



**CITY OF WESTMINSTER**

# MINUTES

## Health & Wellbeing Board

### MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health & Wellbeing Board** held on **Thursday 15th September, 2022**, Innovation Hub, 17th Floor, 64 Victoria Street, London, SW1E 6QP.

#### **Present:**

Councillor Nafsika Butler-Thalassis (WCC- Cabinet Member for Adult Social Care, Public Health and Voluntary Sector)

Councillor Catherine Faulks (RBKC – Cabinet Member for Family and Children’s Services)

Councillor Tim Mitchell (WCC – Minority Group)

Bernie Flaherty (Bi-borough Executive Director of Adult Social Care and Public Health)

Anna Raleigh (Bi-borough Director of Public Health)

Judith Davey (Healthwatch Westminster)

Steve Inett (Healthwatch Westminster)

James Benson (Central London Community Healthcare)

Andrew Steedman (NHS NWL)

Jackie Rosenberg (One Westminster)

Angela Spence (KCSC)

#### **Apologies for Absence:**

Councillor Sarah Addenbrooke, Iain Cassidy, Philippa Johnson, Sarah Newman

#### **In attendance:**

Grant Aitken (Head of Health Partnerships)

Kirstie Black (Central London Community Healthcare)

Colin Brodie (Public Health Knowledge Manager)

Pauline D’Cunha (Interim Service Programme Manager)

Helen Dunford (NHS NWL)

Simon Hope (Borough Director, NHS NWL)

Jeffrey Lake (Deputy Director, Public Health)

Toby Lambert (Executive Director, Strategy, Population Health and Inequalities)

Cora Malloy (Central London Community Healthcare NHS Trust)

Jan Maniera (Borough Director, NHS NWL)

Christine Mead (Programme Lead)

Sam Murray (NHS NWL)

Joe Nguyen, Borough Director, Central London CCG

Annabel Saunders (Director of Operations and Programmes)

Rachel Soni (Director of Health Partnerships)  
Shama Sutar-Smith (Programme Lead)

## **1 INTRODUCTION AND WELCOME TO THE MEETING**

1.1 Councillor Nafsika Butler-Thalassis welcomed everyone to the meeting. The Board confirmed that as the meeting was being held at Westminster City Council, Councillor Butler-Thalassis would chair the meeting in line with the agreed memorandum of understanding.

1.2 A minute's silence was observed as a mark of respect to Her Late Majesty the Queen.

## **2 MEMBERSHIP**

2.1 Apologies for absence were received from Councillor Sarah Addenbrooke, Sarah Newman, Philippa Johnson and Iain Cassidy.

## **3 DECLARATIONS OF INTEREST**

3.1 There were no declarations of interest.

## **4 MINUTES OF THE PREVIOUS MEETING**

### **RESOLVED:**

4.1 That the minutes of the Kensington & Chelsea and Westminster Health & Wellbeing Board meeting held on 27 January 2022 be agreed as a correct record of proceedings.

## **5 DRAFT TERMS OF REFERENCE**

5.1 Rachel Soni, Bi-Borough Director of Health Partnerships, presented the item to the Board. The bi-borough partnership had worked with the Local Government Association to ensure the Health and Wellbeing Board operated effectively and was accountable to residents, and for the re-drafted Terms of Reference to reflect this. The Board was asked to comment on the strategic aims, the Core Membership and Attendees.

5.2 In response to questions, the following points were raised:

- i. The good work to improve the Board's operation was recognised. Officers would like consideration for representation from NHS providers as core members, both acute and community, to ensure adequate representation from health providers. A potential issue of quoracy was noted if limited to Primary Care representatives.

- ii. Clarity was sought on Voluntary and Community Sector (VCS) representation clarity. Previous attendance of voluntary sector providers was noted. The VCS organisations of KCSC and One Westminster were core members. The voluntary sector would run a nominations process for VCS provider attendees clarifying the role at the board and if there was any change to attendees, the previous attendees would be written to thanking them for their involvement to date.
- iii. The membership of Minority Group members would be corrected in the final Terms of Reference.

## **6 JSNA BOROUGH STORIES AND HWB STRATEGY WORKSHOP**

- 6.1 The item was introduced by Rachel Soni, Director of Health Partnerships, and Anna Raleigh, Director of Public Health. They acknowledged the work that had gone into developing the JSNA across the Partnership and with residents and communities.
- 6.2 The JSNA was a statutory duty of the Board, and there was a steering group with the local authorities, the NHS, Healthwatch and others to support the development and maintenance of the JSNA.
- 6.3 A new approach was taken this year to developing the JSNA. A borough story had been produced for each borough utilising infographics and patient and public voice to make it more accessible. As well as defining the Place and giving an overview of the population, the JSNA was set out across the life course – from birth and childhood to working age and older age.
- 6.4 The Health and Wellbeing Strategy for the boroughs of RBKC and WCC was in development and the vision and pillars of ambition for the 10-year strategy were emerging. The five priorities of the Board continued to be Obesity, Mental Health, Children and Young People and areas with more complex care such as Discharge and Care Homes. These priorities would develop and change as the Health and Wellbeing strategy moved through the annual cycles. The Board and attendees were asked to comment on the direction and content in relation to the JSNA and community insights presented at the meeting.
- 6.5 Following the introduction, attendees joined a facilitated discussion on the Health and Wellbeing Strategy and JSNA, with participants providing their thoughts and ideas on how it could be developed and achieved and reflected through priorities.

## **7 CHILDREN AND YOUNG PEOPLE'S EMOTIONAL WELLBEING AND MENTAL HEALTH PLAN**

- 7.1 Demand for mental health services for children and young people was growing and intensifying, and their views were being sought on what the service could do.

7.2 The bi-borough CAMHS service was moving away from a tiered model of service towards a more integrated model, and the service worked in schools as well as other community settings. The service offer was being promoted, including on social media.

7.3 Healthcare providers were in attendance at the meeting.

7.4 The preventative early intervention was for people whose needs were below the threshold for CAMHS, and involved activities such as workshops.

7.5 Informal activities such as in youth clubs enabled young people to approach an adult outside of school or home, where they may find it easier to disclose sensitive information. Some young people struggled to communicate about emotions, and youth clubs would use check-ins to allow the space for young people to describe their feelings. Providers were conscious that young people often used youth clubs as an escape, and emphasised that a clinical approach was avoided in youth clubs.

7.6 A parent-friendly version of the Plan was in progress.

7.7 In response to questions, the following points were raised:

- i. Rethink was working with the bi-borough service to assess performance.
- ii. Waiting times for CAMHS assessments varied by service. Community CAMHS in schools had a wait of five to six days, GP assessment had a wait time of four to twelve weeks, and other services had a 12-14 week waiting time. These waiting times compared favourably to national and NWL figures.

## **8 NWL ICS HEALTH AND WELL BEING STRATEGY – VERBAL ITEM**

8.1 Toby Lambert, NWL Executive Director, Strategy, Population Health and Inequalities, and Joe Nguyen, Borough Director, NWL NHS presented the item to the Board, introducing the ICS system and the roles of local authorities, the NHS and the VCS.

8.2 The Strategy presented a new opportunity to set the tone of how partners could work together, and it was imperative that the Strategy was co-designed and co-owned, rather than sitting solely with the NHS.

8.3 The draft Strategy had to be submitted by December 2022 and the strategy process would be launched on 17 October.

8.4 Priorities for the ICS and the Strategy would be set by central government as well as boroughs.

8.5 The NWL ICS Strategy would last for ten years, and would start at a community level, before moving up to boroughs and then regional bodies. Engagement would be embedded into the Strategy.

8.6 The following information was provided in response to questions:

- i. Reducing inequalities was a key aim of the Strategy, and all actions would link back to it.

8.7 The following points were raised by attendees:

- i. The difference between inner and outer London boroughs needed to be recognised due to their different needs, although some issues such as poverty affected all boroughs.
- ii. The new Strategy should emphasise the differences from previous strategies, and how those differences would result in better outcomes.
- iii. The governance, particularly around decision-making, needed to be clear.
- iv. The Strategy provided an opportunity to follow a more social, less medicalised model.

## **9 PHARMACY NEEDS ASSESSMENT**

7.1 Anna Raleigh, Director of Public Health, presented the report to the Board, stating that each PNA has now completed its 60-day statutory consultation period and final drafts are being prepared for sign off by the Health & Well-being Board.2022. The PNAs have identified no current or future gaps in the provision of pharmaceutical services in either RBKC or WCC.

7.2 At the previous Board meeting in January, sign-off had been agreed via the Chairs, and that the reports would be circulated to the Board. The Pharmaceutical Needs Assessment will be published on 30 September

7.3 Officers proposed that colleagues from the community pharmacies sector be invited to the next Board meeting in November for a richer conversation on the role of community pharmacy in promoting health and wellbeing.

### **RESOLVED:**

That the Pharmaceutical Needs Assessment be noted by the Board.

## **10 2022/23 BETTER CARE FUND SUBMISSION**

10.1 Rachel Soni, Director of Health Partnerships, introduced the report. The Plan had to be submitted by 26 September in order to meet national conditions and it was proposed to delegate the sign-off to the Health and Wellbeing Board Co-Chairs, as Lead Cabinet Members.

10.2 As well as meeting national requirements, the Plan would be used to identify areas of priority and manage priorities, investment and BCF schemes locally.

10.3 In response to a question regarding the high placement rate, the placement rate numbers were taken during the Covid-19 pandemic and included

assessments due to be carried out. The numbers would be reviewed and officers could provide context outside the meeting.

**RESOLVED:**

That the 2022/23 BCF Submission be agreed and that final submission be delegated to the Health and Wellbeing Board Chairs.

**11 ANY OTHER BUSINESS**

11.1 There were no items of other business.

**12 CLOSE OF MEETING**

12.1 The meeting ended at 6.00pm.

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

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