

# MINUTES



CITY OF WESTMINSTER



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

## Health & Wellbeing Board

### MINUTES OF PROCEEDINGS

Minutes of a virtual joint meeting of Westminster City Council's and the Royal Borough of Kensington & Chelsea's **Health & Wellbeing Boards** held on 9 July 2020 at 4pm.

#### Present:

Councillor Tim Mitchell (WCC - Cabinet Member for Adult Social Care and Public Health)  
Councillor Sarah Addenbrooke (RBKC – Lead Member for Adult Social Care and Public Health)  
Councillor Josh Rendall (RBKC - Lead Member for Family and Children's Services)  
Councillor Tim Barnes (WCC – Cabinet Member for Children's Services)  
Councillor Nafsika Butler-Thalassis (WCC - Minority Group Representative)  
Councillor Christabel Flight (Deputy Cabinet Member for Adult Social Care and Public Health)  
Bernie Flaherty (Executive Director for Adult Social Care and Health)  
Sarah Newman (Executive Director of Family Services)  
Houda Al-Sharifi (Interim Director of Bi-Borough Public Health)  
Senel Arkut (Bi-borough Director Health Partnerships)  
Gareth Wall (Director of Integrated Commissioning)  
Natalia Clifford (Deputy Director of Public Health)  
Jennifer Travassos (WCC – Head of Rough Sleeping)  
Russell Styles (Deputy Director of Public Health)  
Visva Sathasivam (Bi-Borough Director of Adult Social Care)  
Grant Aiken (Bi-Borough Head of Health Partnerships)  
Neville Pursell (Chair, Central London CCG)  
Jo Emmanuel (Medical Director, CNWL)  
Philippa Johnson (Central London Community Healthcare NHS Trust)  
Robyn Doran (Central and North West London NHS Foundation Trust)  
Hilary Nightingale (Westminster Community Network)  
Simon Hope (Deputy Managing Director – West London CCG)  
Olivia Clymer (CEO, Healthwatch Central West London)  
Angela Spence (Kensington & Chelsea Social Council)  
Holly Eden (Central London CCG)

Anna Bokobza (Imperial College Healthcare NHS Trust)  
Lesley Watts (Chelsea and Westminster Hospital)  
Dominic Conlin (Chelsea and Westminster Hospital)  
Jane Wheeler (Acting Deputy Director for Mental Health, NWL CCGs)  
Rodney Vitalis (London Fire Brigade)  
Shabana Kauser (Violence against Women & Girls Tri-Borough Strategic Lead)  
Iain Cassidy (Open Age)  
Angeleca Silversides (Healthwatch RBKC)

## **1. WELCOME TO THE MEETING**

- 1.1 Councillor Tim Mitchell welcomed everyone to the meeting. The joint Board confirmed that as the meeting was due to be held by Westminster, Councillor Mitchell would Chair the meeting in line with the agreed memorandum of understanding.
- 1.2 The Chair explained that the Westminster and K&C Boards had each chosen three Health & Wellbeing priorities. However, given the exceptional circumstances over the past few months, the theme of this Board meeting would be the Coronavirus pandemic and its impact on the bi-borough.
- 1.3 The Board then held a one-minute's silence in tribute to the Kensington & Chelsea and Westminster residents who had died of Covid-19 since March 2020.

## **2. MEMBERSHIP**

- 2.1 Apologies for absence were received from Detective Inspector Liam Adams (Metropolitan Police), Louise Proctor (West London CCG) and Darren Tulley (London Fire Brigade).

## **3. DECLARATIONS OF INTEREST**

- 3.1 There were no declarations of interest.

## **4. MINUTES**

### **RESOLVED:**

- 4.1 That the minutes of the Royal Borough of Kensington & Chelsea and Westminster City Council joint Health & Wellbeing Board meeting held on 5 February 2020 be agreed as a correct record of proceedings.

## **5. BI-BOROUGH SYSTEM RESPONSE TO COVID-19**

### **Bi-Borough System Response to Covid-19**

- 5.1 Senel Arkut (Bi-borough Director Health Partnerships) and Gareth Wall (Director of Integrated Commissioning) provided the Board with an overview of the activities undertaken across RBKC and WCC by system partners in response to the Covid-19 pandemic.
- 5.2 The work undertaken with system partners and communities had played a significant role in supporting the UK Government's Covid-19 pandemic response. This had included adjusting services to support people; providing incident management oversight, support for shielding and other vulnerable residents, and using data to enhance the local understanding of, and mitigate against, the impact of the virus on residents, visitors and local health and care services.
- 5.3 It was recognised that the coming months and years would provide challenges, but it was explained that there were opportunities to build on lessons learned and put in place policies that could make positive differences to people's lives. In particular it was important to tackle inequality and ensure resources were allocated in a way that could be channelled to areas and communities of greatest need.

### **Central London CCG Recovery Plan Summary**

- 5.4 Neville Pursell, Philippa Johnson and Holly Eden (Central London CCG) provided a summary of the Central London CCG's response to Covid-19 including what would be required in the event of a second wave and identifying future challenges and opportunities.
- 5.5 The Board was interested to learn about the specialist homelessness hubs which had been established within Westminster led by specialist primary and community teams. In addition, a virtual first model which had been implemented in all GP practices had resulted in a significant reduction in the need for face to face consultations with an increased focus on proactive care management of those identified as being most vulnerable.
- 5.6 The importance of collaborative, integrated working between all partners was stressed in order to build on existing work undertaken and to try and identify and meet the future challenges which remained. It was already recognised that more work was required to demonstrate that it was safe to attend health sites as there was increased concerns over the impact this was having on those residents in need not attending and the associated effect this could have on their mental health.

### **North West London CCG Recovery Plan Summary**

- 5.7 Robyn Doran and Jane Wheeler (North West London CCG) provided a summary of NWL CCG's response to Covid-19 including what would be

required in the event of a second wave and identifying future challenges and opportunities.

- 5.8 It was explained that there had been early development of additional bed capacity to support the discharge/system flow with a discharge hub at its core. Most services had been provided virtually, including mental health and community services which had resulted in a corresponding reduction for same day urgent access to services. The Board was advised however that, whilst a 'digital first' approach would be embedded, engagement with communities would be undertaken to understand the impact this delivery of services would have on those classed as 'digitally excluded'. The Board was also pleased to note that services had been commissioned to support those impacted by the Grenfell Tower fire.
- 5.9 Looking forward, the importance of building on the mental resilience and good emotional wellbeing offer for those who didn't need to access more specialised services through a community and voluntary sector response was highlighted. In addition, it was welcomed that local GP practices had staffed and opted into a collaborative approach to the 'hot hub' for Covid-19 patients including a universal visiting service with a supporting single point of access. Support continued to be provided to all staff with testing/antibody testing, risk assessment and appropriate infection prevention and control measures. Additionally, as services stepped back up the opportunity would be taken to confirm these different, collaborative ways of working.

#### **Disparities in the Risk and Outcomes of Covid-19**

- 5.10 Russell Styles (Deputy Director of Public Health) updated the Board on the disparities identified on those impacted by Covid-19. The statistics provided were noted which including that almost 60% of Covid-19 deaths were men and people aged over 80 seventy times more likely to die than those under 40. Significantly, the research had also highlighted the disproportionate impact Covid-19 was having on BAME communities. The importance on building on the current understanding of the impact of Covid-19 on particular groups and communities was highlighted. The initial findings locally were detailed and it was explained that work was ongoing in terms of community engagement, investigating the demographics of those who had died or became infected from Covid-19 and monitoring the wider health impact of Covid-19 on the health of the local population.
- 5.11 The Board discussed in further detail the role of the voluntary sector in providing support to those impacted by Covid-19 and the importance of ensuring residents had multiple ways of accessing the health services they required. The Board expressed its thanks to those organisations and individuals involved in responding to the Covid-19 pandemic for all their hard work and efforts in extremely challenging circumstances.

## **6 PATIENT EXPERIENCES OF CARE DURING COVID-19**

- 6.1 Olivia Clymer (CEO, Healthwatch Central West London) informed the Board of Healthwatch Central West London's work undertaken since the beginning of the Covid-19 outbreak. It was explained that this had focused on providing clear and accurate information and advice to local people and gathering feedback from local people about their needs and experiences in relation to Covid-19 and other services.
- 6.2 An overview of the key findings from the data collected from the engagement was provided and discussed by the Board. Other areas highlighted in the report included concern over bereavement and how support was provided to families and peer groups going forward. Concern was also raised over those residents who were not minded to use digital platforms in order to stay in touch with others or to access services. The Chair expressed the Board's thanks to Healthwatch for all their hard work and effort in producing a very useful report which would assist in shaping current and future action in regards to Covid-19, in addition to ensuring there was consideration of inequalities and the wider determinants of health in the bi-borough area.

## **7 FURTHER INCIDENCES OF COVID-19 OUTBREAK CONTROL PLAN**

- 7.1 Russell Styles (Deputy Director of Public Health) introduced a report setting out the ring-fenced test and trace service support grant provided to local authorities. It was explained that the grant went towards expenditure incurred or to be incurred in the mitigation and management of local Covid-19 outbreaks.
- 7.2 The Board noted the Outbreak Control Plans and the work undertaken by Public Health in conjunction with colleagues across Emergency Planning, Environmental Health, Communications and others in the development of the Outbreak Control Plans for RBKC and WCC. This included drafting the governance structures and the Standard Operating Procedures for outbreaks in care homes, schools and nurseries, housing (including hostels and rough sleepers), and workplaces. RBKC and WCC had developed sovereign Outbreak Control Plans although consideration had been made to align them as far as possible.
- 7.3 A Bi-Borough Covid-19 Health Protection Board had been convened which provided strategic leadership and oversight to the development and delivery of the plans. The Board was interested to note that a Local Bi-Borough Data Hub had been established to manage and analyse the data flowing into the local authorities and to inform the local response.
- 7.4 The Board welcomed all the work undertaken on the Control Plans and hoped it provided reassurance that measures were in place in the event of further outbreaks.

## **8 DOMESTIC ABUSE DURING COVID-19**

- 8.1 Shabana Kauser (Violence against Women & Girls Tri-Borough Strategic Lead), provided a verbal update on how Covid-19 had impacted on the issue of domestic abuse. No significant increase in rates of domestic abuse had been evidenced during the lockdown period, however the referrals being received were often of a more complex nature. As lockdown continued to be eased it was anticipated that a significant increase in referrals would emerge.
- 8.2 The responses provided to tackle domestic abuse during the Covid-19 pandemic were detailed. This included setting up a weekly meeting with key stakeholders to monitor risks and trends, introducing a bi-weekly meeting with providers and the development of a briefing for professionals on how the domestic abuse service was operating. In addition, a poster campaign had been launched and online training had been developed for those workers shielding.
- 8.3 The Board welcomed the steps undertaken to tackle domestic abuse during this challenging period and was advised of the next steps for the service. The main priority was to sustain the response to domestic abuse, ensure services were fit for purpose, embed locally the measures outlined in the Domestic Abuse Bill currently going through Parliament and strengthening the coordinated, community response to the issues of domestic abuse.

## **9 ANNUAL DIRECTOR OF PUBLIC HEALTH REPORT ON SERIOUS YOUTH VIOLENCE**

- 9.1 Sarah Newman (Director of Family Services) and Natalia Clifford (Deputy Director of Public Health) introduced the report which built on a report previously taken to the Board in July 2019 and on that previous mapping exercise to provide examples of best practice, recommendations and actions to implement best practice going forward. Thanks, were provided to the many stakeholders who had contributed to the report, particularly to the Youth Crime Prevention Partnerships in both boroughs for their input and guidance in the development of the report.
- 9.2 The benefits of taking a Public Health approach to tackling youth offending, reoffending and violence were highlighted. The Board was interested to note that this looked at the root causes of crime and utilised a life-course whole-system approach informed by data and intelligence. The importance of collaboration and leadership across the system was seen as key to achieve this. Some of the key findings highlighted how young people from black and minority ethnic (BME) backgrounds were disproportionately represented in the youth offending cohorts and crime hotspots in the borough correlated with areas of multiple deprivation.
- 9.3 The Board was advised that the report would be published following its approval. Work would commence on developing action plans with identified leads for each of the recommendations and actions proposed in the report. These would be taken forward by working groups reporting to the Youth Crime

Prevention Partnership Boards. Also, business intelligence was developing dashboards to underpin the understanding on youth crime.

**RESOLVED:**

- 1) That the Youth Offending and Serious Youth Violence JSNA and APHR be approved.
- 2) That the implementation of a public health approach to youth offending and serious youth violence in Kensington and Chelsea, and Westminster be supported; and
- 3) That the actions from the report be supported.

**10. ANY OTHER BUSINESS**

- 10.1 The Board noted that the Q4 Better Care Fund Programme 2019/20 had been circulated to all Members and agreed to sign off the headline details of the Better Care Fund (BCF) performance in delivering the 2019/20 plan. The Board also noted the 2020-2021 BCF Priorities and Programme which had been circulated. This included the BCF review outcomes and priority areas for the new BCF Plan and it was agreed for the Joint BCF Programme Board to develop schemes.
- 10.2 Cllr Addenbrooke raised a concern over the future of the Brompton Hospital regarding recent developments of the treatment of paediatric congenital heart disease (CHD) and the resumption of treatment for urgent and clinical care cases. It was suggested a memorandum of understanding had been entered into regarding a merger between the Royal Brompton Hospital and Guys and St Thomas' for CHD, with the consultation process only taking place after the merger had occurred. Councillor Addenbrooke was advised that efforts would be made to understand the current position in order to provide the Board with a clear update.

**11. OPTIONS FOR THE FUTURE OF THE GORDON HOSPITAL**

**RESOLVED:**

That under Section 100 (a) (3) and Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 (as amended), the public and press be excluded from the meeting for the following Item of Business because it involves the likely disclosure of exempt information relating to the financial or business affairs of any particular person (including the Authority holding that information) and it is considered that, in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information

- 11.1 The Board was provided with an update and held a detailed discussion on the future of the Gordon Hospital in Pimlico.

The Meeting ended at 5.57 pm.

**CHAIR:** \_\_\_\_\_

**DATE** \_\_\_\_\_