



City of Westminster

# Committee Agenda

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

Meeting Date: **Wednesday 27th January, 2016**

Time: **7.00 pm**

Venue: **Rooms 5, 6 and 7 – 17<sup>th</sup> Floor, City Hall, 64 Victoria Street, London SW1E 6QP**

Members: **Councillors:**  
Antonia Cox  
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 6.30pm. 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.**

**Email: [apalmer@westminster.gov.uk](mailto:apalmer@westminster.gov.uk)  
Tel: 020 7641 2802  
Corporate Website: [www.westminster.gov.uk](http://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)**

#### **1. MEMBERSHIP**

- I) To note any changes to the membership.
- II) To appoint a Chairman for the Committee.

#### **2. DECLARATIONS OF INTEREST**

To receive declarations by Members and Officers of the existence and nature of any personal or prejudicial interests in matters on this agenda, in addition to the standing declarations previously made.

#### **3. MINUTES**

To approve the minutes of the meeting held on 25 November 2015 and Action Tracker.

**(Pages 1 - 12)**

#### **4. CHAIRMAN'S Q&A**

To receive any questions from Members of the Committee.

#### **5. CABINET MEMBER UPDATES**

To receive an update on current and forthcoming issues within the portfolios of the Cabinet Member for Public Protection and Cabinet Member for Adults & Public Health. The briefings also include responses to any written questions raised by Members in advance of the Committee meeting.

**(Pages 13 - 30)**

#### **6. STANDING UPDATES**

##### **I) Task Groups**

To receive a verbal update on any significant activity undertaken since the Committee's last meeting.

##### **II) Westminster Healthwatch**

To receive an update on the delivery of current priorities, and on the future Work Programme.

**(Pages 31 - 32)**

- |   |                               |
|---|-------------------------------|
| <p><b>7. FINDING AND SUPPORTING CARERS</b></p> <p>To assess and review the work of Adult Social Care in finding and supporting carers in the Westminster population.</p>  | <p><b>(Pages 33 - 50)</b></p> |
| <p><b>8. REGULATION OF INVESTIGATORY POWERS (RIPA)</b></p> <p>The Regulation of Investigatory Powers Act 2000 (RIPA), regulates the use of directed covert surveillance, and creates a statutory authorisation scheme for the lawful undertaking of such activities. The revised Code of Practice states that elected members of a local authority should review the authority's use of the 2000 Act and set policy at least once a year.</p> | <p><b>(Pages 51 - 54)</b></p> |
| <p><b>9. WORK PROGRAMME</b></p> <p>To consider the Committee's Work Programme for the remainder of the 2015/16 municipal year.</p>  | <p><b>(Pages 55 - 60)</b></p> |
| <p><b>10. ITEMS ISSUED FOR INFORMATION</b></p> <p>To provide Committee Members with the opportunity to comment on items that have been previously circulated for information.</p> <p><b>I) Health Urgency Sub-Committee</b><br/>Minutes of the meeting held on 17 November 2015.</p> <p><b>II) London Ambulance Service</b><br/>Letter sent to the Chief Executive of the London Ambulance Service on behalf of the Committee.</p>            |                               |
| <p><b>11. ANY OTHER BUSINESS</b></p> <p>To consider any other business which the Chairman considers urgent.</p>   |                               |

**Charlie Parker**  
**Chief Executive**  
**19 January 2016**

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CITY OF WESTMINSTER

## DRAFT MINUTES

### Adults, Health & Public Protection Policy & Scrutiny Committee

#### MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Adults, Health & Public Protection Policy & Scrutiny Committee** held on **Wednesday 25th November, 2015**, Rooms 6 & 7, 17th Floor, City Hall, 64 Victoria Street, London SW1E 6QP

**Members Present:** Councillors David Harvey (Chairman), Barbara Arzymanow, Paul Church, Patricia McAllister, Jan Prendergast, Tim Roca and Ian Rowley.

**Also Present:** Councillor Rachael Robathan.

#### 1 MEMBERSHIP

1.1 Apologies for absence were received from Councillor Glenys Roberts.

#### 2 DECLARATIONS OF INTEREST

2.1 The Chairman sought any personal or prejudicial interests in respect of the items to be discussed from Members and officers, in addition to the standing declarations previously tabled. No further declarations were made.

#### 3 MINUTES AND ACTION TRACKER

3.1 **RESOLVED:** That the Minutes of the meeting held on 24 September 2015 be approved for signature by the Chairman.

3.2 Members also noted progress set out the Committee Action Tracker.

#### 4 CHAIRMAN'S Q&A

4.1 The Committee confirmed that it had no questions or comments for the Chairman.

## **5 CABINET MEMBER UPDATES**

### **5.1 Cabinet Member for Adults & Public Health**

- 5.1.1 The Committee received a written briefing from Councillor Rachael Robathan on key issues within her portfolio, which included the Community Independence Service, the Better Care Fund, and the Home Care Contract. Committee Members noted that Mike Robinson had recently been appointed as the new Tri-Borough Director of Public Health; and that responsibility for Health Visitors had passed to the local authority on 12 October.
- 5.1.2 The Cabinet Member commented on the recent Carer's Awards, and highlighted the importance of recognising the work that was being done by all carers. The Cabinet Member also highlighted the support being provided by young carers; and commended the sitting service provided by the City Council, which provided respite for carers of people with intermediate needs.
- 5.1.3 Committee Members commented on problems with the Dial-a-Ride service that were being experienced by patients. The Cabinet Member suggested that details of the incidents should be forwarded to Adult Social Care, who could take the issues forward as complaints. The Committee agreed that concerns regarding the Dial-a-Ride service would be raised at the next meeting of the Imperial Transport Strategy Group.
- 5.1.4 Members also expressed concern over ongoing IT problems in scheduling patient appointments, and agreed that the Committee would write to Imperial NHS Trust asking for a written statement on the management of data, together with statistics on error rates.
- 5.1.5 Committee Members highlighted the importance of receiving more information on current key challenges and priorities, together with an analysis of anticipated and actual outcomes from specific activities. The Cabinet Member commented that it could be difficult to pinpoint specific savings, but acknowledged the need to create a structure that could best reduce costs and deliver savings through efficiencies and early intervention. The Committee noted that it would be possible to gauge performance in April 2016, when the reconfigured services had been in operation for a year.
- 5.1.6 The Committee asked that Key Performance Indicators be included in the Cabinet Member Briefing for Adult Social Care and Health.
- 5.1.7 Other issues discussed included the Specialist Housing Strategy for Older People; the Smoking Cessation Programme; and the Social Supermarket scheme.

## 5.2 Cabinet Member for Public Protection

5.2.1 The Committee received a written briefing from Councillor Nickie Aiken on key issues within her portfolio, which included community cohesion, street performing, and rough sleeping.

5.3 **RESOLVED:** That the briefings detailing the recent work undertaken within the portfolios of the Cabinet Member for Adults & Public Health and the Cabinet Member for Public Protection be noted.

## 6 **STANDING UPDATES**

### 6.1 Committee Task Groups

6.1.1 The Committee discussed the progress of its current and forthcoming Task Groups, which included Trafficking in Westminster, Safeguarding 16-25 Year Olds, and the Imperial Transport Strategy Group. Committee Members were invited to attend the rough sleeper count which was due to take place on 26 November.

6.1.2 Members noted that the Health Policy & Scrutiny Urgency Sub-Committee had met on 17 November, to receive updates from the Central North West London NHS Trust on the redesign of the Community Mental Health Service; and from the Central London CCG on plans to improve the Urgent Care Centre at St Mary's Hospital.

6.1.3 The Committee also received an update on the recent meeting of the North West London Joint Health Overview & Scrutiny Committee, which had been held at LB Harrow and had focussed on the recruitment and retention of staff; pressure on A&E and GP services; and the London Ambulance Service.

### 6.2 Healthwatch

6.2.1 The Committee thanked Westminster Healthwatch for the briefing on current work and priorities which had been provided to Members before the meeting.

6.3 **RESOLVED:** That the standing updates from the Committee's Task Groups and from Westminster Healthwatch be noted.

## 7 **LOCAL POLICING MODEL**

7.1 As part of its Work Programme, the Committee had requested an assessment of the effectiveness of the neighbourhood Local Policing Model (LPM) which had been published earlier in the year by the Metropolitan Police, and which sought to deliver a more efficient service while making savings. Superintendent Liam

Harrington (Metropolitan Police) and Mick Smith (Head of Community Safety) accordingly provided an overview of how stage 1 of the LPM had worked in Westminster. The Committee noted that the Mayor's Office for Policing & Crime (MOPAC) had been invited to attend the meeting and take part in the discussion, but had declined.

- 7.2 The LPM had been established in response to the Mayor of London's MOPAC challenge in three key areas, which had been to reduce the key neighbourhood MOPAC 7 crime types by 20%; to make a 20% reduction in budget; and to achieve a 20% increase in public confidence in policing. The Committee noted that London as a whole was achieving these objectives, and was on track to achieve the 20% target for MOPAC 7 crimes by April 2016. Superintendent Harrington had been pleased to note that the Chancellor's Autumn Statement had not included anticipated cuts to the police service.
- 7.3 Under the LPM, Westminster had been divided into 5 neighbourhoods with different challenges and different types of crime. The investigation of neighbourhood crime by neighbourhood officers represented a cultural shift, and the Committee noted that of the 1,250 police officers in the Borough, between three and four hundred were involved in neighbourhood policing. Approximately 48,000 offences, which included all crime, had been recorded in Westminster over the past year.
- 7.4 The Head of Community Safety commented that high level discussions were continuing to take place over the model of policing in Westminster, and confirmed that the City Council had a good working relationship with the police at a strategic and operational level.
- 7.5 The Committee discussed the LPM, and expressed concern that although there had been a significant increase in the number of Neighbourhood Policing Officers, the substantive increase in responsibilities and activities could lead to a major strategic problem through less time being available for police to work on neighbourhood issues.
- 7.6 The Committee discussed the projections included in the LPM, and noted that although the detailed design model had been predicated on 40% of crime being allocated to secondary investigation, the actual figure had been 59%. Committee Members expressed concern that the miscalculation could be a major error in modelling which could impact on resourcing and police time, which could be significant when overlaid with other ongoing reorganisations within the Police and the implications of the recent events in Paris.
- 7.7 Superintendent Harrington considered that the report was misleading, and that a more realistic target for crimes being allocated to secondary investigation would be 45%. Before the LPM, the allocation had been 60%, and this figure had not changed since the new model had been introduced. The 40% projection within



the LPM had included the response service and the CID, in addition to neighbourhood policing; and it had been hoped that the LPM would enable the police in London to deal with the same number of crimes as in the Counties, which had not taken into account the higher rate of crime in London.

- 7.8 The Committee discussed the impact of drawing officers from other Wards to attend major demonstrations and events outside of the borough, such as the Notting Hill Carnival. Superintendent Harrington recognised that this was an ongoing challenge, which could reduce the number of police available within a particular neighbourhood.
- 7.9 Committee Members commented on problems in Oxford Street associated with street performers, pedicabs and anti-social behaviour, and acknowledged that the West End and Oxford Street had the highest volumes of policing in the borough.
- 7.10 The Committee discussed staff turnover and the impact of police rotation on training and probation. Superintendent Harrington commented that the high volumes of crime in London could lead to specialisation and Police Officers becoming deskilled, and highlighted the need for Officers to receive appropriate training.
- 7.11 Committee Members also discussed the level of threat following the recent events in Paris, and noted that the Police had sought to provide reassurance through greater visibility.
- 7.12 The Committee thanked Superintendent Harrington for attending the meeting.
- 7.13 **RESOLVED:** That the Committee agreed to invite MOPAC and the Police to a future meeting to consider how the cultural change would be made over the next three years. The Committee also agreed to the issuing of a Press Release regarding the need for MOPAC to be accountable and to attend meetings of the Scrutiny Committee.

## **8 THE PATIENT JOURNEY - MAPPING THE EXPERIENCE OF WESTMINSTER'S RESIDENTS**

- 8.1 In response to a request made by the Committee, Matthew Bazeley (Managing Director, Central London CCG) and Louise Proctor (Managing Director, West London CCG) accordingly provided an overview of the patient experience for Westminster's residents, and of the approaches being undertaken by Adult Social Care and Westminster's CCGs to improve the patient journey in Westminster.
- 8.2 Westminster's CCGs had recognised the need for services to be co-ordinated to avoid unnecessary repetition, and sought to deliver care that was personalised,

localised, integrated and specialised. The Tri-Borough Adult Social Care Customer Journey Programme accordingly aimed to achieve improvements to the patient experience, and for patients to help themselves and for communities to be empowered through:

- Greater Self-Management – with people being empowered to manage their own wellbeing and health.
- The transformation of Primary Care – offering better out of hospital services and greater access to GPs at convenient times and locations 7 days a week; together with a common IT system.
- The development of Whole Systems Integrated Care – providing multi-disciplinary care and care planning coordinated around the patient, led by the GP.
- The transformation of Mental Health – promoting wellbeing and improving mental health for North West London, through measures such as providing a single point of access.
- Hospital Reconfiguration – with a new A&E unit being opened at Chelsea & Westminster; and with improved hospitals delivering better 7 day care with more services available closer to home.

- 8.3 The Committee discussed the progress being made in implementing the Shaping a Healthier Future Programme and Out of Hospital Strategies, and on integrating Health and Social Care. Committee Members also discussed the effectiveness of patient groups, and highlighted the need for the patient journey to be able to support service users with complex multiple needs; and for patients to be involved in setting measurable outcomes.
- 8.4 The Committee highlighted the need for the effectiveness of improvements to be measured, and suggested that the criteria for successful outcomes was set for each of the cycles of the patient journey, which should include expectation and qualitative measures. Committee Members also suggested that details could also be provided of how the main therapeutic categories would be helped by improvements to the customer journey. Westminster's CCGs confirmed that an outcomes framework was being developed, which could be brought to a future Committee.
- 8.5 Committee Members noted that Westminster Healthwatch would be able to provide data on the patient experience of each element of the Customer Journey Programme.
- 8.6 The Committee commended the *Guide to Health & Social Care in Westminster*, which had been produced by Mark Ewbank (Scrutiny Manager) to provide a clear and straightforward guide to the various health agencies in Westminster.

- 8.7 **RESOLVED:** That a model be prepared for pieces of work based on the five elements of the patient journey, which would set out the criteria and qualitative measures of what would be considered successful outcomes.

## **9 WORK PROGRAMME 2015/16**

- 9.1 Members agreed that a further review of progress in developing the Local Police Model would be added to the Committee Work Programme; together with the consideration of the criteria for successful outcomes in the patient journey in Westminster.

## **10 ITEMS ISSUED FOR INFORMATION**

- 10.1 The following papers had been circulated for information separately from the printed Agenda:
- The Annual Report of the Safeguarding Adults Executive Board 2014-15, and letter in response sent on behalf of the Committee.
  - Letter sent to CWHHE Clinical Commissioning Groups Collaborative on behalf of the Committee concerning the Shaping a Healthier Future – Implementation Business Case, and letter in response received from the Chief Officer.

## **11 ANY OTHER BUSINESS**

- 11.1 No further business was reported.

The Meeting ended at 9.15pm.

CHAIRMAN: \_\_\_\_\_

DATE: \_\_\_\_\_

| <b><i>Actions Arising</i></b>   |   |
|---|---|
| <b>Item 5<br/>Cabinet Member Updates</b>  | That concerns regarding the Dial-a-Ride service be raised at the next meeting of the Imperial Transport Strategy Group.   |
| <b>Item 5<br/>Cabinet Member Updates</b>  | That Imperial NHS Trust be asked to provide a written statement on the management of data for services such as scheduling patient appointments, together with statistics on error rates.                  |
| <b>Item 5<br/>Cabinet Member Updates</b>  | That Key Performance Indicators be included in the Cabinet Member Briefing for Adult Social Care and Health.  |
| <b>Item 7<br/>Local Policing Model</b>  | That MOPAC and the Police be invited to attend a future meeting to consider how the cultural change to Policing in Westminster would be made over the next three years.                                   |
| <b>Item 7<br/>Local Policing Model</b>  | That a Press Release be issued regarding the need for MOPAC to be accountable and to attend meetings of the Scrutiny Committee.   |
| <b>Item 8<br/>The Patient Journey -<br/>Mapping the Experience of<br/>Westminster's Residents</b> | That a model be prepared for pieces of work based on the five elements of the patient journey, which would set out the criteria and qualitative measures of what would be considered successful outcomes. |

# Action Tracker



Adults, Health & Public Protection Committee

## ROUND ONE (24 June 2015)

| Agenda Item                            | Action  | Status   |
|--|---|--|
| <b>Item 5 – Cabinet Member Updates</b> | That the Committee receive a tailored briefing on the transfer of the Independent Living Fund and its impact in Westminster   | Briefing sent on morning of Tuesday 14 <sup>th</sup> July.       |
| <b>Item 6 - Healthwatch</b>            | The Committee requested a briefing on the role and function of Westminster Healthwatch, and agreed that a substantive agenda item on Healthwatch would be added to the Committee Work Programme if needed. The Committee also agreed that it would be useful to receive details of the reasons for Healthwatch priorities and the actions they were taking. | Briefing sent to Members on 25 <sup>th</sup> June.               |
| <b>Item 7 – NHS Estate</b>             | That NHS Property Services be asked to review how estates were managed; and to report back to the Committee on that process and its findings  | Letter sent. Emailed to Members on Tuesday 14 <sup>th</sup> July |

## HEALTH URGENCY (30<sup>th</sup> June 2015)

| Agenda Item   | Action  | Status  |
|---|---|---|
| <b>Item X – Imperial College Healthcare NHS Trust</b> | That Imperial meet with Martin Low to discuss transportation issues of the service reconfiguration of stroke services | Complete – Monday 13 <sup>th</sup> July (meeting date) with subsequent one to be arranged |

# Action Tracker

Adults, Health & Public Protection Committee



## ROUND TWO (24 September 2015)

| Agenda Item                                | Action   | Status  |
|--|--|---|
| <b>Item 6 – Healthwatch Westminster</b>    | That Committee Members meet with Westminster Healthwatch before the next meeting of the Committee, to discuss common areas of working over the forthcoming year.   | Pre-meet prior to 25 <sup>th</sup> November meeting in the diary of Members |
| <b>Item 7 – ASC Complaints</b>             | Members requested a ward breakdown of the complaints in Westminster  | Sent via email on 23 <sup>rd</sup> October from Mark Ewbank to Members      |
| <b>Item 7 – ASC Complaints</b>             | Members requested a briefing note on the measures that were being taken for mediation in response to the Children’s Act.   | Sent via email on 23 <sup>rd</sup> October from Mark Ewbank to Members      |
| <b>Item 8 – Safeguarding</b>               | That Committee Members submit any comments they may have on the draft Safer Recruitment Principles & Guidance in writing, in order that they may be taken into account when the paper is presented to the Safeguarding Adults Executive Board at their forthcoming meeting on 8 October                                  | Comments invited, none received other than discussion at Committee.         |
| <b>Item 9 – Policing and Mental Health</b> | The Committee would involve the Cabinet Member for Adults & Public Health and write to the London Ambulance Service (LAS) raising general issues, and also supporting the Police in the issues that had been highlighted regarding transport. Consideration would also be given to inviting the LAS to a future meeting. | Letter sent on 30 <sup>th</sup> December.                                   |

# Action Tracker

Adults, Health & Public Protection Committee



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|--|---|--|
| <b>Item 9 – Policing and Mental Health</b> | The Committee consider mental health as a more general issue early in the forthcoming year. | To be added to work programme going forward (see work programme) |
|--|---|--|

## ROUND THREE (25 November 2015)

| Agenda Item                            | Action   | Status  |
|--|--|---|
| <b>Item 5 - Cabinet Member Updates</b> | That concerns regarding the Dial-a-Ride service be raised at the next meeting of the Imperial Transport Strategy Group.  | Cllr Prendergast will raise the Committee's concerns at the next meeting of the Strategy Group. |
| <b>Item 5 - Cabinet Member Updates</b> | That Imperial NHS Trust be asked to provide a written statement on the management of data for services such as scheduling patient appointments, together with statistics on error rates. | The request has been made, and a response is awaited.   |
| <b>Item 5 - Cabinet Member Updates</b> | That Key Performance Indicators be included in the Cabinet Member Briefing for Adult Social Care and Health.   | KPI's now included.   |
| <b>Item 7 - Local Policing Model</b>   | That MOPAC and the Police be invited to attend a future meeting to consider how the cultural change to Policing in Westminster would be made over the next three years.                  | MOPAC and the Police have agreed to attend the forthcoming meeting on 21 March 2016.            |
| <b>Item 7 - Local Policing Model</b>   | That a Press Release be issued regarding the need for MOPAC to be accountable and to attend meetings of the Scrutiny Committee.  | Completed.  |

|  |   |              |
|--|---|--------------|
| <b>Item 8 - The Patient Journey: Mapping the Experience of Westminster's Residents</b> | That a model be prepared for pieces of work based on the five elements of the patient journey, which would set out the criteria and qualitative measures of what would be considered successful outcomes. | In progress. |
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City of Westminster

## Adults, Health & Public Protection Policy & Scrutiny Committee

**Date:** Wednesday 27<sup>th</sup> January 2016

**Briefing of:** Cabinet Member for Public Protection

**Contact Details:** Sion Pryse x 2228  
[spryse@westminster.gov.uk](mailto:spryse@westminster.gov.uk)

### **1 Community Cohesion**

- 1.1 I held a follow meeting with Councillors and Officers on the 7<sup>th</sup> December. There is now a structure to take this work forward and develop clear recommendations and principles for the Council's approach to Community Cohesion.
- 1.2 The group divided the work into four separate strands that each Councillor will be taking forward. I will be looking at empowerment and opportunity. Cllr McAllister will be looking at engagement. Cllr Hug will be looking at Identity, values and faith. Cllr Mohammed will be looking at risk. Again I would like to thank members for making the time to help push through this work and offer their views which have been invaluable.
- 1.3 Each work stream will work with Council teams, partner institution, communities and experts to develop recommendations to improve practice and to further develop key principles for how the council could conduct itself to improve cohesion in the future.

### **2 Anti-Social Behaviour and Integrated Gangs Unit**

- 2.1 Since the introduction of the Anti-Social Behaviour, Crime and Policing Act in 2014 Westminster's Community Safety team and Anti-Social Behaviour Caseworkers have been working hard alongside housing and police colleagues to take forward enforcement to protect vulnerable victims and those in Westminster experiencing persistent anti-social behaviour. Below is a summary of the successful enforcement taken in the last six months.

- 2.2 Westminster's Integrated Gangs Unit (IGU) was successful in obtaining 11 Criminal Behaviour Orders (CBOs), all of which related to involvement in drug dealing and serious youth violence. These orders disrupt their offending pattern through exclusion zones and non-associations. Other enforcement taken by the IGU includes two successful injunctions granted at court to protect vulnerable victims in two cases. The IGU also supported City West Homes in obtaining outright possession of a Church Street property where six firearms were found.
- 2.2 Four CBOs are also being actively pursued by the Community Safety Anti-Social Behaviour Caseworkers. The Anti-Social Behaviour caseworkers have also co-ordinated three premises closures, one in the South, one in the Centre and one in the North. The closures were to prevent the drug activity and associated anti-social behaviour. Our Anti-Social Behavior Caseworkers work closely with National Probation Service and Community Rehabilitation Company to input into licence conditions of individuals due to be released back into Westminster's community.
- 2.4 Several vulnerable victims have also been identified and supported through the process of providing statements, giving evidence at court and also into appropriate services.

### **3 Community Protection Warnings**

- 3.1 24 warning notices have been issued by Westminster City Inspectors between May and December 2015: 19 of these were for Rough Sleeping; three for begging, one for environmental offences and one for street trading. The vast majority of these have led to better compliance with only one Community Protection Notice having to be issued to a business who has not complied with the warning notice.

### **4 City Inspectors**

- 4.1 Even over the Christmas period the City Inspectors were hard at work making sure that the city runs smoothly. A full service was provided over Christmas and New Year's. A normal service was provided on Christmas Eve until 10pm. A limited service was provided on Christmas Day. In the past there have been reports of Illegal Street Trading on Christmas Day especially in Whitehall. This was true again this year as officers seized a chestnut brazier trolley on Parliament Square.
- 4.2 A normal service was provided on Boxing Day and the run up to New Year's Eve as the City Inspectors were busy with preparations for the New Year celebrations and illegal street trading. These included:
- Full inspection of New Year's Eve event footprint revealed a number of discarded barriers, cones and other items that needed removal. These were collected by inspectors.

- Illegal Street Trading patrol near Hyde Park resulted in one seizure and prosecution for Illegal Street Trading. (There were a total of four seizures at locations surrounding Winter Wonderland over the Christmas period).

4.3 New Year's Eve is a busy day for the City Inspectors. The team were fully engaged with the preparation for the New Year celebrations. These include:

- Patrols with police encountered a number of ticket touts near the New Year's Eve ticket collection point. They acted to disrupt their activities from the period 3pm until the collection booth closed at 930pm. There were a further five interventions in or around Trafalgar Square with ticket touts during the evening.
- The main activity for the team was an Illegal Street Trading patrol. This resulted in eight seizures.
- All of the 15 street trading concessions with New Year's Eve footprint were closed down at terminal hour of 11pm by City Inspectors.
- Officers visited five off licences that were observed selling alcohol after their terminal hour, these will be followed up in the New Year.
- There were also interventions at two cafés that were observed trading after the terminal hour on their late night café licence; these will be followed up in the New Year.
- We undertook further interventions at a number of licenced premises where there was poor management of outside area.

4.4 On New Year's Day City Inspectors were busy preparing for the New Year's Day parade and cleansing afterwards. These include:

- A further check of the route identified that the crowd was not being managed and there was potential for crushing. This information was passed to the police.

## **5 Noise Team**

5.1 Just like the City Inspectors the Noise team were also busy over the festive period. It was business as usual for the team on Christmas Eve as the team received 17 complaints ranging from neighbour noise and building alarms to street noise from buskers.

5.2 A normal service was provided on Christmas Day, the team received seven complaints over the course of the day. The complaints related to DIY, music from a residential premise, plant and fan noise from commercial premises and two alarms.

5.3 A normal service was run on Boxing Day which was expected to be busy as it fell on a Saturday. The Noise Team received 19 complaints, mostly about neighbour noise.

- 5.4 A normal full 24 hour service was provided by the team in the days leading up to New Year's Eve. New Year's Eve was again a busy period for the team as they received 27 complaints from across the city, the majority of which was from residential premises but also included car alarms, burglar alarms, buskers and building sites. Last year the team received 29 noise complaints. On New Year's Day the noise team received 30 complaints, the previous year we received 37 complaints.
- 5.5 The service provided by the noise was greatly received by residents with the team receiving emails praising their prompt and effective service over this period.

## **6 Rough Sleeping**

- 6.1 November played host to a National Street Count, all outreach workers were accompanied by a volunteer acting as a verifier, and Homeless Link oversaw the whole process as an independent organisation. Strong support from Met Police ensured that data was as accurate as possible. Figures have continued to reduce, a total of 265 were counted. The night saw 132 EEA nationals, down 17% from September's count and a 37% decrease from October's high of 210. The highest fall was amongst the Romanian cohort, down 57% from October. There was also a 65% reduction from September's official count in those belonging to the Romani traveller ethnic group, all of whom were Romanian nationals.
- 6.2 There have been some new approaches taken by the Westminster Hotspot Team throughout 2015 resulting in clear action plans for the rough sleeping hotspots in Westminster. Victoria Cathedral Piazza remains free of rough sleepers despite it previously playing host to around 40 rough sleepers. Some innovative co-ordination from the team has ensured a range of partners have supported a common action plan to reduce the figures. This can also be recognised around Marble Arch and the tunnels of Park Lane, at the beginning of 2015 nearly 100 rough sleepers were found in the tunnels. Careful consideration and excellent coordination with partners has ensured that there is now no one sleeping in and around the area.
- 6.3 The council remains committed to ensuring a robust humanitarian response to extreme cold weather. Serious Weather Emergency Protocol (SWEP) has now been enacted as of 14<sup>th</sup> January and will remain in place until 20<sup>th</sup> January, when it will be reviewed.
- 6.4 On the 18<sup>th</sup> January I welcomed Marcus Jones MP, the Minister for Local Government. I used the opportunity to highlight the impressive work the Council commissions using the Homeless Prevention Grant. This involved a tour of The Connection at St Martin's. It was also a chance to show the Minister the complex nature of rough sleeping and the challenges the Council face in supporting rough sleepers away from living on the street.

- 6.5 Close engagement with Central Government and Home Office Policy makers has ensured that we can begin trialling new initiatives with Immigration Compliance & Enforcement Officers which has already seen a reduction in numbers and we will continue to work closely with them to ensure an effective outcome.

## **7 Street Performing**

- 7.1 Subsequent to the three month Busk In London trial in the Heart of London Business Alliance Area, which consisted of a BID-funded Busker Liaison Team engaging with performers and responding to complaints. City Inspectors are patrolling Leicester Square and Piccadilly Circus daily between 12pm and 10pm under the co-ordination of the local WCC Neighbourhood Problem-Solving Co-ordinator. To date, no enforcement activity has been instigated.
- 7.2 In fact, city-wide, the numbers of complaints relating to street performing dropped significantly between November (243) and December (91). This could be in part due to the wet weather. Feedback from stakeholders at Leicester Square remains mixed so officers are reviewing residual complaints in detail.
- 7.3 HOLBA had agreed to fund the Busker Liaison team until end of January and has indicated it will start again from April when the weather improves and numbers of acts are expected to increase. In the meantime, they have set up a monthly multi-agency working group to monitor complaints and agree appropriate actions.
- 7.4 New West End Company has also adopted the Busk In London approach, advertising five pitches on their patch and managing them largely through their own street-based staff, supported by the Busker Liaison Team and local WCC Neighbourhood Problem-Solving Co-ordinator. Complaints have again dropped but they feel that the response is weaker due to the pitches being more spread out. Northbank is expected to bring more pitches online shortly.
- 7.5 GLA is reviewing the Busker Liaison Team function and West End Busker Forums and convening a meeting of all participating BIDs to review activity to date. This will also help ensure a consistent and fair response across all Council, police, BID and Security teams as the patch covered by Busk In London pitches expands across the West End and beyond. It is hoped that the busking-specific meetings run by HOLBA and GLA can be combined, with all stakeholders invited, so that a shared understanding can be reached and efforts can be combined to greatest effect.
- 7.6 This work will continue to be monitored through the Trafalgar and Leicester Square Officer Working Group which I set up on the 3<sup>rd</sup> November and

continues to review any outstanding problems highlighted by the Busk In London initiative.

- 7.7 I also met with the Deputy Mayor for Education and Culture, Munira Mirza. The meeting was an opportunity for us to explore the possibility of working with the GLA and opening up the main area of Trafalgar Square to busking activity in order to relieve pressure on prime West End locations and joining up the management of the Square.

## **8 Night Time Economy**

- 8.1 On the 30<sup>th</sup> November I attended a roundtable event titled “Is Regulation Killing the Night Time Economy.” Although most of those attending hailed from the night time industries, I was able to represent the challenge Westminster has as a local authority in balancing the needs of the night time economy with the needs of our residents. It was also important to highlight the fair and just system in place, our licensing sub-committee, to review the application of licenses. Feedback from the event has been positive and I have subsequently met with a number of attendees separately to discuss the careful management of Westminster’s night time economy in more detail.
- 8.2 Given the majority of those attending were from the night time industry it was important that I was able to get across the needs of the local authority when managing the night time economy. I have also recommended that a number of attendees head out with our City Inspectors to see first-hand the West End at night.
- 8.3 During my meeting with Munira Mirza, I also discussed the management of London’s night time economy and in particular the Mayor’s proposal to appoint a cross party Night Mayor. I emphasised my view that the Night Mayor proposal is an unnecessary burden on the tax payer and may even be deemed an undemocratic mechanism for decision making in the local area; which would be made by individuals with no local connection. I concluded the meeting by reiterating that the Council already has an effective means in which to manage the night time economy in the form of the West End Partnership, as well as our licensing and planning sub committees.
- 8.4 On 18<sup>th</sup> January I attended a West End Partnership Members Steering Group. The Group allows members to feedback on the strategy of the West End, making sure the views of the local stakeholders are taken into account.

## **9 Licensing Consultation**

- 9.1 Westminster’s revised licensing policy came into effect on the 7<sup>th</sup> January. The Statement of Licensing policy can be found on the website at <https://www.westminster.gov.uk/statement-licensing-policy>.

## **10 Stress Zones**

- 10.1 Work continues to assess relevant data to decipher where in Westminster it may be appropriate to apply special policies. A draft of the proposal is still expected later in the quarter of this year which will be followed by consultation.

## **11 Fixed Odds Betting Terminals**

- 11.1 Stage One of the new Statement of Licensing Principles for Gambling has been approved by Full Council and will become effective from the end of January.

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City of Westminster

# Adults, Health & Public Protection Policy & Scrutiny Committee

**Date:** Wednesday, 27<sup>th</sup> January 2016

**Briefing of:** Cabinet Member for Adults & Public Health

**Briefing Author and  
Contact Details:** Lucy Hoyte  
[lhoyte@westminster.gov.uk](mailto:lhoyte@westminster.gov.uk)  
Extension: 5729

## 1. Actions from the last Committee meeting

### Key Performance Indicator

- 1.1 At the last meeting, the Committee requested to see an indicator of performance of key projects in the portfolio. In response, Appendix A of this report includes a Key Performance Indicator analysis for the Adults and Public Health portfolio that the Committee should find useful.

## 2. Adults

### Better Care Fund

- 2.1 Work continues on key schemes in the Better Care Fund (BCF), including development of the Community Independence Service (CIS) and enhancements to hospital discharge.
- 2.2 Work is underway to put into place the extended Better Care Fund plan for 2016/17. This is being developed within the wider ambition to take forward health and social care integration.
- 2.3 We have completed a draft evaluation of the CIS model. The study identified high customer satisfaction with the model and praised the focus on avoiding acute admissions. However, there was a need for further understanding on value for money. The evaluation will inform the next steps in the journey towards a fully integrated and standardised service by the end of 2016.
- 2.4 We have also continued to make good progress with the hospital discharge pilot. The roll out is on-going across all hospital sites in the ASC Department boroughs and work on the business case to be put to the West London

Alliance is now concluding. The Department of Health have, subject to final details, agreed to provide £50,000 to support the initial stages of the sub-region pilot.

- 2.5 The next meeting of the BCF Board is on 10<sup>th</sup> February 2016.

### **Home Care Procurement**

- 2.6 Following the award of three of the four contract areas for home care, the implementation process continues with the transition of customers in the three allocated patches.
- 2.7 There are fortnightly implementation meetings between the Adult Social Care contract manager, operational staff and the new providers, to ensure a smooth transfer of care. A quality checklist is in place against this implementation process prior to the transfer of customers and the main principle is to minimise disruption to customers.
- 2.8 It is expected that all transfers will be completed by June 2016. There is some delay to the original timescale of March 2016, due to issues of staff recruitment, the national delay in the issue of DBS clearance and the complexity of obtaining accurate TUPE information.
- 2.9 As the safety of customers is paramount, a realistic process of fortnightly transfers has been agreed, which is also slower than originally anticipated. By the end of the transfers, approximately 900 customers will have been transferred to the new providers. Current providers are being asked to continue providing spot purchased care in the meantime and contract managers are working with them to ensure market continuity during this time.
- 2.10 The procurement for the final patch (North West Westminster) is currently at evaluation of the Pre-Qualification Questionnaire stage. In early January, five providers (or more in the event of a tie for fifth place) will be invited to tender for the contract.

### **Specialist Housing Strategy for Older People (SHSOP)**

- 2.11 The contract for Phase One is bedding in well. Work is continuing to redress the long term voids and staff vacancies in NHS homes but it is taking time to increase activity whilst not impacting upon service quality.
- 2.12 Sanctuary is performing well and progress is being made in service developments. We have received excellent feedback on the improvement in services at Garside and on new initiatives such as the Gold Standards Framework accreditation. There will be internal audit activity in advance of the homes' first CQC inspection expected in either February or March.
- 2.13 Butterworth is progressing and it has been agreed to work on mobilisation and property issues in parallel in order to enable service transfer in the first half of the calendar year.

2.14 With regard to Phase Two, Property and Commissioning officers are working on activity at the Beachcroft site and dialogue has begun regarding the wider programme objectives.

### **3. Public Health**

#### **Childhood Obesity**

3.1 Although unsuccessful in obtaining capital funding from the Mayor's office to host a social supermarket, officers are investigating if the preferred provider will have capacity to work with Westminster. Other sources of funding through the Big Lottery Fund or private investment are being explored with officers from Economic infrastructure.

3.2 It is planned to submit the Childhood Obesity JSNA to the Health and Wellbeing Board in January 2016.

3.3 We continue to work with the Clinical Commissioning Group (CCG) who is keen to commission a 'Beat the Street Westminster' project.

3.4 Planning is underway to produce a report in April about the achievements of the first year of the Obesity programme.

#### **Community Champions**

3.5 The projects in Harrow Road, Churchill Gardens, Tachbrook and Church Street are all going well. The scheme is well supported by external partners such as Peabody, Sanctuary, CLCCG and City West Homes.

3.6 In Harrow Road, 12 champions have been recruited and trained in public health courses and weekly market events are now being held on different themes and topics according to the Champions' interests.

3.7 In Churchill Gardens and Tachbrook, 7 champions have been recruited. A winter event was held with 300 participants, promoting staying healthy and warm over winter, flu jabs and fuel poverty. One of the champions spoke about nutrition at the Community Champions Conference that I attended in November.

3.8 Queen's Park maternity champions have been trained as breastfeeding advisers working with women on the wards and then supporting them when they return home.

3.9 The Westbourne project, which started during the third quarter, has now recruited 7 champions and conducted stakeholder engagement to set up local events and activities.

### **Health Trainers**

- 3.10 246 Personal Health Plans have been developed with clients in October and November. The service is currently on track to deliver 1289 health checks for the year, against a target of 1320.

### **NHS Health Checks**

- 3.11 In Quarter 3 we have so far delivered 1744 Health Checks. This means that cumulatively we have delivered health checks this year to 13.4% of the eligible population, with an end of year target of 15%; we are likely to exceed this as historically most health checks are delivered in Quarter 4.
- 3.12 The GP health check delivery has now been integrated with the GP SystemOne data system, which we can now receive our reports from, streamlining the process for GPs. A new database software has been commissioned for the health checks which health trainers deliver which will ensure that their data is transferred back into GP records. This is due to start in April 2016.

### **School Nursing**

- 3.13 Contracts for Health Visiting Services and Family Nurse Partnership transferred to the Local Authority on 1<sup>st</sup> October from the NHS.
- 3.14 The current contract with CLCH runs until October 2017. There is ongoing work with stakeholders to plan the new local health visiting service model in readiness for re-procurement.

### **Sexual Health**

- 3.15 We have secured agreement to progress with the procurement of a fully redesigned model for adults community sexual and reproductive health services. We are intending to complete this process by end December 2016.
- 3.16 The London wide transformation programme of Genito Urinary Medicine (GUM) services is still on-going and we are beginning the procurement process of revised GUM model of provision on behalf of the collaborative.

### **Stop Smoking**

- 3.17 The cumulative numbers of quitters for the first three quarters is 733, which is an improvement on previous numbers.
- 3.18 Quit dates set are at 92% of target, which will mean that they are likely to hit the target for quitters of 100% by the end of the year.
- 3.19 Pharmacies have begun to deliver stop smoking services again, with 354 quit dates set, mostly in the last quarter.

## **Substance Misuse**

- 3.20 The core drug and alcohol services procurement final decision to award has been made and are still on target to implement by April 2016 as planned. Current providers are working with commissioners to ensure the impact on service users is minimised.
- 3.21 In the meantime, our current providers continue to work with commissioners on making improvements to their services and to improve outcomes. Westminster is in the top quartile for successful completions of drug treatment and alcohol outcomes are on an upward trend.
- 3.22 The Tri-borough service user group has been attended by 40 representatives all current provider services and is continuing to actively contribute to the improvements in services and the peer mentoring programme has completed and placements have begun.
- 3.23 The Education, Training and Employment initiatives for service users continues to be delivered successfully.

## **Supported Employment**

- 3.24 The employer engagement event on 19<sup>th</sup> November, which I hosted with my Deputy Cllr Iain Bott, was a success with a variety of employers attending and making pledges in support of the project. The outcomes of the event included 26 individual pledges to engage with the project through facilitating workplace visits, offering work trials and work experience opportunities for residents with supported employment needs. Referrals to the project are equally strong with diverse referral routes in place including Job centre Plus, Westminster Drug and Alcohol service and, more recently, Help for Heroes.
- 3.25 Service mapping is complete and analysis will inform 2016/17 business planning exercise for employment programme and other services including a tri-borough employment service.

## **4. Health & Wellbeing Board**

- 4.1 The Board last met on 19 November 2015. The board discussed Health and Wellbeing Hubs, specifically the Single Homeless Adults pilot; primary care co-commissioning in Westminster and the role of the Board to influence decision making at primary care co-commissioning committees. The Board also endorsed the North West London Mental Health Strategy *Like Minded*.
- 4.2 The board received an update on the London devolution proposition on health. Since then, London's 33 local authorities, 32 CCGs, the Mayor of London, NHS England and Public Health England established their shared vision in the *London Health and Care Collaboration Agreement*. In parallel, the Chancellor and Health Secretary signed the Devolution Agreement for London.

- 4.3 The next meeting of the Board is on 21 January where JSNAs for end of life care and childhood obesity will be submitted for Board approval and North West London CCG's Whole Systems Integrated Care Older Adults and Mental Health Programmes will be discussed.

#### **Joint Health and Wellbeing Board Strategy Refresh**

- 4.4 The Board will shortly be starting work to refresh the Joint Health and Wellbeing Strategy – *Healthier City, Healthier Live*. The strategy was and will continue to be co-produced between the local authority, the CCGs within Westminster, the voluntary sector and other stakeholders.

#### **Primary Care Modelling Project**

- 4.5 The Board commissioned local authority and CCG officers last summer to undertake a programme of modelling primary care provision and demands now and over the next 15 years. The modelling tool will also enable projections of changing disease burden and prevalence as the Westminster population changes over time. This visionary tool will enable health and local authority commissioners and providers to plan ahead and seek to adjust supply of workforce and resources as appropriate. This model is currently being user tested and will shortly be followed with policy analysis work.

### **5. Health**

#### **Healthwatch Westminster**

- 5.1 The procurement process for local Healthwatch services in Westminster is now complete and a decision-report is being prepared. Westminster is again working with Kensington and Chelsea and Hammersmith & Fulham to procure these services to save the Council the costs of procurement. Westminster will retain a specific *Healthwatch Westminster* service as part of these arrangements. Westminster's Healthwatch has gone from strength to strength and now has a membership of over 2,000 local residents.

#### **Shaping a Healthier Future**

- 5.2 The CCG Collaborative is continuing to work on the Implementation Business Case (ImBC) with an anticipated end date in early 2016. The ImBC identifies the level of capital investment required for implementation of the site-based service changes agreed in the 2013 business case. Joint Health Committee Councillors were invited to a Briefing with Clare Parker to receive an update on the programme and further detail will be provided as the Business Case becomes finalised.

**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](mailto:lhoyte@westminster.gov.uk)

## Appendix A

### Key Service performance Indicators

The table below provides an assessment of the key performance indicators for the service. Detail has been provided for all performance indicators at risk of failing to meet targets by year end.

| Performance Indicator | 2014/15 Performance         | 2015/16 Target         | Quarter 2 position     | Target status       | Direction of Travel       |
|-----------------------|-----------------------------|------------------------|------------------------|---------------------|---------------------------|
|                       | <i>Last year's position</i> | <i>Service targets</i> | <i>Apr – Sept 2015</i> | <i>Off/On Track</i> | <i>Perf vs. last year</i> |

#### Performance indicators flagged for attention:

##### Adult Social Care

|   |        |                                      |                                  |  |                            |
|---|--------|--------------------------------------|----------------------------------|--|----------------------------|
| <b>Reduce non elective (unplanned) hospital admissions - cumulative</b> | 18,070 | 17,254<br>(4.6% reduction by Dec 15) | <b>10,815</b><br>(63% of target) | <b>Off Track</b><br>Target at risk of being exceeded | Deteriorating on last year |
|---|--------|--------------------------------------|----------------------------------|--|----------------------------|

**Reason for underperformance and mitigation:** There are a range of joint NHS and Social Care initiatives and projects as part of the Better Care Fund which is targeting a reduction in Non-Elective Hospital Admissions. While current performance is on par with the previous year, the target reduction of 4.6% of admissions is at risk. There are a number of factors across health, social care and the wider community that can impact on hospital admissions (e.g. mounting demographic pressure) and direct attribution is not possible. However, the reablement and rapid response service are actively working with GPs to identify individuals who are at risk of admission and take active and swift intervention to avoid the hospital admission. The reconfiguration of the Community Independence Service in the latter part of the year should support improvements in this area.

**Timescale for improvement:** The reconfiguration of the Community Independence Service later in the year should support improvements in this area.

|   |                                |     |                              |   |                      |
|---|--------------------------------|-----|------------------------------|---|----------------------|
| <b>Percentage of carers receiving needs assessment or review and a specific carers service, or advice and information</b> | <b>69%</b><br>(1,008 of 1,468) | 95% | <b>20%</b><br>(251 of 1,104) | <b>Off Track</b><br>Target at risk of not being met | Similar to last year |
|---|--------------------------------|-----|------------------------------|---|----------------------|

**Reason for underperformance and mitigation:** The service have set a very challenging target for assessing and reviewing carers so while performance is stable in relation to the previous year it is not currently on track to meet this stretch target. The length of the carers assessment has been reviewed and all staff have been set an individual target for completion of assessments. The service is actively working with community partners and the Carers Network whom also carry out assessments to ensure they are offering carers an assessment/review of their needs.

**Timescale for improvement:** The service is working with community partners and the Carers Network to ensure they are offering carers an assessment/review of their needs. This position is expected to improve in November.

| Performance Indicator | 2014/15 Performance         | 2015/16 Target         | Quarter 2 position     | Target status       | Direction of Travel       |
|-----------------------|-----------------------------|------------------------|------------------------|---------------------|---------------------------|
|                       | <i>Last year's position</i> | <i>Service targets</i> | <i>Apr – Sept 2015</i> | <i>Off/On Track</i> | <i>Perf vs. last year</i> |

| Public Health  |     |     |     |   |                            |
|--|-----|-----|-----|---|----------------------------|
| <b>Number of adults and children attending obesity prevention programmes</b>   | 522 | 440 | 125 | <b>Off Track</b><br>Target at risk of not being met | Deteriorating on last year |
| <p><b>Reason for underperformance and mitigation:</b> The child obesity prevention and health family weight service have been re-commissioned with a new provider in place from 1st August 2015.</p> <p>The Service is leading on wide stakeholder co-design process to complete and implement clear referral pathways and practitioner toolkit to increase appropriate referrals from all relevant practitioners across the borough.</p> <p><a href="https://www.westminster.gov.uk/family-healthy-weight-care-pathways-and-toolkit">https://www.westminster.gov.uk/family-healthy-weight-care-pathways-and-toolkit</a></p> <p>Promoting the new services via presentations at multi-stakeholder meetings including schools, social care, early years, CCG events and local pediatricians. The services are also being actively promoted by the new provider themselves via children centres and other settings from which they begun to operate in September 2015.</p> |     |     |     |   |                            |
| <p><b>Timescale for improvement:</b> This position is expected to improve from November.</p>   |     |     |     |   |                            |

| Performance Indicator | 2014/15 Performance         | 2015/16 Target         | Quarter 2 position     | Target status       | Direction of Travel       |
|-----------------------|-----------------------------|------------------------|------------------------|---------------------|---------------------------|
|                       | <i>Last year's position</i> | <i>Service targets</i> | <i>Apr – Sept 2015</i> | <i>Off/On Track</i> | <i>Perf vs. last year</i> |

| Performance indicators on track to achieve targets by yearend:  |          |          |                                    |  |                        |
|---|----------|----------|------------------------------------|--|------------------------|
| Adult Social Care   |          |          |                                    |  |                        |
| <b>Delayed transfers of care, acute days attributed to social care (cumulative)</b>   | 861 days | 432 days | <b>159 days</b><br>(37% of target) | <b>On Track</b><br>to fall within target | Improving on last year |
| <p><b>Definition:</b> A delayed transfer of care from acute care occurs when a patient is ready to depart from such care and is still occupying a bed. Delayed transfers of care can occur for a range of reasons such as; awaiting completion of assessment, awaiting residential home/nursing care placement or availability etc.</p> <p><b>Commentary:</b> Figures relate to April - July data released by NHS England at time of production. The service continues to perform well in supporting adults out of hospital. A slight increase in July figures are being challenged with hospital trusts. In particular there are data quality issues raised from Chelsea and Westminster which are currently being challenged and a weekly sign off process is being implemented to ensure submission errors from NHS do not continue.</p> |          |          |                                    |  |                        |
| <b>Total number of new permanent admissions to residential care of people aged 65 years and over</b>  | 75       | 74       | <b>17</b><br>(23% of target)       | <b>On Track</b><br>to fall within target | Improving on last year |



| Performance Indicator   | 2014/15 Performance         | 2015/16 Target         | Quarter 2 position                    | Target status                            | Direction of Travel       |
|---|-----------------------------|------------------------|---------------------------------------|--|---------------------------|
|   | <i>Last year's position</i> | <i>Service targets</i> | <i>Apr – Sept 2015</i>                | <i>Off/On Track</i>                      | <i>Perf vs. last year</i> |
| <b>Total number of new permanent admissions to nursing care of people aged 65 years and over</b>  | 55                          | 52                     | <b>18</b><br>(35% of target)          | <b>On Track</b><br>to fall within target | Improving on last year    |
| <b>Total no of weeks spent in residential care homes for all people (65+) admitted to care homes paid for by Westminster</b>  | 15,893 weeks                | 15,943 weeks           | <b>6,640 weeks</b><br>(42% of target) | <b>On Track</b><br>to fall within target | Improving on last year    |
| <b>Commentary:</b> Target is higher than baseline (2014/15 position) to account for demographic growth in this area.  |                             |                        |                                       |  |                           |
| <b>Total no of weeks spent in nursing care homes for all people (65+) admitted to care homes paid for by Westminster</b>  | 12,803 weeks                | 12,588 weeks           | <b>4,863 weeks</b><br>(37% of target) | <b>On Track</b><br>to fall within target | Improving on last year    |
| <b>Adults receiving a personal budget to meet their support needs</b>   | 83%                         | 90%                    | <b>87%</b><br>(1,631 of 1,885)        | <b>On Track</b><br>to achieve target     | Improving on last year    |
| <b>Proportion of adults with a personal budget receiving a direct payment</b>   | 23%                         | 27%                    | <b>22%</b><br>(338/1,553)             | <b>On Track</b><br>to achieve target     | Similar to last year      |
| <b>Commentary:</b> While performance is stable we are encouraged that there will be an increase in the uptake of Direct payments as we roll out the new Home Care offer (in December) and imbed revised personalisation policies. |                             |                        |                                       |  |                           |
| <b>Public Health</b>  |                             |                        |                                       |  |                           |
| <b>Number of NHS health checks taken up by eligible population</b>  | 6,147                       | 6,580                  | <b>3,978</b><br>(60% of target)       | <b>On Track</b><br>to achieve target     | Improving on last year    |
| <b>Total numbers of cigarette smokers who are recorded by the Stop Smoking Service as being off cigarettes after 4 weeks</b>  | 1,503                       | 1,437                  | <b>787</b><br>(55% of target)         | <b>On Track</b><br>to achieve target     | Improving on last year    |

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## Adults, Health & Public Protection Policy & Scrutiny Committee

### Healthwatch Westminster update:

1. In October Healthwatch Central West London (CWL) held its second Three Borough Patient and Public Forum on community mental health services. Members were generally pleased with the holistic model of care proposed. Comments included:
  - questions on the feasibility of the model of care in times of financial constraints;
  - concern about inadequate support available for patients who are stepped down from secondary to primary care;
  - patients feedback stated that they were not being always treated with dignity in wards;
2. Healthwatch CWL is making progress with its 2015-16 priorities. To date, we have established project management groups for home care, maternity, urgent care (18-35 years old). Common feedback on home care services include ongoing concern regarding late and missed appointments by carers, a lack of attention paid to care plans, and concerns regarding a lack of continuity of care.
3. We have produced a concise home care charter in collaboration with the complaints team at the council for service users to inform them of the standard of care they should be receiving.
4. Healthwatch is working closely with commissioners to ensure that there is a safe roll-out of the new homecare contract and working with commissioners to define the Healthwatch role in monitoring the contract.
5. The Dignity Champions reports for The Gordon hospital and the Butterworth Centre have now been published with action plans attached.
6. There have been concerns raised regarding low staffing levels and poor care given on the maternity unit at St Mary's hospital. Dignity Champions will be assessing the ward in the next month.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact: [melanie.christodoulou@hestia.org](mailto:melanie.christodoulou@hestia.org)



City of Westminster

## Adults, Health & Community Protection Policy & Scrutiny Committee

|                                  |   |
|----------------------------------|---|
| <b>Date:</b>                     | 27 <sup>th</sup> January 2016   |
| <b>Classification:</b>           | General Release   |
| <b>Title:</b>                    | Supporting Carers in Westminster  |
| <b>Report of:</b>                | Tri-Borough Executive Director of Adult Social Care                         |
| <b>Cabinet Member Portfolio:</b> | Adults & Public Health  |
| <b>Wards Involved:</b>           | All   |
| <b>Policy Context:</b>           | How the Council finds and supports carers in Westminster                    |
| <b>Financial Summary:</b>        | N/A   |
| <b>Report Author:</b>            | Chidi Okeke, Interim Senior Commissioner, ASC                               |
| <b>Contact Details:</b>          | Email: <a href="mailto:chidi.okeke@rbkc.gov.uk">chidi.okeke@rbkc.gov.uk</a> |

### 1. Executive Summary

- 1.1 The purpose of this report is to provide the Committee with an update on the provision of support for carers within Westminster and detail how the Council engages and supports carers within the borough through the services that it externally commissions.
- 1.2 This report will highlight key services funded by the Council and those funded by our Clinical Commissioning Group partners for the 2015/16 financial year that illustrate the range of services delivered. Consequently the report will focus on the primary contracted organisations responsible for fulfilling these duties on behalf of the Council and detail the work that they undertake.

- 1.3 A summary of the 2015/2016 Westminster Carers Survey is attached to this report as an appendix in order to provide the Committee with further information about carers within the borough.

## **2. Background**

- 2.1 The role of carers has been increasingly recognised in legislation. The Carers (Recognition and Services) Act 1995 established the right of carers who provided substantial care on a regular basis to request an assessment of their ability to care. The Carers (Equal Opportunities) Act 2004, which came into effect in April 2005, built on legislation by placing a duty on Councils to inform carers of their right to request an assessment and to take into account their wishes regarding employment, leisure and life-long learning.
- 2.2 The Care Act 2014, much of which came into effect from 1 April 2015, replaces all previous legislation relating to adult social care, including carers. It also includes new rights for carers and how local authorities support them. Whilst previous legislation states carers must be providing “a substantial amount of care on a regular basis” in order to qualify for an assessment, the Care Act gives local authorities a responsibility to assess a carer’s needs for support, where the carer *appears* to have such needs.
- 2.3 Westminster City Council and its partners in the West London Clinical Commissioning Group (WLCCG) and the Central London Clinical Commissioning Group (CLCCG) recognise their responsibility in supporting carers. This is acknowledged as a priority in policy documents both locally (Westminster’s Health and Wellbeing Strategy 2012-2015 and Central London Clinical Commissioning Group Commissioning Intentions 2015-16) and nationally (Carers Strategy Second *Action Plan* 2014-2016). (*NHS England Commitment to Carers*).
- 2.4 Both the Council and the Central London Clinical Commissioning Group recognise and value, the crucial and demanding role that carers (both adult and young) take on to support vulnerable adults and children with social care needs as is evidenced in the funding allocated to carers within the borough. Funding for externally commissioned services for carers within Westminster is allocated as follows for the financial year 2015/2016.

(1) Contracted Services

| <b>Provider/Service</b>    | <b>Description</b>   | <b>Annual funding</b>  |
|----------------------------|--|--|
| <b>Carers Network</b>      | Carers Hub – Information, Advice, Guidance, Support and Assessment Service for Adult Carers. (Including small grants programme.) | <b>£384,940</b><br>£237,240 Westminster City Council Revenue Budget.<br>£147,700 Central London Clinical Commissioning Group (S75)         |
| <b>Westminster Society</b> | Home Support and Short Breaks Respite Service. Adult Social Care and Children’s Services contract.                               | <b>£334,000</b><br>£200,500 Westminster City Council Adult Social Care Revenue Budget.<br>£133,500 approximately from Children’s Services. |
| <b>Housing and Care 21</b> | Carers Dementia Support Service Specialist dementia respite at home or within the community                                      | <b>£190,040</b>  |

(2) Section 75 funded services

| <b>Provider/Service</b>                        | <b>Description</b>   | <b>Annual funding</b> |
|--|--|-----------------------|
| <b>Open Age</b><br>Time for Me<br>Westminster  | Social activities and outings for carers age 50+ living in Westminster                   | <b>£22,980</b>        |
| <b>Young Carers</b><br><b>Personal Budgets</b> | Managed accounts for young carers to engage in sport and leisure pursuits                | <b>£35,000</b>        |
| <b>Imperial Hospital</b><br>Acute Liaison role | A post to support reasonable adjustments to people with Learning Disabilities and carers | <b>£15,000</b>        |
| <b>Carers Personal</b><br><b>Budgets</b>       | Direct funding to carers for self-directed support                                       | <b>£150,000</b>       |

|   |  |  |
|---|--|--|
| <p><b>Carers UK</b><br/>Carers Primary Care Navigator Service</p> | <p>NB: This service is a <b>three borough service</b> working across the geographical area of Westminster, Kensington, Chelsea, Hammersmith and Fulham. Carers Primary Care Navigators work with GPs and their staff to raise carer awareness and to help them to establish systems and processes for identifying, supporting and referring carers in primary care settings.</p> | <p><b>£94,500</b><br/><b>(£31,500 per borough)</b></p> |
|---|--|--|

### 3 How Westminster City Council Engages and Supports Carers through Externally Commissioned Provision

#### (1) Carers Network

- 3.1 Carers Network provides a comprehensive range of activities that can be personalised to meet individual carers' support needs. The organisation provides support for carers in the communities and facilities in which carers already spend their time. The three main strands of the service are to:
- provide direct support to carers;
  - facilitate access to carers' grants, personal budgets and statutory provision; and
  - facilitate networks and partnerships with other services for carers.
- 3.2 During 2015/16 Carers Network undertook a range of access and support activities for carers. The organisation identified a further 369 new carers in Westminster over the course of this contractual year, and 52% of these were from ethnic minorities.
- 3.3 It has carried out 403 Carers Assessments and is successfully engaging and supporting a high number of carers with substantial caring responsibilities. Measuring caring hours at assessment stage, around 64% of the carers it has had contact with state that they care for someone for 50 or more hours per week.
- 3.4 In 2015, Carers Network took over Westminster Carers organisation and its Time Bank project. This year it has provided several added-value (not funded as part of this contract) activities for carers, such as a day trip to Brighton, a weekend in Edinburgh for young adult carers, spa days, theatre trips, reflexology and a Stress Management session in partnership with Sane.



- 3.5 Its End of Life project, though not funded through this contract, also continues to provide a large number of individual carers with services including advanced care, and funeral planning, wills and trusts advice.

## **(2) Home Support and Short Breaks Service for Adults, Children With Disabilities and their Carers**

- 3.6 This service is provided by The Westminster Society, a well established local voluntary sector organisation. The purpose of the service is to support people with long term health conditions to live in their family home by providing respite to family carers. The service aims to improve the quality of life for carers by enabling them to take a break from their caring role. By providing a 'sitting service', the service gives them the opportunity to spend the time as they wish and pursue activities according to their own preference.
- 3.7 To access the service, the cared-for person first needs to have been assessed as eligible for social care funded provision. The carer is also offered a carer's assessment at this point. A care package and specific hours will then be agreed in advance by the referring care management team and a personal budget, which can be offered as a direct payment. This service is one of a wide range of short breaks services available to children with disabilities and their families within Westminster.
- 3.8 The adults' service is very well subscribed with most recent figures on average 65 users access the service per quarter. The majority of customers are older people and people with physical disabilities; 8% of which are people with learning disabilities; 5% of which are people with mental health problems; 18% of customers have dementia. Two thirds have been male and the service users reflect a wide range of ethnicities with 60% identified from black and minority ethnic (BAME) groups. 43% of service users reside in the north of the borough (St John's Wood & Maida Vale) and the rest are dispersed evenly through the borough.
- 3.9 There are approximately 21,737 hours of care delivered on an annual basis against the set financial envelope outlined in paragraph 2.4.
- 3.10 It should be noted that this service is just one of a range of short breaks and respite provision funded by the Council within Westminster.

## **(3) Carers Personal Budgets**

- 3.11 Carers Personal Budgets are funded by the NHS and administered by the Council. They enable carers to have more choice and control in deciding how best to meet their needs and support them to continue in their caring role. Carers

are given the opportunity to decide for themselves what kind of a support they would like and what outcomes they would like to achieve. The outcomes they might like to achieve may be to improve:

- their health and wellbeing,
- reduce loneliness or social isolation
- improve the relationship they have with the person for whom they are caring.

3.12 Carers Network have worked with the Council to help streamline carers assessments and improve access to a personal budget. Increasing numbers of carers coming forward has put pressure on this budget. Examples of what a carer might purchase include a holiday, gym membership, educational courses, gardening, driving lessons or therapies etc.

3.13 The Carers' Personal Budget (CPB) Scheme provides on average 300 carers with a one off, direct payment of up to £500 on average, per year, to support them to:

- have a break from their caring role;
- reduce some of the difficulties that may arise when caring for someone;
- continue in their caring role.

#### **(4) GP Carers Primary Navigator Project**

3.14 This project focuses on embedding systems within primary care to improve the identification and support for carers. The project, provided by CarersUK, seeks to implement a number of the recommendations from the Supporting Carers' Action Guide for General Practice produced by the Royal College of General Practitioners and Carers' Trust (a national charity).

3.15 This service was initially targeted to 5 surgeries and is now being extended. As a 'local offer to carers', all GP practices in Westminster will:

- Encourage carers to self-identify;
- Identify and support carers and young carers;
- Provide GP appointments at times that are convenient to carers;
- Provide a carer health check and priority flu vaccinations;
- Provide anxiety and/or depression screening;
- Involve carers in care plans and their implementation, with patient consent;
- Refer carers and young carers to support services;
- Identify training needs of carers and young carers.

3.16 13 GP practices within Westminster are working to identify which patients are carers, and then improve these patients' access to health and other support services. Every practice will work to meet the local offer (above) as well as

improve their practice team's knowledge of local carer support services in order to better signpost patients. The purpose is to provide support to carers, to better enable them to look after their own health as well as the health of the individuals they look after. Practices participating in this project are:

1. Belgravia Surgery
2. The Connaught Square Practice
3. Covent Garden Medical Centre
4. Dr Shakarchi's Practice
5. Fitzrovia Medical Centre
6. Soho Square Surgery
7. Crawford Street Surgery
8. The Mayfair Medical Centre
9. The Newton Medical Centre
10. Soho Square General Practice
11. Marylebone Health Centre
12. Cavendish Health Centre
13. The Westbourne Green Surgery

#### **(5) Housing and Care 21: Dementia Respite Support**

- 3.17 It is estimated that there will be a 45% increase in the number of people with dementia in the borough in the next 15 years giving further strength for the need to ensure local communities, universal services and those commissioned by health and social care are set up sustainably and efficiently to meet future demand.
- 3.18 This service provides carers and the cared for the opportunity to access targeted respite support specifically focused on the needs of those affected and impacted by dementia. In providing respite and associated support this service improves the health and well-being needs of people with dementia and their carers; and allows suffers to remain living at home for as long as possible with their carers, reducing and delaying entry into more costly residential and home care.

#### **(6) Open Age: Time for Me**

- 3.19 This service delivers over 350 learning and health related weekly activities across the Royal Borough of Kensington and Chelsea, Hammersmith and Fulham, and the City of Westminster. Activity has also included opportunities for those who are housebound to be involved in facilitated groups over the phone and intergenerational learning as well as a daily programme of activity for men and dedicated activities and trips for older carers in order to reduce social isolation. Over 100 unpaid carers from Westminster participated in the following activities:

- Visits to theatres, galleries, exhibitions, concerts etc.
- Computer training and digital photography carer based sessions
- Meals out including afternoon tea at the Hilton lunch cruise
- Exercise and Relaxation sessions

3.20 Added value is the ongoing fundraising activity conducted by the provider in order to deliver a wider range of services to communities in Westminster.

### **(7) Carer Awards**

3.21 In recognition of the thousands of residents who care for a family member or friend with long-term health needs, the Council holds the Annual Carer Awards. The winners are chosen from nominations across a number of categories, with unpaid carers, young carers, volunteers and befrienders all recognised.

## **4. The Way Forward**

4.1 The Council is undertaking a comprehensive review of carers services in Westminster in order to be able to offer services that carers want and need and to do this via a successful procurement for 2016/17. During the final quarter of this financial year further engagement and co-production events have been arranged within the borough to get as many carers involved in shaping and designing the services that they need. A range of informal and formal consultative and collaborative activities and events have been arranged. Carers, service providers, and all relevant internal and external stakeholders will have an opportunity to participate within this process.

4.2 Details of some of the engagement and co-production meetings being held in Westminster are as follows:

- 5<sup>th</sup> February, 2016 (Friday) 12:00 p.m.-3:00 p.m. at the meeting rooms 3 & 4, 17<sup>th</sup> floor, Westminster City Hall, 64 Victoria Street, London, SW1E 6QP
- 9<sup>th</sup> February, 2016 (Tuesday) 6:00 p.m.-8:00 p.m. at the meeting rooms 1A & 1B, 17<sup>th</sup> floor, Westminster City Hall, 64 Victoria Street, London, SW1E 6QP
- 22<sup>nd</sup> February, 2016 (Monday) 12:00 p.m.-3:00 p.m. at the meeting rooms 5 & 6, 17<sup>th</sup> floor, Westminster City Hall, 64 Victoria Street, London, SW1E 6QP
- 21<sup>st</sup> March, 2016 (Monday) 12:00 p.m.-3:00 p.m. at the meeting rooms 3 & 4, 17<sup>th</sup> floor, Westminster City Hall, 64 Victoria Street, London, SW1E 6QP

4.3 It is to be noted that in order to publicise these events as widely as possible commissioners have:

- Sent details of these events to all voluntary and community sector carers organisations within Westminster;
- Involved Westminster Voluntary Sector Council in the engagement and co-production process.
- Worked with joint commissioners across Health and Public Health.
- Ensured the Council's communication department is publishing these events across all internal and external communication platforms.
- Devised a digital questionnaire.

**If you have any queries about this Report or require further background papers please contact: Chidi Okeke, Interim Senior Commissioner, Adult Social Care, Email: [chidi.okeke@rbkc.gov.uk](mailto:chidi.okeke@rbkc.gov.uk)**

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Survey of Adult Carers in England 2014/15  
*Westminster City Council*

**SCRUTINY REPORT**  
**APPENDIX 1**

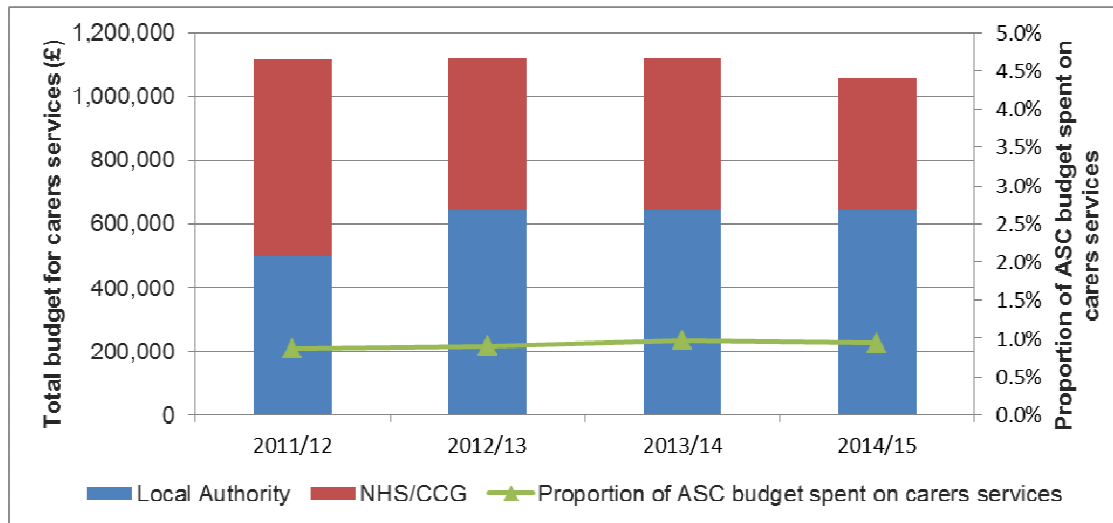
ASC Business Analysis Team  
July 2015

# Background to Carers Services in WCC

Background information

From ASC finance information and Business Analysis monthly monitoring information (Dec 2014)

## LA and NHS spend on carers services including combined spend as proportion of total ASC spend



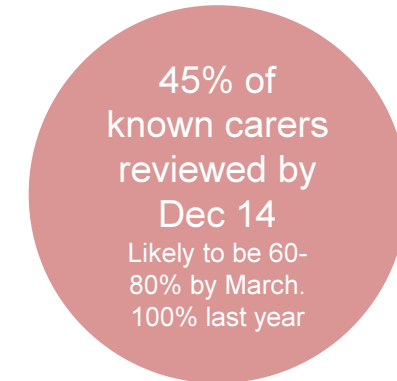
Historically, around **1.0% of total ASC budget** is spent on carers services (incl. NHS spend). This amounted to an approximate spend per head of **£850**. (Central London CCG does not cover the Queen's Park and Paddington part of Westminster local authority)

There are around **1,323 carers** known to WCC Adult Social Care

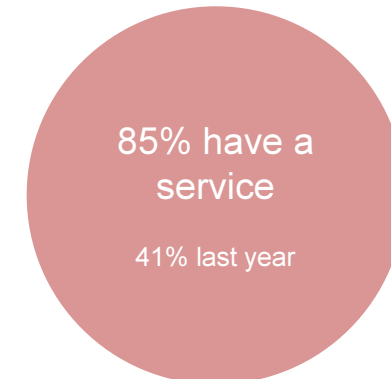
*An additional number will also be known to Carer's Network*

Initial estimates suggest an additional 1,200 carers will come forward to be assessed/reviewed annually as a result of new responsibilities from the Care Act

## Proportion of carers assessed or reviewed



## Carers assessed who have a service



In the year to date, a smaller proportion of carers have been assessed/reviewed compared to last year, but a larger proportion have gone on to receive a service.



## Number providing care:

### 2011 Census

**15,880** residents providing unpaid care (2011 Census)  
5th lowest nationally

...of whom

**3,430** (22%) provide 50+ hours a week

**Male: 36%**  
**Female: 64%**

**Carers benefit:**  
Working age (May 2014)

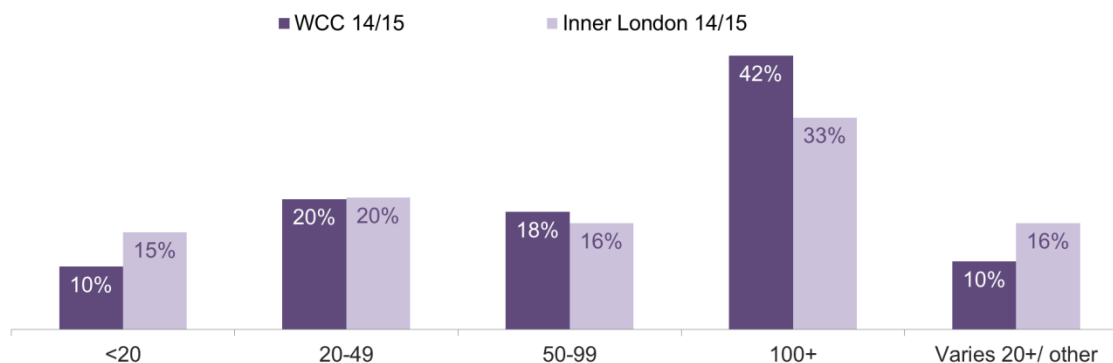
**1,620**

**Known to ASC:**  
Dec 2014

**1,323**

ASC Survey suggests 85% provide 20+ hours a week (42% provide 100+ hours a week)

## Hours of care provided per week – compared to Inner London 12/13 (ASC Carers' Survey 2014/15)



More than 4 in 10 respondents provide 100+ hours a week, compared to 1 in 3 in Inner London.

Higher intensity carers are more likely to rate their quality of life as poorer

| Electoral Ward                           | Area       | 2011 Census -<br>Providing 50+ hours a<br>week | ASC Carers assessed<br>last 12 months<br>(received survey) | ASC carers assessed as<br>a proportion of 2011<br>Census 50+ hours |
|--|------------|--|--|--|
| Vincent Square                           | South      | 130  | 43   | Higher than average  |
| Little Venice                            | North East | 155  | 43   | Higher than average  |
| Churchill                                | South      | 194  | 53   | Higher than average  |
| Maida Vale                               | North East | 183  | 46   | Higher than average  |
| Harrow Road                              | North west | 228  | 56   | Higher than average  |
| Church Street                            | North East | 348  | 84   | Higher than average  |
| Queen's Park                             | North west | 354  | 85   | Higher than average  |
| St James's                               | South      | 122  | 29   | Similar to average   |
| Tachbrook                                | South      | 122  | 28   | Similar to average   |
| Westbourne                               | North west | 268  | 60   | Similar to average   |
| Lancaster Gate                           | North west | 174  | 38   | Similar to average   |
| Bayswater                                | North west | 96   | 20   | Similar to average   |
| Warwick                                  | North East | 101  | 21   | Similar to average   |
| Abbey Road                               | North East | 164  | 29   | Lower than average   |
| Regent's Park                            | North East | 207  | 35   | Lower than average   |
| West End                                 | South      | 95   | 16   | Lower than average   |
| Marylebone High Street                   | North East | 94   | 14   | Lower than average   |
| Knightsbridge and Belgravia              | South      | 68   | 9  | Lower than average   |
| Hyde Park                                | North west | 174  | 21   | Lower than average   |
| Bryanston and Dorset Square              | North East | 149  | 16   | Lower than average   |
| <i>Out of borough/ no postcode match</i> |            |  | 93 (11%)   |  |

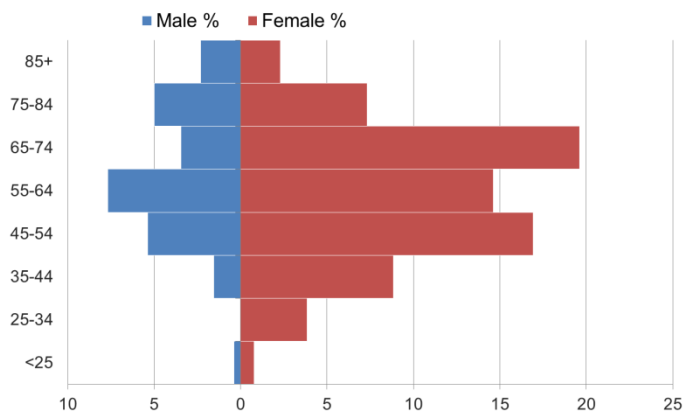
**People providing unpaid care:**

The 2011 Census identifies highest levels of provision of 50+ hours a week in Church St and Queen's Park in particular, and with high levels in other areas of deprivation and social housing. Provision is lower in affluent areas and areas where the population is younger (e.g. West End).

**ASC carers assessed:**

ASC assessed a higher proportion of the high intensity carers population (50+ hours a week) in these areas of deprivation. ASC are less successful at reaching more affluent areas with larger older populations such as Regent's Park, Abbey Road and Hyde Park.

## Gender and age profile



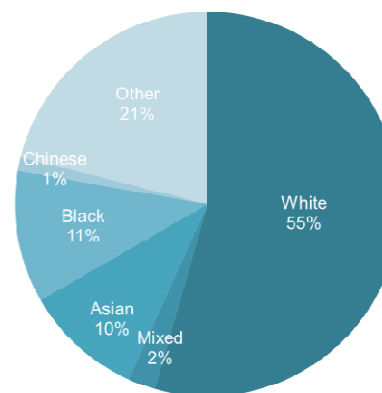
Three quarters (74%) of respondents were female, reflecting that caring is more common among women, but also that men are sometimes harder to engage with carers services. Female carers have a slightly older age profile than men.

## Length of time of being a carer

- Nearly a third (29%) have been caring for less than five years.
- 1 in 5 (22%) have been caring for 5-10 years
- 1 in 5 (22%) have been caring for 10-20 years
- Over a quarter (27%) have been caring for more than 20 years

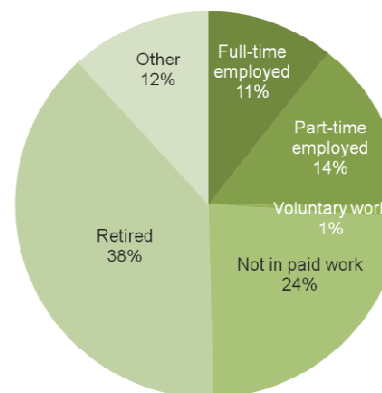
*The number caring for more than 20 years is one and a third times the proportion of Inner London*

## Ethnicity of respondents



The ethnic breakdown is similar to the ethnic profile of those providing 50+ hours a week in the 2011 Census, but with an under-representation of the Asian group (17% in Census).

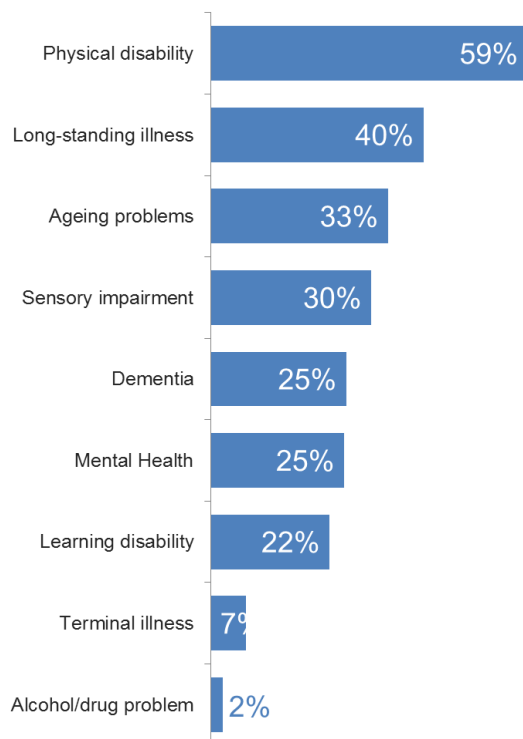
## Employment status of respondents



Levels of employment among carers locally is very low, with a quarter in paid work and half of these part time. Around 4 in 10 are retired.

*Over a third of all respondents (36%) are not in work due to caring responsibilities – higher than London*

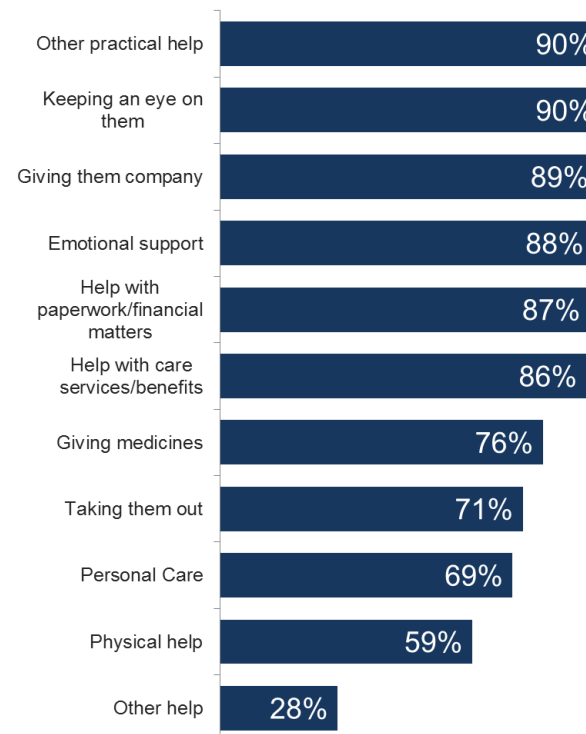
## Conditions of the person cared for:



*Includes multiple options per person*

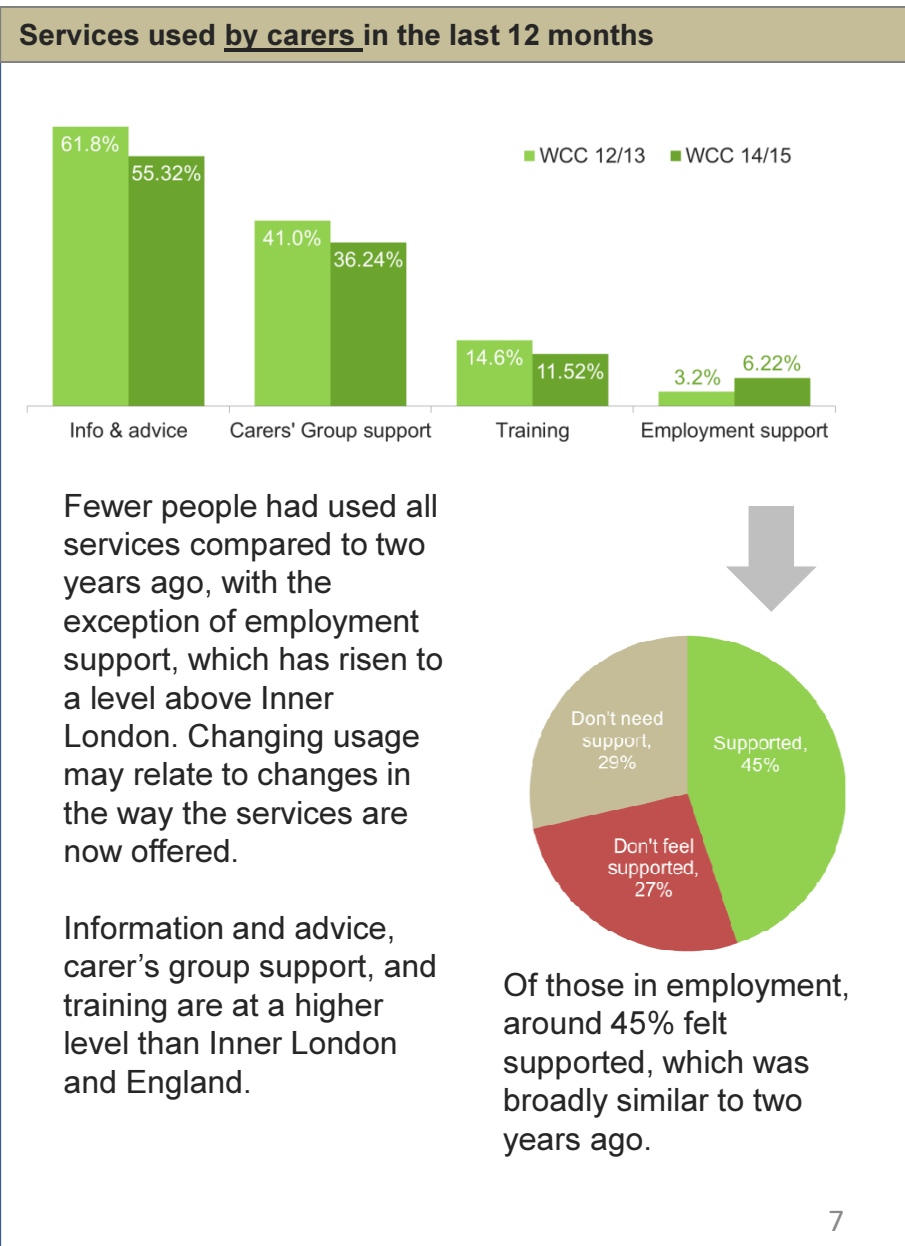
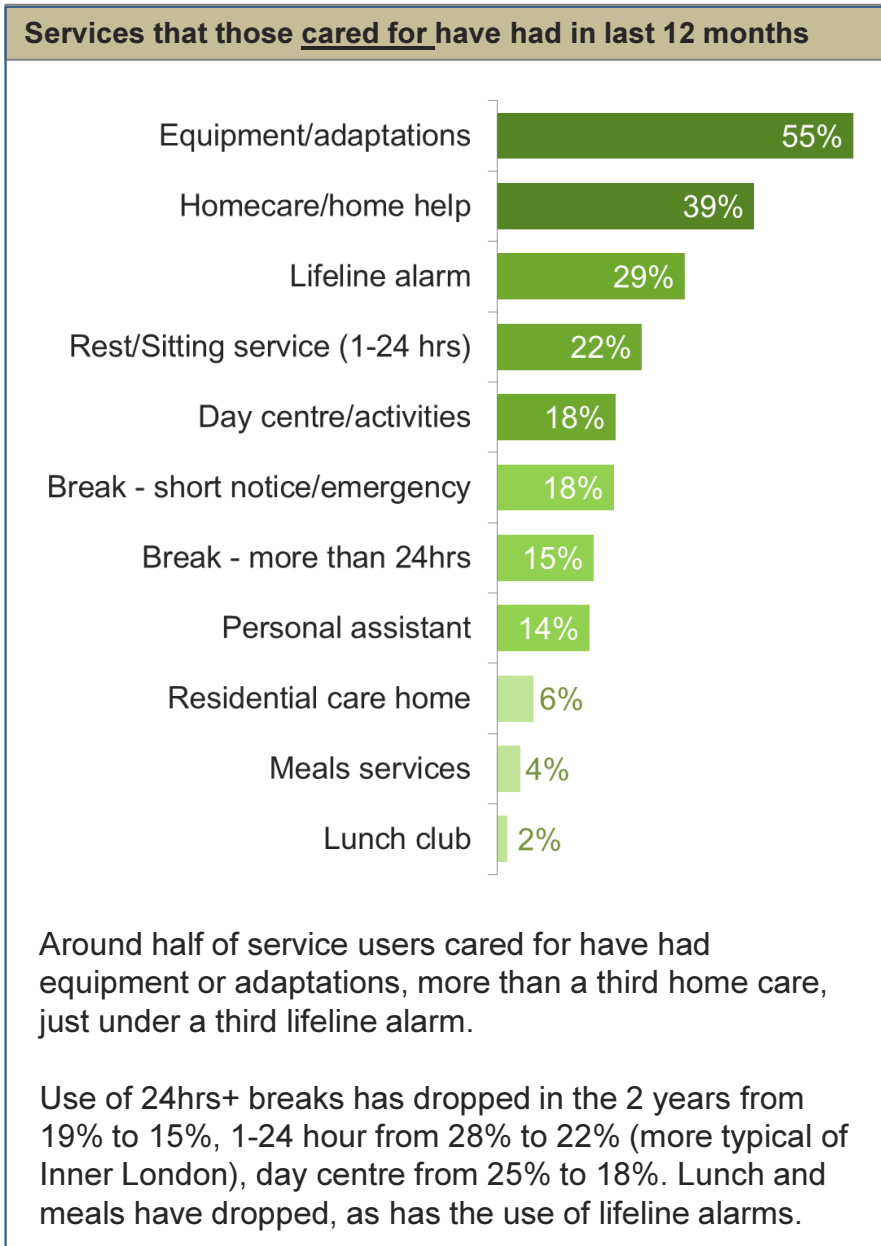
The most common conditions that the person cared for has are physical disabilities, long-standing illness, and problems due to ageing. One quarter of carers care for someone with mental ill-health and just under one quarter for someone with learning disabilities.

## What carers provide:



*Includes multiple options per person*

Carers tended to provide the full range of support to those who they care for. This is likely to be a reflection of the intensity of the caring provided (in hours). In some cases, respondents stated they did not take those cared for out as they were bedbound and therefore not able to leave the home.



## Carer Characteristics and Quality of Life

- The greater **response** to this year's survey means better data to understand carers. However, the sample is still small and results are still provisional.
- WCC carers provide **more hours per week** than typical of many other areas and are more likely to **live with the person** they care for. Half have been caring for more than 10 years.
- They are far more likely to be women, retired or not in paid work, and most are age 50+. Over half of them have a health condition themselves.
- Many are caring for people with conditions associated with old age, including a quarter supporting someone with **dementia**.
- However, a quarter are also supporting those with **mental ill-health** and a slightly lower proportion with **learning disabilities**.
- Carer **quality of life** has improved substantially but is still below the Inner London average in 12/13. Although there has been no change in the proportion of carers with enough **social contact**, more people have some **control** over their lives, fewer are neglecting their **personal care** and more have increased **encouragement and support**.
- Nevertheless, comments and ratings from the questionnaire identify carers as a highly **marginalised group**. People supporting those with **dementia** and **mental health problems**, and those unable to work due to caring responsibilities, have poorest quality of life.

## Service Use and Satisfaction

- There is some evidence to suggest carers are using **less information and advice**, **Carers group support** and **training** compared to 2 years ago. **Employment support** has risen. **Breaks of 24+ hours** appear to have dropped over the 2 years, as have **1-24 hour breaks** (to a similar rate to London 12/13).
- Carers really appeared to value **good quality services for the person cared for** and also found the **carer's personal budget** particularly helpful due to the flexibility to use it on a range of things. **Carers breaks** were very highly valued by a smaller number of carers.
- Slightly fewer people could find **information and advice** compared to two years ago, but like in Inner London 12/13, there is scope for improvement. Carers appear to want more advice and information delivered proactively. People feel **less involved & consulted** than 2 years ago.
- **Overall satisfaction** with services for carers and those cared for has risen to a higher level than Inner London 12/13. There is further scope for improving satisfaction among carers of people with **learning disabilities** and **dementia**.



City of Westminster

## Adults, Health & Community Protection Policy & Scrutiny Committee

|                           |  |
|---------------------------|--|
| <b>Date:</b>              | 27 January 2016                                      |
| <b>Status:</b>            | For General Release                                  |
| <b>Title:</b>             | Regulation of Investigatory Powers Act 2000 (“RIPA”) |
| <b>Wards Affected:</b>    | All Wards  |
| <b>Policy Context:</b>    | Crime and Disorder                                   |
| <b>Financial Summary:</b> | N/A  |
| <b>Report of:</b>         | Director of Law                                      |

### 1. Executive Summary

- 1.1 The Committee is required to review the Council’s use of the powers under the Regulation of Investigatory Powers Act 2000 (“RIPA”).

### 2. Recommendations

- 2.1 Committee is asked to -
- a. Note the report from the Information Management Team that there were 3 applications to conduct covert surveillance entered on the WCC RIPA register in the calendar years 2013, 2014 and 2015. Details of those applications are provided in section 4 below.
  - b. Note that the Council is expecting to receive a visit from the Surveillance Commissioner in 2016.
  - c. Agree that, in line with the current RIPA Policy, a review of the WCC RIPA Policy and Process document will now take place. That any amendments to the RIPA Policy and Process document will be tabled at the March 2016 Committee meeting.
  - d. That the review will include, but not be limited to, the following areas:-
    - (i) The Schedule of Authorising Officers (AO)
    - (ii) The Schedule of Designated Persons (DP)
    - (iii) The inclusion of a new section on Communications Data
    - (iv) A review of the Process document

### 3. Reasons for Decision

3.1 This report is to ensure the Committee is kept up to date on RIPA applications being undertaken on behalf of the Council. It is a requirement that the Council regularly review and update their RIPA Policy and Processes in line with Home Office Codes of Practice, legislation and guidance.

### 4. Background

4.1 The Regulation of Investigatory Powers Act 2000, ("RIPA"), regulates, amongst other things, the use of directed covert surveillance, the use of communications data (mobile phone numbers, Internet Service Providers (ISPs) and the use of covert human intelligence source, (CHIS), i.e. undercover officers seeking to gain the confidence of offenders. RIPA creates a statutory authorisation scheme for the lawful undertaking of such activities.

4.2 The revised Code of Practice considers the following to be good practice:

"... elected members of a local authority should review the authority's use of the 2000 Act and set policy at least once a year. They should also consider internal reports on use of the 2000 Act on a least a quarterly basis to ensure that it is being used consistently with the local authority's policy and that the policy remains fit for purpose. They should not however, be involved in making decisions on specific authorisations."

4.3 In view of the comparatively small number of surveillance RIPA applications that authorising officers are called upon to consider, and taking into account the favourable reports received from the Surveillance Inspectors, Cabinet Member recommended that Overview and Scrutiny Committee should –

- review the RIPA Policy and the RIPA Procedure Manual every 12 months and report to Cabinet, should they be of the opinion that it is not fit for purpose; and
- consider the Council's use of RIPA every 6 months to ensure that it is being used consistently with the Council's Policy and its Procedure Manual. Should the Committee be concerned by any adverse trends disclosed in the reports it receives, it should call for reports every quarter.

4.4 It is now time for the committee to undertake the above tasks. It is also recommended that we use this time to review the policy to ensure it is up to date with staff and legislative changes as well as practice directions.

4.5 In the past 3 calendar years 2013, 2014 and 2015 there have been 3 applications for RIPA.

| Service Unique Ref Number | Authorising Officer | Date Authority Granted | Reason   | Details of Investigation / Operation                 |
|---------------------------|---------------------|------------------------|--|--|
| <a href="#">TS.4.2013</a> | Sue Jones           | 24/10/2013             | Complaints of underage gangs setting off fireworks, criminal offence under Consumer Protection Act 1987 and The Pyrotechnic Articles (Safety) Regulations 2010 to sell category 2 or 3 firework to any person under the age of 16. Judicial approval received. | Use of underage volunteer to test purchase fireworks |



| Service Unique Ref Number | Authorising Officer | Date Authority Granted | Reason  | Details of Investigation / Operation              |
|---------------------------|---------------------|------------------------|---|---|
| <a href="#">TS.1.2014</a> | Sue Jones           | 24/10/2014             | Suspected underage sales. Judicial approval received.   | Test purchases for fireworks                      |
| <a href="#">TS.1.2015</a> | Sue Jones           | 27/10/2015             | To identify sales of fireworks to minors. Judicial approval not received (sentence less than 6 months, however was done in line with RIPA provisions. Cancellation / review forms sent to authorising officer | Test purchase of fireworks by underage volunteers |

- 4.6 In the past, local authorities were inspected every two years by Surveillance Inspectors from the Office of Surveillance Commissioners. The City Council has been inspected on five occasions, each of which has resulted in a favourable inspection report.
- 4.7 The last inspection was undertaken 8<sup>th</sup> July 2013 by Sir David Clarke, Assistant Surveillance Commissioner. It is therefore possible the Council will receive a visit in 2016.
- 4.8 Officers are of the opinion that the RIPA procedures the Council currently have in place provide a sound basis from which to manage and monitor the City Council's use of RIPA and that the RIPA Policy Statement and RIPA Manual are fit for purpose. There are some amendments required to bring the manual up to date and it is proposed that these will be provided at the next meeting held in March 2016.

## 5. Financial Implications

- 5.1 There are no financial implications associated with this report

## 6. Legal Implications

- 6.1 It is both a legislative and a policy requirement that the Council regularly review RIPA applications and RIPA Policy documents. Without that the Council would be in breach of their statutory requirements.

## 7. Other Implications:

- 7.1 None

**If you have any queries about this Report or wish to inspect any of the Background Papers please contact Joyce Golder, Principal Solicitor, Legal Services, 0207 361 2181**

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| ROUND ONE (24 June 2015)                |   |  |
|---|---|--|
| Agenda Item                             | Reasons & objective for item  | Represented by:  |
| <b>The NHS estate in Westminster</b>    | To review the strategy relating to NHS estates in Westminster                               | <ul style="list-style-type: none"> <li>• NHS Property Services</li> <li>• NHS England</li> <li>• CCGs</li> <li>• LA</li> </ul> |
| <b>NHS Staffing in the Acute Sector</b> | To examine the impact of current staffing levels on the operation of our local acute Trusts | <ul style="list-style-type: none"> <li>• Imperial</li> <li>• Chelsea and Westminster</li> </ul>                                |

| HEALTH URGENCY (30 <sup>th</sup> June 2015)                                       |  |  |
|---|--|--|
| Agenda Item   | Reasons & objective for item   | Represented by:  |
| <b>Imperial College Healthcare NHS Trust – Reconfiguration of stroke services</b> | Imperial College Healthcare NHS Trust are consulting the Committee under Section 244 of the NHS Act 2006 on plans to reconfigure stroke services | <ul style="list-style-type: none"> <li>• Dr Batten, CEX, Imperial</li> </ul> |

| ROUND TWO (24 September 2015)                       |   |   |
|---|---|---|
| Agenda Item   | Reasons & objective for item  | Represented by:   |
| <b>Policing and Mental Health</b>                   | To assess the relationship between mental health and Police custody                 | <ul style="list-style-type: none"> <li>• Borough Police</li> </ul>                    |
| <b>Adult Social Care Complaints and Performance</b> | To receive the TB ASC Complaints and Performance report                             | <ul style="list-style-type: none"> <li>• Liz Bruce</li> <li>• Nadia Husain</li> </ul> |
| <b>Safeguarding – Employment Checks</b>             | To consider the work of the Safeguarding Task Group looking into recruitment checks | <ul style="list-style-type: none"> <li>• Safeguarding</li> </ul>                      |

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## HEALTH URGENCY (17<sup>th</sup> November 2015)

| Agenda Item   | Reasons & objective for item   | Represented by:  |
|---|--|--|
| <b>CCG Plans relating to Urgent and Emergency Care</b>    | To assess developments at the CCG in relation to provision of urgent and emergency care in Westminster | <ul style="list-style-type: none"> <li>• CLCCG</li> </ul>  |
| <b>Central and North West London NHS Foundation Trust</b> | To review a Section 244 notice of reconfiguration at our local mental health provider.                 | <ul style="list-style-type: none"> <li>• CNWLFT</li> </ul> |

## ROUND THREE (25 November 2015)

| Agenda Item  | Reasons & objective for item   | Represented by:  |
|--|--|--|
| <b>Policing Model – MOPAC (failed to attend)</b>                                     | To follow up the assessment of the local policing model in 14 / 15 with MOPAC and look at the <i>Future of Policing in London</i>  | <ul style="list-style-type: none"> <li>• <del>MOPAC</del></li> <li>• Westminster Police</li> </ul> |
| <b>The Patient Journey – Journey mapping the experience of Westminster residents</b> | To assess how Westminster residents and patients interact with the health and social care services in the City – and how this will develop under <i>Shaping a Healthier Future</i> | <ul style="list-style-type: none"> <li>• CCG</li> <li>• ASC</li> </ul>                             |

## ROUND FOUR (27 January 2016)

| Agenda Item                                  | Reasons & objective for item   | Represented by:  |
|--|--|--|
| <b>Finding and Supporting Carers</b>         | To assess and review the work of ASC in finding and supporting carers in the Westminster population  | <ul style="list-style-type: none"> <li>• ASC</li> </ul>  |
| <b>Strategic approaches to Mental Health</b> | To assess community provision of mental health and what agencies are doing to ensure out-of-hospital / community strategies are effective. | <ul style="list-style-type: none"> <li>• CCGs</li> </ul> |

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## ROUND FIVE (21 March 2016)

| Agenda Item   | Reasons & objective for item   | Represented by:   |
|---|--|---|
| <b><i>The Future of Policing</i></b>                        | To examine the <i>Future of Policing in London</i> with the Mayor's Office of Policing and Crime                                       | <ul style="list-style-type: none"> <li>• MOPAC</li> </ul>   |
| <b>HWB Project - Needs-modelling Westminster population</b> | To assess the work of the Health and Wellbeing Board on needs modelling the future population and health need of Westminster residents | <ul style="list-style-type: none"> <li>• Damian Highwood</li> <li>• Health and Wellbeing Board</li> </ul> |

## OFFLINE ITEM

| Agenda Item  | Reasons & objective for item   | Represented by:   |
|--|--|---|
| <b>Joint Strategic Needs Assessments – the Implementation of Recommendations</b> | To review recent JSNA reports and ensure recommendations have been acted upon. | <ul style="list-style-type: none"> <li>• Public Health</li> </ul> |

## ROUND SIX (18 April 2016)

| Agenda Item  | Reasons & objective for item   | Represented by:  |
|--|--|--|
| <b>The Implementation of Shaping a Healthier Future</b>                          | To examine progress of implementing the <i>Shaping a Healthier Future</i> reconfiguration. To also assess the specifics, with our local Borough-based Trust, about their site development and proposals. | <ul style="list-style-type: none"> <li>• CCG Collaborative (Clare Parker)</li> </ul> |
| <b>Holding to account the work of the Westminster Health and Wellbeing Board</b> | To assess and review the work of the Westminster Health and Wellbeing Board and to review performance against Health and Wellbeing Strategy.   | <ul style="list-style-type: none"> <li>• HWB</li> </ul>                              |

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## Other Committee Events & Task Groups

| Briefings                            | Reason   | Type                        |
|--------------------------------------|--|-----------------------------|
| <b>Safer Westminster Partnership</b> | To assess the work of the Safer Westminster Partnership. Please note that this is one of the statutory <b>duties</b> of the Committee. | <b>On-going</b>             |
| <b>NHS Provider Complaints</b>       | To assess complaints from local Provider Trusts as a result of the Francis Inquiry and new Health Scrutiny powers.                     | <b>A potential briefing</b> |

## Healthwatch Westminster Updates

|         |
|---------|
| Round 1 |
| Round 2 |
| Round 4 |
| Round 6 |

## Visits

|                                      |   |
|--------------------------------------|---|
| <b>S136 Suite Visit (The Gordon)</b> | Tuesday 3 <sup>rd</sup> November 2015   |
| <b>Rough Sleeper Count</b>           | Thursday 26 <sup>th</sup> November 2015 |
| <b>Westminster Perinatal Service</b> | Tuesday 5 <sup>th</sup> January 2016    |

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## DRAFT ROUND ONE 16/17

| Agenda Item   | Reasons & objective for item  | Represented by:   |
|---|---|---|
| <b>CCG &amp; ASC:</b><br><b>Greater Self-Management</b> | To examine ASC and CCG working to empower people to manage their own health and wellbeing | <ul style="list-style-type: none"><li>• ASC</li><li>• CCGs</li></ul>              |
| <b>CCG &amp; ASC:</b><br><b>Whole Systems</b>           | To examine multi-disciplinary care co-ordinated around the patient and the GP             | <ul style="list-style-type: none"><li>• Chris Neill (ASC)</li><li>• CCG</li></ul> |

## DRAFT ROUND TWO 16/17

| Agenda Item | Reasons & objective for item | Represented by:  |
|-------------|------------------------------|--|
| <b>TBC</b>  | <b>TBC</b>                   | <ul style="list-style-type: none"><li>• <b>TBC</b></li></ul> |

## DRAFT ROUND THREE 16/17

| Agenda Item                                       | Reasons & objective for item   | Represented by:                                       |
|---|--|---|
| <b>CCG:</b><br><b>Primary Care Transformation</b> | To examine out of hospital services and access to GP services in Westminster | <ul style="list-style-type: none"><li>• CCG</li></ul> |

## DRAFT ROUND FOUR 16/17

| Agenda Item | Reasons & objective for item | Represented by:  |
|-------------|------------------------------|--|
| <b>TBC</b>  | <b>TBC</b>                   | <ul style="list-style-type: none"><li>• <b>TBC</b></li></ul> |

## DRAFT ROUND FIVE 16/17

| Agenda Item | Reasons & objective for item | Represented by:                                   |
|-------------|------------------------------|---|
| <b>TBC</b>  |                              | <ul style="list-style-type: none"><li>•</li></ul> |

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## DRAFT ROUND SIX 16/17

| Agenda Item   | Reasons & objective for item  | Represented by:                                       |
|---|---|---|
| <b>CCG:</b><br><b>Shaping as Healthier Future</b> ( <i>Hospital Reconfiguration</i> ) | To examine the progress of implementing the 'Shaping a Healthier Future' reconfiguration.   | <ul style="list-style-type: none"><li>• CCG</li></ul> |
| <b>CCG:</b><br><b>Mental Health Transformation</b>                                    | To examine the work around improving community care in North West London for mental health (following up the item in January 2016, a year on) | <ul style="list-style-type: none"><li>• CCG</li></ul> |