



CITY OF WESTMINSTER

MINUTES

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health & Wellbeing Board** held on **Thursday 23 November, 2023**, St Marylebone Bridge School, Herries St, London W10 4LE.

Members Present:

Cllr Josh Rendall, Lead Member, Adult Social Care and Public Health - RBKC (Co-Chair)

Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector, WCC (Co-Chair)

Councillor Lorraine Dean, Minority Group, WCC

Anna Raleigh, Bi-Borough Director of Public Health

Jackie Rosenberg, One Westminster

Angela Spencer, KCSC

Iain Cassidy, Open Age representative

James Benson, NHS London

Apologies for Absence: Bernie Flaherty, Andrew Steeden, Jan Maniera, Sarah Newman

1 INTRODUCTION AND WELCOME TO THE MEETING

- 1.1 Councillor Nafsika Butler-Thalassis welcomed everyone to the meeting and thanked St Marylebone Bridge School for hosting the meeting and providing a tour of the school.

2 MEMBERSHIP

- 2.1 Apologies were received from Dr Andrew Steeden, Dr Jan Maniera, Bernie Flaherty, and Sarah Newman, for whom Annabel Saunders, Director of Operations was attending as a substitute.

3 DECLARATIONS OF INTEREST

- 3.1 There were none.

4 MINUTES AND ACTIONS ARISING

- 4.1 Councillor Rendall requested a correction to the attendance list and that the comments of Michael Ashe be included in the minutes.

RESOLVED:

That, subject to the above amendments, the minutes of the meeting dates 05 October 2023 be approved as a correct record of proceeding.

5 AUTISM STRATEGY

5.1 Henry Leak, NWL ICB, Steve Comber, Children's Services, and Seth Mills, Adult Social Care, introduced the report, stating the following:

- The all-age Autism Strategy, published in 2020, worked alongside the Adults Autism strategy which was launched in November 2022.
- The aim of the Strategy was to increase awareness and support to improve the lives of autistic people, and to ensure autistic people could live fulfilling and rewarding lives.
- There was currently an 11-month wait for assessment and diagnosis for adults, and the waiting time for children would be provided outside of the meeting.
- Flexibility had been increased for assessments for adults, with online options now being provided. A specialist peer-to-peer service had been introduced for adults post-diagnosis, and it was being explored how this could be expanded for children and young people.
- The transition from children's to adults' services was a key issue, and a dedicated officer had been recruited to ensure clinical and social services worked together to prevent young people falling between the gaps between children's and adults' services.

5.2 In response to questions from Members, officers provided the following information:

- Universal services already had a good level of diversity of participants, but this was being monitored. There was a high representation of young people with SEND attending youth clubs, with 22% of people participating in the Holiday Activity and Food Programme having SEND.
- Schools needed to be confident supporting young people with autism, even if they did not require an EHCP. Much of the support that schools and other children's settings provided around autism was not reliant on an EHCP, and the local area Autism Partnership had worked to further strengthen this universal offer of support to children and their families and had provided training to increase confidence across local schools.
- Very few children had an EHCP on entering primary school, as needs were often identified only upon starting school and then an offer of universal and targeted support, coupled with a robust 'Plan, Do, Review' process will identify whether needs are such that an Education, Health and Care Needs Assessment is required. In 2021, there were 64 under-fives with an EHCP in Westminster, and 32 in Kensington and Chelsea. Waiting times would be sent to Members for information.
- There was transition monitoring to prepare young people for adulthood and to reduce the chance of people being missed. This included

helping people to stay in employment through pilots such as “brain in hand”.

RESOLVED:

That the report be noted.

7 SERIOUS VIOLENCE DUTY - WESTMINSTER AND RBKC

7.1 The report was introduced by Stacie Smith, Community Safety Manager, who provided the following information:

- The Serious Violence Duty requirements were new and set out in the Police, Crime, Sentencing and Courts Act 2021 and needed to be agreed by January 2024.
- The London-wide definition of serious violence was used by both Councils, and included crimes such as violence, sexual offences and domestic violence, but excluded terrorism.
- Nearly all serious violence in Westminster occurred in two wards: West End and St James's, due to the night-time economy and high numbers of visitors. In Kensington and Chelsea, there was less of a geographic concentration.
- A low proportion of crime reports ended with a criminal justice outcome.
- There was a view that crime was under-reported due to residents' anxiety to report and believe that action would be taken.

7.2 Officers stated the following in response to questions from Members and the public gallery:

- Crime data showed where victims lived so the impact on residents could be impacted, and interventions targeted.
- Officers would provide details on the difference between both boroughs in domestic violence victims staying in their relationships, and the potential reasons for this.
- Adopting an intersectional approach to Serious Youth Violence (SYV) was one of the recommendations.
- Fear of reporting was understandable, particularly in cases of SYV. There were options to anonymously report crimes.

RESOLVED:

That the report be noted.

10 PUBLIC NOTICE QUESTION

10.1 A Public Notice Question was asked in accordance with the Standing Orders, requesting that Council housing tenancies include a non-smoking clause. Smoking was a major risk factor for health, with 25% of cancer deaths a result of smoking, and with the resultant impact on the NHS. 78,000 people died each year as a result of smoking, with the most disadvantaged having the greatest impact. Public areas of social housing were normally non-smoking areas, and landlords in the private rental sector often had non-smoking clauses.

- 10.2 Officers responded that a full response would be provided in writing, but that both Councils would be responding to the national smoking consultation.

6 EOL/COMMUNITY PALLIATIVE CARE - NWL ICB UPDATE

- 6.1 The report was introduced by Jane Wheeler, NHS North West London ICB, who provided the following information:
- The COVID-19 pandemic had changed the way palliative services were delivered, and service changes such as the closure of Pembridge had also impacted this.
 - Many people who were in a hospice did not need to be there for medical reasons, but because of the support provided in such an environment.
 - A review of the service had been undertaken and options provided. Once an option was selected, officers would prepare a business case. Engagement and consultation would be an ongoing process, including at Health and Wellbeing Board.
- 6.2 ICB representatives provided the following in response to questions from Members:
- Part of this review would include the support for carers, although there were already support measures in place, such as a 24-hour helpline.

RESOLVED:

That the report be noted.

8 HWB STRATEGY - OUTCOMES FRAMEWORK AND INTEGRATED NEIGHBOURHOOD TEAMS

- 8.1 Joe Nguyen, Borough Director, NHS NW London, introduced the item, explaining that this report established how the Health and Wellbeing Strategy would be implemented over the following two years to link up healthcare and communities to address health inequality. The Integrated Neighbourhood Team would enable co-production across departments, organisations and with residents. These teams would cover wider geographical areas to utilise economies of scale.
- 8.2 Key questions for the Board were to consider:
- What ownership of the Strategy would look like
 - How the transition from engagement to co-delivery should be done
 - How to engage effectively with communities.
- 8.3 Officers provided the following information in response to questions:
- The Place Based Partnership would be engaged with, but further work was needed on how this would function in practice.
 - While this was a bi-borough Strategy, interventions would be tailored to each locality.

8.4 The Chair requested that the Framework return to the Board as plans developed.

RESOLVED:

That the report be noted

9 DATE OF THE NEXT MEETING

9.1 The next Health and Wellbeing Board meeting would be held on 25 January 2024, at a venue to be confirmed in Kensington and Chelsea.

The Meeting ended at 18.00

CHAIR: _____

DATE _____