

PRESENT

Committee Members

Cllr Josh Rendall (Chair) (Royal Borough of Kensington and Chelsea)
Cllr Nafsika Butler-Thalassis (Chair) (Westminster City Council)
Bernie Flaherty, Bi-Borough Executive Director of Adult Social Care & Health (RBKC) and Deputy Chief Executive (WCC)
Anna Raleigh, Bi-Borough Director of Public Health
Cleo Chalk, Healthwatch Service Manager
Annabel Saunders, Director of Operations and Programmes
Angela Spence, Chief Executive
Iain Cassidy, Chief Executive
Jackie Rosenberg, OneWestminster
Dr Jan Maniera, Clinical Director SWPCN and Borough Medical Director
Dr Andrew Steeden, Borough Medical Director, NHS North West London
James Benson, Place Based Partnership Director and Chief Executive Officer
Gary Davies, Chelwest

Others Present

Fredrick Thomas, Public Health Registrar, Westminster City Council
Kojo Sarpong, Director Housing, RBKC
David Bello, Director of Health Partnerships and Mental Health
Aileen Buckton, Chair of the Local Safeguarding Children Partnership

Council Officers

Lousie Butler, Head of Safeguarding
Grant Aitken, Head of Health Partnerships, Royal Borough of Kensington and Chelsea and Westminster City Council
Yusuf Olow, Senior Governance Co-Ordinator, Royal Borough of Kensington and Chelsea
Emma Buskupski, Local Safeguarding Children's Board Business Development Manager

1 INTRODUCTION AND WELCOME TO THE MEETING

The Chair welcomed everyone to the meeting and thanked Chelsea and Westminster Hospital for hosting the meeting and giving the Health and Wellbeing Board (HWB) a tour of the hospital.

2 MEMBERSHIP

Apologies were received from Sarah Newman, Bi-borough, Executive Director for Children's and Families Services. Annabel Saunders, Director of Operations and Programmes, attended in her place.

3 DECLARATIONS OF INTEREST

There were no declarations.

4 MINUTES OF THE PREVIOUS MEETING

James Benson, CEO at Central London Community Healthcare, informed the Chair that he had been wrongly listed as being in attendance when he had given his apologies.

The Board agreed that, subject to the amendment, the minutes of the meeting that took place on 23 November 2023 were a correct record.

5 LOCAL SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT

Aileen Buckton, chair of the Local Safeguarding Children Partnership (LSCP) and Emma Buskupski, Local Safeguarding Children's Board updated the Board. The annual report set out the work that was undertaken by the LSCP.

The report contained information on the governance structure laying out the various agencies involved and how they relate to each other and the principles that underline their work. The report contained comparisons with other London boroughs and national standards. The Partnership sought the views of children and adolescents and incorporated their comments into future planning.

In response to questioning from Board Members and the Public Gallery, the following was responded to by Aileen and Emma;

- The LSCP data set is reliant on local authority data and the Partnership is seeking to add further relevant data from partners, including Health providers.
- The annual report is presented at a number of different forums, including the Health & Wellbeing Board. In future, as per the Working Together 2023 Guidance, the LSCP annual report should be complete by the end of September each year so should be presented sooner at the HWBB.
- The referral data suggested that RBKC had received marginally more referrals to children's services, however this was due, in part, to a recording issue with the previous case management system used by RBKC which could not differentiate between contact with Children Services and referrals to Children's Services. RBKC had now been replaced with Mosaic case management system that was already used by WCC. This would improve reporting going forward.
- The data relating to 'Early Help' was inflated by the large number of hotels in RBKC that were accommodating Afghan refugee families. These families had since been moved on by the Home Office.

The Emma and Aileen acknowledged concerns about the breadth of the data adding that it would improve, going forward, but that the data contained in the report did not provide a misleading account. It was also emphasised that the safeguarding of

children was the collective responsibility of all partners, including agencies of the NHS and both boroughs.

RESOLVED

That the Board agree to note the update.

6 ADULTS SAFEGUARDING ANNUAL REPORT

Aileen Buckton, chair of the Local Safeguarding Children Partnership and Louise Butler, Head of ASC Safeguarding presented to the Board and highlighted the four priorities that shaped the plan that she was reporting on;

- Improvement of the data so that it more closely represents the diversity of the community such as ethnic origin, cultural practices and characteristics protected under the Equality Act 2010; and
- Promote understanding of the concept of adult safeguarding and what it entails. The BDM noted that, unlike child safeguarding, the general public were not as aware of the safeguarding requirements of adults from abuse and danger; and
- Safeguarding was personal and work was undertaken in the community to encourage adults to report harm and abuse that they had experienced and what they believe would make them feel safer. The BDM said that, on a bi-borough basis, 98% of those who were assisted were satisfied with the outcome; and
- Identify learning from local and national outcomes and ensure that such learning is embedded and acted upon as well as offering training, where necessary, to staff.

Both the Child Safeguarding and Adults Safeguarding reports referred to the transition project for users preparing for adult hood exploration of support offered to young people between the ages of 16-25 and the action taken to ensure that safeguarding of vulnerable young persons are not disadvantaged.

Further in response to questioning from the Board, Aileen stated that a multiagency sub-group of the SAEB had been established that was Chaired by a Director of Housing which looked at self-neglect and hoarding and the impact that it had on the vulnerable adult, family, friends and the local community. The Board would provide policy/tool kit recommendations.

However, it was emphasised the challenges in getting the balance right between the right of vulnerable adults to make their own decisions, their welfare, and the needs of others. The next annual report would provide information on the effectiveness of the board in this area .

Following further questioning and observations from the Board, Aileen and Louise noted the effects of Covid-19 and lessons learned citing the rise in referrals relating to

persons at in their own home, and the multifaceted nature of cases where more than one type of abuse may be occurring and against more than one person. Representatives of the community working with the Councils and the NHS was crucial and had been invaluable in obtaining useful information. Further discussion took place between the Board with the Public Gallery also contributing and the following was highlighted;

- That age was not necessarily a marker of frailty, and that data collection should reflect this; and
- Ways of improving digital inclusions needed to be undertaken to ensure that no vulnerable person is excluded.
- Prevention work relating to hoarding was important and highlighted that work was being undertaken with colleagues in housing.

RESOLVED-

That the Board agreed to note the report.

7 PUBLIC HEALTH ANNUAL REPORT 2023

Fred Thomas, Bi Borough Public Health Registrar (PHR), updated the Board. The report focused on the effects of substance misuse and the PHR. Maps were provided to demonstrate to the Board, the areas which were most affected. The PHR highlighted the following;

- RBKC and WCC were particularly affected by substance misuse owing to a large nighttime economy which results in people coming into both boroughs with drugs; and
- The high number of rough sleepers in both boroughs who tend to have higher rates of substance misuse; and
- The number of people using opiates and crack cocaine is higher in both boroughs compared to the average in London and England; and
- Drug related deaths are among the five top causes of death in under 50s in RBKC and the most common cause of death among under 50s in the most deprived areas of WCC.

The PHR then highlighted that action that was being taken to address the issues emphasizing the personalised and holistic approach with services being as accessible to as many as possible. These services had been co-designed with local communities.

The priority areas were;

- Children and young adults; and
- People who use alcohol and drugs that are associated with the criminal justice system; and

- The growing cohort of older opiate and crack cocaine users

The Board welcomed the report and commented that;

- More work needed to be undertaken relating to adolescents acknowledging that experimentation is inevitable, and that providing information was sometime more appropriate than urging adolescents to avoid drug use; and
- Prevention was important and that outreach should be undertaken with those who are most at risk, especially among adolescents; and
- Improve public knowledge and awareness in relation to excessive and binge drinking, and that alcohol dependency can happen to anyone.

The Board briefly discussed the rising number of over 50s using illicit substances suggesting that it may be due to less awareness and/or complex psychological issues surrounding the misuse. Older users may use different drugs from younger users as the popularity of certain drugs changes over time as well as the composition of those drugs.

The PBPD cautioned that RBKC and WCC were boroughs of economic contrasts, and that drug misuse did occur among the wealthy and cited the use of cocaine.

RESOLVED-

That the Board agree to the note the report.

8 SUBMITTED QUESTIONS RELEVANT TO THE AGENDA

The Board considered written questions submitted, in advance, from the public.

It was alleged that health professionals were cold calling residents. These calls were being made to vulnerable and elderly residents offering Covid-19 vaccinations and first questioner asked that the Board recommend an investigation be undertaken into this. The first questioner who was also in attendance elaborated that the professionals were not giving residents' details of the Covid-19 vaccination and did not appear to know what vaccination they were administering and cited a specific case. The first questioner called for a failsafe system to be established so that GPs would be informed before such visits, and they can inform their patients.

The PBPD said that the case cited by the first questioner warranted investigation to ascertain what happened and offered to discuss the issue with the first questioner offline. On the wider point, PBPD said that residents should be notified in advance of the visit and that residents could refuse the visit or the vaccine.

The second questioner asked about the large amount of laughing gas cannisters that had been discarded in streets and what action both boroughs are taking against retailers. The Chair noted that the Government intended to ban laughing gas cannisters but that the ban had not come into effect so they could be legally sold. However, once the ban came into force this would enable trading standards to pursue retailers who sell them.

The third questioner asked about digital inclusion and how health agencies were addressing the needs of those who were digitally excluded. NHS representatives responded that the Covid-19 pandemic had a major impact on the expansion of digital provision and the third sector assisted. Learning and other support needs were identified, in relation to digital inclusion, and training was given. Further work would be undertaken.

The PBPD, in response to questioning regarding long term strategies, stated that the familiarity of younger people, as well as future generations with digital technology would assist in reducing digital exclusion, however there would always be a minority who cannot use digital technology, such as those suffering from dementia. Therefore, the use of alternatives would always be required, and this was part of the NHS's long term plan.

The Chair thanked the questioners and concluded the meeting.

9 DATE OF NEXT MEETING

The next meeting of the Health and Wellbeing Board will take place on Thursday 16 May 2024 at 4pm at a location in Westminster. The location would be confirmed nearer the time.

The meeting ended at 6pm

Chair