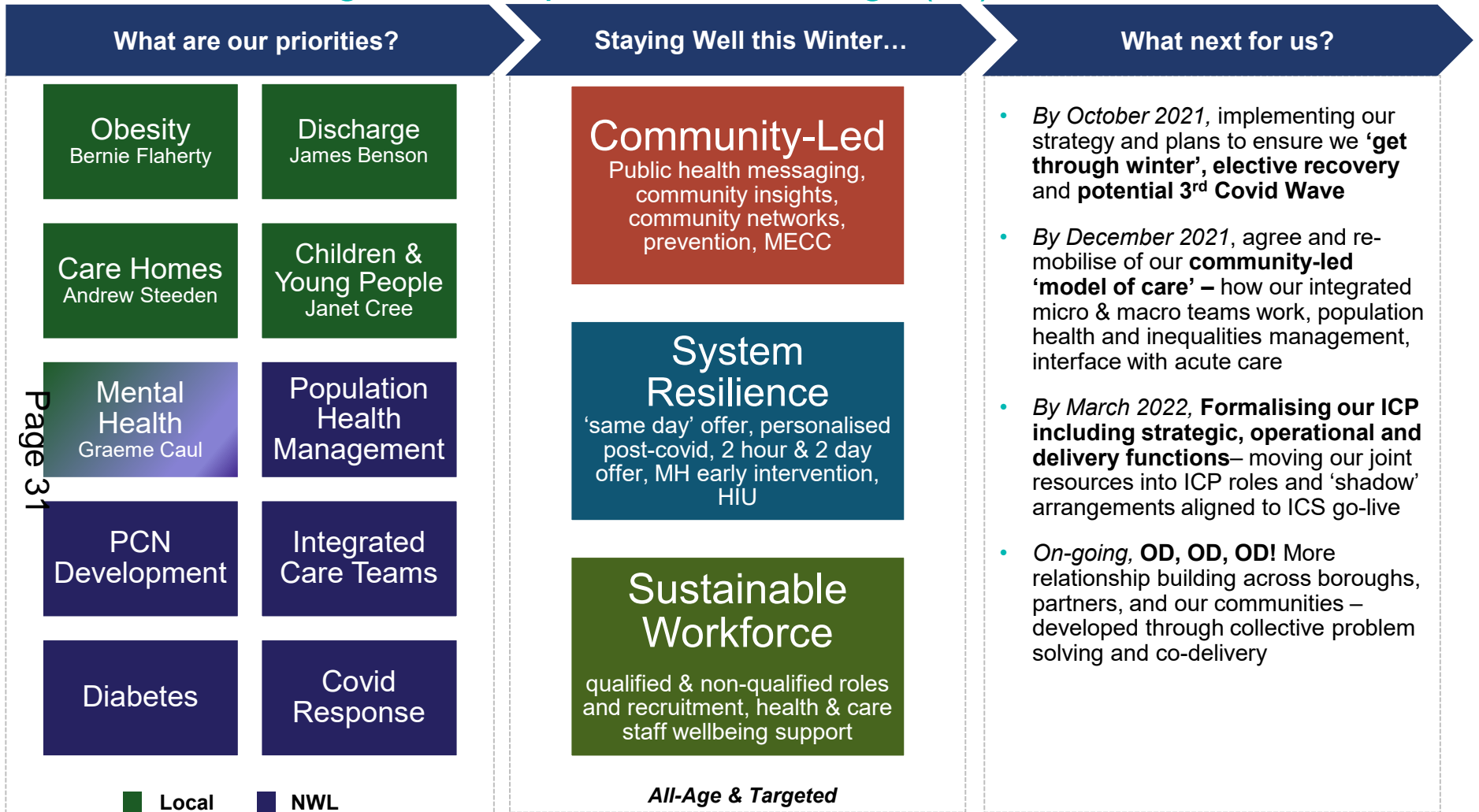
Our short journey to date...

- The ‘case for change’ for **Bi-Borough working was immediately clear** – but not without it’s challenges!
- **What works well that can be scaled?** Quick & focused baseline assessment on integration best practices across both boroughs (e.g. *My Care My Way, Partnership in Practice, North Ken, etc*)
- Covid vaccination became #1 issue – **accelerating ICP relationship building and ‘ways of working’**
- In parallel, **Local priorities and ICP** was officially signed-off by HWBB
- **Delivery Governance and PMO** staffed by CCG, CLCH and CNWL were **established** to manage and deliver both local and NWL priorities
- Renewed **‘Social Contract’** agreed by all partners (including GPs!) to continue with our Bi-Borough arrangements
- **‘Staying Well this Winter’** – our first co-produced, communities-led and innovative system response

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A communities-led, targeted and agile ICP approach can deliver real and tangible impact for individuals & families

Partnership work needs to continually deliver real & tangible benefits to allow us to manage the complexities of borough (x2) and ICS stakeholders



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Being the youngest means we're able learn from past experiences and best practices within NWL and nationally

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City of Westminster

Westminster Health & Wellbeing Board



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

RBKC Health & Wellbeing Board

Date:	7th October 2021
Classification:	General Release
Title:	Better Care Fund – 21/22 Programme Update Quarter 1
Report of:	Senel Arkut, Bi-Borough Director of Health Partnerships
Wards Involved:	All
Report Author and Contact Details:	Grant Aitken, Head of Health Partnerships Grant.aitken@rbkc.gov.uk

1. Executive Summary

The aim of this paper is to provide an update to the Health and Wellbeing Board (HWBB) on the delivery of the Kensington and Westminster Better Care Fund, including the financial assumptions for 21/22 financial year and planning conditions as outlined by NHSE.

2. Key Matters for the Board

The Board is asked to:

- Note the Better Care Fund financial assumptions that will inform the programme for 21/22
- Note the planned work to update the BCF plan

3. Background

Although the 21/22 BCF funding was agreed in principle by NHSE, the final publication and the national Framework has yet to be issued for this year, though it is expected soon. To inform the planning for 21/22 and as previously reported, officers have assumed an uplift in the region of 5% for the BCF minimum contribution.

There is also likely to be minor variation in some of the national conditions to reflect national priorities. As with the 20/21BCF plan, for example, the previous requirement

to deliver targets around Delayed Transfer of Care (DToc) as likely to be removed and replace by a Long Length of Stay indicator. This remains unconfirmed and officers will seek guidance on how any changes will impact on the collection and reporting of the information. Responsibility for agreeing and monitoring the BCF will remain with the HWBB and officers have been given the following, indicative, timescale for submission.

Final submission for assurance by NHS London	11th November
Assurance and scrutiny	11-13 November
Final submission	16 th December
Approval notification	4 th January
S75 to be signed	21 st January

At this stage we are on track to meet the timescales.

4. 21/22 Financial

In early December NHS outlined their minimum contributions to the Better Care Fund, which will grow by an average of circa 5% consistent with the cash growth in the NHS mandate funding overall. The following table summarises the draft budgets for 21/22 based on 5% uplift but will need to be adjusted once 2021/22 allocation has been published by NHS England.

Table 1:

BCF Pooled Funding	Westminster		Kensington and Chelsea	
	20/21 BCF Allocation £'000	Draft 21/22 £'000	20/21 BCF Allocation £'000	Draft 21/22 £'000
CCG Minimum Contribution	21,031	22,082	13,575	14,254
Improved Better Care Funding	17,130	17,130	7,437	7,437
Disability Facility Grant	1,729	1,729	960	960
Total allocation	39,890	40,941	21,972	22,651

21/22 draft budget are still awaiting confirmation from NHS England.

5. Local Priorities

The HWBB have agreed five principles for working; in addition to meeting the national conditions, as being the focus for the BCF for 21/22. These included:

1. We put local people at the centre of our thinking.
2. We adapt our plans as we learn about the impacts of COVID-19
3. We value preventative and reablement services
4. We keep our local care marketplace resilient
5. We support and value our local carers, including young carers

As we recover from Covid 19, and the development of local ICP, it is important to ensure that BCF reflects the local ICP priorities. Therefore we will review the BCF priorities to ensure HWB is clear on how the plan delivers the local priorities. As part of the 21/22 submission to NHSE it is proposed to realign the BCF against these elements.

7. National Performance Metrics

The draft NHS national conditions will remain a requirement for the local HWBB to agree the 21/22 BCF plan and to receive quarterly returns on progress. This will include the overall performance of the programme against the national performance indicators below, plus any other indicators advised.

Latest Performance

National Metrics	Westminster	Kensington
	21/22 (TBC)	21/22 (TBC)
Non- Elective admission (NEA) – up to July Total number of specific acute non-elective spells per 100,000 population	16,291	11,678
Residential Admission – up to August Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	314	252
Reablement – up to August Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	90.1%	89.9 %

5. Recommendations

This report recommends the HWBB notes the report.

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

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