



City of Westminster

Committee Agenda

Title: **Adults, Health & Public Protection Policy & Scrutiny Committee**

Meeting Date: **Wednesday 23rd November, 2016**

Time: **7.00 pm**

Venue: **64 Victoria Street, London, SW1E 6QP**

Members: **Councillors:**

Antonia Cox (Chairman)
Barbara Arzymanow
Paul Church
Patricia McAllister
Jan Prendergast
Glenys Roberts
Ian Rowley
Barrie Taylor

Members of the public are welcome to attend the meeting and listen to the discussion Part 1 of the Agenda

Admission to the public gallery is by ticket, issued from the ground floor reception at City Hall from 6.00pm. If you have a disability and require any special assistance please contact the Committee Officer (details listed below) in advance of the meeting.



An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter. If you require any further information, please contact the Committee Officer, Andrew Palmer, Senior Committee and Governance Officer.

**Tel: 7641 2802; Email: apalmer@westminster.gov.uk
Corporate Website: www.westminster.gov.uk**

Note for Members: Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions they should contact the Head of Legal & Democratic Services in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

Item 4 CABINET MEMBER UPDATE

(Pages 1 - 20)

**Charlie Parker
Chief Executive
18 November 2016**



City of Westminster

Adults, Health & Public Protection Policy & Scrutiny Committee

Date: 23 November 2016

Briefing of: Cabinet Member for Adults & Public Health

**Briefing Author and
Contact Details:** Lucy Hoyte
lhoyte@westminster.gov.uk
Extension: 5729

1 Actions requested by the Committee

- 1.1 KPI analysis of Adult Social Care (ASC) and Public Health programmes, submitted to the Audit and Performance Committee in November, is attached in Appendix A of this report for the Committee's reference.
- 1.2 A written response to the Committee's queries about the KPIs for Out of Hospital Care is included in Appendix B of this report.
- 1.3 A note on the progress of the review of Public Health priorities is included in Appendix C of this report.
- 1.4 In response to the letter sent to me by Cllr Cox regarding the Committees recommendations and actions arising from the last meeting, I have completed the pro forma and submitted this as requested.

2 Adults

Better Care Fund (BCF)

- 2.1 The period for consultation and feedback on the first detailed draft of the five year Sustainability and Transformation Plan (STP) and refreshed Joint Health and Wellbeing Strategy has now ended. Feedback will now be used to finalise plans. The developing STP governance and delivery structure is being carefully managed to support delivery of future savings opportunities. Continuity of the Better Care Fund Programme into 2017/18 has now been confirmed by the Department of Health (DoH).
- 2.2 Mobilisation of the jointly appointed lead provider for Community Independence Services, Central and North West London NHS Trust (CNWL), is now well underway with a go live date of 1st November 2016. The services new overall Head of Service is a Trust employee.

- 2.3 There has been continued progress rolling out the hospital discharge model across the West London Alliance (WLA) region, supported by funding from the DoH and participating boroughs. Phase 1 of the programme, to co-locate ASC staff from Westminster, K&C, H&F, Brent, Ealing and Hillingdon across 7 hospital sites, has now been completed.
- 2.4 This co-location has allowed earlier identification and support for service users who present at hospital. Social workers representing 5 WLA boroughs are now aligned to hospital multi-disciplinary teams and are working to a needs-based assessment form to simplify the discharge process.
- 2.5 A new Front Door and Demand Management programme was initiated in August 2016 with Liz Bruce, the programme sponsor, and will be fully defined by the end of November 2016. The aim of the programme is to develop an integrated front door and prevention service system with upfront delivery of savings, improved services and outcomes. Prevention is a key STP delivery priority.

Carer Awards

- 2.6 The fourth Westminster Carer Awards took place on the evening of Monday, 31st October at the Amba Hotel Marble Arch. 120 unpaid carers and guests attended the event, the West End Kids opened the ceremony and the Blend Choir also performed. Exhibitors included Carers Network, Westminster Society, Westminster Health Trainers, People First and Everyone Active.
- 2.7 Over 130 people submitted nominations for unpaid carers across Westminster and, on the night, 27 unpaid carers were recognised for their outstanding care and contribution to the community. Winners were chosen from the 11 following categories: unpaid carer of someone with mental health needs; unpaid carer of someone with learning disabilities; unpaid carer of someone with physical disabilities; unpaid carer of someone with dementia; unpaid carer of more than one person; young carer; befriender; voluntary or community carer; carer of someone over 65 years; parent carer; and end of life carer.

Home Care Procurement

- 2.8 98% of the first 3 patches of customers are now considered mobilised. The recently awarded Patch 6 has 353 customers, of which approximately 200 customers still need to be transferred over. The new provider, Healthvision, have already transferred 10% of customers and the rest will be mobilised between November 2016 and March 2017. Therefore, overall mobilisation within Westminster (for all 4 patches) is 77%.
- 2.9 Comprehensive monthly contract meetings are being undertaken with all 4 providers who are reporting on a weekly basis to the Commissioning and Contracts Team.

- 2.10 So far there are 491 out of 1209 customers who have opted for a Direct Payment in Westminster; this accounts for 62% of customer hours.

Inter-generational Initiatives

- 2.11 Officers are at the early stage of investigating a possible opportunity to extend our approach towards inter-generational initiatives within our Care Homes. The idea stems from an approach being trialed in America and is viewed by officers as a useful initiative to tackling social isolation. There is more information about the scheme in America at the following link: <http://www.goodnewsnetwork.org/seattle-preschool-opens-inside-a-nursing-home/>
- 2.12 The idea is to make use of the communal facilities at Beachcroft Care Home for child based activities and to potentially develop an integrated crèche as part of the re-development of the Carlton Dean and Westmead sites. If it goes ahead, this will offer child-care support to staff employed by Sanctuary, our care home provider, and other local employers. Following initial meetings, the thinking at present is that a separate childcare service could possibly be contained within Carlton Dene, as a provider lead facility rather than commissioned by WCC. Officers have also identified a community space at Beechcroft Care Home that could potentially be utilised as a local offer for targeted groups or schools. This may also attract government funding.

Mental Health Day Services Consultation

- 2.13 Following our joint consultation about changes to our mental health services, officers and Health colleagues are continuing to develop a specification for the new service. This is a highly critical service and work is ongoing with service users and stakeholders to design the new service. Through the proposals, we aim to reach more people, achieve better outcomes and create efficiencies.
- 2.14 The proposals continue to include replacing underused existing day centres with a more flexible and tailored support service which focuses more on early intervention and recovery. They also continue to include providing peer support groups and “safe space drop-ins” so that people who have had multiple relapses and who find accessing mainstreams services very challenging or are transitioning from hospital to GP care can easily access support, at different times, in the community, at a range of locations. The proposals also give people increased choice and control of their mental health services through personal budgets.

Silver Sunday

- 2.15 People aged 65 and over took part in 52 free events and activities across the city on Sunday, 2nd October as part of the fifth annual Silver Sunday.
- 2.16 More than 1,000 Westminster residents aged 65 and over tried something new
Highlights included:

- a celebration of Broadway musicals at the Royal Albert Hall
- tours and afternoon tea at Lord's Cricket Ground
- guided walks around historic Westminster
- singing with the Church Street Choir
- free film screenings
- dance for health workshops with the English National Ballet

Specialist Housing Strategy for Older People (SHSOP)

- 2.17 As mentioned in my last report, Phase 1 of the SHSOP programme (the transfer of Butterworth) has now completed. Phase 2, which consists of a number of different developments, continues.
- 2.18 The Beechcroft scheme has now been decoupled from the rest of the Phase 2 programme to allow it to start. The strategic context for the SHSOP programme will continue to be developed through the individual business cases for the other two projects (Carlton Dean and Westmead), as has been done for Beechcroft.
- 2.19 A Cabinet Member Report for Beechcroft has been prepared requiring a decision to appropriate land from the housing revenue account to the general fund, allocate an affordable housing grant and to confirm an increase in funding to enable the development to proceed. The scheme continues to be on programme and planning permission has been submitted; contractor procurement is commencing with a 'meet the buyer' event in early November.

Tea Dance

- 2.20 The 2016 Westminster Tea Dance took place on Sunday 6th November in the Great Room of Grosvenor House; around 950 people over 65 years old attended. It was supported by the Sir Simon Milton Foundation and sponsored by our partners the Grosvenor Estate, Telegraph Group and Shaftesbury PLC. Our special guest was the renowned Music Hall performer and West End star, Jan Hunt.

3 Public Health

0 – 19 Services (School Nursing and Health Visitors)

- 3.1 Following the transfer of Health Visiting and Family Nurse Partnership (FNP) services to local authorities in October 2015 we are working with a range of partners to assess the effectiveness of the current services and to agree design principles for the new service. The current contract with Central London Community Healthcare (CLCH) runs until 30th September 2017. The Health Visiting and FNP services are part of the collaborative commissioning pilot which will enable whole system planning. Contract renewal/extension will be sought by September 2017 to allow sufficient time to re-commission effectively.

- 3.2 The current contract with CLCH for School Nursing has been extended until March 2017. This is to ensure continuity of the service whilst the procurement of a new School Health Service is completed. The new School Health Service procurement is progressing with the outcome of the procurement communicated to those who submitted a tender on 26th October 2016. Once the Alcatel period has expired, Public Health will be working jointly with Children's Services to mobilise the new service for it to be in place from 1st April 2017.

Advice Services

- 3.3 A review of Public Health advice services is currently underway, with a view to bringing the remaining services under the scope of Corporate Advice services or where, and if relevant, under the Voluntary Sector Support Service or the provision of services for Older People under the umbrella of Older People Hubs.

Childhood Obesity

- 3.4 The Tackling Childhood Obesity Team (TCOT) is looking to further develop and strengthen its engagement with other council areas to accelerate progress on the programme. Proposed activities such as an increase in providing drinking water and a social supermarket are still being proposed but the aim of the partnership is to establish an on-going relationship with specific areas of the council alongside targeted activities to reduce childhood obesity.
- 3.5 Westminster is taking part in the pan-London initiative, The Great Weight Debate. The initiative encourages people to get involved with local events and to complete a survey to tell us how families and children can lead healthier lives.

Community Champions

- 3.6 The Community Champions programme comprises 5 Community Champions projects and a Maternity Champions pilot project. All 5 projects are delivering well. There has been good collaborative work with housing, particularly with City West Homes, Peabody and Sanctuary housing.
- 3.7 85 Champions have delivered over 30 weekly activity sessions and have involved 9,385 residents in activities, health campaigns and fun days.
- 3.8 The Community Champions conference, on the theme of Ways to Wellbeing, takes place on 24th November.

Integrated service design update

- 3.9 Work has begun on redesigning the behaviour change services into a single more integrated healthy lifestyle service. The services in scope include the Health Improvement and Exercise Referral services. A needs assessment has been completed, literature reviews on digital services and integrated services

have been completed, and best practice models of integrated services have been collected from other areas. Providers have been consulted about their experience of integrated services and a business case is being developed. Social Impact Bonds are being explored, as well as the Life Chances Fund.

Prioritisation Framework

- 3.10 Going forward, if the Council is to achieve significant improvements in population health outcomes in the current economic climate, choices need to be made about how best to allocate Public Health resources to specific programmes or work/ services. In order to support these decisions, the Public Health team is in the process of developing and testing a prioritisation framework. If successful, the prioritisation framework will enable the following:
- i. A comparison of services (including existing and proposed services) across a range of dimensions (including health impact; finance; implementation; population coverage and strategic fit);
 - ii. Identification of gaps in service provision for prioritised Public Health outcomes. In order to identify gaps in service provision each service/ programme can be 'tagged' to a list of priority health outcomes (determined by national guidance, Council strategy, Health and Wellbeing Board strategy, STP etc.). An assessment of how each borough is performing against each of these priority health outcomes forms another element of the prioritisation framework;
 - iii. Prioritising collaborative programmes of work across Council departments (e.g. obesity prevention, healthy homes etc.)
- 3.11 If the tool is successful, this will be used to inform 2018/19 resource planning.

NHS Health Checks

- 3.12 At the half year point, we have delivered 3,346 health checks. This represents 8% of the eligible population. Our target for the year is to deliver health checks to 15% of the eligible population. In recent data published by Public Health England on health checks delivered since 2013, Westminster is 8th in the list of 152 local authorities.

Sexual Health

- 3.13 The procurement of the re-designed Adults Community Sexual and Reproductive Health Services is complete and the outcome due to be published on 2nd December following Key Decision approval.
- 3.14 There are further delays to finalising the procurement of the integrated Genito Urinary Medicine (GUM) Sexual and Reproductive Health (SRH) service. These delays relate to the linked London Sexual Health Transformation Programme and the interdependencies across London, including the procurement of the London wide web based sexual health screening initiative led by Camden. These services are mandatory for us to provide and will be open access. There is on-going interest in this very high

profile procurement as we host the busiest units in London that attract the most high risk and vulnerable cohorts from outside the borough.

Staff Re-Structure

- 3.15 Public Health's operating model needs to be re-designed to ensure the three Councils can maximise impact on population health whilst also meeting its savings targets for the medium term.
- 3.16 The re-structure will deliver a new service operating model and culture that provides more visible leadership and governance for each programme of work and a more collaborative model of working with other Council departments, particularly Children's and Adult Social Care.
- 3.17 The new structure will be in place from 1 April 2017, following a formal consultation period with staff and unions which has just begun.

Stop Smoking

- 3.18 1,322 people have set quit dates and of those 521 have stopped smoking so far. The complete data for Quarter 2 will be ready in December. The service is on track to achieve its targets for the end of the year. The Stoptober campaign, which has just been completed, saw the highest ever number of recruits.
- 3.19 Public Health has been working with the Licensing and Policy teams to develop a strategy to reduce shisha smoking in the borough. The draft strategy went out to consultation at the end of last year. The strategy looks at the impact of shisha smoking and sets out an approach to deal with the issue through engagement, regulation and lobbying. Officers are now evaluating the feedback and will launch the final strategy at an event. It is anticipated that the event will now be in the New Year rather than the Autumn to allow more time for it to be organised (date to be confirmed).

Substance Misuse

- 3.20 The six month review of the new core drug and alcohol service implementation highlighted a number of areas where improvements have been evidenced. The new services have trained all staff on progressing the "asset based" model of care, which builds on the service users' own potential and has started to have an impact within the services. The partnership between the agencies is working well overall. There is an increased number of individuals entering paid employment with 39 people supported to secure jobs through the education, training and employment programme. There are improved links to the Westminster employment brokerage team which should lead to further successes.
- 3.21 The joint work initiatives with the homelessness teams and work with hostels has increased in Quarter 2 and will be built on as part of a range of initiatives. Proactive work with the domestic abuse services, run by Angelou, has

resulted in positive feedback about the new services on offer. The number of individuals entering residential detox and rehabilitation has been lower than expected, however referral pathways are now working more efficiently and numbers are rising. We are awaiting responses from the annual stakeholder survey due mid-November.

- 3.22 Public Health officers have attended meetings with the police, providers and the rough sleeping and public protection teams as part of the Council's work to tackle the recent reports that there is a rise in levels of the cannabinoid "Spice" amongst the rough sleeping and homeless populations within Westminster. It is unclear whether the term "Spice" is being used in reference to a number of different novel psychoactive substances (NPS). However, the behaviours exhibited by those using these substances are increasingly high risk in terms of their physical and mental health alongside the increased violent and antisocial behaviours exhibited. In response we have increased the services we provide in hostels and are participating in street-outreach jointly with the homelessness teams to assess the extent of the problem and provide services where they are needed.
- 3.23 The evaluation of both the specialist Group Work Programme and Primary Care Support Service has started. The initial interviews with providers and service users have raised issues in relation to consistency of the delivery of services. We expect to report more fully in December.

Supported Employment

- 3.24 Through the specialist employment broker based in Cross River Partnership, 27 individuals have progressed closer to employment this financial year. 16 people have been supported into employment opportunities and a further 7 people have been supported into paid employment. Examples of the types of placements and employers secured and engaged through this project include:
- Regent Street Association (we have become their chosen organisation for manning their events);
 - Customer service and events stewarding, Lords Cricket Ground;
 - Customer service, New Look;
 - Retail customer service, Aqua Group of Restaurants;
 - Front of House, Royal Opera House;
 - Reception, Amey, WCC;
 - Reception, Elisabeth Street Veterinary Surgery;
 - Project Manager, Quaker Homes Action;
 - Project Manager, Change Management Team, PPC Dept, WCC; and
 - Information Analyst, Central & North West London NHS Trust.
- 3.25 Of the 27 people supported, the average length of unemployment is 2 years and common issues faced by the cohort supported include mental ill health including anxiety and Schizophrenia, learning disabilities (dyslexia, dyspraxia and on autism spectrum) and foetal alcohol syndrome.

4 Health and Wellbeing Board

Board Meetings

- 4.1 The Board last met on 15th September 2016. The Board reviewed the Council's draft Rough Sleeping Strategy and the Housing Support and Care Joint Strategic Needs Assessment (JSNA). The Board also received updates on the North West London STP, the Children and Families Act implementation, including the preparation for local area inspections, and older people's hubs.
- 4.2 The next Board meeting will take place on 17th November 2016. The agenda includes the Adults and Children's annual safeguarding reports, a refreshed CAMHS plan, an update on the Dementia JSNA and an update on the STP and Joint Health and Wellbeing Strategy. Members of the Board will also consider an item on optimizing older people's hubs.

Joint Health and Wellbeing Strategy Refresh

- 4.3 The joint health and wellbeing strategy, a local plan for delivering transformation in health and care in Westminster, is being refreshed. The strategy will focus on prevention and early intervention while ensuring a sustainable high quality, person-centred health and care system for everyone who lives in, works in and visits Westminster over the next five years. Our four priorities that we are proposing to focus on include:
- Improving outcomes for children and young people;
 - Reducing the risk factors for, and improving the management of, long term conditions such as dementia;
 - Improving mental health through prevention and self-management; and
 - Creating and leading a sustainable and effective local health and care system for Westminster.
- 4.4 Following a 14 week public online consultation, over a 100 formal responses were submitted in addition to all the feedback received in engagement events over the last three months. The feedback received has been largely positive, with support for the preventative and community asset-based approach, and focus on wider determinants in the Strategy. There was also support for the four headline priorities.
- 4.5 An amended Strategy will be considered by the Westminster Health and Wellbeing Board on 17th November. Following this it will be considered by the Policy and Scrutiny Committee on 23rd November and Cabinet on 12th December. Following Cabinet, the publication of the Strategy is expected by 20th December.

Hubs

- 4.6 The Health and Wellbeing Hubs Programme was born out of a desire to develop new models of care that provide better access to preventative

services and make more effective use of our assets to improve people's quality of life and reduce reliance on costly public services.

- 4.7 The Health & Wellbeing Board has initiated three areas of work within the programme which focus on older people (Older People Hubs), children and young people (Family Hubs) and adults with complex needs (Newman Street) to test new models of care for these groups with a view to informing the wider strategic intentions and planning underway through the North West London Sustainability and Transformation Plan (STP).
- 4.8 Regular updates are brought to the board on the progress made delivering these areas of work. In November, the Board will be updated on the progress made between the council, CCGs and voluntary sector in optimising the preventative role of Older People Hubs in the city.

5 Health

The North West London Sustainability and Transformation Plan (STP)

- 5.1 In December 2015, NHS England outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England will produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward vision of better health, better patient care and improved NHS efficiency. This will help drive genuine and sustainable transformation in patient experience and health outcomes over the longer-term. Westminster City Council and our health partners, the Central London and West London Clinical Commissioning Groups, are part of the North West London locality.
- 5.2 Our draft joint health and wellbeing strategy has been compiled alongside the development of North West London STP since January 2016. The Health and Wellbeing Board agreed in January that the strategy would act as the local delivery plan for the STP and accordingly the main themes of both documents have been linked – specifically on the themes of prevention, early intervention, developing and maintaining high quality service for people, and improving mental health and wellbeing for adults and children. Westminster has also been leading on the finance work stream of the STP for North West London. Westminster is in a good position to significantly influence the STP and greatly benefit our residents as a result.
- 5.3 In June, the North West London STP leaders submitted a 'check point' document on behalf of the health and local authority signatories to NHS England to obtain feedback on the content and direction of the STP. The document received positive feedback and it is expected that it will attract transformation funding to help implement the STP.
- 5.4 The date for the second iteration of the plans was 21st October. The Chief Executive and I wrote to the NWL team ahead of the submission deadline to explain our support of the principles adopted within the STP around

prevention, out of hospital care and dealing with the social care funding gap. We also wrote in support of the need to work more closely together across the public sector to maximise benefits from changes to the NHS and other public sector estates.

5.5 However, we reiterated that there is much more work to be done between 21st October and the formal sign off in December to establish more clarity, both within the submission itself and through other NHS processes, in order for Westminster City Council to give full support for the plan. Specifically, we wrote that the following issues and actions need to be noted and carried out before the Council can give formal approval to the NWL STP:


- (i) that the IMBC, on which Delivery Area 5 is based, is released;
- (ii) that the flow of monies from acute to out of hospital settings are clarified;
- (iii) that the specification for out of hospital care in each proposed hub is fully outlined;
- (iv) and that a full risk assessment for the plan, along with relevant mitigations, are included.

If you have any queries about this report or wish to inspect any of the background papers please contact Lucy Hoyte x 5729
lhoyte@westminster.gov.uk

Appendix A – KPI analysis of Adult Social Care and Public Health programmes

Key Service Performance Indicators

The table provides an assessment of the Key Service Performance Indicators. Detail has been provided for all indicators failing to meet targets. Please note figures reported are for April to September 2016, unless otherwise indicated.

Performance Indicator	2015/16 Performance	2016/17 Target	Quarter 2 position*	RAG Rating	Direction of Travel
	<i>Last year's position</i>	<i>Service targets</i>	<i>Jul 16 – Sep 16</i>	<i>Red, Amber, Green</i>	<i>Perf vs. last year</i>
Performance Indicators flagged for attention:					
Adult Social Care					
 Percentage of carers receiving an assessment or review	87%	90%	33%	Amber	Improving
Reason for underperformance and mitigation: Carers assessments are slightly behind target for August (38%) because many assessments carried out in the previous year were carried out in the latter part of the year, hence too soon to carry out another review. Performance is greatly ahead of performance this time last year. The percentage will rise faster over time					

Performance Indicators on track to achieve targets					
Adult Social Care					
Proportion of adults with a learning disability known to ASC in paid employment	7.4%	7.5%	6% (25/392)	Amber	Stable
Proportion of adults in contact with Mental Health services in paid employment	6.6%	6.6%	7% (66/919)	Green	Stable
Percentage of people completing re-ablement who require a long-term service	28%	28%	25% (87/347)	Green	Stable
Total number of new permanent admissions to residential care of people aged 65 years and over	46	46	14	Green	Stable
Total number of new permanent admissions to nursing care of people aged 65 years and over	53	53	17	Green	Stable
Adults receiving a personal budget to meet their support needs	92%	90%	90% (1483/1634)	Green	Stable, same as last year
Delayed transfers of care, acute days attributed to social care (cumulative)	1,002	924 (308 Apr - Jul)	260 (Apr-July)	Green	Improving on last year

Performance Indicator	2015/16 Performance	2016/17 Target	Quarter 2 position*	RAG Rating	Direction of Travel
	<i>Last year's position</i>	<i>Service targets</i>	<i>Jul 16 – Sep 16</i>	<i>Red, Amber, Green</i>	<i>Perf vs. last year</i>
Public Health					
Service Commentary: Public Health performance indicators all have a lag reporting time of between 2 months to a year. However all indicators have been reported as being on track and to achieving their targets. The most up to date figures have been provided within the table.					
Percentage of children who received a 2-2.5 year review	53.1% (in Q1 15/16)	Q1 Target: 390 (69%)*	70%	Amber	Improving
Number of residents reached through community champion activities	13,228 (global figure for all activity)	Target to be confirmed	3059	Green	Improving
<i>* Annual data</i>					
Number of NHS health checks taken up by eligible population	7,784	8,330	1,637 (Qu1)	Green	Stable
Stop Smoking Services – number of 4 week quits	1,467 (full year)	345 (at end Qu 1)	314 (Qu1)	Green (based on profile)	Stable

Appendix B - Written Response regarding Out of Hospital Care

The Committee requested further information about 2015/16 Key Performance Indicators, which help us to understand how well the system is performing in relation to Out of Hospital (OOH) care.

Reduction in non-elective admissions (WCC estimate)

- The target was 17,254 with actual year end performance being 18,498 admissions.
- This target was set out in the Better Care Fund plan which we recognise was over ambitious
- As part of the Better Care Fund (BCF), the refreshed Community Independence Service (CIS) is focussing efforts on areas such as Rapid Response Nursing, reablement and in-reach which aim to prevent hospital admission and A&E attendance.

Delayed transfers of care due to social care (acute days)

- The target for the end of 2015/16 was 432 days, with actual year of end performance being 1002 days.
- The target for 2015/16 of 432 days was always very challenging; the London average performance for 2015/16 was 924 days.
- Data for Westminster from April to August 2016 identifies levels of social care acute delayed days as slightly below the London level.
- When looking in more detail at our 2015/16 performance, the majority of delayed days (72%) were due to availability of care home placements, primarily for nursing care. This trend has continued into 2016/17.
- There is some evidence requiring further work that suggests that the number of delayed days has increased but the number of people waiting has broadly remained similar. This seems to suggest that there are similar numbers of people waiting some people are waiting for longer.

Appendix C - Written response regarding Public Health Priorities

A review of public health priorities was conducted under the umbrella of creating the Public Health Strategy 2015-2025. The public health team has also informed the development of the draft health and wellbeing strategy for the city.

To deliver the priorities set out in the Public Health Strategy within the context of challenging Public Health resources, a draft prioritisation framework tool is being tested. It is hoped that the draft prioritisation framework tool will support the delivery of significant improvements to population health outcomes through systemic informed choices about how best to allocate scarce resources. It is envisaged that if the tool proves to be sufficiently robust that it could be used to inform the 2018/19 business planning process.

Cabinet Member response to recommendations from the Adults, Health & Public Protection Policy & Scrutiny Committee Meeting of 21st September 2016.

Recommendation 1

There is a need for early engagement with Local Authorities', service users and other partners

Cabinet Member comments and action:

Early engagement with local authorities and other stakeholders of the STP is essential. As the Committee will be aware, there has been a tight and moving timeframe for local STPs to be drafted. However, Westminster has taken proactive steps to ensure we are fully engaged with the process – for instance we are leading on the finance and estates elements of the NWL STP and have also developed our Health and Wellbeing Strategy to act as the local delivery plan to the STP. We have also hosted several events, in partnership with CLCCG and WLCCG, to consult residents and stakeholders on our proposed health and wellbeing priorities for Westminster along with several other engagement events with businesses, health and care providers and voluntary and community sector. However, there is much more work to do on the STP before it is finalised in December and continued engagement with all partners is essential.

Recommendation is **AGREED/PARTIALLY AGREED/NOT AGREED** (*delete as appropriate*)

Recommendation 2

There is a need for greater emphasis on mental health and isolation

Cabinet Member comments and action:

The Committee will be aware that we are currently refreshing our joint health and wellbeing strategy and that one of the 4 priorities we have identified is to focus on supporting those with mental health issues. The health and wellbeing strategy is our local delivery plan for the STP, which heavily focuses on mental health issues so at a Westminster level we will be placing a significant emphasis on mental health in our plans. The strategy commits to improving the wider determinants of mental health, for example, through supported employment and working with VCS partners to enable active community participation.

We also recognise that social isolation is one of the root causes of both physical and mental long term illnesses so this is also at the heart of the health and wellbeing strategy. Indeed, we are already doing a lot to tackle social isolation through initiatives such as the Tea Dance, Silver Sunday activities and via our befriending

services. I am committed to keeping both of these high on the agenda.

Recommendation is **AGREED/PARTIALLY AGREED/NOT AGREED** (*delete as appropriate*)

Recommendation 3

There are concerns over the implementation of the 7 day GP service

Cabinet Member comments and action:

Commissioning and performance managing of GP services is a joint CCG and NHS England responsibility. However, as it is an STP commitment, the local authority is in a position to influence future design of such services and I will convey the committee's concerns.

The Committee will also be aware that last summer, the Health and Wellbeing Board commissioned Council and CCG officers to undertake a programme of modelling primary care provision and demands, now and over the next 15 years.

Officers have developed a model to enable the mapping and projection of demographic groups and the corresponding disease burden. The next phase will collate council and CCG data to align data assumptions before populating the model.

This work will help inform the implementation phase of the 7 day GP service in Westminster.

Recommendation is **AGREED/PARTIALLY AGREED/NOT AGREED** (*delete as appropriate*)

Appendix to Pro Forma: Note on STP Engagement Activities

Our Joint Health and Wellbeing Strategy is the local delivery plan for the STP so this has been the primary tool we have used during our engagement activities. The Joint Health and Wellbeing Strategy and the STP were developed concurrently, and have informed each other. Their priorities have a great deal of similarity which allows us to consult on both at the same time. We took the view that consulting on the JHWS and the STP separately but at the same time and whilst they retained a great deal of similarity, would be confusing to the public in a way that might prevent them from providing us with feedback.

Following a 14 week public consultation, over a hundred formal responses were submitted in addition to all the feedback received in engagement events over the last three months. The engagement events that Cllr Robathan and Dr Pursell (chairman, Central London CCG) jointly hosted included:

- A consultation roundtable with Westminster health and care providers at CLCCG offices on 8th September;
- An event entitled *Health and Wellbeing in Westminster – Everyone’s Business*, aimed at Westminster businesses who wanted to find out more about how they can make improvements the health wellbeing of their workforce. Speakers included Marylebone Cricket Club, Crown Estates and Westminster Impact Hub. The event took place at Somerset House on 14th September.
- An open house consultation event for the public at Church Street library with free activities such as chair zumba and health checks for attendees. Attendees were asked to feedback on aspects of the draft strategy to us during the event on 5th October. This event was also used to engage people about the wider health plans for Westminster (i.e. the STP).
- The four priorities of the Joint Health and Wellbeing Strategy, and key questions around these, were also put to the 100 plus people who attended the Council’s Open Forum on 6th October.

In addition to this, officers from the Council and CCGs attended and presented at the following meetings:

North Westminster Community Network	Healthwatch Central West London
Westminster Community Network	Central London CCG’s Locality Meetings (North, Central and South)
Central London CCG AGM	West London CCG’s Patient Reference Group & Central London CCG’s User Panel meeting
Paddington Festival (Queen’s Park Community Festival)	Community Champions Summer Health Fair
South Westminster Action Network	Older People’s Forum
South West London Health and Wellbeing Network	BME Health Forum

The feedback received has been largely positive, with support for the preventative and community asset-based approach, and focus on wider determinants in the Strategy. There has also been support for the four headline priorities. A summary of the consultation feedback received is available in the most recent update report to the Health and Wellbeing Board (available [here](#)) and this includes a copy of the Strategy amended in response to the feedback (available [here](#)).