



CITY OF WESTMINSTER

MINUTES

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health & Wellbeing Board** held on **Thursday 18th January, 2018**, Rooms 3.6 and 3.7, 3rd Floor, 5 Strand, London WC2 5HR.

Members Present:

Chairman and Clinical Representative from the Central London Clinical Commissioning Group: Dr Neville Purssell

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

Minority Group Representative: Councillor Barrie Taylor

Tri-borough Public Health: John Forde

Bi-Borough Adult Social Care: Bernie Flaherty

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

Housing and Regeneration: Tom McGregor

Clinical Representative from West London Clinical Commissioning Group:

Dr Naomi Katz (acting as Deputy)

Healthwatch Westminster: Godwyns Onwuchekwa (acting as Deputy)

Chair of Westminster Community Network: Jackie Rosenberg

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

Imperial College NHS Trust: Clare Robinson (acting as Deputy)

Central and North West London NHS Foundation Trust: Maria O'Brien

Also Present: Chris Neill (Interim Deputy Director, NHS Central London Clinical Commissioning Group) and Jayne Liddle (Director of Integrated Care, NHS West London Clinical Commissioning Group).

1 MEMBERSHIP

- 1.1 Apologies for absence were received from Councillor Heather Acton (Cabinet Member for Adult Social Services and Public Health), Councillor Richard Holloway (Cabinet Member for Children, Families and Young People), Melissa Caslake (Bi-borough Children's Services), Janice Horsman (Healthwatch Westminster), Dr Joanne Medhurst (Central London Community Healthcare NHS Trust), Anne Mottram (Imperial College NHS Trust) and Dr David Finch (NHS England).
- 1.2 Dr Neville Purssell took the place as Chairman in the absence of Councillor Acton. Councillor Karen Scarborough (Deputy Cabinet Member for Children, Families and Young People), Annabel Saunders (Interim Tri-borough Director

of Commissioning), Godwyns Onwuchekwa (Westminster Healthwatch), Basirat Sadig (Central London Community Healthcare NHS Trust) and Clare Robinson (Imperial College NHS Trust) attended as Deputies for Councillor Richard Holloway, Melissa Caslake, Janice Horsman, Dr Joanne Medhurst and Anne Mottram respectively.

- 1.4 The Chairman proposed that Detective Inspector Iain Keating be appointed as the Metropolitan Police representative to the Board as a non-voting Member.

1.5 **RESOLVED:**

That Detective Inspector Iain Keating be appointed onto the Westminster Health and Wellbeing Board as a non-voting Member as the Metropolitan Police representative.

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 16 November 2016 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.

- 3.3 The Chairman passed on comments to the Board on behalf of Councillor Acton. He advised that Councillor Acton had expressed concern at the lack of local authority representation at the Joint Committee of the North West London Clinical Commissioning Groups (CCGs) and seven of the eight London boroughs had voiced their concern about this. The Chairman added that there was Public Health representation on the Joint Committee of the North West London CCGs and the Joint Committee was currently in shadow form as it gains experience and there could be membership changes in future when the Joint Committee is formally signed off in May 2018. The Chairman also stated that Councillor Acton wished to highlight the excellent work of the new dental health campaign that was officially launched on 16 January. The animated film included in the campaign, the tale of Triumph over Terrible Teeth, had also been successful with primary school age children and the Council was working with various providers to improve oral health statistics in Westminster. The Chairman added that GPs were also placing messages concerning dental health in their waiting rooms.

- 3.4 The Chairman then informed the Board of other matters Councillor Acton wished to raise, including that nominations for the 2018 Care Awards closes at midnight on 22 January. Councillor Acton had also had a further meeting

with NHS Property Services and it was important to forge a close relationship on this. Lastly, the Provider Board had made good progress on 17 January and both NHS Central London and NHS West London CCGs were in the process of aligning their work.

- 3.5 A Member commented that serious consideration needed to be given with regard to the future membership of the Joint Committee of the North West London CCGs and that this should include local authority representation. It was remarked that Westminster currently had the fourth worst dental health amongst children in the country and it was important to continue to address this issue. The issue was further complicated in that for many children and their parents in Westminster, English was not their first language and the role of education was important in improving dental health. The importance of registering with dentists was emphasised. It was also remarked that the popularity of sugary, fizzy drinks amongst children impacted adversely on their dental health. A Member suggested that dental health matters should be raised as part of pre-birth maternity support in order to get the message across at an early stage. It was acknowledged that organisations such as the Imperial College NHS Trust could play a role in this.
- 3.6 In respect of NHS Estates, Chris Neill (Deputy Managing Director, NHS Central London CCG) advised that in addition to working with NHS Property Services, discussions with the private sector and commercial landlords were taking place on a monthly basis. A Member remarked that the Council was aiming to build 2,000 new homes between 2020-2023 and was the NHS looking to tie in their aspirations with this. In reply, Chris Neill advised that efforts were being made to get to know the Council better and a joint session on property, including housing, would be beneficial.

5 UPDATE ON PROGRESS IN 2017-18 ON THE HEALTH AND WELLBEING STRATEGY, INCLUDING DISCUSSION ON THE LONDON HEALTH DEVOLUTION MEMORANDUM OF UNDERSTANDING

- 4.1 Harley Collins (Health and Wellbeing Manager) presented the report that summarised the findings and insights from national research into Health and Wellbeing Boards. Harley Collins informed Members that there had been considerable research done nationally on the effectiveness of Health and Wellbeing Boards. Initial research undertaken by the King's Fund in October 2013 had shown that most Boards had been successful in fulfilling core statutory duties. Further research undertaken by London Councils in March 2015 had identified that although some Boards had since made good progress, most were still very much a work in progress.
- 4.2 However, Harley Collins advised that this situation changed following the devolution of health in London, Manchester and Leeds and NHS England's publication of "Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21 signalling a major shift in policy for the NHS." Since then, Boards had become much more effective in taking a full systems leadership role. No particular model had been identified in ensuring the Board's effectiveness and there were a number of different models where Boards were working successfully. Boards demonstrated their effectiveness where

they added value. Other characteristics of effective Boards included strong chairs and vice chairs, providing strong collaboration between key partner organisations, ensuring effective systems leadership and shared purposes.

- 4.3 Harley Collins suggested that factors for the Board to consider in the future included the Government's expectation that health and social care be fully integrated by 2020, the ongoing implementation of the NHS North West London Sustainability and Transformation Plan (STP) and the London Health and Care Devolution Memorandum of Understanding. Harley Collins then sought the Board's approval to hold a workshop in March 2018 to develop its priorities, focus and work plan for 2018/19.
- 4.4 During discussions, a Member remarked that he chaired a Health and Wellbeing Task Group and the Board had undertaken a lot of good work and he welcomed the report. He emphasised that a broad, holistic approach should be taken on health and to join it up more with other activities that can have beneficial effects on health and wellbeing, such as the arts, sports and recreation. There also needed to be a shift in focus from looking at function to prevention and consideration as to the role social prescribing can play and also joining up health and wellbeing with housing. The Member referred to a primary school in Westminster that had gained a Government award for its work on mental health. He suggested that the Board could receive a report from the Health and Wellbeing Task Group at the next meeting.
- 4.5 A Member commented that regeneration had invested considerably in helping to improve health and wellbeing. Another Member suggested that there was scope for work in Children's Services to work more closely with the public health agenda and the link between health and social care. It was remarked that having common shared outcomes would allow a number of different organisations and services to feed into this to make these achievable.
- 4.6 The Chairman stated that the North West London STP delivery areas dovetailed the objectives of the Health and Wellbeing Strategy. On behalf of the Board, he supported the recommendation in the report to hold a workshop in March 2018 to develop the Board's priorities, focus and work plan for 2018/19.

5 INTEGRATED CARE AND OUTCOMES FRAMEWORK

- 5.1 Chris Neill (Deputy Director, NHS Central London Clinical Commissioning Group) introduced the report and advised that the Partnership Board had given its support to NHS Central London CCG's engagement plan on 17 January. He advised that developments in community care around primary care were now in place. Consideration was being given on what areas to focus on in health and social care and the model of care in respect of mental health for young people. Chris Neill emphasised that there needed to be progress on commissioning and he felt this would be delivered within the timeframe. The Outcomes Framework was in place and progress was being made on its implementation. Chris Neill advised that NHS Central London CCG would seek to consult with local residents and local residents' groups to

help identify a common point of reference to link all services up and also provide greater flexibility from staff.

- 5.2 Jayne Liddle (Director of Integrated Care, NHS West London CCG) advised that NHS West London CCG had developed an economic case for its model and an Integrated Community Team had been established to help provide continuity of care. NHS West London CCG was working hard with providers to help achieve this.
- 5.3 During discussions, it was asked whether there could also be a focus on outcomes for patients. The Chairman acknowledged that the Integrated Care and Outcomes Framework was a work in progress and it was important for all partners to work together closely and support each other.
- 5.4 Dylan Champion (Head of Health Partnerships and Development) felt that there had been a good start to this area, however some work needed to be undertaken in ensuring that it aligned with the Health and Wellbeing Strategy.
- 5.5 Chris Neill acknowledged that there could be greater focus on patient outcomes too.

6 WHOLE SYSTEMS INTEGRATED CARE DASHBOARD PRESENTATION

- 6.1 Ian Riley (Director of Business Intelligence, North West London Collaboration of CCGs) gave a presentation on the Whole Systems Integrated Care (WSIC) Dashboard. He advised that information sharing and compiling had been in progress for some years now and all eight North West London CCGs were involved. This included an information sharing agreement allowing data to be shared between organisations looking after the same patients. There was still progress to be made, however around 2 million patients were now on the WSIC data warehouse. Ian Riley advised that patients could ask to opt out of the information sharing if they so wished. A key focus of the WSIC dashboard was for the eight North West London CCGs to work more collaboratively and Ian Riley referred to a case example in the presentation demonstrating how the WSIC dashboard was being used to coordinate care for patients. Examples were also given as to how patients with long term conditions were supported.
- 6.2 During discussions, it was asked why patients would want to opt out of information sharing and how would they know that they could do this. Members remarked that the WSIC dashboard was a powerful tool to support integrated care and some very important data was being collected and shared. In addition, a joined up approach was being taken and the dashboard was comprehensive and easy to use. The data would also help in respect of joint commissioning and integration and it was commented that the WSIC dashboard should be utilised more. Members enquired whether the WSIC dashboard would assist in preventing patients having to respond to repeated requests for information and were there any gaps of information in the dashboard. It was also asked whether more GPs were sharing information now. Members commented that GPs should make more use of the WSIC dashboard and this would influence how they operate. Members enquired

whether CCGs and GPs sharing information would know of any mental health issues patients may have. It was also asked whether the WSIC dashboard was refreshed weekly and was information being obtained from dentists and opticians. Members sought information as to who had access to the WSIC dashboard data and it was remarked that there should be an awareness campaign to inform patients about the information sharing.

- 6.3 Dylan Champion commented that the WSIC dashboard should be used to help drive the Outcomes Framework and he asked whether Healthwatch was aware of the dashboard and were they informing patients of this. In addition, he sought further details of WSIC dashboard's level of security.
- 6.4 In reply to issues raised by the Board, Ian Riley stated that there could be numerous reasons why patients may wish to opt out of information sharing and there needed to be further conversations with them on this matter. He informed Members that the data could be made anonymous. There was a gap in information in terms of that held by the voluntary sector and work was already being undertaken by NHS Hillingdon CCG with voluntary organisations in the borough to address this. Members noted that more GPs were sharing information and they were required to inform patients that they were doing this. Healthwatch was also informing patients about the data sharing. Ian Riley advised that the WSIC dashboard was not yet acquiring data from dentists and opticians, although this could happen in future, however the data being collected and shared was driven by clinicians' priorities. Ian Riley advised that weekly extracts of data were taken from GPs and monthly extracts from local authorities. There was a process involved in who can access the WSIC dashboard data and Ian Riley stated that he could provide further information on who had access. There was also a body that considered requests for anonymous data and the whole process was strictly controlled and audited.
- 6.5 The Chairman stated that patients may have concerns about who could see their data, especially in comparison to the care.data experience where there had been potential information being sold on or used for research outside of healthcare. He advised that some diagnoses and information were excluded where it was sensitive. He welcomed the WSIC dashboard and emphasised that it underpinned the improved care and integration that the CCGs were trying to achieve.

7 VERBAL UPDATE ON THE WORK OF THE SAFER WESTMINSTER PARTNERSHIP

- 7.1 Mick Smith (Head of Service, Community Safety) provided a verbal update on the Safer Westminster Partnership (SWP) and advised that all local authorities had Safer Partnership strategies. The SWP underwent an annual strategic review that looked at what areas should be focused on going forward. Mick Smith advised that the SWP was chaired by the Police Borough Commander and the Executive Board chaired by the Fire Brigade Borough Commander. Under the Executive Board sat four delivery groups that all had clear action plans.

- 7.2 Chris Neill suggested that there be discussions on emergency care in respect of ambulance callouts with NHS Central London CCG. Members remarked that the City Council was encouraging licenced premises to take more responsibility in ensuring that customers did not drink excessively which may lead to ambulance callouts. Members also suggested that the voluntary sector play a role in the work of the SWP.
- 7.3 Mick Smith agreed to discuss emergency care and ambulance callouts with NHS Central London CCG.
- 7.4 The Chairman noted the good work that had been done to date by the SWP.

8 SUICIDE PREVENTION STRATEGY REFRESH

- 8.1 John Forde (Deputy Director of Public Health) introduced the report and stated that the Suicide Prevention Strategy Refresh was a work in progress. It was proposed that the Board take ownership of the strategy and be involved in its implementation.
- 8.2 Elizabeth Dunsford (Senior Strategic Relationships and Outcomes Officer) then addressed the Board and advised that a new Suicide Prevention Action Plan was proposed following guidance published by Public Health England. A working group had been reconvened in July 2017 to take the new action plan forward and a draft had been produced with multi agency groups involved. A large consultation on the draft action plan had been undertaken in November and it had subsequently been tweaked and refreshed from the responses received. Elizabeth Dunsford then referred to the priority areas of the three London boroughs for 2018-21 in the report, including reducing risk in high risk groups, which included men who were more likely to commit suicide. Approaches were also being tailored to improve mental health in specific groups, provide better information and support to those affected by suicide and steps taken to promote a multi agency approach. Elizabeth Dunsford added that the North West London sub-regional priority area was to improve data collection and monitoring and the London regional level priority was to support the media in delivering sensitive approaches to suicide and suicidal behaviour. Elizabeth Dunsford then sought the Board's views on the strategy's priorities and actions and whether there were sufficient resources to deliver these.
- 8.3 During Members' discussions, it was commented that there needed to be further support in terms of outreach. Members emphasised the need to look at suicide prevention matters from a young age, such as those in primary schools, and also in respect of colleges and universities. Suicide prevention training could also be undertaken with London Underground staff, the Police and housing officers. In noting that suicide was far more likely amongst men, Members suggested that this issue be discussed in an environment that men would be more comfortable with.
- 8.4 In reply to the issues raised, Elizabeth Dunsford advised that there had already been some suicide prevention training undertaken for relevant staff, including with the British Transport Police.

- 8.5 John Forde advised that a whole systems approach to suicide prevention was being taken in schools, with staff being appropriately trained in this area. A collective effort from all service areas and partner organisations was needed to ensure effective delivery of the Suicide Prevention Strategy. He welcomed any further comments from the Board up until the end of January and a report would be presented at a future Board meeting for sign-off.
- 8.6 Chris Neill agreed to approach Like Minded in respect of linking up the Suicide Prevention Strategy's work with theirs.

9 ANY OTHER BUSINESS

- 9.1 Members agreed to Councillor Barrie Taylor's suggestion that the Board receive an annual report from the Care Quality Commission on its overall work. The Chairman requested that Chris Neill, Bernie Flaherty (Bi-borough Executive Director of Adult Social Care) and Dylan Champion look into this further.

The Meeting ended at 5.56 pm.

CHAIRMAN: _____

DATE _____