



CITY OF WESTMINSTER

MINUTES

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health & Wellbeing Board** Committee held on **Thursday 26th January, 2023**, Paddington Arts, Pyramid Room, 32 Woodfield Road, London.

Members Present:

Cllr Sarah Addenbrooke, Lead Member for Adult Social Care and Public Health, RBKC
Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector, WCC
Councillor Tim Mitchell, Opposition Representative, WCC
Bernie Flaherty, Bi-Borough Executive Director of Adult Social Care
Annabel Saunders, Director of Operations (substitute)
Lena Choudary-Salter, Westminster Community Network
Anna Raleigh, Bi-Borough Director of Public Health
Jackie Rosenberg, Westminster Community Network
Angela Spencer, KCSC
Andrew Steeden, Primary Care Representative
Jan Maniera, Primary Care Representative

Apologies for Absence:

Sarah Newman, Bi-Borough Executive Director of Children's Services
James Benson, NHS London

1 WELCOME AND MEMBERSHIP

- 1.1 Councillor Nafsika Butler-Thalassis welcomed everyone to the meeting, and thanked Paddington Arts for hosting the meeting.
- 1.2 Apologies were received from Sarah Newman, for whom Annabel Saunders, Director of Operations was attending as a substitute, and James Benson.

2 DECLARATIONS OF INTEREST

- 2.1 There were none.

3 MINUTES AND MATTERS ARISING

RESOLVED

- 3.1 That the minutes of the Health and Wellbeing Board meeting held on 24 November 2022 be agreed as a correct record of proceedings.

4 HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

- 4.1 The Chair introduced the item, noting that the draft Terms of Reference had previously been presented to the Board.

RESOLVED

- 4.2 That the Terms of Reference be agreed.

5 MENTAL HEALTH SESSION

- 5.1 The item was introduced by David Bello, Director of Adult Social Care, who explained that:
- One in four people would experience mental health problems, with one in ten children having mental health needs.
 - Demand for mental health services had increased since the Covid-19 pandemic, with an 8% increase in demand for talking therapies. The ageing population would further affect demand for mental health services.
 - There were health inequalities in demand and diagnoses of mental health issues, but it was not clear whether this was a result of need or a lack of accessibility.
 - Changes to mental health services underway included reducing eligibility of CAMHS to people aged 16 and under, ensuring services were available near people's homes and investing in supported housing so people could receive care at home.
 - The Mental Health Strategy was still in development, but there had been engagement with stakeholders including professionals, residents and organisations. There needed to be a greater focus on co-production.
 - Most people wanted to manage their health independently, and often knew their own triggers well. It was therefore important to help and enable people to live independent, healthy lives. Feedback showed that people felt that accessing care was onerous and it was often only possible to receive help when in crisis.
- 5.2 Liam Hart then addressed the Board as a representative of Build on Belief, a commissioned service:
- Build on Belief worked in both boroughs and was primarily aimed at people with substance misuse. It provided a holistic service, with social and voluntary opportunities, as well as drop-in services and online support.
 - People with both mental health and addiction problems often faced additional barriers to receiving treatment, regularly being referred between mental health and addiction services.

- While conditions such as depression and anxiety could be seen as common and not serious, their impact could be devastating.

5.3 Members and attendees then joined workshops from mental health services and provided feedback.

6 HEALTH AND WELLBEING BOARD STRATEGY

6.1 Rachel Soni, Director of Health Partnerships, introduced the report, stating that since the last time the Strategy had been presented to the Board, five of the ten workshops had been held and an illustrator had been appointed to present the information more creatively.

RESOLVED:

6.2 That the report be noted

7 SAFEGUARDING ADULTS EXECUTIVE BOARD ANNUAL REPORT

7.1 Louise Butler, Head of Safeguarding and Workforce Development, introduced the report, noting that this was a statutory report and this was the final stage following scrutiny and approval at Cabinet.

7.2 A key aim of the report was to make safeguarding everyone's business, and as a result the report had been made more accessible, such as by making it available in multiple languages and online.

7.3 Safeguarding needed to be considered from a cultural perspective, identifying barriers to engagement and working with the Advocacy project to understand reasons for reluctance to engage with the Council. Other councils were now looking to emulate the bi-borough approach.

7.4 The councils were working with partners such as the NHS, service providers and the coroner to ensure services learned from previous cases. An example of this was the work with Children's Services on transitions of care to adult services.

7.5 Members praised the quality of the report and the community engagement work undertaken. It was requested that in future years, a one-page summary be developed that could be shared with communities.

RESOLVED:

7.6 That the report be approved.

8 SUICIDE SAFER COMMUNITIES COMMITMENT

8.1 Jeffrey Lake, Deputy Director of Public Health, introduced the report, explaining that a key element of preventing suicide was to work across systems to identify potential actions.

- 8.2 In response to questions from Members, officers stated that:
- Departments were working with partners, including schools, but that confirmed plans had not yet been developed. It was hoped that information and resources would cascade down through groups to individuals, particularly those that were less engaged with community groups.
 - It was often difficult to discuss suicide, even at an organisational level, due to sensitivities and a key measure of success would be making discussions around suicide more accessible and less distressing. Talking about suicide responsibly, and how to prevent it, did not increase suicidal ideation. The ultimate goal would be a reduction in the number of suicides.
 - Local consultations had followed national best practice.
- 8.3 Members made the following comments in regard to the report:
- Loneliness and a lack of connection were major issues in inner-city areas, and low-cost interventions such as friendship benches could help to mitigate these.
 - It was often easier to reach women through community engagement, despite men over the age of 35 being at the highest risk of suicide. It was suggested that working with business groups may be an effective method of engaging with more men.

RESOLVED:

- 8.4 That the report be noted and endorsed.

9 UPDATE ON WINTER FUND 22/23 S75 (DEED OF VARIATION)

- 9.1 Rachel Soni, Director of Health Partnerships, introduced the report.

RESOLVED:

- 9.2 That the signoff of the Section 75 agreement for the Better Care Fund 2022/23 be delegated to the Executive Director of ASC & Public Health
- 9.3 That the inclusion of the Adult Social Care Discharge fund in the BCF 2022/23 be recognised by the Health and Wellbeing Board.

10 PUBLIC HEALTH ANNUAL REPORT

- 10.1 Anna Raleigh, Director of Public Health, introduced the report, explaining that its development had been informed by liaising with other Council departments, NHS, voluntary sector and other partners.
- 10.2 There were three key commitments in the report: being community-led, co-producing more work, and engaging with partners and communities.
- 10.3 Officers would be willing to meet with other boards and groups to discuss Public Health.

RESOLVED:

10.4 That the report be agreed.

11 AOB

11.1 There was no other business.

12 CLOSE OF MEETING

12.1 The next meeting would be held on 30 March 2023, to be hosted by Kensington and Chelsea.

The Meeting ended at 5.45 pm

CHAIR: _____

DATE _____