



CITY OF WESTMINSTER

MINUTES

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health & Wellbeing Board** held on **Thursday 14th September, 2017**, Rooms 3.6 and 3.7, 3rd Floor, 5 Strand, London WC2 5HR.

Members Present:

Chairman: Councillor Heather Acton, Cabinet Member for Adult Social Services and Public Health

Clinical Representative from the Central London Clinical Commissioning Group:

Dr Paul O'Reilly (acting as Deputy)

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

Minority Group Representative: Councillor Barrie Taylor

Tri-Borough Adult Services: Dylan Champion (acting as Deputy)

Tri-Borough Children's Services: Annabel Saunders (acting as Deputy)

Clinical Representative from West London Clinical Commissioning Group:

Dr Naomi Katz (acting as Deputy)

Healthwatch Westminster: Janice Horsman

Chair of Westminster Community Network: Jackie Rosenberg

Central London Community Healthcare NHS Trust: Basirat Sadiq (acting as Deputy)

Also in attendance: Councillor Paul Church (Deputy Cabinet Member for Adult Social Services and Public Health), Maria O'Brien (North West London NHS Foundation Trust), Chris Neill (Interim Deputy Director, NHS Central London Clinical Commissioning Group) and Louise Proctor (Managing Director, NHS West London Clinical Commissioning Group).

1 MEMBERSHIP

1.1 Apologies for absence were received from Barbara Brownlee (Director of Housing), Andrea Luker (Head of Strategy and Quality, Housing) and Anne Mottram (Imperial College Healthcare NHS Trust).

1.2 Apologies for absence were also received from Dr Neville Pursell (NHS Central London Clinical Commissioning Group), Councillor Richard Holloway (Cabinet Member for Children, Families and Young People), Sue Redmond (Tri-borough Adult Social Care), Melissa Caslake (Tri-borough Children's Services), Dr Philip Mackney (NHS West London Clinical Commissioning Group) and Dr Joanne Medhurst (Central London Community Healthcare NHS Trust).

1.3 Dr Paul O'Reilly (NHS Central London Clinical Commissioning Group), Councillor Karen Scarborough (Deputy Cabinet Member for Children, Families and Young People), Dylan Champion (Head of Health Partnerships, Adult Social Care), Annabel Saunders (Interim Tri-borough Director of Commissioning, Children's Services), Dr Naomi Katz (NHS West London Clinical Commissioning Group) and Basirat Sadiq (Central London Community Healthcare NHS Trust) attended as Deputies respectively for Dr Neville Pursell, Councillor Richard Holloway, Sue Redmond, Melissa Caslake, Dr Philip Mackney and Dr Joanne Medhurst.

1.4 The Chairman proposed that Anne Mottram (Imperial College Healthcare NHS Trust) and Maria O'Brien (North West London NHS Foundation Trust) be appointed to the Board as non-voting Members.

1.5 **RESOLVED:**

1. That Anne Mottram be appointed onto the Westminster Health and Wellbeing Board as a non-voting Member in her capacity as the representative of Imperial College Healthcare NHS Trust.
2. That Maria O'Brien be appointed onto the Westminster Health and Wellbeing Board as a non-voting Member in her capacity as the representative of North West London NHS Foundation Trust.

2 DECLARATIONS OF INTEREST

2.1 There were no declarations of interest.

3 MINUTES AND ACTIONS ARISING

3.1 **RESOLVED:**

That the Minutes of the meeting held on 13 July be signed by the Chairman as a correct record of proceedings.

3.2 **RESOLVED:**

That progress in implementing actions and recommendations agreed by the Westminster Health and Wellbeing Board be noted.

4 SUSTAINABILITY AND TRANSFORMATION PLAN: A) SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE; B) MENTAL HEALTH TRANSFORMATION

4.1 Jane Wheeler (Programme Director, Mental Health and Wellbeing, North West London Collaboration of Clinical Commissioning Groups) gave a presentation providing an update on the North West London Sustainability and Transformation Plan (STP) that had been submitted in October 2016. She explained that there had been a number of changes in respect of health and social care since the STP had been submitted. Jane Wheeler referred to the various ways in which the Council had a voice on how the STP operated,

including through the Joint North West London Health and Care Transformation Group, of which the Chairman of the Board and the Council's Chief Executive were members. The Council also had officer representation on the North West London Strategic Finance and Estates Group, and the Programmes Boards for delivery areas 1 and 2 of the STP respectively (radically upgrading prevention and wellbeing and improving outcomes for children and adults with mental health. Local providers such as the Central London Community Healthcare (CLCH) NHS Trust, the Central and North West London (CNWL) NHS Foundation Trust and St Mary's Hospital of the Imperial College Healthcare NHS Trust were also represented throughout the governance structure, whilst the citizen voice was represented through the various partner forums.

4.2 Jane Wheeler stated that the STP vision was to help people both be well and live well and to help achieve this integrated out of hospital care services would be delivered across a range of local services based on 4 key components, these being personalised, localised, integrated and specialised. Jane Wheeler referred to the STP's triple aim, this being:

- Improving health and wellbeing
- Improving care and quality
- Improving productivity and closing the financial gap.

4.3 Jane Wheeler advised that there were 9 priorities, underpinned by a number of projects, to help achieve the triple aim. Every effort was being made to produce more user friendly documents to explain the aims of the STP and what this would mean in terms of changes to services and Jane Wheeler circulated an example of this to Members. Since the STP had been submitted, there had been a number of significant changes, amongst these was the 8 boroughs of the STP coming together to oversee the work and jointly agree priorities and how to resolve challenges. Workstreams for health and social care were also being processed as joint priorities, with teams across agencies working together. There had also been some success in securing national funding where it was available, for example in mental health, diabetes and cancer. Jane Wheeler added that there was much improved access to mental services in general.

4.4 Turning to some of the highlights since the introduction of the STP, Jane Wheeler informed Members that over £500k had been invested in staff for mental health services and £2m had been awarded to boost talking therapies support for patients with diabetes and chronic obstructive pulmonary disease who may also have mental health needs. Phase 2 of Change Academy had led to 8 applicants being trained as part of the 'High Performing Care and Leading Transformation' Programme. The Making Every Contact Count programme was due to be rolled out to help frontline staff encourage changes to clients' behaviour and lifestyle to improve health and wellbeing being. In respect of diabetes, a £2.3m award had been achieved to transform patient's treatment and care and increased awareness to prevent people developing this condition. All 8 boroughs were also now testing their 'Home First' pathways to get people home from hospital as soon as they no longer required medical care. Additional funding had had also been provided to

support the first step in creating a single point of access 24/7, 365 days a year for people in mental health crisis as part of an Urgent Care pathway.

- 4.5 To build on progress to date, Jane Wheeler advised that there would be a reassessment of priorities, finding better ways to communicate the STP's projects and to keep engaging the population and key partners. There would also be regular reviews of governance structures, a building of relationships with other London STPs and key stakeholders, introducing a consistent way of reporting across the STP's projects and programmes and further dialogue with partners to identify what is needed or desired and what areas were particularly challenging.
- 4.6 Chris Neill (Interim Deputy Director, NHS Central London Clinical Commissioning Group) added that the STP was at an important review stage a year into its submission. Internal reviews and discussions with partners were taking place and Chris Neill advised that Healthwatch members were playing a role in helping to make language more accessible for patients. There would also be monthly updates on the progress of implementing the STP.
- 4.7 During Members' discussions, the Chairman thanked Healthwatch for the role they were playing in helping to make the language on STP documents more user friendly. She felt that the STP had provided the opportunity for partners to work together more closely and valuable lessons were also being learnt by looking at other STPs. The Chairman asked if there were any papers available detailing comparisons with other STPs.
- 4.8 Members commented that they would like to see more details about working arrangements for emergency admissions and discharges in respect of mental health cases. There was also the need for a proper community infrastructure to be in place to meet the STP's aims, including in respect of mental health, to ensure that people were well. Isolation for some residents was also an issue and it was important to have proper networks around such people. Members stressed that children's mental health was also an important area for the STP to address.
- 4.9 Dr Naomi Katz (NHS West London Clinical Commissioning Group) stated that her practice had a number of homeless patients, many of whom were alcohol and drug users. The Point of Access Team had a backlog of such patients needing to be seen as there were certain pathways that these patients could not be directed to and this issue needed to be looked into further. Members commented that there were situations where residents may have problems accessing certain primary care services, particularly in situations where they did not qualify for personal budgets and discussions on the appropriate navigating were taking place on ensuring residents had access to services and were aware of the existence of facilities such as 'safe spaces' in community centres.
- 4.10 In noting that the STP referred to commissioning on a larger scale, it was queried what steps would be taken to ensure that the co-designing potential of services with other partner organisations, such as voluntary organisations,

was not lost. It was suggested that lessons learnt from longer running programmes were used to ensure that the right questions were asked during the development of new programmes. Members expressed that they had been impressed by the way health services had responded to the Grenfell Tower fire. It was also requested that the Board be provided with information on how the STP's investment in Westminster would change things from the residents' perspective.

- 4.11 In reply to issues raised by Members, Jane Wheeler advised that a paper was being produced that provided cross comparisons between STPs and that North West London STP colleagues did regularly meet with their counterparts of other STPs. She emphasised that arrangements in the community were critical in helping the STP deliver outcomes and additional resources were also being put into Urgent Care. Primary mental health care services would also be supporting GPs to address capacity issues. Consideration was being given in ensuring that mental health services were pitched at the right level and many things could be improved by being done in a more joined-up manner.
- 4.12 Robert Holman (Head of Commissioning for Mental Health, NHS Central London Clinical Commissioning Group) advised that most people now had access to a 24 hour response in respect of mental health, however the number of people still visiting Accident and Emergency was not reducing and work was taking place with partner organisations to address this. In respect of closure of day services, he advised that NHS Central London CCG had worked with the Abbey Community Centre and the Beethoven Centre to create 'safe spaces' in their centres.
- 4.13 Chris Neill advised that the London Wide London Healthy Partnerships would also be taking a focus on comparing STPs. He acknowledged that more action needed to be taken on identifying appropriate pathways for homeless people and residents who needed primary care, but did not have access to personal budgets, including those with mental health issues and discussions with Adult Social Care were taking place on this. The STP's Governing Body was having discussions in respect of level of scale in delivering services and there would be a local focus in terms of the primary care homes.
- 4.14 Dr Naomi Katz stated that NHS West London CCG was learning from its experiences across a number of work areas and it was acknowledged that one size does not fit all in respect of mental health. Activities had also taken place in mental health in the aftermath of the Grenfell Tower fire.
- 4.15 Chris Neill suggested that the Board could link its work on mental health with the Community Safety Partnership which also focused on this area. The Chairman agreed that this would be desirable and that the presentation should be made available to the Community Safety Partnership. She also informed the Board that councillors were attending training on suicide prevention on 14 September that had been organised by Councillor Paul Church, Deputy Cabinet Member for Adult Social Services and Public Health.

5 BETTER CARE FUND PLAN FOR 2017/19

- 5.1 Dylan Champion (Head of Health Partnerships, Adult Social Care and Health) presented the report which set out how the Better Care Fund (BCF) Plan would be achieved through collaboration with partner organisations. The BCF Plan complemented the Health and Wellbeing Strategy and funding would be allocated to the CCGs and the Council. A two year financial agreement had been made with the CCGs and also funding from the Government to Adult Social Care. The Improved BCF had also secured an additional £8.7m for social care.
- 5.2 Members welcomed the BCF Plan and commented that such a plan could also be drawn up in respect of Children Services, and furthermore it was suggested that ways of integrating BCF commissioning with Children's Services commissioning could be looked at. The Chairman concurred that this suggestion could be considered further. A Member advised that the Adults, Health and Public Protection Overview and Scrutiny Committee had raised the issue of patients' rights with Imperial College Healthcare NHS Trust and he suggested that something similar to the rights set out for those with Special Educational Needs could be undertaken. It was commented that Healthwatch could assist in respect of drawing up patients' rights.
- 5.3 In reply to issues raised by the Board, Chris Neill also welcomed the possibility of undertaking joint commissioning with Children's Services. In respect of the BCF financial agreement, he advised that there needed to be a review of what could be jointly procured.
- 5.4 Dylan Champion advised that the high impact discharge model involved addressing patients' rights and there were also discussions taking place concerning the creation of a patients' charter.

5.5 RESOLVED:

1. That the Integration and Better Care Fund Plan for 2017-19 be endorsed.
2. That the ongoing development and delivery of the Better Care Fund Plan continue to be overseen.

6 DRAFT ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2016-17

- 6.1 Mike Robinson (Director of Public Health) presented this item and advised that the draft report was near completion. The theme of the report was mental wellbeing and consideration was being given as to whether there were any gaps in services and also to the future direction of accountable partnerships in the longer term. Mike Robinson advised that the title of the report was to be "The Roads to Wellbeing." He informed Members that the report would have links to a website of the same title which provided a directory of services available geographically that he hoped would benefit the community as a

whole. Mike Robinson then referred to the recommendations in the draft annual report and welcomed Members' comments and suggestions.

- 6.2 During Members' discussions, Members welcomed the draft annual report and its focus on mental health and wellbeing and it was acknowledged that this was a very important issue to address. However, it was suggested that the people most likely to benefit from the initiatives were least likely to be involved and so the role of professionals in using resources was vital. Members also indicated their support for the 5 Ways to Wellbeing framework. In respect of the Roads to Wellbeing website, Members also welcomed this, however it was acknowledged that the challenge was to incorporate additional resources to ensure its effectiveness. It was commented that it was important to ensure that the website was up to date and this would require dedicated support. Patients also needed to be encouraged more to use online resources as often they were reluctant to do so. It was suggested that friends and family of patients could also use the website if the patients themselves did not. The importance of changing people's behaviour was emphasised, and an example of reluctance to use online services included Westminster Community Network receiving over 200 referrals asking for help to use the Disclosure and Barring Service, even though this was a straightforward service to use. Members suggested that ways of ensuring the website was effective also included ensuring that all the information was in one place and a targeted approach should be taken.
- 6.3 Members felt that the draft annual report highlighted the main challenges and it was acknowledged that the website was not the sole solution to everything. Consideration also needed to be given on the challenges to parents posed by the focus on young people and children, as well as the role that schools can play in improving resilience and the importance of early intervention was acknowledged. Members commented that the annual report had a role in provoking debate and it was important that it was placed in the public domain.
- 6.4 The Chairman advised that the next Stakeholders' Group Meeting to consider the Mental Wellbeing Campaign was taking place on 21 September and Members were welcome to attend. Louise Proctor (Managing Director, NHS West London Clinical Commissioning Group) stated that there was an opportunity to connect the draft annual report and the Mental Health Strategy and the Like Minded Strategy and she suggested that Jane Wheeler could attend the Stakeholders Group meeting on 21 September. Members also suggested that links could be made to the Council's objectives concerning community resilience and the importance of having engagement at neighbourhood level to build on this resilience was highlighted. It was also suggested that there could be a half day session with colleagues from partner organisations from health and the community and community sectors and the Council to consider how mental wellbeing could be enhanced. The Board agreed that a recommendation on this be added to the draft annual report. Michael Robinson added that Members could make any further suggestions concerning the annual report, including its recommendations, prior to the next Board meeting.

7 HEALTH AND WELLBEING STRATEGY - A) ENGAGEMENT PLAN; B) WHOLE SYSTEMS DASHBOARD

7.1 Harley Collins (Health and Wellbeing Manager) presented the Engagement Plan and began by advising that it was a joint paper devised by the Council and the Central and West London CCGs. Under the Social Care Act 2012, CCGs and local authorities had a duty, and it was considered best practice to, involve local people in the area for the preparation of both Health and Wellbeing Strategies and Joint Strategic Needs Assessments. This included engaging people in respect of commissioning, including any changes to commissioning that are likely to have a significant impact on health or the services available. In addition, the Best Value Duty requires local authorities a 'Duty to Consult' representatives of a wide range of people. Healthwatch also had particular duties in relation to public and patient engagement and advocacy.

7.2 Harley Collins then drew Members' attention to the benefits of good public engagement as set out in the report, including:

- Improved understanding of community expectations, needs, concerns and aspirations
- Improved understanding of the role and contribution of the community
- Ability to build community support and trust and improve stakeholder relationships
- Improved community understanding of the Board's responsibilities and plans
- Improved credibility of the Board within the community
- Improved quality of decision-making by the Board
- An enhanced and informed political process
- Greater prospects for compliance through increased ownership of a solution and greater community advocacy for a course of action
- Greater access to community skills and knowledge
- Improved community understanding of health and wellbeing issues and responsibility for health and wellbeing outcomes.

7.3 Harley Collins stated that public and patient engagement had been a key feature in developing the Health and Wellbeing Strategy, which had included over a hundred responses to the online and postal consultation survey and 12 community events and public meetings. Overall he felt that the level of engagement had been good and it had been undertaken in a fairly informal manner. The report outlined the framework and principles for all engagement and set out how the performance in delivering the strategy was measured. This includes an 'Engagement Protocol' that would enable the Board to be held to account. Harley Collins informed Members that there were 7 engagement principles, these being:

- Timely
- Inclusive
- Transparent
- Adaptive

- Co-operative
- Accountable
- Continuously improving

7.4 Harely Collins advised that the approach to engagement had been informed by the International Association of Public Participation and wherever possible, those affected by a decision have a right to be involved in the decision-making process. This would include providing people with the information they require to participate in a meaningful way and to let participants know how their input has affected the decision. To oversee engagement, an Engagement Steering Group would be set up which would include leads from the organisations that were Board Members. Harley Collins then welcomed Members' comments.

7.5 During Members' discussions, it was noted that Healthwatch had contributed to the report and the approach to engagement was welcomed. Members commented that there should be further consideration in respect of qualitative issues when measuring performance. The public should be informed about what services are being invested in and given the opportunity to hold the Board to account with regard to the spending. It was suggested that the public should be given the opportunity to provide a response on an annual basis. Members commented that there should be more specific details about engagement activities with younger people. Members welcomed proposals to create an Engagement Steering Group and the Chairman suggested that membership should include a lead from NHS West London CCG. The importance of engaging with those with disabilities was emphasised. Members remarked that the practical experiences of the public should be captured when seeking their responses and a collaborative approach needed to be taken to ensure statutory requirements were met. In welcoming the engagement model, Members expressed support for the intention to maximise transparency, however it was also important to manage expectations. It was also commented that engagement prior to the strategy being produced had been sound, however the challenge was to maintain good engagement in delivering the strategy and measuring its performance.

7.6 In reply to some of the issues raised by Members, Harley Collins concurred that the public should be given the opportunity to review progress in delivering the strategy on an annual basis. Louise Proctor welcome the Chairman's suggestion that a lead from NHS West London CCG be on the Engagement Steering Group and she stressed the importance of continuous conversation with the public.

7.7 Chris Neill (Interim Deputy Director, NHS Central London Clinical Commissioning Group) advised that the Whole Systems Dashboard had been deferred to the next meeting as an improved version was being developed. It was also noted that Whole Systems Commissioning Intentions was to be considered at the next meeting.

7.8 **RESOLVED:**

1. That it be agreed to commit to the principles and approach to all Board engagement activity moving forward.

2. That list of engagement networks and groups operating in Westminster be noted.

8 ANY OTHER BUSINESS

- 8.1 The Chairman advised that it was likely that the Board meeting scheduled for 22 March 2018 would be brought forward and an alternative date would be confirmed in due course.

The Meeting ended at 6.02 pm.

CHAIRMAN: _____

DATE _____