



CITY OF WESTMINSTER

# DRAFT MINUTES

**WESTMINSTER HEALTH & WELLBEING BOARD  
18 SEPTEMBER 2014  
MINUTES OF PROCEEDINGS**

Minutes of a meeting of the **Westminster Health & Wellbeing Board** held on Thursday 18 September 2014 at 4.00pm at Westminster City Hall, 64 Victoria Street, London SW1E 6QP

Members Present:

Chairman: Councillor Rachael Robathan, Cabinet Member for Adult Services & Health  
Vice-Chairman: Dr Ruth O'Hare, Clinical Representative from the Central London Clinical Commissioning Group  
Cabinet Member for Children & Young People: Danny Chalkley  
Minority Group Representative: Councillor Barrie Taylor  
Director of Public Health: Meradin Peachey  
Tri-Borough Executive Director of Children's Services: Rachel Wright-Turner (acting as Deputy)  
Tri-Borough Executive Director of Adult Social Care: Liz Bruce  
Clinical Representative from the West London Clinical Commissioning Group:  
Dr Phillip MacKney (acting as Deputy)  
Representative of Healthwatch Westminster: Janice Horsman  
Chair of the Westminster Community Network: Jackie Rosenberg  
Representative for NHS England: Dr Belinda Coker (acting as Deputy)

Also in Attendance:

Councillor David Harvey.

**1. MEMBERSHIP**

1.1 Apologies for absence were received from Andrew Christie (Tri-Borough Executive Director of Children's Services) and Dr David Finch (NHS England). Rachel Wright-Turner and Dr Belinda Coker attended as their respective Deputies.

**2. DECLARATIONS OF INTEREST**

2.1 No declarations were received.

### **3. MINUTES AND ACTION TRACKER**

#### **3.1 Resolved:**

- 3.1.1 That the minutes of the meeting held on 19 June 2014 were approved for signature by the Chairman.
- 3.1.2 That progress in implementing actions and recommendations agreed by the Board be noted.

### **4. BETTER CARE FUND PLAN 2014-16 REVISED SUBMISSION**

- 4.1 The Board received a progress report from Liz Bruce (Tri-borough Director of Adult Social Care) and Cath Attlee (Tri-borough Adult Social Care) on the Better Care Fund Plan, which had been agreed by the Health & Wellbeing Board in March 2014 and submitted to the Department of Health (DoH) in April. The Board noted that following further guidance and a revised template, the DoH had requested that the Plan be revised to include additional material and be resubmitted. Issues to be set out in the revised Plan included more detail on funding and local risk sharing, unplanned admissions to hospital, and an evidence based delivery plan. The revised submission needed to be sent to NHS England by 19 September 2014.
- 4.2 The Tri-borough Director of Adult Social Care confirmed that the additional information that had been requested would be submitted as a supplement to the Plan which had been approved by the Westminster Health & Wellbeing Board in March. It was agreed that the final version of the revised submission would be circulated to Board members for information, with sign-off then being delegated to the Chairman and Vice-Chairman.
- 4.3 **Resolved:** That the final version of the revised submission be circulated to members of the Westminster Health & Wellbeing Board, with sign-off being delegated to the Chairman and Vice-Chairman, subject to any comments that may be received.

### **5. CLINICAL COMMISSIONING GROUP CONTRACTING INTENTIONS 2015-16**

- 5.1 The Board received presentations from Dr Kiran Chauhan (Central London CCG) and Louise Proctor (West London CCG), which provided an overview of the approach being taken in developing the commissioning intentions of Westminster's Clinical Commissioning Groups (CCGs) for 2015-16. The Board noted that the Contracting Intentions of the two CCGs largely followed the same strategic agenda, and would be issued to Providers in October.
- 5.2 Dr Chauhan reported that the main projects for the Central London CCG for the next year included patient empowerment and strengthening networks to give them long, healthy and independent lives; moving forward on whole systems working

and implementation of the community independence service model; the reconfiguration of primary services; and the delivery of integrated Out of Hospital Care.

- 5.3 The Central London CCG would continue to develop closer interaction with GPs, and to focus on Westminster's most vulnerable groups, such as rough sleepers; and would progress national priorities for services relating to mental health, dementia, and cancer. The CCG would also continue integrate IT systems, and work with local authorities to implement the programme of change for nursing homes.
- 5.4 Louise Proctor reported that while the contracting Intentions of the two CCGs largely followed the same strategic agenda, the West London CCG would be taking forward Clinical Systems Improvement; and looking to redesign care for older people and provide better integrated support. The CCG would also work towards providing 7-day GP access in response to the Prime Minister's Challenge Fund.
- 5.5 The Board discussed the commissioning intentions of the two CCGs, and acknowledged the need for proposals to reflect what local people wanted. Members highlighted the value of services being integrated wherever possible and of increasing capacity at GP Practices; and commented on the need to provide language specific counselling, and to contact displaced communities where psychological therapies may be needed. The Board also commended the work of the Primary Care Plus service, which helped people navigate into the care they needed.
- 5.6 **Resolved:** That the Commissioning Intentions of the Central London and West London Clinical Commissioning Groups for 2015-16 be noted.

## 6. PRIMARY CARE COMMISSIONING

- 6.1 Karen Clinton (Head of Primary Care, NHS England North West London Region) presented a report which provided detail on the commissioning and quality assurance of Primary Care Services by NHS England, and how they performed their responsibilities. Priorities for the forthcoming year included the transformation of Primary Care; patient empowerment; Whole Systems Integrated Care; and service reconfigurations. The Board noted that currently there were approximately 400 GP practices in North West London, with approximately 2,000 patients per GP.
- 6.2 NHS England had established three Local Area Teams in London which covered the North West; North East & Central; and South. Karen Clinton confirmed that the Primary Care Framework and Strategies fitted in with the Area Teams, and that a conscious decision had been made not to write Strategies which did not align with local Out of Hospital services.

- 6.3 Karen Clinton commented that it was rare for GP practices in Westminster to close, which reduced the opportunity for practices to be reviewed and re-procured. Members sought clarification as to whether new services could be commissioned in response to population growth, and the Head of Primary Care confirmed that although there was currently no available funding for new practices, funding could be obtained for additional GP's at existing practices in response to a rise in population.
- 6.4 The Board considered that commissioning was a critical element in the delivery of Out of Hospital Services in Westminster, and discussed how GP capacity could be ensured across all areas. The Board acknowledged that the availability of premises was a key issue in Westminster; and discussed the co-commissioning of Primary Care Services between CCGs and NHS England at one location, with other partners being brought in at a later stage. The Board noted that the NHS currently held the funding for the core contracts, with the remaining services being funded by CCGs, and agreed that integrated co-commissioning would bring the separate together again.
- 6.5 The Head of Primary Care also informed the Board that a commitment had been made in response to the Prime Minister's Challenge Fund, to offer seven day opening at a network of GP practices in North West London next year; in which patients would be able to see a GP within 24 hours between 8am and 8pm Monday to Friday, and between 8am and 6pm at weekends.
- 6.6 The Board discussed the ratio of GPs in relation to the population across Westminster, and requested details of the number of patients who were from out of borough. Members also sought clarification of the premises which were known to be under pressure, and where out of hours capacity was situated.
- 6.7 **Resolved:** That
- 1) The overview of the Central London Clinical Commissioning Group Contracting Intentions for 2015/16 be noted;
  - 2) The Commissioning proposals be taken forward at the next meeting of the Westminster Health & Wellbeing Board in November; and
  - 3) Details be provided of the number of GPs in relation to the population across Westminster, together with the number of people registered with those GPs; those who are from out of borough; GP premises which are known to be under pressure; and where out of hours capacity is situated.

## **7. MEASLES, MUMPS AND RUBELLA (MMR) VACCINATION IN WESTMINSTER**

- 7.1 Sobia Chaudhry (Population Health Practitioner Manager, NHS England), Sana Rabbani (Immunisation Commissioning Manager, NHS England) and Meradin Peachey (Director of Public Health), presented a report which outlined the current position of MMR vaccination in Westminster, and which considered how uptake on

immunisation could be improved. The roles and responsibilities relating to vaccination had changed following the Health & Social Care Act 2012, with immunisation now being delivered in GP practices. The Board noted that NHS England were seeking changes to the current contract so that vaccinations could be provided by Health Visitors.

7.2 The new configuration of the health system had created opportunities to improve the quality of commissioning, service provision and the uptake of vaccination programmes. In London, NHS England had established a single commissioning team for immunisations, which had enabled the development of robust processes for contracting, commissioning and monitoring providers.

7.3 A number of projects and actions were currently underway in London to help improve uptake, which would have an impact within Westminster. These included projects in Primary Care; improving data flow and the use of data to improve quality; and system-wide projects to ensure good oversight and the sharing of best practice. The Board acknowledged that NHS England, CCGs and local authorities all had a role to play in communication and collaborative working, to ensure that there were sustainable improvements in uptake rates for immunisation. Members noted that current uptake on MMR vaccination stood at 30% for the overall population, and 50% for the 0-5 age group.

7.4 The Board discussed the difficulty in obtaining reliable data, and suggested that greater focus was given to the strategy and practical steps that were being taken to reach people, rather than what had been achieved. Members also commented on the prevalence of measles and other diseases, and suggested that it would be useful to receive details of the number of cases that were occurring. The Board also highlighted the importance of Westminster's Clinical Commissioning Groups being involved in the review of immunisation.

7.5 The Board commented on the possible impact of migration and of other countries operating different systems, and acknowledged that issues relating to MMR also affected other forms of immunisation such as for diphtheria and whooping cough.

7.6 **Resolved:** That a further report setting out a strategy for how uptake for all immunisations could be improved, and which provides Ward Level data together with details of the number of patients who have had measles, be brought to the forthcoming meeting of the Westminster Health & Wellbeing Board in January 2015.

## 8. THE PHARMACEUTICAL NEEDS ASSESSMENT

8.1 The Board received an update on preparing the draft Pharmaceutical Needs Assessment, from Colin Brodie (Public Health Services) and Holly Manktelow (Senior Policy Officer). The Assessment was a statutory responsibility of the Health & Wellbeing Board, which sought to map current services against need, and assist NHS England as a market entry and commissioning tool for reviewing

new applications for pharmacies in Westminster. The Board noted that the completed Assessment would need to be published by 1 April 2015

- 8.2 Although there had been some slippage in the original timescales agreed by the Board in March 2014, the Pharmaceutical Needs Assessment Task & Finish Group would be ready to begin the consultation on the draft Assessment in October.
- 8.3 The final draft of the report would be circulated to Board members for comment, after which the Task & Finish Group would commence with the 60 day statutory consultation.
- 8.4 **Resolved:** That progress in the Pharmaceutical Needs Assessment be noted.

## 9. WORK PROGRAMME

- 9.1 The Board reviewed its Work Programme for 2014-15.
- 9.2 Members agreed that an update on Primary Care Commissioning should be included in the Agenda for the forthcoming meeting on 20 November; and that a further report on immunisation be submitted to the meeting in January 2015. The Board also agreed that Health Checks needed to be added to the Work Programme for a future meeting.

## 10. ITEMS ISSUED FOR INFORMATION

- 10.1 A number of papers had been circulated to Board members for information separately from the printed Agenda:
- Joint Strategic Needs Assessment Review
  - Tri-Borough Learning Disabilities Action Plan
  - Health & Wellbeing Engagement Strategy

## 11. SILVER SUNDAY

- 11.1 The Board commended the Silver Sunday programme, which had been created through the Sir Simon Milton Foundation as a national celebration of older people, and their contribution to communities. Silver Sunday offered people over 65 a variety of free activities, and provided a chance to keep active in body and spirit, to try new things, and to meet their neighbours and overcome loneliness.
- 11.2 Board members agreed to proactively support the programme by displaying publicity material at GP practices and other public areas.

**12. TERMINATION OF MEETING**

12.1 The meeting ended at 6.04pm.

CHAIRMAN \_\_\_\_\_

DATE \_\_\_\_\_