

# Health & Wellbeing Board Minutes



Monday 14 November 2016

## **PRESENT**

### **Committee members:**

Councillors Vivienne Lukey (Chair)  
Vanessa Andreae, H&F CCG  
Janet Cree, H&F CCG  
Dr Mike Robinson, Director of Public Health  
Keith Mallinson, H&F Healthwatch Representative

### **Nominated Deputies Councillors:**

Councillors Rory Vaughan and Sharon Holder

**Officers:** Helen Banham, Strategic Lead, Professional Standards and Safeguarding, Westminster City Council, Angela Caulder, Joint Commissioning Manager, and, Dr Meenal Sohani, Consultant Child Psychiatrist, Hammersmith and Fulham CAMHs, West London Mental Health Trust, Jean Daintith, Independent Chair, LSCB, Harley Collins, Health and Wellbeing Manager and Bathsheba Mall, Committee Co-ordinator.

## **72. MINUTES AND ACTIONS**

The minutes of the meeting held on 7<sup>th</sup> September were agreed as a correct record.

## **73. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Sue Fennimore, Liz Bruce, Stuart Lines, Tim Spicer and Ian Lawry.

## **74. DECLARATIONS OF INTEREST**

None.

## **75. DRAFT ANNUAL REPORT OF THE LOCAL SAFEGUARDING CHILDREN BOARD**

Councillor Vivienne Lukey welcomed Jean Daintith, Independent Chair of the Local Safeguarding Children's Board (LSCB), accompanied by Emma

Biskupski, LSCB Business Manager. Detailing the background to the draft annual report, it was explained that there was a requirement for it to be submitted to several agency and organisational lead officers including the Chief Executive and the Health and Wellbeing Board (HWB). This was the 4th Annual Report of the LSCB, covering LBHF, RBKC and WCC. It was explained that the LSCB oversees a partnership arrangement, comprising of sub-groups and individual boards for each borough.

This year they had undertaken a range of activities including two task and finish short life working groups, one focusing on neglect, and a second on parental mental health, with lead officers from Children's Services and mental health colleagues working collaboratively to support the process. It had been a busy year, with 5 serious case work reviews being undertaken, together with a n inspection of children's services in the three boroughs and the LSCB received a "good" rating and given five recommendations. A different approach had been taken to producing the Annual Report for 2015/16 and partner organisations had each been invited to draft their own sections and account for themselves. The report also set out what has been achieved in the past year and future direction of travel in the context of the significant changes planned by government and the introduction of the children and social work bill, currently going through Parliament. These changes were not anticipated to be implemented prior to 2018 but police, local authorities and health agencies to would positioned to lead on child safeguarding.

Ms Daintith explained that this was her fifth year of chairing the LSCB and that she had taken a decision to step down. Interim arrangements had been made to begin the process of appointing a new independent chair.

Janet Cree commented that she would have had sight of the Annual Report through the CCG Quality Committee, as well as through the HWB, welcomed the report. However, she also recommended that the section on Ofsted recommendations be set out more clearly in a separate box, making them more accessible. Ms Daintith explained that prior to the inspection, she had been concerned about demonstrating a clear link both through the governance arrangement with the HWB but also a shared agenda. Going forward, they aimed to reduce the bureaucracy around having multiple meetings with the same individuals, a process which was already happening organically as they now worked across the partnership groups within the three boroughs, focusing on areas of local concern. Examples of reporting arrangements in other parts of the country had shown great synergy between the LSCB and HWB in term of taking forward key concerns. Ms Daintith felt that the LSCB was effective and benefitted from strong partnership arrangements, a sharing of good practice and an ability to work well together.

Councillor Rory Vaughan expressed interest in the case review and commented that it was helpful to add perspective by including more detail about the points of learning and how these are translated into practice. Referring to page 159 of the report and the LSCB training offer being amended where required to incorporate learning, did not offer a flavour of how that learning was implemented. Ms Daintith explained that the amount of time spent on serious case reviews was not reflected in the short paragraph.

Whilst it was accepted that the learning points were actively noted and followed up, Cllr Vaughan responded that their inclusion at the back of the report was meant they were hidden and that given the interest to the lay reader, these could be given greater prominence.

Councillor Lukey referred to the structure of the report and each section being written by individual agencies. She welcomed the fact that each had made reference to the joint working arrangement that they engaged in. Councillor Lukey also expressed interest in the section on "MASH" (Multi-Agency Safeguarding Hub) which, given its importance, could have been expanded. Councillor Lukey enquired about the level of joint working and also, what work had been undertaken to avoid duplication. Responding to the query about the MASH, Ms Daintith acknowledged that this was short and that the MASH that operated in the three boroughs was very good. The MASH was led by the police, and involved ASC and health colleagues. However, some weaknesses had emerged resulting from changes to the probation service and the community rehabilitation company (CRC) which worked with the largest number of offenders. The LSCB had undertaken some development work with the CRC to ensure that the new arrangements were picked up at a local level and that the CRC were on board with what the LSCB were trying to achieve. Ms Daintith continued, reporting that there was a good representation from all the statutory agencies, including the prison service and health colleagues, in particular. Any non-attendance was picked up at the Board sub-group. The changes to the Metropolitan Police at a local level will have an impact on the arrangements. The Police will need to be a lead in the future and from January 2017, will meet with the Director of Children's Services and Jonathan Webster from the North West London Collaboration of CCGs to embed strong partnership working during the transition period of her departure and the new temporary independent chair and the new arrangements becoming clear.

Steve Miley, Director of Family Services, responded to issue of possible duplication of services, and explained that the LSCB had brought together leaders from across the three boroughs partnership group, which overall, had ensured positive local discussion without duplication. This was understood to be less about duplication and more about seeking to reduce unnecessary bureaucracy, with the aim of creating more effective interventions by giving professionals greater freedom to work flexibly.

Sarah McBride, Director of Partnerships, ASC, referred to page 130, listing the component parts of the system (NHS England, CCGs, NHS trusts and other providers) and the section under which primary care was represented (currently referred to in part under NHS England). Primary care was a main touch point in the community and many were depended upon it as building block for future development. Ms McBride suggested that further thought be given as to how the report for next year could represent that sector more clearly. Jean Daintith explained that the LSCB had designated doctors and nurses from the acute trusts from the CCGs, respectively. At a local level there were GP's and there was additionally some attendance from NHS England. Several serious case reviews had involved looking at GP practice and whether this had been good enough, particularly if there had been co-

ordination around patient records and operational understanding of mental health referrals.

Councillor Lukey thanked Ms Daintith for an informative report and commended her for her work as the Independent Chair of the LSCB.

## **RESOLVED**

That the report be noted.

### **76. CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH TRANSFORMATION - UPDATE REPORT**

Councillor Lukey welcomed Angela Caulder, Joint Commissioning Manager, and, Dr Meenal Sohani, Consultant Child Psychiatrist, Hammersmith and Fulham CAMHs, West London Mental Health Trust. The report integrates the findings of Councillor Alan D'Aths Child and Adolescent Mental Health Taskforce Report 2016 (Appendix 1) and the development of the CAMHS transformation plan. In 2015, the CCGs in collaboration with local authorities, agreed proposals to improve mental health services for young people, which included establishing a community eating disorder service for under 18s, and, to 'transform' local mental health services for young people in line with the recommendations made in 'Future In Mind'. Angela Caulder highlighted the following 3 achievements and three next steps:

- The eating disorders service, established on 1st April 2016, in collaboration with Ealing and Hounslow CCGs, as a hub (Ealing) and spoke (Glenthorne Road, LBHF) model. This was as self-referral service, with cases being seen within four weeks, and, a one week wait for urgent cases and linked to the CAMHS national specifications for eating disorders. This was a national incentive with the CAMHS transformation money to develop services for children with eating disorders such as anorexia nervosa;
- Out of hours' service, working with 8 CCGs across North West London, involving both Central and North West London Foundation Trust (CNWLFT) and the West London Mental Health Trust (WLMHT). The service had recently been reviewed and evaluated by both the trusts and LBHF children and young people champions, and received positive feedback. Both services were now embedded and would be available across all 8 collaborative CCGs in 2017/19;
- The H&F schools pilot, a successful bid to become one of fifteen national sites. This linked ten schools together with CAMHS provision from the West London Mental Health Trust, with two hours per week in school (with a specially trained mental health lead in each school) and several young people seen in school, with a further four schools added to the programme, now extended to March 2017.

A related or linked achievement was the co-production work with local children and young people champions (aged between 16-20). These were young people who had either direct or indirect personal experience of living with mental health problems. They had been evaluating the services, delivering training with colleagues from WLMHT, in the successful LBHF schools pilot in 2016. In addition, Ms Caulder reported that a young peoples conference had been held at RBKC Town Hall, attended by children from LBHF with an opportunity to share experiences and meet young social media stars. Dr Meenal Sohani explained that as part of the national school links pilot project, H&F CCG were successful in their bid to work with WLMHT in developing links with 14 schools in the borough, both primary, secondary and alternative provision. Linking with the lead in each school, clinicians offered training and consultation to the staff, organising drop in sessions for pupils or guidance for parents. Feedback to date has been positive and the service well received.

In terms of next steps, Ms Caulder explained that they were keen to work with LBHF on the development work planned around integrated family support services. A second objective was to develop a sustainable training work programme for the children and young people work force, to be accessible through an online database offering training on a range of mental health issues, and would be available from April 2017. A third objective was a further increase in co-production activities, this time including parents and their feedback from children with complex needs. A resources guide using the experience of children was also being developed.

Dr Sohani added that the redesign of clinical pathways, applying some of the allocated transformation money to reduce waiting times and avoid duplication. A workshop with key partners was planned on how they could work together to achieve this. Ms Caulder referred to the plans to pilot a tapered transition model and would work closely with WLMHT.

Co-optee Keith Mallinson commented that he welcomed the report and expressed concern about the barriers to services. It was essential that parents were included in the process and hoped that H&F partnership working would help shape services become more accessible.

Councillor Sharon Holder commended the report but took the view that reported well on specific areas but there was concerned that feedback from the schools or the evaluation from the children and young people champions was not included. Ms Caulder explained that this had been because the pilot had not yet concluded so there was currently no local or national evaluation available. It was anticipated that this would be reported more fully around June 2017. A service users forum was also being set up to enable regular feedback.

Responding to a comment on transitioning from Vanessa Andreae, NW London CCG, Ms Caulder explained that research from Anna Freud showed that the small number of young people transitioning to adult mental health services do not often experience difficulties and that the process is usually

well co-ordinated. Referring to the tapered transition model, it was noted that the pilot would begin small, and start with a pooled budget next year.

Councillor Lukey referred to paragraph 6.20 of the report and enquired about the number of children currently occupying beds in adult facilities. It was confirmed that there was currently one young person, with complex and challenging needs currently placed in an adult facility, with appropriate safeguarding measures in place. Ms Caulder acknowledged that there were concerns about transition, social care and EHC (Education, Health and Care) plans to the age of 25 years but noted that there was a disconnect for plans to 18 years. The pooling of budgets to help address this might be the way forward and Ms Caulder was keen to engage with officers in Adult Social Care to develop this approach.

Dr Mike Robinson, Director of Public Health commented that the four priorities set out in the draft Health and Wellbeing Strategy were all relevant to work currently being undertaken through CAMHs. He observed that 75% of all long term conditions (LTC) in adults originated in childhood and that early intervention and prevention could mitigate against this. He asked what could the HWB do to help reduce the number of LTC relating to mental health in children and highlighted the need for a differently focused report that could explain which measures successfully addressed this. Ms Caulder referred to the "Future In Mind" (2016) report recommendations detailing early intervention and prevention. It was explained that much of the CAMHs transition plan was about building capacity with the aim of picking up referrals early and additionally, delivering very basic and effective interventions for children in frontline services, preventing the development of LTC in adult life.

## **RESOLVED**

That the report be noted.

### **77. SAFEGUARDING ADULTS EXECUTIVE BOARD ANNUAL REPORT 2015/16**

Councillor Lukey welcomed Helen Banham, Strategic Lead, Professional Standards and Safeguarding, Westminster City Council, who presented the third annual report of the SAEB, working across the three boroughs. Ms Banham explained that the report set out the operational arrangements for working with the key statutory agencies involved were: the local authority, police and health professionals including directors of public health, NHS trusts, including The Royal Marsden, Imperial, West London Mental Health Trust, Central and North West London and Central London Community Healthcare.

Thirteen cases serious (death or harm to an adult) safeguarding case reviews (Care Act 2014, S.45) had been conducted (with one predating 1st April 2016). Ms Banham explained that this was one of most important areas of work undertaken. This would not be possible without out the willingness of agencies to share information and there had not been a need to force compliance with S.45, which was well evidenced across the partnership.

The report focused on the accountability of health organisations and patient safety, and Ms Banham explained that residents were at the very heart of safeguarding. To illustrate, two consultation events were held (November 2015), with feedback used to inform and develop the House Strategy. The role of community champions was also essential to ensure local input. Whilst the role of community champion, it was important to be aware of how issues such as domestic violence and mental health concern, had a significant impact on the individuals who took on such roles. The SAEB has also focused on financial abuse and the scamming of older or vulnerable adults. Valerie Simpson from Trading Standards had recently been appointed to the SAEB.

Keith Mallinson expressed concern about safeguarding issues arising in Wormwood Scrubs prison. He commented that the conditions within the prison were disgraceful and that prisoners experiencing abuse and neglect were reluctant to come forward. He hoped that agencies that represented them such as the prison and the probationary services would be challenged. Ms Banham responded that this had been a priority for Mike Howard, Independent Chair of the SAEB. He had attended Wormwood Scrubs in order to secure representation from the prison on the SAEB, and whilst he was mindful of the seriousness of the concerns raised, there was currently no easy solution.

Councillor Vaughan commented that he had been impressed by the report when it had recently been presented to the Health, Adult Social Care and Social Inclusion Policy and Accountability Committee (HASCSIPAC, 20th October 2016) and welcomed the approach of focusing on a single theme throughout the year, which in this case had been financial scams and fraud. Councillor Lukey added that it would be helpful if there could be further exploration of cases of hoarding, as these had resulted in the case of two (unrelated) deaths in Earls Court. Ms Banham observed that adult safeguarding was a vast area of work and the report could only offer brief insight into the work undertaken. The focus this past year had been on those issues highlighted as important to residents. Referring to the hoarding cases, Ms Banham explained that worked closely with colleagues from housing and environment and the London Fire Brigade in terms of reducing the risk.

In terms of priorities, Ms Banham explained that what they had learned from serious case reviews was ensuring that individuals were in receipt of the right sort of care. To illustrate, behaviour that was difficult to manage in a care home such as dementia. It was essential to have early discussions to avoid having to make urgent decision during a crisis or episode.

Councillor Lukey thanked Ms Banham for the report, noting that the report had been presented to HASCSIPAC it was acknowledged the challenges involved in avoiding duplication.

## **RESOLVED**

That the report be noted.

## **78. DEVELOPING THE JOINT HEALTH AND WELLBEING STRATEGY**

Councillor Lukey welcomed Harley Collins, Health and Wellbeing Manager, who presented the report. This was a joint report between the Council and the CCG and set out the development details of the Joint Health and Wellbeing Strategy, 2016-21 and emerging priority areas including mental health, children, young people and families and long term conditions. The development process had been structured in three phases: The first, from January to March, involved a large scale review of the evidence of need; the second phase, covering April-May, included a series of workshops with patients and stakeholders; the third phase has included a fourteen-week period of public consultation during July-October.

It was explained that consultation and engagement has been a key principle throughout all stages of the work. During the public consultation, an online questionnaire was set up and sent to over 500 local organisations. 40 responses had been received from a mixture of businesses and individual residents. Responses indicated strong support for the four draft priority areas and for a preventative approach that sought to proactively keep people well rather than reactively treat people who are sick.

Feedback had been received as the report had navigated governance processes from within the Council. The report had been considered by the Business Development Team, which had sought greater reference in the report to the link with social inclusion, the Worklessness and Poverty Commission report and reference to the regeneration work undertaken in Children's Services and across the Council. HASCSIPAC (20<sup>th</sup> October 2016) had highlighted the lack of reference to older people as a separate, 5<sup>th</sup> priority, which was currently being considered. Further comments from the Committee included references to welfare reform and the need to formulate a communications strategy and implementation plan.

Vanessa Andreae commented that the strategy would require monitoring in terms of measuring precisely how it would impact on outcomes and make a difference. Councillor Lukey explained that this would be the next phase of work, to develop detailed operational and implementation plans, with examples of how we might deliver, key performance indicators and with more information about outcomes. Vanessa Andreae responded that the strategy was detailed and outward facing but that it was important to recognise that it should not be promising to deliver outcomes that had not been considered. Any statements would need to be clearly evidence based and benchmarked. Mr Collins confirmed that the next phase would more closely involve Public Health and commissioning colleagues in developing a 'dashboard' which would guide the work of the Board. Councillor Lukey added that this was intended to be a high level documents, with the next step being to translate it into a delivery plan.

Commenting on the governance arrangements, Ms Andreae highlighted the need to consider to properly signpost the reporting arrangements. Sarah



McBride responded that it was important to note that HWB was not the delivery vehicle for the JHWS, it's role was to monitor and ensure proper governance.

Councillor Vaughan recapped some of the points of the discussion around priorities. It was acknowledged that it was important to understand how services were making a difference and affecting the required outcomes. Councillor Vaughan concurred that the next phase would be prove more difficult and took the view that it worth reflecting on whether older people should be a 5<sup>th</sup> priority. He also expressed interest in applying indicators as to how outcomes had improved. Ms Andreae commented that children and young people were selected as a single priority (Giving children and families the best possible start), older people could be referenced in three of the other priorities, particularly LTC and social isolation and loneliness, which were key borough priorities. Ms Andreae speculated as to whether older people could be articulated into one of the existing areas. Ms McBride endorsed the comments, noting that the whilst there should be reference to prevention and treatment there was a risk that the strategy would be too broad. It was accepted that it would be helpful to set aside time in January to articulate a development plan. It was anticipated that the strategy would be signed off by the end of the year but it was recognised that some realignment was required to include the concerns of older people more clearly, whilst at the same time, not offer too much in terms of what was deliverable.

#### **RESOLVED**

1. That the Health and Wellbeing Board endorse the Joint Health and Wellbeing Strategy; and
2. That the report be noted.

#### **79. WORK PROGRAMME**

The Board noted that the date of the next meeting had been brought forward and would take place on 8<sup>th</sup> February and not 13<sup>th</sup> February. Harley Collins informed the Board that some updates to the forward plan would be required and that a date for a development session to discuss the JWBS would be scheduled.

#### **RESOLVED**

That the reported be noted.

**80. DATES OF NEXT MEETINGS**

The date of the next meeting would be 8<sup>th</sup> February 2017.

Meeting started: 6pm  
Meeting ended: 8:20pm

Chair .....

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