



CITY OF WESTMINSTER

DRAFT MINUTES

WESTMINSTER HEALTH & WELLBEING BOARD 20 NOVEMBER 2014 MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Westminster Health & Wellbeing Board** held on Thursday 20 November 2014 at 4.00pm at Westminster City Hall, 64 Victoria Street, London SW1E 6QP

Members Present:

Chairman: Councillor Rachael Robathan, Cabinet Member for Adult Services & Health
Clinical Representative from the Central London Clinical Commissioning Group: Matthew Bazeley (acting as Deputy)

Minority Group Representative: Councillor Barrie Taylor

Director of Public Health: Eva Hrobonova (acting as Deputy)

Tri-Borough Executive Director of Children's Services: Andrew Christie

Tri-Borough Executive Director of Adult Social Care: James Cuthbert (acting as Deputy)

Clinical Representative from the West London Clinical Commissioning Group:
Dr Naomi Katz

Chair of the Westminster Community Network: Jackie Rosenberg

Representative for NHS England: Dr Belinda Coker (acting as Deputy)

1. MEMBERSHIP

- 1.1 Apologies for absence were received from Councillor Danny Chalkley (Cabinet Member for Children & Young People). Apologies for absence were also received from Dr Ruth O'Hare (Clinical Representative from the Central London Clinical Commissioning Group), Meradin Peachey (Director of Public Health), Liz Bruce (Tri-Borough Executive Director of Adult Social Care) and Dr David Finch (NHS England). Matthew Bazeley, Eva Hrobonova, James Cuthbert and Dr Belinda Coker attended as their respective Deputies.

2. DECLARATIONS OF INTEREST

- 2.1 No declarations were received.

3. MINUTES AND ACTION TRACKER

3.1 Resolved:

- 3.1.1 That the minutes of the meeting held on 18 September 2014 were approved for signature by the Chairman.

3.1.2 That progress in implementing actions and recommendations agreed by the Board be noted.

4. CHILDREN & YOUNG PEOPLE MENTAL HEALTH TASK & FINISH GROUP

4.1 Steve Buckerfield (Acting Head of Children's Joint Commissioning) and Jackie Wilson (Central London Clinical Commissioning Group) presented the report of the Children, Young People & Mental Health Task & Finish Group, which set out a series of recommendations that sought to improve Tri-borough services for children and young people in the short to medium term.

4.2 The report also framed the discussion for the Health & Wellbeing Board around the development of a new long-term vision for how children and young people access support for mental health illness across the borough. Board Members noted that there was currently national and local interest in how well the mental health needs of children and adolescents were being met, and that the services for emotionally vulnerable young people in schools had been criticised by the Government as being inadequate. A strong move for a modernisation of services was accordingly taking place, with the views of young people being sought to establish what worked for them.

4.3 The Task & Finish Group had focussed on three particular areas where it had been agreed that more could be done to improve the outcomes for children and young people:

- Ensuring early intervention and prevention in relation to children and young peoples' mental health and wellbeing.
- Reducing the impact of parental mental health disorders on children and young people.
- The transition from children's to adult mental health services

The report had highlighted the need for consistency in outcomes, and in providing signposting and building confidence.

4.4 The Board noted the report's 12 recommendations, which included establishing an out of hours self-referral Children and Adolescent Mental Health Service (CAMHS) consultation, advice and referral telephone line across Tri-borough, to ensure that young people were referred to the right service at the right time. Other recommendations included improving the provision of mental health care to parents and recognising that this could affect childhood health; and managing the move into adult mental health services with differing thresholds. A high number of young people were leaving the system before the transition into adult mental health services, and it was recommended that professionals talk to young people to determine whether there was a business case for developing a service for 16 to 25 year olds.

4.5 A survey undertaken to help design out of hours services had received 319 responses, which had highlighted the need to build an accessible, relevant and

non-stigmatising service which would be used by young people. It was acknowledged that professionals could recognise that young people were not coping, but were hesitant to discuss mental health issues out of concern that problems could escalate. The Board noted that the work arising from the Task Group was gaining momentum, and that the Patient Engagement Officer for the Central London CCG wanted to speak with young people leaving care in Westminster to establish how services could be improved.

- 4.6 The report had been discussed with the Children's Trust Board, who had considered the recommendations and had agreed to draw up an Action Plan for implementation across the three boroughs. The Board noted that the work of the Task & Finish Group had also been supported by Healthwatch, who had undertaken their own qualitative research with service users.
- 4.7 The Board also heard from Selena Grogan and Harry Wills from the Rethink national mental health charity, which had been funded to deliver a pilot which moved away from traditional consultation model and involved people co-productively in senior decisions for services. Rethink had focussed their work on three different projects:
- Young people in care and care leavers
 - Young people who go through youth offending teams
 - Young people around out of hours services

The Board noted that a lot of the work carried out by Rethink had correlated with the findings of the Task Group.

- 4.8 A piloted training session given as a co-productive group to 8 social workers in Hammersmith Town Hall in September had been well received, with the social workers being willing to take part in a longer session. Rethink would also be targeting teachers to attend future training.
- 4.9 Harry Wills commented that young people generally preferred to self-refer to mental health services, and suggested that non-health professionals such as key-workers, social workers and teachers be better educated in mental health needs. He also commented on the difficulty young people had in speaking about personal issues, and highlighted the need for practitioners to listen to young people, and the importance of being able to talk to a social worker who knew the details of their case. The Board noted that the team workers in the Leaving Care service were not qualified in social work, and may not understand how to respond to mental health issues.
- 4.10 Rethink had considered that speaking to a trained person at a drop-in centre would be a better model for accessing services than through schools, due to the potential stigma of accessing pastoral care. Rethink highlighted the need to take away the fear of talking about mental health issues, and also highlighted the value of peer support in engaging young people in children's services.
- 4.11 The Board noted that 80% of illnesses among teenagers related to mental health; and acknowledged the difficulties in boys seeking help for mental health issues,

with only 13% of boys who had identifiable or recognisable mental health issues seeking treatment. Board Members discussed the issue of stigma, and agreed the objective for mental health to become as mainstream and important as any other health issue.

- 4.12 The Board commented on the need to engage with mental health providers, and highlighted the role of Public Health partners in taking this forward with schools and voluntary agencies to ensure that mental health became part of universal services. Julia Mason (Families & Children's Public Health Commissioner) highlighted the importance of the school health service, and confirmed that mental health concerns would be taken into account in the review and re-commissioning of the School Nursing Service.
- 4.13 Westminster's CCGs acknowledged that a more radical approach was needed for the commissioning of services, and welcomed the Action Plan. The CCGs agreed that mental health needed the same approach, strategic direction and parity as physical health, and recognised the important role of the community in supporting individuals.
- 4.14 Board Members highlighted the need for the Task Group's recommendations to be taken into account by commissioning groups; and of being specific in looking to improve services in Westminster.
- 4.15 The Board thanked the Task & Finish Group for the work it had undertaken, and commended its report. The Children's Trust had recognised the mental health of children and young people as being a priority issue, and the Health & Wellbeing Board endorsed the Trust's intention that the recommendations be developed into a specific Action Plan, which would be formally presented at a future meeting to determine how partner agencies could assist in implementation.
- 4.16 The Board also thanked the representatives from Rethink for attending the meeting and for their valuable contributions.

5. SCHOOL NURSING REVIEW AND SERVICE REDESIGN

- 5.1 Julia Mason (Families & Children's Public Health Commissioner) presented the findings of a review of Tri-borough School Nursing, which had been undertaken to inform the proposed re-commissioning of a new model of improved services. School nursing services were being reviewed across the country by local authorities, and refreshed to ensure they met current priorities and new technologies and could demonstrate that they contributed to health outcomes. The Board noted that from April 2013, School Nursing Services had been commissioned by Public Health, and were aligned to the City Council's Health & Wellbeing Strategy. The report had yet to be finalised, and the Board's comments were sought on suggested options.
- 5.2 It was proposed that rather than providing for school nursing alone, core components of a new, effective model of school health would include the provision

of school aged immunisation; the Healthy Child Programme of screening and health assessments; a school health information website; and evidence based interventions with clear outcomes that were linked to child public health programmes and priorities.

- 5.3 The results of consultation had indicated that parents of primary school children sought increased access to the school nursing service for health information, and for advice on childhood development and health issues. Parents of older children found it hard to talk to their teenage children about sexual health and other issues.
- 5.4 Rachel Wright (Tri-borough Children's Services) commented that a significant number of schools in Westminster had expressed a low level of satisfaction with the provision and consistency of the current School Nursing service at a time of high demand and high need, and had helped shape the two options that were set out in the report. School staff had been concerned about issues such as obesity and children's health and wellbeing, and were reluctant to deliver messages on issues such as puberty, hygiene and female genital mutilation (FGM) which specialist nurses may be better placed to provide. Schools also did not consider one day of nursing services per week to be adequate, and had commented that young people wanted to be able to go to someone they knew and trusted.
- 5.5 A steer was sought from the Westminster Health & Wellbeing Board on two options for the deployment of the school nurse work force:
- Option 1: which included a school health model with a number of lead or specialist school nurses to provide additional expertise, training capacity and co-ordination to support specific public health outcomes.
 - Option 2: which included a school health model which deployed a full-time qualified Specialist Public Health Nurse workforce to co-ordinate services where they were most needed; in secondary schools, high need primary schools and moderate learning disability special schools.
- 5.6 Board Members acknowledged that a strong health presence was needed in schools which understood the first tier of needs, and which could provide a two-way signposting service for GPs and community health. The Board noted that nurses and health practitioners had developed the 'Health Matters' pilot website in Westminster, which provided simple information for young people and resources for schools. Students and staff were also able to contact a nurse through the website to make an appointment.
- 5.7 The Board also discussed the possibility of GPs running surgeries in schools, and noted that while GPs were able to go into schools to talk to students, they could not hold surgeries due to legal constraints.
- 5.8 The Board recognised the importance of the School Nursing Service, but considered that there had been too strong a focus on the school nurse rather than on the health services that were needed. The Board agreed that there was a need to be more innovative and to consider the health outcomes that should be delivered in schools, such as mental health, sexual health and dietary services; and whether they would be better delivered by school nurses or by other

practitioners. The Board also acknowledged the need to provide advice and signposting, and to establish networks between services and practitioners to look more widely at relevant health services were delivered to the 4–18 age group.

6. LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT

- 6.1 The Board received the Local Safeguarding Children Board's (LSCB) Annual Report 2013-2014 which detailed the core functions of the LSCB and the proprieties that were established in April 2012. The report was being submitted to the Tri-borough Health & Wellbeing Boards to ensure that the LSCB was effective and meeting its obligations. Members noted that the first joint meeting between the Children's and Adults' Safeguarding Boards was to take place later in November.
- 6.2 Jean Daintith (Independent Chair of the LSCB for Hammersmith & Fulham, Kensington & Chelsea and Westminster) outlined the work that was being carried out by the LSCB to engage diverse communities on the safeguarding of children, and to address national concerns which included the neglect of children and young people, child sexual exploitation, gangs and female genital mutilation (FGM). It was acknowledged that radicalisation was also a safeguarding issue. The LSCB were seeking to include senior police representatives at all Board meetings to ensure effective partnership working and communication.
- 6.3 The report included the Safeguarding Plan for 2014/15, which identified four key priorities for development based on early health and the prevention of harm, which would seek the delivery of better outcomes for children. The key themes also focussed on children who were looked after or on protection plans, and would be incorporated into a multi-agency, timetabled Action Plan.
- 6.4 Board Members commented on the role of Health & Wellbeing Boards, which needed to be satisfied that the Safeguarding Board was operating correctly and to identify any issues that it can deal with as a co-commissioning group. Members suggested that future reports highlighted issues that the Health & Wellbeing Board could comment on, and agreed that a clear protocol needed to be developed with the Children's and Adults' Safeguarding Boards that would clarify the role and responsibility of the Health & Wellbeing Board and of Policy & Scrutiny Committees.
- 6.5 The Board commended the achievements and progress that had been made by the LSCB, and the effectiveness of local arrangements to safeguard and promote the welfare of children within the Tri-Borough area.

7. PRIMARY CARE COMMISSIONING

- 7.1 At its last meeting on 18 September (Minute 6), the Board received a report on Primary Care Commissioning in Westminster, which had highlighted a number of issues and concerns that included the provision of GP practices and the

availability of premises; the commissioning framework for primary care; and the availability of data. Following a subsequent discussion between the Chairman and Vice-Chairman, it was suggested that the Board consider the possibility of undertaking a piece of work on the commissioning of primary care, and whether this should be done by way of a Task & Finish Group.

- 7.2 Board Members highlighted the need to be confident that there were sufficient GP practices in specific areas to enable the delivery of out of hospital care, and suggested that the City Council take potential opportunities for GP premises into account when negotiating planning applications.
- 7.3 Board Members noted that the commissioning of primary care was currently being investigated by Westminster's Clinical Commissioning Groups (CCGs), and agreed that any review undertaken by the Health & Wellbeing Board should seek to extend the work that was in progress and avoid duplication, and with external expertise being commissioned if required. The Board also agreed that the review would need to be seen as a piece of work by the Health & Wellbeing Board rather than the Clinical Commissioning Groups alone, and that any resulting action would need to be taken in a West London perspective and involve all partners.
- 7.4 **Resolved:** That the possible scope and effectiveness of establishing a Task & Finish Group be discussed with Westminster's CCGs and NHS England, and that the outcome be reported to the Health & Wellbeing Board at its next meeting on 22 January 2015.

8. BETTER CARE FUND

- 8.1 The Board received an update from James Cuthbert (Adult Social Care) on further progress in the Better Care Fund Plan, which had been submitted to the Department of Health on 19 September. The Board noted that the Tri-borough Plans had now been given assurance without conditions by NHS England, who had also given approval to proceed with implementation.
- 8.2 The Better Care Fund Steering Group had been meeting to drive forward the four work streams, and progress had been made with the development of the Community Independence Service which formed a key component of the development of integrated health and social care in the borough. The three Cabinet Members from the Tri-borough authorities and CCG Chairs had agreed to the establishment of a Better Care Fund Board, which would oversee implementation and ensure that the Health and Wellbeing Boards received regular reports on progress.

9. CONTRACTING INTENTIONS

- 9.1 The Board received updates from Matthew Bazeley and Simon Hope from the Central and West London Clinical Commissioning Groups (CCGs) on progress in developing their Contracting Intentions for 2015-16. The proposed Contracting

Intentions had been presented to the Board at its meeting on 18 September (Minute 5), and largely followed the same strategic agenda and sought to develop Whole Systems working and provide more integrated Out of Hospital Care.

- 9.2 Board Members acknowledged the CCGs' intention to commit further resources to mental health, and to work with the Child & Adolescent Mental Health Service (CAMHS) to support and implement the findings and recommendations of the Children & Young People Mental Health Task Group.
- 9.3 The Board noted that less detailed versions of the Commissioning Intentions were to be produced for patients and for public information.
- 9.4 **Resolved:** That the Contracting Intentions of Central and West London Clinical Commissioning Groups be endorsed.

10. WORK PROGRAMME

- 10.1 The Board considered its work programme, and agreed that the format of agenda reports would be reviewed.
- 10.2 Board Members also agreed to arrange a mapping session to identify future agenda issues.

11. ITEMS ISSUED FOR INFORMATION

- 11.1 The Board noted that a paper providing information on GP services in Westminster had been issued for information.

12. TERMINATION OF MEETING

- 12.1 The meeting ended at 6.18pm.

CHAIRMAN _____

DATE _____