



CITY OF WESTMINSTER

MINUTES

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health & Wellbeing Board** held on **Thursday 21st January, 2016**, Rooms 3 and 4 - 17th Floor, City Hall, 64 Victoria Street, London SW1E 6QP.

Members Present:

Chairman: Councillor Rachael Robathan, Cabinet Member for Adults and Public Health

Clinical Representative from the Central London Clinical Commissioning Group:
Dr Neville Pursell

Cabinet Member for Children and Young People: Councillor Karen Scarborough (acting as Deputy)

Minority Group Representative: Councillor Barrie Taylor

Acting Director of Public Health: Eva Hrobonova

Tri-borough Director of Children's Services: Chris Neill (acting as Deputy)

Clinical Representative from West London Clinical Commissioning Group:
Dr Philip Mackney

Representative from Healthwatch Westminster: Janice Horsman

Chair of the Westminster Community Network: Jackie Rosenberg

Also Present: 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 Councillor Danny Chalkley (Cabinet Member for Children and Young People) and Liz Bruce (Tri-borough Executive Director of Adult Social Care). Councillor Karen Scarborough (Deputy Cabinet Member for Children and Young People) and Chris Neill (Tri-borough Adult Social Care Whole Systems Lead) attended as their respective Deputies.

1.3 Louise Proctor (Managing Director, West London Clinical Commissioning Group) also gave her apologies for absence. Simon Hope (Deputy Managing

Director, NHS West London Clinical Commissioning Group) attended in her place.

2 DECLARATIONS OF INTEREST

2.1 No declarations were received.

3 MINUTES AND ACTIONS ARISING

3.1 RESOLVED:

1. That the Minutes of the meeting held on 19 November 2015 be approved for signature by the Chairman; and
2. That progress in implementing actions and recommendations agreed by the Westminster Health and Wellbeing Board be noted.

4 WHOLE SYSTEMS INTEGRATED CARE OLDER ADULTS AND MENTAL HEALTH PROGRAMMES - NHS WEST LONDON CLINICAL COMMISSIONING GROUP

- 4.1 Glen Monks (Associate Director, Whole Systems – Mental Health) introduced the report and provided details about the Mental Health Programme being developed by NHS West London Clinical Commissioning Group's (CCG) as part of Whole Systems Integrated Care. He advised that the programme was one of two pilot schemes on mental health in London, the other one being developed by NHS Hounslow CCG. There had been extensive co-production with service users, carers, local authorities, voluntary sector organisations, and statutory providers in developing the model of care. Glen Monks stated that model of care would be 'hub and spoke' by design and the entire patient journey was being mapped. He advised that an outline model of care had been agreed by the Project Steering Group and a business case was being developed that would be put before the CCG's Governing Body for approval.
- 4.2 Members commented that the Board had undertaken extensive work on mental health, including children and young people, and enquired whether service plans, self-help and community support were led by Public Health. One Member emphasised the need for preventative action through intervention at an early stage, including transition from child to adult and he enquired whether the programme addressed the mental health needs of younger adults up to the age of 25 years. He added that the implications for parents and family members of those with mental health issues also needed to be addressed. The Member also enquired whether the records kept by primary care providers could be accessed by other organisations. Another Member remarked that there was room for improvement in information sharing between organisations on mental health needs.
- 4.3 In reply to Members' questions, Glen Monks advised that most of the service plans and community support proposals had come through work with the voluntary sector and community groups, which in turn would then be considered in how it tied in with the work and objectives of Public Health. He

informed Members that there was a separate strand of work regarding child and adolescent mental health, however it was recognised that more work was needed in the transition from child to adult and ways of addressing this were being considered. This included looking at the needs of 12 to 25 year olds, as well as early years. Glen Monks stated that there was a commitment for all organisations to use a single patients record and he felt this would be achieved over a period of time.

- 4.4 Dr Richard Hooker (NHS West London CCG) then updated the Board on the Older Adults Programme that was based on similar principles to the Mental Health Programme. He explained that the extent of the programme's task could not be underestimated and it involved a significant piece of work for NHS West London CCG and its partners, including Healthwatch. The model of care recognised the holistic needs of older adults and there had been extensive engagement with the voluntary and community sector and carers. Dr Richard Hooker emphasised that a core aim of the programme was to provide high quality care and this involved developing a fully integrated model of care with shared patients' records. To support the programme, caseworkers, typically from a district nurse or social care background were sought and these would be supported by healthcare assistants. The caseworkers would be overseen by GPs and social care workers. Dr Richard Hooker informed Members that the programme had gone live in September 2015 with services provided at St. Charles Integrated Care Centre and the range of services was being developed. Services were also to be introduced at the Violet Melchett Clinic and the model of care recognised transport as an important issue for older adults.
- 4.5 Dr Richard Hooker added that St. Charles Integrated Care Centre had been revitalised and Age UK had a presence at the site. The Centre also had a number of case managers and mental health staff and other services such as footcare were offered. Services at the Centre had received positive feedback and monthly meetings were held to review progress, as well as monthly Steering Group meetings. An IT specialist had also been recruited to support the programme.
- 4.6 During the Board's discussions, Members sought information on how the Older People Programme's pathways tied in with the work of the Community Independence Service. The need to take into account the patients' point of views was emphasised, as well as ensuring they understood how the different pathways worked. Members sought details on how the Programme was funded, including whether resources were available for the voluntary and community sector to play an effective role. In respect of individual care plans, it was asked who was responsible for producing these. Another Member commented on the difficulty of GPs, nurses and care works being obtained from a single source and this often meant that services were duplicated. Councillor Barrie Taylor requested a briefing on work being undertaken to address personality disorders. Jackie Rosenberg (Westminster Community Network) reported that the National Council for Voluntary Organisations had recently launched a pilot scheme involving volunteers working in care homes and she would feedback the outcomes of the pilot to Members.

- 4.7 In reply to the issues raised, Dr Richard Hooker commented that it was recognised that presently a lot of older people care services were reactive, and to address this, the programme would seek to work with the Community Independence Service in procuring services and there would also be more working collaboratively with the Rapid Response Service. The case managers would play a key role in ensuring patients knew and understood what pathways were available. In respect of funding, Dr Richard Hooker advised that some funds for the programme had already been received and further funding had been requested. Additional resources were also available for voluntary and community organisations to play their role in the programme and also some funding to increase the number of case workers. The Board noted that savings in other areas had been made which could be used for the programme, whilst patient resilience was being increased through providing more supported self-care.
- 4.8 Dr Richard Hooker stated that personality disorders affected people of all ages and that it was a significant issue both locally and nationally. The odd or challenging behaviour that a person with a personality disorder may exhibit could impact in a number of ways and it was recognised that this issue needed to be addressed as a priority. The model of care also factored in the desirability of having GPs, nurses and care workers from a single source and to prevent duplication of services. Chris Neill (Adult Social Care Whole Systems Lead) agreed to follow up Councillor Barrie Taylor's request for a briefing in respect of the work being undertaken to address personality disorders.
- 4.9 The Chairman emphasised the need for a more joined-up approach in procuring services. The Board agreed the Heads of Agreement Document for the Older Adults Programme.
- 4.10 **RESOLVED:**
1. That the update on the Mental Health Programme and the Older Adults Programme be noted.
 2. That the Heads of Agreement Document for the Older Adults Programme be agreed.

5 DEVOLUTION UPDATE

- 5.1 Ezra Wallace (Head of Corporate Strategy) provided an update on devolution, including details of agreements contained within the London and Health Care Collaboration Agreement and the London Health and Devolution Agreement that had been simultaneously agreed on 14 December 2015. He advised that the principles of collaboration to improve health care and the principles of how health and social care were to operate had been drawn up. The Board noted that five pilots across London were announced as part of the Collaboration Agreement and these intended to test the new ways of working required to enable reform. Ezra Wallace added that the Collaboration Agreement provided a new context in which the Board would consider the refresh strategy and how the Board would operate in future.

- 5.2 Members asked what areas were expected to change and pondered to what extent London partners would still be answerable to Government departments ultimately. Members discussed what the aspirations of the Board should be. The Chairman emphasised the need for the Board to have additional levers to help deliver in the direction it is travelling in. She suggested that if the direction of travel sought had been completed within a period of five years, then this could be viewed as a success. This could be achieved through additional levers such as greater control over NHS estates and on contractual arrangements in order to meet local needs more effectively. Another Member also commented on optimising use of NHS estates and using them differently to how they were now. In answer to a Member's query, Matthew Bazeley (Managing Director, NHS Central London CCG) advised that although improving access to seven day health services was not a primary objective of devolution, it would bring about changes that would help this to be achieved.

6 COMMISSIONING INTENTIONS: (A) NHS CENTRAL LONDON CLINICAL COMMISSIONING GROUP; (B) NHS WEST LONDON CLINICAL COMMISSIONING GROUPS

- 6.1 Matthew Bazeley presented the report and advised that there had been no changes in terms of strategy for both NHS Central London and NHS West London CCGs. He advised that NHS England had issued planning guidance in December 2015 that gave some direction in respect of commissioning and contracts. The Board noted that the financial allocations received for both NHS Central London CCG and West London CCG were below inflation, however the CCGs had planned in eventuality of this. Matthew Bazeley stated that NHS Central London CCG was producing a transformation plan for the next year to achieve the £15 million savings required and this would entail changes to approach and consideration of what areas to prioritise in. He added that the full details of the plans would be presented to the Board once they had been finalised.
- 6.2 Dr Philip Mackney (NHS West London CCG) commented that there were a number of complex issues in respect of coding which may be impacting on patient figures on services. Dr Neville Purssell (NHS Central London CCG) added that some Urgent Care Centres were recording significantly lower number of visits than others and this matter needed to be looked into further.
- 6.3 Members sought the reasons for NHS Central London CCG's deterioration in its financial position and what measures could be put in place to ensure patients went to the right service. Members commented that the number of new arrivals to Westminster also complicated matters in terms of services coping with demand.
- 6.4 In reply to issues raised by Members, Matthew Bazeley advised that the deterioration in NHS Central London CCG's financial position was attributable to over activity generally, including in intensive care. Despite the introduction of new community services, demand for acute services remained high and consideration needed to be given as to whether this was due to incorrect coding or greater demand for acute services. Matthew Bazeley advised that in

order to address incorrect allocation of services, providers could be contractually challenged to meet their requirements, such as through performance indicators. Members heard that a strategic approach to contracts was being taken to negotiate with providers to agree 'block' contracts. Simon Hope (Deputy Managing Director, NHS West London Clinical Commissioning Group) added that there was a need to ensure that patients accessed community services where the service they required was available in this setting in order to reduce demand and pressure on acute services.

6.5 The Board requested an update on this item at the next meeting.

7 WESTMINSTER HEALTH AND WELLBEING STRATEGY REFRESH

7.1 The Chairman introduced the item and commented that the refresh of the Board's strategy was being considered at a particularly important time in view of the changes that would be happening under devolution and the development of Health and Wellbeing hubs. She stated that the Board needed to consider areas it wished to focus on in going forward and to encourage partner organisations to work in an even more joined-up way. The first report aimed to start the process of refreshing the strategy and the Chairman welcomed suggestions from Members.

7.2 Meenara Islam (Principal Policy Officer) then presented the report and stated that the strategy refresh needed to be considered in the context of 'more for less.' Whilst acknowledging the achievements of the present strategy, she advised that consideration needed to be given as to what themes to focus on in future, whilst also ensuring that high quality commissioning is being undertaken. Meenara Islam added that Members need to further consider systems issues and the direction of the Board. Members also noted that they needed to consider the strategy refresh in the context of NHS England's five year Sustainability and Transformation Plan (STP).

7.3 Matthew Bazeley emphasised the need to develop a system wide financial sustainability plan as of the STP and this requirement needed to be fully embedded as part of the strategy refresh in order to progress Whole Systems Integrated Care. He informed Members that the timescale to undertake this was challenging as proposals were required to be submitted by June which would then be assessed in July. Members noted that NHS England wanted local health systems to be accountable to their plans. Matthew Bazeley added that it was important that partner organisations delivered locally for Westminster and the strategy refresh gave the Board an opportunity to pursue this.

7.4 The Chairman advised that a task group would be created to consider the strategy refresh and also to look at ways the Board would operate in the future. She added that draft proposals for the strategy refresh would be put before the Board at the next meeting on 17 March.

8 PRIMARY CARE MODELLING

- 8.1 Stuart Lines (Deputy Director of Public Health) gave the first part of a presentation to Members updating them on progress on primary care modelling. Phase 1 of the project, involving producing a borough-wide base set of projections and disease burden had now been completed, and the project was now at phase 2 which included the impacts on Westminster of regeneration, housing and infrastructure plans. Phase 3 would involve analysing the impact on the demand for frontline services. Members noted that the Chairman and Vice-Chairman of the Board would be hosting a workshop for analysts on 27 January and all Board Members were invited to attend.
- 8.2 Rianne Van Der Linde (Public Health Analyst) then gave the second part of the presentation, which included work being undertaken by the London Health Commission that had identified 15 patient groups classified in terms of age, state of health, different types of disabilities, diseases and conditions and also socially excluded groups. She advised Members of the estimated number and percentage of the population in Westminster for each group. Members also noted the estimated current number of people in Westminster living with cancer, the projected numbers in 15 years' time and the costs for the use of healthcare services for this group.
- 8.3 The Chairman noted that considerable work had been undertaken on the project to date and that it would provide an important tool in identifying common themes and an insight into how healthcare may look in the future. This included a likely need for more district nurses and the links between healthcare and areas such as housing and transport. The Chairman welcomed all Board Members to attend the workshop on 27 January which would consider how the project could be used as a tool and how it could help forward planning.

9 HEALTH AND WELLBEING HUBS PROGRAMME

- 9.1 Ezra Wallace presented the report updating Members on the Health and Wellbeing Hubs Programme that included an Older People's Pilot project and the Newman Street Pilot for single, homeless adults. Both pilots sought to increase access to services to disadvantaged groups and individuals. Ezra Wallace advised that a review of the four older people's hubs was being undertaken and results to date indicated that over 1,400 people were active users of the hubs, with Churchill Hub being most frequently attended. The review had also identified a number of gaps, including that men were under-represented in terms of using the hubs, whilst there were also challenges in reaching the housebound. Whilst hubs had raised awareness of their activities with GPs, it was recognised that more could be done to improve awareness. In order to improve access to preventative services, there were opportunities to learn from Whole Systems project initiated by Central London NHS CCG offering an enhanced offering at South Westminster, Regent's Canal and Marylebone CCG villages. Ezra Wallace added that there were opportunities to reduce duplication and develop an enhanced preventative offer through an integrated offer with housing services and to identify more

accessible and better equipped premises of the provision of day services for older people in South Westminster. Members noted that the Chairman, as the Cabinet Member for Adults and Public Health, chaired a steering group overseeing these workstreams to improve access to preventative services and a further update on this would be provided at the next meeting of the Board.

- 9.2 Ezra Wallace advised that an evaluation of the Newman Street pilot project was being undertaken and a report would be available in the spring. The project had included the Council, NHS Central London CCG and Great Street Primary Care Centre in developing a model to improve how to target existing services at people with multiple complex needs and this model was now in the process of being implemented.
- 9.3 The Chairman commented that the Older People pilot project sought to look at how access to health services could be increased through CCGs, Adult Social Care and Housing working in a more joined-up way. She advised that a workshop will be taking place with CityWest Homes, Housing, Adult Social Care and Public Health to consider ways in making housing more suitable for older people and those with disabilities. The Board agreed to a Member's suggestion that the Joint Strategic Needs Assessment (JSNA) Team consider the issue of adult males being less likely to access services generally. Councillor Barrie Taylor requested that the report be sent to Church Street Ward Members and Members of all other wards where the Older People's Pilot Project operated.

10 BETTER CARE FUND AND COMMUNITY INDEPENDENCE SERVICE

- 10.1 Chris Neill gave a verbal update on this item and advised that policy guidance on the Better Care Fund (BCF) had been published, with further technical guidance to follow. In respect of the Community Independence Service, he advised that the current commissioning arrangements were due to end in the next few months and engagement with the provider market was taking place.
- 10.2 Members enquired whether details of the new allocation of BCF funding were available. Chris Neill replied that he would investigate and if the information was available, he would provide a summary of the new allocation of funding to the Board. The Chairman added that a formal review of the Community Independence Service would be considered at a future meeting.

11 JOINT STRATEGIC NEEDS ASSESSMENTS: (A) CHILDHOOD OBESITY; (B) END OF LIFE CARE

- 11.1 The Board had before them two Joint Strategic Needs Assessments (JSNAs) for sign-off, Childhood Obesity and End of Life Care. Colin Brodie (Public Health Knowledge Manager) asked the Board to consider taking on the role of providing strategic leadership and oversight of the End of Life JSNA whilst identifying an alternative lead in future. He informed Members that the Kensington and Chelsea Health and Wellbeing Board had agreed to play a similar role at a recent meeting.

- 11.2 A Member remarked on the significance of the recommendations for the End of Life Care JSNA and sought assurances in terms of sovereignty for each Health and Wellbeing Board. Members expressed support for the End of Life Care JSNA in principle, however further details were needed in terms of delivery before the Board could provide a considered response. The Chairman asked to what extent the Board would take leadership of the End of Life Care JSNA. In reply, Colin Brodie suggested that the Board take a leading role in the commissioning of services for End of Life Care, including encouraging more involvement from the voluntary sector.
- 11.3 The Board agreed that it be given more time to consider the End of Life Care JSNA and Members would feed back their views to the Chairman before the Board would provide its response to the request that it provide strategic leadership of this JSNA whilst an alternative lead was sought.
- 11.4 In respect of the Childhood Obesity JSNA, the Chairman welcomed the proposals and commented that tackling childhood obesity was a key priority of the Council, with much work already being undertaken to address the issue in a holistic way and new policies and services in this area would be brought to the Board to consider. Eva Hrobonova (Acting Tri-borough Director of Public Health) added that a comprehensive programme was in place to tackle childhood obesity and a presentation updating Members on progress and to consider ways in which the Board could oversee this work would be provided at a future meeting. The Board agreed the signoff and publication of the Childhood Obesity JSNA and to monitor its progress.

12 MINUTES OF THE JOINT STRATEGIC NEEDS ASSESSMENT STEERING GROUP MEETING HELD ON 23 NOVEMBER 2015

- 12.1 The Board noted the minutes of the last Joint Strategic Needs Assessment Steering Group meeting held on 23 November 2015.

13 WORK PROGRAMME

- 13.1 The Board noted that the Shaping a Healthier Future programme, a report on Children's Mental Health Services and how it links with the Future In Mind Programme and linking together Childhood Obesity and the Parental Employment Project paper would be considered at the next meeting.

14 ANY OTHER BUSINESS

- 14.1 There was no additional business for the Board to consider.

The Meeting ended at 6.10 pm.

CHAIRMAN: _____

DATE _____