

MINUTES



CITY OF WESTMINSTER



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of the virtual meeting of Westminster City Council's and the Royal Borough of Kensington & Chelsea's **Health & Wellbeing Board** held on 27 January 2022 at 4pm.

Present:

Councillor Cem Kemahli (RBKC - Lead Member for Adult Social Care and Public Health)
Councillor Tim Mitchell (WCC - Cabinet Member for ASC and Public Health)
Councillor Nafsika Butler-Thalassis (WCC - Minority Group Representative)
Councillor Timothy Barnes (WCC - Cabinet Member for Children's Services)
Councillor Christabel Flight (WCC - Deputy Cabinet Member for Adult Social Care and Public Health)
Grant Aitken (Head of Health Partnerships)
Anna Bokobza (Integrated Care Programme Director, Imperial College Healthcare)
Iain Cassidy (OpenAge)
Lena Choudhary-Salter (Westminster Community Network)
Olivia Clymer (Healthwatch Westminster)
Jessica Dawson (Strategic Advisor)
Rachel Dickenson (User Engagement and Policy Manager)
Jenny Greenfield (Kensington and Chelsea Social Council)
Michael Hagan (Member of Local Account Group)
Aaron Hardy (Principal Policy Officer)
Simon Hope (Borough Director, NWL CCG)
Rob Hurd (ICS Chief Executive NWL CCG)
Tania Kerno (Healthwatch RBKC)
Joe Nguyen (Borough Director, Central London CCG)
Anna Raleigh (Bi-borough Director of Public Health)
Visva Sathasivam (Bi-borough Director of Social Care)
Annabel Saunders (Director of Operations and Programmes)
Rachel Soni (Director of Health Partnerships)
Dr Andrew Steeden (Borough Chair, NWL CCG)
Luxan Thurairatnasingam (Metropolitan Police)
Dr Mona Vaidya (Central London CCG)

1. WELCOME TO THE MEETING

- 1.1 Councillor Cem Kemahli welcomed everyone to the meeting. The Board confirmed that as the meeting had been due to be held within RBKC, Councillor Kemahli would chair the meeting in line with the agreed memorandum of understanding.

2. MEMBERSHIP

- 2.1. Apologies for absence were received from Councillors Rendall, Barnes, Bernie Flaherty (Bi-borough Executive Director of Adults) and Janet Cree (Chief Operating Officer, NWL CCG)

3. DECLARATIONS OF INTEREST

- 3.1. There were no declarations of interest.

4. MINUTES

RESOLVED:

- 4.1. That the minutes of the Kensington & Chelsea and Westminster Health & Wellbeing Board meeting held on 25th November 2021 be agreed as a correct record of proceedings.

5. AUTISM STRATEGY

- 5.1. Rachel Dickenson (User Engagement and Policy Manager) and Michael Hagan (Member of Local Account Group) presented this item to the Board.
- 5.2. The Strategy was the second part of the all-age strategy for autism and was designed with over 200 autistic residents across the two boroughs.
- 5.3. The Strategy set significant goals aimed to improve the lives of residents living within the borough.
- 5.4. There were 700,000 people diagnosed with autism in the UK, with 1.1% of the population on the autism spectrum in the United Kingdom, this translated to 4,500 across the bi-borough.
- 5.5. The strategy was codesigned and coproduced with autistic residents, partners in voluntary sector and public health to ensure work what representative of resident's opinions.
- 5.6. The Strategy placed an adults lens on the seven pillars used in the all-age strategy. It included ambitious targets and milestones, but with the support of the community, improved outcomes could be achieved.
- 5.7. Pillars relate to all aspects of living within the borough, it was important to open up channels of engagement to autistic residents.
- 5.8. Developments made would be reported regularly to the Board.
- 5.9. The Strategy was in the beginning stages and there was a lot of work needed between different agencies in delivering solutions and feedback.

- 5.10. There was ongoing work on the all-age strategy in producing deliverables through an action plan, along with close working with adults colleagues and the Autism Partnership Board. Colleagues would report back to the Board on the overall all-age strategy.

6. PRIMARY CARE UPDATE

- 6.1. Dr. Andrew Steeden (Borough Director, Central London CCG) and Dr. Mona Vaidya (Central London CCG) presented an update on Primary Care.
- 6.2. Primary Care was working under stress over the last 18 months, particularly over the winter period. The booster campaign was accelerated over the latter period of the last year in addition to the arrival of the Omicron variant.
- 6.3. By the beginning of December, North West London had delivered over 4 million vaccines, which was the highest of any sector in the UK.
- 6.4. There was a target of delivering 230,000 a week in December, it was not achieved, but there was an increase from 65,000 vaccines a week up to 180,000 vaccines across North West London.
- 6.5. In the five-week period in December, West and Central London delivered over 83,000 vaccines, and were two of best performing boroughs with regards to the booster campaign over the winter period.
- 6.6. North West London was still delivering 5,000 first vaccines a week, there were plans around delivering vaccines to groups with less uptake. Primary Care Networks (PCNs) were preparing to deliver vaccines to 5- to 11-year-olds who were clinically extremely vulnerable.
- 6.7. On the Winter Access Fund, £1 million was allocated to Westminster and around £900,000 was allocated to West London CCG. The objective of the Fund was to increase capacity and improve access from November to March.
- 6.8. There was a clear instruction to focus on vulnerable groups. Monitoring and access did not stop for patients that were in need.
- 6.9. Hubs were providing more access by creating 'mini-hubs' in deprived PCNs, which provided overflow services for practices in the area. The hubs increased the capacity for 111 referrals and support the process of remote monitoring. People were employed locally, which helped to ensure work would continue into the future.
- 6.10. There had been work around care homes, as well as community champions who focused on high intensity users.
- 6.11. Telephony had been identified as an issue and as a result cloud-based telephony would soon be introduced.
- 6.12. Work was still ongoing with the Local Authority to deliver on the Afghan evacuees programme which supported over 700 people.
- 6.13. In response to questions, the following points were raised:
- (i) Practices were delivering face-to-face appointments and offering routine appointments where they were required.
 - (ii) Residents continued to report to Healthwatch querying when they would have routine access to patients.
 - (iii) Primary Care was looking towards a structured return over the next few months.
 - (iv) Many BAME patients had language barriers and could not adequately express their problems in order to access face-to-face appointments.

- (v) Central and West London were closer to 70% mark in terms of delivering face-to-face appointments.
- (vi) Primary Care was working with Healthwatch to create a structure that would implement patient feedback into all levels.
- (vii) There was also a structured NWL CCG engagement programme which was attempting to incorporate ongoing patient and resident engagement into CCG policy, strategy and codesign of services.

7. HWB STRATEGY AND YEARLY MEETING SCHEDULE

- 7.1. Rachel Soni (Director of Health Partnerships) briefly introduced the report to the Board.
- 7.2. A single strategy was being developed for the Board for the next few years, along with a suggested annual schedule and forward plan.
- 7.3. There had been ongoing input from Board members on the Strategy and evolving the Board, looking at membership and taking a strategic viewpoint on the health and well-being of residents and reducing inequalities.
- 7.4. Factors like Covid-19 and ensuring effective actions for residents would inform the Strategy.
- 7.5. The Strategy aimed to guarantee best use of all different delivery groups and transformations so the Board could have a good strategic position.
- 7.6. There were discussions surrounding themes, with the possible inclusion of the five Integrated Care Partnership (ICP) place-based priorities along with possible amendments.
- 7.7. Engagement with residents was a key priority in effective delivery of the Strategy. There were existing engagement mechanisms, the new Strategy would involve creating a space to involve residents and incorporating their contributions to produce a successful engagement plan, which could include commitments on the role of engagement.
- 7.8. Children and young people, people with learning disabilities and older residents had been disproportionately affected by Covid-19 and the first two had significant items, but there could be room for an item for older residents.

8. COVID-19 VERBAL EPIDEMIOLOGY AND LOCAL VACCINATIONS UPDATE

- 8.1. Anna Raleigh (Director of Public Health) presented a brief update to the Board.
- 8.2. Case rates in both boroughs continued to steadily decrease alongside national and regional rates, which had been the pattern for the last weeks.
- 8.3. At the time of meeting, there was a case rate of 754.2 per 100,000 in RBKC and 685.9 per 100,000 in WCC.
- 8.4. Since the start of the pandemic, 310 RBKC residents and 448 WCC residents died with Covid-19 on their death certificates.
- 8.5. North West London had some of the highest rates in the city, with Hounslow seeing the highest. There was an overall decline regionally and in London boroughs.
- 8.6. There was also a decrease in the over-60s population over the last few weeks.
- 8.7. Since 10th January, people did not need to undertake the confirmatory PCR tests and were asked to record any positive lateral flow tests results. Due to changes to testing, the daily case rate data is becoming increasingly unreliable, and we are now triangulating data with the Office for National Statistics Survey.

This data showed that the prevalence of people testing positive for Covid-19 had continued to decrease and 1 in 20 people had had Covid-19.

- 8.8. The move from Plan B to Plan A meant the return to work and face coverings were no longer mandatory in most indoor settings. Some measures did remain in place including those on self-isolation and the Council was continuing to encourage people to get vaccinations and boosters.

9. ICS VERBAL UPDATE

- 9.1. Rob Hurd (ICS Chief Executive NWL CCG) introduced himself to the Board as the new Chief Executive of the ICS.
- 9.2. There was a big priority on development of borough partnerships and continued work across local authorities and health, social and voluntary services.
- 9.3. The role of the Health and Wellbeing Board would remain fundamental and flow into the structures of engagement and decision-making.
- 9.4. There was a Long Covid-19 pathway by Imperial College Healthcare, and it was available for patients to be referred to.

10. ANY OTHER BUSINESS

The Meeting ended at 5.17pm.

CHAIR: _____

DATE _____