



MINUTES

CITY OF WESTMINSTER

**WESTMINSTER HEALTH & WELLBEING BOARD
22 JANUARY 2015
MINUTES OF PROCEEDINGS**

Minutes of a meeting of the **Westminster Health & Wellbeing Board** held on Thursday 22 January 2015 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: Dr Paul O'Reilly (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: Rachel Wigley (acting as Deputy)

Clinical Representative from the West London Clinical Commissioning Group:

Dr Philip Mackney (acting as Deputy)

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).
- 1.2 Apologies for absence were also received from Dr Ruth O'Hare (Central London CCG), Liz Bruce (Tri-Borough Executive Director of Adult Social Care), Naomi Katz (West London CCG) and Dr David Finch (NHS England). Dr Paul O'Reilly, Rachel Wigley, Dr Philip Mackney 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: That

- (1) The Minutes of the meeting held on 20 November 2014 be approved for signature by the Chairman; and

- (2) Progress in implementing actions and recommendations agreed by the Westminster Health & Wellbeing Board be noted.

3.2 Matters Arising

3.2.1 Primary Care Commissioning: Minute 7

Board Members commented further on the provision of GP practices in Westminster, and on the availability of premises and planning process for GP services going forward. The Board acknowledged that the availability and quality of GP services was a London-wide issue, and that the availability of estates and the age of the Primary Care practitioners presented specific difficulties within Westminster. Members acknowledged that Primary Care Co-Commissioning would provide opportunities to respond to these issues at a local level, and Matthew Bazeley (Central London CCG) agreed that the Health & Wellbeing Board and local authority had an important role in helping GPs improve the provision of care.

Board Members acknowledged the importance of partnership working and of establishing a shared view and common narrative, and noted that a proposal and suggested Terms of Reference for identifying gaps in GP services would be submitted to the Board at a future meeting.

4. BETTER CARE FUND PLAN

- 4.1 Matthew Bazeley (Central London CCG) updated the Board on further progress in the Better Care Fund Plan, and on preparations for implementation. A national Better Care Fund (BCF) Task Force had been established to drive and refine BCF planning, and a revised Plan which included further clarifications had been submitted in November 2014. The NHS England Area Team had confirmed that they would recommend that the Plan be approved by the BCF Task Force.
- 4.2 In anticipation of approval, work had progressed on projects within the Plan. The most significant of these projects was a new, standardised tri-borough Community Independence Service (CIS), which would provide consistent rapid response for people at risk of emergency admission to hospital across; in-reach for people getting ready to leave hospital; and rehabilitation and reablement after they have been discharged.
- 4.3 Delivery of the Plan would be overseen by the BCF Board, also established in November, which would provide an executive function in making joined-up recommendations for decision; and have monitoring and advisory duties, reporting progress to Health & Wellbeing Boards and other governing bodies. The BCF Board had been holding monthly meetings between the Chairmen of the three CCGs and Cabinet Members, with representatives of the acute sectors and other providers now being included as appropriate.

- 4.4 Matthew Bazeley reported that the CCG's had appointed Imperial and partners to be the lead health care provider, which would work with the lead social care provider and ensure a co-ordinated and consistent approach when the CIS came into effect in April.
- 4.5 Board Members also discussed the savings which could be achieved, which had been estimated at £12,477m across the three boroughs over 2015/16 if targets were fully met.

5. CARE ACT IMPLEMENTATION

- 5.1 The Board received an update from Jerome Douglas (Care Act Programme Manager) on progress in the implementation of the Care Act 2014 in Westminster. All local authorities were expected to implement the requirements of the Act and co-operate with other organisations, which included health, housing and employment services, to ensure that an holistic approach to providing care and support. A programme had been developed which focussed on key deliverables being made in two phases, for compliance by 31 March 2015 and 31 March 2016.
- 5.2 The first phase included the implementation of the eligibility framework and a single set of criteria for Carers; ensuring that personal budgets were established across the three boroughs; and the implementation of new responsibilities for safeguarding. Key deliverables in the second phase included embedding funding reforms in business; and putting the communications and engagement plan into effect.
- 5.3 The Board noted that a number of duties within the Care Act were likely to have financial impacts for the City Council. For 2015/16, the costs of implementing the programme would be addressed by the Department of Health via specific funds, made available through the Care Act implementation grant or Better Care Fund. The issue of how future costs from 2016/17 onwards would be met was still to be addressed.
- 5.4 The Board acknowledged that the legislation represented a significant financial implication for local authorities, which was still open to interpretation. Members noted that resourcing would be critical, and highlighted the need for effective communication, and for pressure to be applied to receive more robust data on costs rather than broad estimates. The Board agreed that updates on implementation of the Care Act would be a standing item on future agendas.

6. CHILD POVERTY

- 6.1 At its meeting in April 2014, the Board received a draft report on the findings and recommendations of a Tri-borough 'deep dive' Joint Strategic Needs Assessment (JSNA) on Child Poverty in Westminster (Minute 5). The report had demonstrated that the causes of child poverty were complex, and were intrinsically linked to family income; with working families representing an increasing proportion of

those living in poverty because of low pay, employment conditions and high housing costs. The report had suggested that the causes and consequences of child poverty needed to be tackled jointly by departments across the Council and by the NHS, and had considered that child poverty could not be reduced and its impact alleviated by Children's Services alone.

6.2 Rachael Wright-Turner (Tri-borough Director for Commissioning, Children's Services) now provided an update on progress in taking forward six priority areas that had been suggested in the JSNA report, which were:

- Supporting families to engage with services
- Promoting parental employment
- Enabling access to quality/affordable early years childcare, for all families
- Supporting the role of the school community
- Providing appropriate healthcare, at the right time
- Ensuring that all families have access to housing of a reasonable standard.

6.3 The report made a number of recommendations, and also suggested that the Board received an annual report which could set out the impact of the actions that were being taken. Board Members also noted that a Task & Finish Group was currently looking at the key drivers relating to promoting parental employment and enabling access to quality/affordable early years childcare for all families.

6.4 Members also commented on the role of the school community in supporting adolescent mental health and the needs of young carers, and highlighted the importance of the relationship between families and therapists.

6.5 Board Members acknowledged that the Health & Wellbeing Board would be the appropriate overseeing body for a co-ordinated response to child poverty in Westminster, as it brought together health and social care. Members also acknowledged the role of housing department, and recognised that housing and environmental health were critical elements of tackling child poverty.

6.6 The Board acknowledged the need for clear targets, and suggested that actions should be identified where a tangible outcome could be achieved. Members also highlighted the need for effective monitoring, and requested that a further update being given at a future meeting.

6.7 **Resolved:** that

- a) The Health & Wellbeing Board agree to be the body to oversee a coordinated response to child poverty in Westminster;
- b) The Director for Tri-Borough Children's Services lead the next steps on behalf of the Board, working with statutory and voluntary partners;
- c) The Health & Wellbeing Board commission a piece of work (led by Children's Services) to establish whether and how all Council and partner services contributed to alleviating child poverty and income deprivation locally through

their existing plans and strategies. This would identify how children and families living in poverty were targeted for services in key plans and commissioning decisions, and also enable effective identification of gaps in provision;

- d) Each partner on the Health & Wellbeing Board commit relevant resources as required, to ensure consistent contribution from all agencies; and
- e) An appropriate service sponsor be identified outside of the meeting for allocation to each of the six priority areas, in order to consolidate existing and future actions that would contribute to achieving objectives.

7. ADULT SAFEGUARDING BOARD PROTOCOL

- 7.1 Helen Banham (Adult Social Care Strategic Lead for Professional Standards & Safeguarding) submitted a report which proposed a joint working protocol between the Safeguarding Adults Executive Board (SAEB) and the Westminster Health & Wellbeing Board, which would be beneficial and improve health and wellbeing outcomes for residents. The purpose of the SAEB was to ensure that agencies worked together to prevent harm and reduce the risk of abuse or neglect to adults with care and support needs; to safeguard individuals in a way that supported them in making choices and having control in how they chose to live their lives; and to raise public awareness.
- 7.2 The SAEB invited Board Members to consider areas of potential joint work which required a coordinated strategic and joint response, and which were to be included in the SAEB's Business Plan for 2015/16. The three areas that had been identified were:
 - Safer recruitment
 - Commissioning care for older people with complex care needs; and
 - Understanding and resourcing shared responsibilities for the Deprivation of Liberty Safeguards.
- 7.3 Board Members noted that operational issues such as safer recruiting processes by the local authority and other agencies were being taken up by the Scrutiny Committee; and commented on the need to avoid duplication and for the protocols to be clear on the different and separate roles of the Health & Wellbeing Board and the Scrutiny function. Members also highlighted the Board's ability to bring together partner agencies for co-ordinated working on any particular issue.
- 7.4 Matthew Bazeley (Central London CCG) acknowledged the importance of integrated services that were fit for purpose, and suggested that the SAEB could benefit from including representatives from CCGs in its membership, in order to gain the perspective of GPs as commissioners.
- 7.5 Board Members commented on the need for effective communication, and acknowledged that the volume of potential safeguarding cases presented a challenge to effective adult safeguarding.

- 7.6 The Board approved the proposed protocol, which set out the governance arrangements for joint working between the Safeguarding Adults Executive Board and the Westminster Health & Wellbeing Board, which would be put in place to ensure that safeguarding functions were co-ordinated and discharged effectively in Westminster, without duplication or the creation of additional structures.

8. LOCAL SAFEGUARDING CHILDREN BOARD PROTOCOL

- 8.1 A Protocol for joint working between the Tri-borough Local Safeguarding Children Board (LSCB) and the Westminster Health & Wellbeing Board (HWB) had been presented to the Board in April 2014 (Minute . At that meeting, Board Members had requested clarification of the role and responsibilities of the LSCB and HWB and of the powers members of the LSCB would have in speaking on behalf of the local authority. Rachel Wright-Turner (Tri-borough Director for Commissioning, Children's Services) accordingly now received a further report which provided an overview of the roles and responsibilities, and which suggested a protocol for formal working agreement between the HWB and the Tri-borough LSCB to maximise opportunities for safeguarding children in the local area.
- 8.2 The Board discussed the complementary but distinct roles the HWB and LSCB had in safeguarding and promoting the welfare of children and young people in Westminster. The Board also noted that as part of the new Ofsted inspection framework, a review of the effectiveness of the LSCB would be undertaken at the same time as the inspection of the local authority, which would enable the Inspectors to understand the relationship between the LSCB and the HWB.
- 8.3 Board Members commented on the need to avoid duplication and for the protocol to be clear on the different and separate roles of the Health & Wellbeing Board and the Scrutiny function. Members also commented that issues referred to in the suggested protocol for working between the LSCB and the HWB which related to the statutory responsibilities of the LSCB, together with performance against the Business Plan and submission of an Annual Report related to Scrutiny, and should not be included.
- 8.4 Subject to the revisions set out above, the Board approved the proposed protocol, which outlined joint working arrangements between the LSCB and the HWB, and which included the proposed governance arrangements that would be put in place to ensure effective co-ordination, coherence and delivery.

9. PRIMARY CARE CO-COMMISSIONING

- 9.1 Matthew Bazeley (Central London CCG) presented a report which updated the Board on developments in Primary Care Co-Commissioning in North West London, and which included an initial expression of interest that had been submitted by the eight CCGs. The paper also noted the intention to continue to formally explore the establishment of Co-Commissioning with NHS England, and

suggested areas where more structured engagement with Health & Wellbeing Boards would be helpful in ensuring that the benefits of Co-Commissioning were fully realised.

- 9.2 The next steps towards implementation had been published by NHS England on 10 November 2014, and had included three possible models for primary care co-commissioning which were currently being discussed.
- 9.3 The Board discussed the challenges associated with the proposals for Co-Commissioning, and highlighted the need to ensure that there was sufficient GP capacity to deliver services. Dr Phillip Mackney (West London CCG) and Dr Paul O'Reilly (Central London CCG) acknowledged that there could be risks, and confirmed that they would be able to comment further when GPs had responded to the guidance.
- 9.4 The Board discussed the costs associated with premises owned by the NHS, and commented on the need to develop existing property assets which should seek to provide integrated care rather than a single GP practice. Members also commented on the possibility of funding from local authorities or developers, and highlighted the need for the Health & Wellbeing Board to be involved in discussions on the use and development of premises, which would also need to take into account issues relating to housing and sustainability. Matthew Bazeley acknowledged that estate funding was an issue in providing Co-Commissioning, and Members agreed that representatives of the Board should attend meetings of the Commissioning Committee and form part of its membership.
- 9.5 The Board discussed representation on the Commissioning Committee from Health & Wellbeing Boards across the eight boroughs within North West London, and agreed that one representative would not be sufficient. Board Members did however recognise that discussions on governance were ongoing.
- 9.6 Matthew Bazeley welcomed the comments that had been made regarding implementation of the final guidance and on the need to involve and engage with the Health & Wellbeing Board during the process, which would be taken into account. Board Members asked to receive a further update on Primary Care Co-Commissioning at its next meeting.

10. WORK PROGRAMME

- 10.1 The Board considered its future Work Programme, which included workshops and opportunities for strategic planning.
- 10.2 Board Members noted that Primary Care Co-Commissioning had been added to the Work Programme for the next meeting in March, and that Dementia was to be considered as an additional item in May. Members also suggested that issues relating to the Children & Families Act 2014 be considered at the September meeting, and agreed that the Childhood Obesity Strategy be included in the future Work Programme.

10.3 Holly Manktelow (Senior Policy & Strategy Officer) commented that the current Health & Wellbeing Strategy was due to be reviewed in 2016, and suggested that the Board may wish to spend time over the next year looking at developing, improving or refreshing the Strategy and associated Joint Strategic Needs Assessments.

11. TERMINATION OF MEETING

11.1 The meeting ended at 5.47pm.

CHAIRMAN _____

DATE _____