MINUTES

CITY OF WESTMINSTER

WESTMINSTER HEALTH & WELLBEING BOARD
21 MAY 2015
MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Westminster Health & Wellbeing Board** held on Thursday 21 May 2015 at 3.00pm 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 Neville Purssell (acting as Deputy)
Cabinet Member for Children and Young People: Councillor Danny Chalkley
Minority Group Representative: Councillor Barrie Taylor
Director of Public Health: Stuart Lines (acting as Deputy)
Tri-Borough Executive Director of Children's Services: Rachael Wright-Turner (acting as Deputy)
Tri-Borough Executive Director of Adult Social Care – and representative for Public Health: Liz Bruce
Clinical Representative from the West London Clinical Commissioning Group:
Dr Naomi Katz
Representative from Healthwatch Westminster: Janice Horsman
Chair of the Westminster Community Network: Jackie Rosenberg

Also in attendance: Councillor Barbara Arzymanow, Matthew Bazeley (Managing Director, NHS Central London Clinical Commissioning Group) and Simon Hope (Deputy Managing Director, NHS West London Clinical Commissioning Group).

1. MEMBERSHIP

1.1 Apologies for absence were received from Dr David Finch (NHS England) and Dr Belinda Coker (NHS England).

1.2 Apologies for absence were also received from Dr Ruth O'Hare (Central London Clinical Commissioning Group), Eva Hrobonova (acting as Deputy for the Director of Public Health) and Andrew Christie (Tri-Borough Executive Director of Children's Services). Dr Neville Pursell, Stuart Lines and Rachael Wright-Turner 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 19 March 2015 be approved for signature by the Chairman; and

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

4. NORTH WEST LONDON MENTAL HEALTH AND WELLBEING STRATEGIC PLAN

4.1 Jane Wheeler (Programme Lead, North West London Whole System Mental Health & Wellbeing Strategic Plan) presented the report and advised the Board that there had been a launch event on 6 February 2015 for the programme 'Like Minded: Working together for mental health and wellbeing in North West London'. The programme intended to cover the health and wellbeing needs of the whole population of North West London and considered matters such as the approach to healthcare and governance arrangements. Changing demographics amongst the population, including an ageing population, placed increased demand on services and created pressure on service quality and outcomes as well as sustainability of the current system over time.

4.2 The Board heard that the Like Minded programme was using a North West London segmentation approach that helped ensure that the needs were addressed of those groups that were often underserved and where evidence showed increased risk of mental health needs. Jane Wheeler then referred to the workshops that had been covered to date, which had identified the importance of access to universal services, including those groups that did not routinely access such services, the commissioning of mental health services and earliest intervention. The workshops helped inform the Case for Change alongside other data. Jane Wheeler advised that the Case for Change would draw out the priority areas identified which would then be reported back to the Board for further consideration.

4.3 During discussion, Board members emphasised the need for local authority input at the workshops and in contributing to the Case for Change. Liz Bruce (Tri-Borough Executive Director of Adult Social Care) commented that there was a need for an Adult Social Care representative on the Transformation Board. Members concurred that there was a need for a more joined up approach to mental health with other services. It was noted that children's mental health needs would also be fed into the process.

4.4 The Board noted that the Clinical Commissioning Groups (CCGs) had met with the local authority recently to discuss new models of care around Primary Care Plus and to identify both areas of mental health services and pathways that were working well and those that were not so successful. Members commented that patient and service user engagement was an issue for the Transformation Board to consider, as well as the capacity of the third sector to address mental health issues in their communities. It was remarked that children's mental health services should be of the same standard as adult mental health services. The Board also recognised the need for a more strategic approach between the shifting of care from secondary care to primary care.

4.5 It was recognised that there was a need for community support in respect of children's mental health, as local authorities needed to consider what services would be provided in future in view of the financial challenges they faced. Members also needed to be satisfied that the medical drivers were not overwhelming the social needs and it was agreed that information be circulated as to what measures were in place to consider the social needs.

4.6 Members commented on the need for greater collaboration with registered social landlords in helping address the needs of those with mental health issues and in identifying how they were being cared for. Members also commented that schools provided opportunity for a direct avenue in which mental health services could be accessed for children, however it was acknowledged that there was presently only one local authority school in Westminster.

4.7 The Board acknowledged that there was a need to address governance issues and of the importance of ensuring that all the relevant groups' voices were heard. The Board agreed that a briefing paper be produced outlining how different parts of mental health services would work and how the various partners could feed into this process.

5. CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH

5.1 Steve Buckerfield (Head of Children's Joint Commissioning) gave a presentation on the report that summarised the recommendations of the national CAMHS Taskforce report, 'Future In Mind'. The report also provided an update on local progress in respect of the recommendations of the Westminter Children and Young People's Mental Health Task & Finish Group and asked the Board to consider its vision for mental health and wellbeing in Westminster and the ways in which it could shape local work on Future In Mind, including the submission of a 'Transformation Plan' for young peoples' mental health services to NHS England.

5.2 Steve Buckerfield advised that considerable determination would be needed to reshape children and young people's mental health. As there were limited resources, there needed to be consideration in what services should be prioritised and on how mental health services could work better with existing services, such

as the Gangs Unit in Westminster. The Board heard that £1.25 billion Government funding would be available nationally for young people's mental health over the next five years and guidance was expected soon on how to complete the Transformation Plan to access the funding, whilst the sign-off process was yet to be determined. Members were then asked to consider the principles which underpin its vision for the future of mental health and wellbeing services in Westminster.

5.3 The Board commented that increasing hours of access to mental health services was important, as well as providing appropriate and flexible settings for children to feel comfortable in. The Board noted that work was underway within the council to develop health and wellbeing hubs with a wide range of co-located services. These will be co-designed with young people and mental health would need to be considered as part of this work. It was also stated that there was a need for more support on mental health issues in schools.

5.4 The Board heard that children provided a wide range of views when asked about what settings they preferred to access mental services. Members commented that universal settings had a destigmitising effect and helped give children confidence to access services. Providing a helpline was also useful as it gave immediate access, whilst a 'handbook' or similar signposting support may also be beneficial. The importance of providing a setting where children felt safe and ensuring that there was a clear pathway between and through services was emphasised, and a preventative model was also deemed desirable.

5.5 Members commented on the effectiveness of the Connecting Care for Children in North West London which had taken a multidisciplinary, flexible approach involving CAHMS, GPs, paedatricians and school nurses working together to look at each child individually and model care accordinng to their individual needs appropriately. The need to build flexibilty into treatment as well as assessment was also acknowledged. Members added that community navigation, peer coaching, investment in training and increaing capacity were all important in ensuring the success of multidisciplinary working.

5.6 Members suggested that culture, the arts and music all contributed in giving youth confidence and improve their mental health and an integrated approach with mental health services should be considered. In addition, engaging with local businesses in providing appropriate training and a route into employment would be desirable. The timing of providing support was also important, such as events in life that could cause stress, including moving from primary to secondary school and during exams.

5.7 The Board commented on the apparent drop-off of services upon reaching 18 years of age. Jacqui Wilson (Children's Joint Commissiong Team) advised that the Transition Group had identified that the number of 18 year olds being referred to future services did not correspond with the number accessing services when they were 17. Work was underway to compile figures for all those of 17 years or older to see how many were being referred and how many were not. Steve

Buckerfield advised that under the Children and Families Act 2014, CCGs and local authorities were obliged to publicise the mental health services on offer. He added that more needed to be done to publicise mental health services for young people and that the local offer needed to be developed and this could include discussions with voluntary sector organisations on what they could offer. The Board noted that negotiating continuity of care in terms of providers of medical teams during transition was being considered.

5.8 It was stated that the reshaping of Children's mental health services would involve making hard decisions, including consideration of disinvesting in some services in order to invest in other services. Members commented that views had been expressed by young people at Corporate Parenting Committee meetings that they viewed reaching 18 years as a very difficult time in their lives due to coming out of care, having to find housing and starting work and so not having access to services happened at the worst possible time. It was suggested that there was a need to model transitional arrangements.

5.9 The Board agreed that more work needed to be undertaken in considering mental health services during the transition phase from child to adult (16 to 25 years) and that more frontline training be provided to staff in whatever settings mental health services were provided. The Board also agreed that pathways of access to services needed to be clearer, including more ways of accessing services and providing extended hours. There also needed to be considerable flexibility in providing both the appropriate setting and the type of mental health care that the child felt most comfortable with, as well as taking a multidisciplinary approach. The Board agreed that a vision aligned to the principles above be brought back for further consideration at a future meeting.

6. THE ROLE OF PHARMACIES IN COMMUNITIES AND PREVENTION

6.1 Stuart Lines (Deputy Director of Public Health) gave a presentation on this item which set out the services pharmacies currently offered. It also included details of the 'Healthy Living Pharmacies' pilot scheme which had been well received and had been effective with outcomes improved in 26 of 33 valuations. The Board heard that 68 out of 93 community pharmacies in Westminster had expressed an interest in becoming an accredited Healthy Living Pharmacy. Members heard that there also needed to be more thought as to who the key stakeholders were.

6.2 Holly Manktelow (Principal Policy Officer) added that consideration needed to be given as to what role the Board wished pharmacies to play in the health economy and could an increased role for community pharmacies potentially reduce demand for GPs, Acute Services, Adult Social Care, Public Health Services and Children Services.

6.3 Members stated that it was important that staff as well as the pharmacists had the motivation to be accredited and to feel that they played an important role as a community pharmacy. It was suggested that linking work with pharmacies in

providing checking services at events and festivals be undertaken. Janice Horsman (Healthwatch Westminster) advised that Healthwatch Westminster was undertaking a needs analysis of customers who accessed pharmacy services and a report was due in September 2015. She also informed Members that whilst at a recent Urgent Care Conference, she had heard about a Mental Health Information Exchange scheme in Sheffield that helped to ensure that patients complied correctly with their medication which was vital, for instance, in preventing relapse and she felt a similar scheme could benefit Westminster.

6.4 Members emphasised the importance of identifying any areas lacking pharmacies signed up to the scheme, particularly if such areas had any specific health issues and if so attention should be focused on ensuring these areas had the appropriate pharmaceutical provisions. Consideration also needed to be given with regard to staff training and the costs involved. The Board noted that the larger pharmacies in London were able to train their staff appropriately, however engaging staff in smaller pharmacies was more difficult. Members acknowledged the importance of ensuring that pharmacies joined up their customer information records with GPs' patient records to prevent inappropriate or unnecessary treatment being provided.

6.5 The Board agreed that the Public Health Team liaise with Healthwatch Westminster in order to exchange information on their respective studies and also to liaise with the Local Pharmaceutical Committee and the Royal Pharmaceutical Society on increasing the role of pharmacies in health promotion.

7. WHOLE SYSTEMS INTEGRATION

7.1 Matthew Bazeley (Managing Director of Central London CCG) provided an update on Whole Systems Integrated Care (WSIC) and advised that the Community Independence Service had gone live on 1 April 2015 and the partnership working had gone well. Dedicated pieces of work were being undertaken in respect of care navigation and care planning which included patient input, whilst a provider network for Central London was also being developed. A draft specification for the future model of care had been produced and this would be brought to a future meeting of the Board. Matthew Bazeley confirmed that a fully integrated IT system was now in place, whilst Members also heard that a Village based model of care was being developed, involving multidisciplinary teams providing services within each village.

7.2 Dr Naomi Katz (West London Clinical Commissioning Group) advised that the West London model continued apace and that it was centred around patients' needs. GPs were signed up from 1 June 2015 for the First Wave of the programme and patients would be tiered according to their needs. Particular focus would be given on providing additional services for older patients that were in greater need.

7.3 Members acknowledged the progress in delivering WSIC and expressed an interest in receiving information in evaluating its progress and achievements. The

Board agreed that the first update on the WSIC's effectives be presented in around six months' time and that progress be monitored regularly.

8. JOINT STRATEGIC NEEDS ASSESSMENT

8.1 Colin Brodie (Public Health Knowledge England) presented the report that provided an update on the progress of the Joint Strategic Needs Assessment (JSNA) agreed by the Board for the 2014/2015 work programme. He advised that the Pharmaceutical Needs Assessment had now been published and referred to the JSNAs in the current JSA work programme, including the Dementia JSNA, Childhood Obesity JSNA, End of Life Care JSNA and Housing JSNA.

8.2 The Board were informed of two new JSNA proposals for the 2015/2016 work programme. The first, Evidence Hub, was presently being scoped and developed, whilst the second, the Fuel Poverty JSNA, was currently in being scoped in more detail before being considered by the JSNA Steering Group on 4 June 2015.

8.3 The Board welcomed the proposed Evidence Base JSNA and emphasised the need to ensure that it was user friendly. Members queried the inclusion of a Fuel Poverty JSNA as they felt it was not especially relevant to what the JSNA should be focusing on. The Board therefore felt it was more appropriate that fuel poverty be included as part of the Housing JSNA.

8.4 Members requested that the JSNAs be brought more in line with what the Board was focusing on and the issues the local authority and the CCGs were addressing. This included issues involving carers, the impact the Care Act had on carers and personalisation. More thought was also needed on how CCG Governing Bodies could make more use of the JSNA. The Board also requested that they be informed more frequently of any JSNA requests that are put forward for consideration.

9. BETTER CARE FUND

9.1 Liz Bruce provided an update on progress for the Better Care Fund Plan and on preparations for implementation. She advised that the Community Independence Service's discharge from hospital to home was now being carried out using the new method and an evaluation of its effectiveness would take place in June 2015, with a view to building further on this scheme. An update on the scheme would be provided at a future Board meeting.

9.2 The Board requested that a more detailed update, including information on performance and spending, be provided in around six months' time.

10. CARE ACT IMPLEMENTATION

10.1 The Board noted that there were no specific updates on the Care Act Implementation.

11. PRIMARY CARE CO-COMMISSIONING

11.1 Members remarked that the Board continued to focus on the need for appropriate representation during the process of primary care co-commissioning. There was also a need for further discussion about a liaison representing the local authority and whether each of the tri-boroughs should have their own liaison.

12. WORK PROGRAMME

12.1 The Board noted its proposed Work Programme for 2015/2016. Holly Manktelow updated Members on progress with the Primary Care Project that sought to provide an understanding of how local need will change over the medium and long term due to changes in resident and visitor population. This modelling would support primary care and inform wider services design. Some questions remained in respect of governance, a report on these questions had been produced and would be circulated to the Board for comments. The Board was invited to nominate a sponsor to oversee progress on the project in between Board meetings.

13. ANY OTHER BUSINESS

13.1 Members noted that the NHS England representative would be asked to describe how they saw their role on the Board and to respond to the Board's questions and views on the role at the next Board meeting on 10 July.

14. TERMINATION OF MEETING

14.1 The meeting ended at 4.55pm.

CHAIRMAN _____ DATE _____