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City of Westminster

Committee Agenda

Title:	**Adults, Health & Public Protection Policy & Scrutiny Committee**
Meeting Date:	**Monday 21st March, 2016**
Time:	**7.00 pm**
Venue:	**Rooms 5, 6 and 7 – 17th 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, Senior Committee and Governance Officer.

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

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

AGENDA

PART 1 (IN PUBLIC)

1. MEMBERSHIP

To note any changes to the membership.

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 **(Pages 1 - 16)**

To approve the minutes of the meeting held on 27 January 2016, and to note the Action Tracker.

4. CHAIRMAN'S Q&A

To receive any questions from Members of the Committee.

5. 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 a verbal update on the delivery of current priorities, and on the future Work Programme.

6. CABINET MEMBER UPDATES **(Pages 17 - 34)**

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

7. STRATEGIC APPROACHES TO MENTAL HEALTH **(Pages 35 - 50)**

To enable the Committee to assess the community provision of mental health services and identify what the relevant agencies are doing to ensure Out of Hospital/Community Strategies are effective at keeping people out of hospital.

8. PRIMARY CARE MODELLING PROJECT **(Pages 51 - 60)**

The joint primary care modelling project and subsequent projections are being undertaken to understand the current and future demographic profile of Westminster and to inform the decision making of the local Joint Primary Care Co-Commissioning Committee. To be able to commission quality primary care services to Westminster residents, the Committee needs to understand the context in which primary care services are to be provided.

9. REGULATION OF INVESTIGATORY POWERS (RIPA) **(Pages 61 - 104)**

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.

10. ITEMS ISSUED FOR INFORMATION

To provide Committee Members with the opportunity to comment on items that have been previously circulated for information.

I) Tuberculosis in Westminster
A briefing on the ongoing rise, trends, origins and containment of Tuberculosis in Westminster.

11. WORK PROGRAMME **(Pages 105 - 114)**

To consider the Committee's Work Programme for the remainder of the 2015/16 municipal year.

12. ANY OTHER BUSINESS

To consider any other business which the Chairman considers urgent.

Charlie Parker
Chief Executive
11 March 2016

DRAFT MINUTES

CITY OF WESTMINSTER

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 27th January, 2016**, Rooms 6 & 7, 17th Floor, City Hall, 64 Victoria Street, London SW1E 6QP

Members Present: Councillors Antonia Cox (Chairman), Barbara Arzymanow, Paul Church, Patricia McAllister, Jan Prendergast, Ian Rowley and Barrie Taylor.

Also Present: Councillor Nickie Aiken.

1 MEMBERSHIP

1.1 All Members were present.

1.2 Cllr Antonia Cox was nominated to be the new Chairman of the Committee and was duly appointed.

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 25 November 2015 be approved for signature by the Chairman.

3.2 Members also noted the progress made on the action points set out in the Committee Action Tracker.

4 CHAIRMAN'S Q&A

4.1 Committee Members commented on the ongoing rise of tuberculosis in Westminster. The Committee agreed that details of trends, origins, and containment would be requested from Westminster's Clinical Commissioning Groups, with consideration being given to adding the issue of tuberculosis to the Work Programme.

5 CABINET MEMBER UPDATES

5.1 Cabinet Member for Public Protection

5.1.1 The Committee received a briefing from Councillor Nickie Aiken (Cabinet Member for Public Protection) on key issues within her portfolio. The Cabinet Member had been meeting with the Police and operators from Westminster's night-time economy, to clarify the work and responsibilities of the City Council as a Licensing authority. The Cabinet Member had also met with the Fire Brigade as part of the ongoing consultation on the London Safety Plan. Committee Members noted that the Licensing Agenda would be a key area of focus for the forthcoming year.

5.1.2 The Committee acknowledged that there needed to be a balance between the needs of residents and operators in Licensing regulation, and noted that the City Council was trying to get operators to recognise that they had a responsibility to people who were intoxicated and could be vulnerable. The Cabinet Member also outlined how Licensing Reviews could be instigated for premises which were causing disturbance to local residents.

5.1.3 The Committee discussed rough sleeping, and noted that that the number of foreign national rough sleepers in Westminster had reduced, and were being replaced by returning British and Irish rough sleepers that had been previously displaced, and who were willing to receive support from outreach workers. The Cabinet Member agreed to provide the Committee with details of the November rough sleeper count, and how it had been targeted.

5.1.4 Committee Members expressed concerns over whether the recent stabbing on Goldney Road had been handled in the correct manner by both the Police and the Integrated Gangs Unit (IGU). The Cabinet Member was concerned to hear Members' comments, and agreed to investigate the issue for the Committee.

5.1.5 The Committee noted progress in the cross-party Community Cohesion commission, which would be reporting later in the year on how to improve Community Cohesion and help young people to avoid radicalisation.

5.1.6 Other issues discussed included the induction process for prison visiting; and the influence of the drug trade on gangs and local communities.

5.2 Cabinet Member for Adults & Public Health

5.2.1 The Committee received a written briefing from Councillor Rachael Robathan (Cabinet Member for Adults & Public Health), on key issues within her portfolio, which included Adult Social Care, Public Health, and the work of Westminster Health & Wellbeing Board. The report also included an assessment of key service performance indicators.

5.2.2 Committee Members requested an update from Westminster's Clinical Commissioning Groups on their plans for change and strategic aims, and on proposals for the associated consultation with the City Council. Rachel Wigley (Tri-borough Director of Finance, ASC) agreed to ask health colleagues to provide a written briefing which would be circulated to Committee Members.

5.2.3 Committee Members also commented on the discharge of patients from hospital and on out of hospital care, and noted that integrated services would be considered later in the year when the Committee reviewed the effectiveness of the Community Independence Service after its first year of service.

5.3 **RESOLVED:** That the briefings detailing the recent work undertaken within the portfolios of the Cabinet Member for Public Protection and the Cabinet Member for Adults & Public Health 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 and Safeguarding 16-25 Year Olds.

6.1.2 The Trafficking Task Group had continued to map out trafficking activity taking place in Westminster, which was centred on Eastern European gangs who forced people into pickpocketing, begging and prostitution. Other instances of trafficked labour had included the Chinese community and service industries, where people were treated badly and often forced to live in poor conditions. The Task Group had suggested that the issue of trafficked labour could be addressed through servants coming into the United Kingdom receiving more thorough visa checks.

6.1.3 The Safeguarding Task Group had reviewed the housing and hostels available for younger people leaving care. Although Westminster had been found to be in a relatively good position, other boroughs were of great concern, and the Task Group had met with the Children's Commission to set out the issues and risks.

The Commission had confirmed that they would undertake a full statutory investigation of the discharge of vulnerable young people moving from hostels into private rented accommodation across London, and had asked the City Council to write to them with information on the findings of the Task Group and on the key issues they should focus on. The Committee noted that a response was still awaited, and agreed that a further letter should be sent to the Commissioner. Members also discussed safer recruiting, and noted that this issue would be reviewed when the Committee considered Adult Safeguarding later in the year.

6.1.4 The Committee also received a report on the recent Members' visit to the Perinatal Unit at St. Mary's Hospital, which had been made following concerns regarding staffing levels and the quality of care, particularly for mothers with drug and alcohol issues. The Unit had been established in 2009, and the Committee noted that it was anticipated that the current level of 4,500 births per year would rise to 6,000 when Ealing Hospital closed, which would require a greater number of trained midwives, health visitors and specialist nurses.

6.1.5 Members discussed how mothers with post-natal depression were identified, and agreed that young mothers who lived on their own needed sustained contact. Members also commented on the problems that could arise from isolation due to language or cultural issues, and agreed that this needed to be taken into account by Health Visitors.

6.1.6 Janice Horsman (Healthwatch Westminster) also agreed to provide Committee Members with the findings of a review of Perinatal Services led by Westminster's Clinical Commissioning Groups.

6.1.7 The Committee noted that a date for the next meeting of the Imperial Transport Strategy Group was still awaited.

6.2 Healthwatch

6.2.1 Janice Horsman (Chair, Healthwatch Westminster) updated the Committee on the current work and priorities of Westminster Healthwatch. These included the production of a comprehensive Home Care Charter; looking at how Perinatal Services could be remodelled; and the roll-out of the new Homecare contract.

6.2.2 The Committee noted progress in the workstream on mental health services, together with the findings of the Healthwatch Dignity Champions' report for the Gordon Hospital. Although the report had given positive feedback for staff and had found the Wards to be clean with good levels of security, activities at the hospital had not been taking place as advertised and there was little evidence of personal care plans. A number of recommendations had arisen from the findings, which had received a positive response from Central North West London NHS with associated action plans.

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

7 FINDING AND SUPPORTING CARERS

7.1 In response to a request made in the Committee Work Programme, Mary Dalton (Head of Complex Needs Commissioning, ASC), Rachel Wigley (Tri-borough Director of Finance, ASC) and Chidi Okeke (Interim Senior Commissioner, ASC) provided an update on the work of Adult Social Care and its commissioned services in finding and supporting carers within Westminster. The Committee also received a summary of the 2015/16 Westminster Carers Survey, which included details of the number, location, and services available to carers.

7.2 The Care Act 2012 had given carers more rights, and had included a requirement for the needs of individual carers to be assessed. The Care Act had also given local authorities opportunities for train social workers and staff in departments such as housing to raise awareness of the needs of carers.

7.3 The Committee noted that needs of 45% of known carers in Westminster had been reviewed to date, and acknowledged that this figure needed to improve. The Head of Complex Needs Commissioning commented that the assessments had been taking a lot of time, and that additional resources had been allocated to increase this figure to 80% - 90% in the next few months. The Committee acknowledged that many carers were young people who looked after family members, and the Head of Complex Needs confirmed that information was being given to young carers in Westminster through community and voluntary organisations, and vulnerable family groups.

7.4 Many of the contracts for carers' services would end in 2017, and a process of early engagement had begun, which sought to find and engage with carers to make them aware of available services and establish what they would want in the future. Targets to find new carers had also increased, and the Carers' Network were making increased use of social media and the People First website.

7.5 The Committee discussed the initiatives that were being taken to find carers in Westminster, also suggested that information could be publicised through GP services and pharmacists. Members also commented on the forthcoming engagement events that were to be held at City Hall, and highlighted the importance of consultation being staged at accessible times at locations across Westminster. The Head of Complex Needs Commissioning confirmed that engagement events had already taken place at the Beethoven Centre, and that other events in the north of the borough would follow.

7.6 Committee Members highlighted the importance of car parking spaces being available for carers, and noted that although there had been limited uptake when

parking permits had previously been made available to carers, the Head of Complex Needs Commissioning would look at this issue again.

7.7 Other issues discussed included respite services such as the Carers' Sitting Service and residential units, which enabled carers to attend appointments and have holidays; and the distribution of carers in Westminster.

8 REGULATION OF INVESTIGATORY POWERS (RIPA)

8.1 Tanya Holden (Data Protection / FOI Officer, Corporate Information) and Fatima Zohra (Corporate Information Manager) provided a briefing on action taken by the City Council under the Regulation of Investigatory Powers Act 2000 (RIPA), which regulated public bodies to carry out surveillance and investigation. The process for approval for action taken under RIPA had changed since last being reviewed in 2013, and that Westminster's current RIPA Policy and Process document needed to be updated. The City Council most commonly sought RIPA approvals for directed surveillance by Trading Standards.

8.2 Westminster had previously received positive feedback from the Surveillance Commissioner for having introduced quality assurance within the RIPA process, and the Committee noted that the City Council was expecting to receive a further inspection from the Surveillance Commissioner in 2016.

8.7 **RESOLVED:** That the revised draft RIPA Policy and Procedure document be presented to the Committee for initial comment, before being submitted to the Cabinet Member for Public Protection for approval.

9 WORK PROGRAMME 2015/16

9.1 Members discussed the Committee Work Programme for the remainder of the current municipal year, together with possible agenda items for 2016-17.

9.2 Committee Members commented on the number mental health related deaths in the NHS having risen by a fifth over the past three years, and noted that this increase was being reviewed by the North West London Crisis Care Concordat. Members suggested that consideration was given to the situation in Westminster, and also commented on the ability for people with personality disorders to be categorised as a vulnerable adult who could be dealt with under different powers to the Health Act. The Committee acknowledged that people with borderline mental health issues could impact on A&E and hospital wards, and recognised the value of creating a protective environment in which people could be assessed.

9.3 It was agreed that the agenda for next Committee in March would include the item on the Strategic Approach to Mental Health, which was deferred from the

January meeting, together with the MOPAC model for Future Policing in London, and Needs Modelling for future services. Members also suggested that the report on mental health could include a position statement from the police on the procedure for categorising people as being vulnerable before being diagnosed as having a mental health problem.

9.4 It was also suggested that the following issues be considered for the future Work Programme:

9.4.1 Meeting on 19 April 2016

- Health & Wellbeing Strategy review – and Sustainability & Transformation Plans.
- Shaping A Healthier Future – implementation.

9.4.2 Meeting on 22 June 2016

- Community Independence Service (CIS) review 1 year on - including GP's promotion of Community Care Services; rapid crisis response; discharge from hospital and Home Care.
- GP's role in reducing pressure on hospital services – also covering referrals of children to Community Pediatric Services.

9.4.3 Meeting on 21 September 2016

- Safeguarding Adults Annual Report – review, including safer recruitment.
- End of Life Care – acknowledging that 65% of healthcare is spend in the last 6 months of life.
- The Procurement of Core Drug & Alcohol Services.
- Service Reconfiguration in Public Protection - one year on review.

9.4.4 Meeting on 23 November 2016

- Whole Systems approach to Primary Care.
- Urgent Care Centre and A & E Progress report from Northern Doctors Urgent Care.
- Imperial Hospital – Overall review, including planning process, strategic interests and feedback from the Annual General Meeting.

9.4.5 Meeting on 1 February 2017

- Childhood Obesity.
- Dementia – current and future provision, in view of 45% increase projected over the next 15 years.

9.4.6 Meeting on 29 March 2017

- Whole School Health Services – procurement of School Nursing Service.

9.5 Other issues suggested for the future Work Programme included Specialist Housing for Older People; the Homecare Service; Stress Areas in Licensing; and Personal Budgets.

9.6 Committee Members acknowledged that the Committee had a wide remit which included statutory functions, and highlighted the importance of the Work Programme being balanced to include issues relating to Public Protection.

10 ITEMS ISSUED FOR INFORMATION

10.1 The following papers had been circulated for information separately from the printed Agenda:

- The draft Minutes of the meeting of the Health Urgency Sub-Committee held on 17 November 2015.

- Letter sent to the Chief Executive of the London Ambulance Service on behalf of the Committee.

10.2 Members discussed the draft Minutes of Health Urgency Sub-Committee, and requested that the Committee's endorsement of the changes that were being made at St. Mary's Hospital Urgent Care Centre by the Central London Clinical Commissioning Group be recorded.

The Meeting ended at 9.09pm.

CHAIRMAN:_____ DATE:_____

Actions Arising	
Item 4 **Chairman's Q&A**	That Westminster's Clinical Commissioning Groups be requested to provide details of the ongoing rise of tuberculosis in Westminster, together with details of trends, origins, and containment - with consideration being given to adding the issue of tuberculosis to the Work Programme.
Item 5 **Cabinet Member Updates**	The Cabinet Member for Public Protection agreed to investigate concerns over whether the recent stabbing on Goldney Road had been handled in the correct manner by both the Police and the Integrated Gangs Unit (IGU).
Item 5 **Cabinet Member Updates**	Rachel Wigley (Tri-borough Director of Finance, ASC) to ask health colleagues to provide a written briefing on their plans for change and strategic aims, and on proposals for the associated consultation with the City Council, for circulation to Committee Members.
Item 6 **Committee Task Groups**	A further letter to be sent to the Children's Commissioner asking for a response to the initial letter which set out the findings of the Task Group, together with the key issues that the Commission should focus on in its statutory investigation of the discharge of vulnerable young people moving from hostels into private rented accommodation across London.
Item 6 **Committee Task Groups**	Janice Horsman (Healthwatch Westminster) to provide Committee Members with the findings of a review of Perinatal Services led by Westminster's Clinical Commissioning Groups.
Item 8 **Regulation of Investigatory Powers (RIPA)**	The revised draft RIPA Policy and Procedure document to be presented to the Committee for initial comment, before being submitted to the Cabinet Member for Public Protection for approval.

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ROUND ONE (24 June 2015)		
Agenda Item	**Action**	**Status**
Item 5 – Cabinet Member Updates	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 14th July.
Item 6 - Healthwatch	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 25th June.
Item 7 – NHS Estate	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 14th July

HEALTH URGENCY (30th June 2015)		
Agenda Item	**Action**	**Status**
Item X – Imperial College Healthcare NHS Trust	That Imperial meet with Martin Low to discuss transportation issues of the service reconfiguration of stroke services	Complete – Monday 13th July (meeting date) with subsequent one to be arranged

ROUND TWO (24 September 2015)		
Agenda Item	**Action**	**Status**
Item 6 – Healthwatch Westminster	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 25th November meeting in the diary of Members
Item 7 – ASC Complaints	Members requested a ward breakdown of the complaints in Westminster	Sent via email on 23rd October from Mark Ewbank to Members
Item 7 – ASC Complaints	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 23rd October from Mark Ewbank to Members
Item 8 – Safeguarding	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.
Item 9 – Policing and Mental Health	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 30th December.

Item 9 – Policing and Mental Health	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**
Item 5 - Cabinet Member Updates	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.
Item 5 - Cabinet Member Updates	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.
Item 5 - Cabinet Member Updates	That Key Performance Indicators be included in the Cabinet Member Briefing for Adult Social Care and Health.	KPI's now included.
Item 7 - Local Policing Model	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.
Item 7 - Local Policing Model	That a Press Release be issued regarding the need for MOPAC to be accountable and to attend meetings of the Scrutiny Committee.	Completed.

ROUND FOUR (27 January 2016)		
Agenda Item	**Action**	**Status**
Item 4 Chairman's Q&A	That Westminster's Clinical Commissioning Groups be requested to provide details of the ongoing rise of tuberculosis in Westminster, together with details of trends, origins, and containment - with consideration being given to adding the issue of tuberculosis to the Work Programme.	Circulated with the Agenda papers for the meeting on 21 March.
Item 5 Cabinet Member Updates	The Cabinet Member for Public Protection agreed to investigate concerns over whether the recent stabbing on Goldney Road had been handled in the correct manner by both the Police and the Integrated Gangs Unit (IGU).	Briefing sent to Members on Friday 29 January.
Item 5 Cabinet Member Updates	Health colleagues to be asked to provide a written briefing on their plans for change and strategic aims, and on proposals for the associated consultation with the City Council, for circulation to Committee Members.	In progress.
Item 6 Committee Task Groups	A further letter to be sent to the Children's Commissioner asking for a response to the initial letter which set out the findings of the Task Group, together with the key issues that the Commission should focus on in its statutory investigation of the discharge	In progress.

	of vulnerable young people moving from hostels into private rented accommodation across London.	
Item 6 **Committee Task Groups**	Healthwatch Westminster to provide Committee Members with the findings of a review of Perinatal Services led by Westminster's CCG's.	Briefing sent to Members on Thursday 28 January.
Item 8 **Regulation of Investigatory Powers (RIPA)**	The revised draft RIPA Policy and Procedure document to be presented to the Committee for initial comment, before being submitted to the Cabinet Member for Public Protection for approval.	Included in the Agenda for the meeting on 21 March.

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City of Westminster

Adults, Health & Public Protection Policy & Scrutiny Committee

Date:	**21 March 2016**
Briefing of:	**Cabinet Member for Adults & Public Health**
Briefing Author and Contact Details:	**Lucy Hoyte** **lhoyte@westminster.gov.uk** **Extension: 5729**

1 Actions requested by the Committee

1.1 As per my last report, I include an updated key performance indicator analysis for the Adults and Public Health portfolio in Appendix A.

2. Adults

Better Care Fund (BCF)

2.1 Work continues on key schemes in the BCF including development of the Community Independence Service (CIS) and enhancements to hospital discharge. The overall position continues to be strong, taking into account the innovative nature of the work.

2.2 Work is underway to implement the extended BCF plan for 2016/17. The plan will continue emphasis on reablement and greater health and social care integration.

2.3 The evaluation of the CIS model of integrated working has been completed. This will inform the 2016/17 BCF plan and ASC's Customer Journey Programme. The scope of the CIS work has also been extended to deliver a jointly commissioned and fully integrated service by the end of 2016. A specification has gone out to the market tender and should be completed by July 2016.

2.4 The roll out of the multi-disciplinary hospital discharge service is moving into its final phase. It will be completed by the end of April 2016. Tri-borough locality teams are now dealing with cases regardless of borough residence. This will be standard practice following the Customer Journey staff restructure that is due to complete by May 2016. We are developing the business case for

wider rollout of the hospital discharge model with funding contributions from wider local authority partners.

Home Care Procurement

2.5 The implementation process continues with the transition of customers in the three allocated patches. We are continuing to hold fortnightly implementation meeting with contract staff and the new providers, to ensure a smooth and safe transfer of care.

2.6 The procurement for the final patch (North West Westminster) is currently at Invitation to Tender (ITT) stage. Five providers have been invited to tender for the contract.

Specialist Housing Strategy for Older People (SHSOP)

2.7 The SHSOP programme continues to progress in two phases. Phase One is the implementation of the new care provider: Sanctuary. Phase Two is the redevelopment of the homes.

2.8 In Phase One, the CQC have undertaken an inspection on Athlone House and the final report is expected shortly. Contract monitoring audit activity is being taken across the other homes with focus on case file recording. It is expected that CQC activity will be undertaken across the rest of the portfolio later in the year.

2.9 In Phase Two, Butterworth is well advanced in terms of Planning. The Housing team have an outline plan for internal comment. ASC and the CCG have been targeted to refresh their needs analysis activity by the end of April to further inform the development of the plan.

3. Public Health

0-19 Public Health Services (School Nursing and Health Visitors)

3.1 Following the transfer of Health Visiting and Family Nurse Partnership services in October 2015 we are working with a range of partners to assess the effectiveness of the current service and agree design principals of the new service. The current contract with CLCH runs until October 2017.

3.2 The current contract with CLCH for the School Nursing service ends in March 2016 but is in the process of being extended until March 2017. This will ensure continuity of service whilst the procurement of a new School Health Service is completed.

Childhood Obesity

3.3 We are continuing to seek funding for a social supermarket. In particular, funding opportunities through the Big Lottery Fund or private investment/social responsibility funds are being explored.

3.4 The Childhood Obesity JSNA was submitted to the Health and Wellbeing Board in January 2016.

3.5 A one year report outlining the achievements of the Tackling Childhood Obesity programme is on track to be finalised by the end of April.

Community Champions

3.6 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.

3.7 In Harrow Road, 15 champions, ages 40-80, have been recruited and trained in public health courses. The champions now have a drop in desk at the food bank one day a week to signpost residents to services. Diabetes awareness sessions are held once a month. A cookery course has started for those on low budgets who want to eat more healthily and have the social activity of cooking together.

3.8 In Churchill Gardens and Tachbrook, 9 champions have been recruited.

3.9 An evaluation of the maternity champions will start next month. The weekly drop in is well attended by pregnant women and one of the champions has been accepted on BA in Midwifery course.

3.10 The Westbourne project has now recruited 12 champions. The champions have been trained in Understanding Health Improvement and Understanding Behaviour change, and in running a Baseline Survey, which will start in March.

Sexual Health

3.11 The redesign and re-procurement of the adults community sexual and reproductive health services is on target to deliver by end December 2016. Focus groups have taken place to assist in the remodelling of the services. Service user questionnaires have also been completed and analysed.

3.12 The third phase of the London wide transformation programme of Genito Urinary Medicine (GUM) services is progressing. It will include a London wide procurement of web based initiatives and notification system that will support the redesigned system. We are part of the inner North-West London sub-region leading on the procurement of the revised GUM provision. This programme will complete by March 2017.

Stop Smoking

3.13 2213 people have set quit dates by the end of January. The cumulative numbers of quitters for the first three quarters has gone up to 817, which is an improvement on previous numbers.

3.14 646 young people have received full stop smoking interventions and 747 young people have received brief stop smoking interventions by the end of January.

Substance Misuse

3.15 A core drug and alcohol services procurement will be implemented from April 2016.

3.16 The new model will grow treatment capacity by over 50% by increasing the systems' ability to not only respond to a wider range of drug misuse and but also provide a more comprehensive offer for residents who misuse alcohol.

3.17 Current and the new providers are working with commissioners to ensure the impact on service users is minimised.

3.18 The redesign model will make better use of our assets to address the treatment needs of our current service users but also widen the range and scope of the services to respond earlier to those who do not come forward for help until they are in a health or social crisis.

3.19 Launch events to explain the new model will take place during March and April.

3.20 An independent review of the peer led initiatives we support has been completed. Positive feedback was received in relation to service user engagement and the impact on current and ex-service users.

3.21 The Education, Training and Employment initiatives for service users continues to be delivered successfully and will be a core part of the new model.

3.22 A proportion the substance misuse budget created by the efficiencies of the new model will be used to scope a dual diagnosis service for WCC. The dual diagnosis service will better support the needs of residents who are living with a co-existing mental health diagnosis and substance misuse problems. This service should be implemented from April 2016.

Supported Employment

3.23 In total, between April 2015 and January 2016, the programme has supported 26 individuals into 30 work experience, volunteering and/or mentoring opportunities. 22 people of this number have been supported into paid supported employment opportunities: 3 of these people are employed by the Council and the other 19 have been supported into working for other businesses.

4. Health & Wellbeing Board (HWB)

4.1 The Board last met on 21 January 2016. The Board discussed the commissioning intentions of Central London and West London CCGs, opportunities for other boards in light of devolution, and the Chairman led a discussion on the refresh of the Joint Health and Wellbeing Strategy.

4.2 The next meeting of the Board is on 17 March. Main items on the agenda are: Children's mental health service provision, supporting parental employment and joint planning for the local health and care economy in the context of the Joint Health and Wellbeing Strategy.

Joint HWB Strategy Refresh

4.3 Council and CCG officers have commenced work to refresh the Joint Health and Wellbeing Strategy. A draft strategy is expected to be ready by the end of June 2016 in parallel with the sub-regional Sustainable Transformation Plan (STP) deadline to ensure co-ordination across health and local authority.

Primary Care Modelling Project

4.4 Last summer, the Board commissioned Council and CCG officers to undertake a programme of modelling primary care provision and demands, now and over the next 15 years.

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

5. Health

Healthwatch Westminster

5.1 The procurement process for local Healthwatch services in Westminster is now complete and a decision-report was signed by the Executive Director of ASC in February. Through working on a Tri-borough basis, the cost has gone down slightly from the previous year. 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 the expectation of beginning the assurance process in the summer.

6 Hubs

6.1 I am leading on a piece of work to develop and improve our services by thinking in terms of service 'hubs'. These are not necessarily physical places where services are clustered, although this may form part of the overall strategy. We are mapping a range of opportunities to understand where our front-line services can be more joined-up to create person-centred, multi-agency services that are more accessible to residents.

6.2 This work will help us to ensure we make best use of all the resources at our disposal, to deliver the outcomes we want. This includes: better use of our physical assets; capitalising on our digital capability; and focusing on greater integration and preventative approaches across all services. In the long term this will help us to equip people to self-manage their health as much as they can, decreasing their dependency on public services over time.

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

Appendix A

Key Service performance Indicators

The table provides an assessment of the key service performance indicators. Detail has been provided for all indicators at risk of failing to meet targets by year end. Additional analysis can be undertaken on request.

Performance Indicator	2014/15 Performance	2015/16 Target	Quarter 3 position	Target status	Direction of Travel
	Last year's position	*Service targets*	*Apr – Dec 2015*	*Off/On Track*	*Perf vs. last year*
Performance indicators flagged for attention:					
Adult Social Care					
Reduce non elective (unplanned) hospital admissions - *cumulative*	18,070	17,254 (4.6% reduction)	**15,541** (90% of target)	**Off Track** Target at risk of being exceeded	Similar to last year
Reason for underperformance and mitigation: There are a range of initiatives and projects as part of the Better Care Fund which is targeting Non-Elective Hospital Admissions. While current performance is on par with the previous year, the joint target between the Local Authority and local Clinical commissioning groups for a 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 so direct attribution is not possible however the reablement and rapid response service are actively working with GPs to 'case find' at risk residents and the delay to the reconfiguration of the CIS service may have impacted on performance this area					
Timescale for improvement: The reconfiguration of the Community Independence Service later in the year should support improvements in this area.					
Percentage of carers receiving needs assessment or review and a specific carers service, or advice and information	**69%** (1,008 of 1,468)	95%	**55%** (620 of 1,122)	**Off Track** 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 2016/17.					
Delayed transfers of care, acute days attributed to social care (cumulative)	861 days	432 days	**427 days** (99% of target)	**Off Track** Target at risk of not being met	Improving on last year

Performance Indicator	2014/15 Performance	2015/16 Target	Quarter 3 position	Target status	Direction of Travel
	Last year's position	*Service targets*	*Apr – Dec 2015*	*Off/On Track*	*Perf vs. last year*
Reason for underperformance and mitigation: April – October 2015 data released by NHS England at time of production. There has been an increase in delays attributed to Social Care by Imperial Healthcare NHS Trust in September and October 2015. The key reasons for delays are difficulty in securing dementia nursing beds/placements. This is a London wide issue due to lack of market availability. The 'Sheltered Housing Strategy for Older People (SHSOP)' programme project is reviewing capacity for these services however delivery of units will not be before 2017/18. Until this time the Trust and Adult Social Care continue to work together to support residents out of hospital as quickly as possible. In addition new sign off procedures are being agreed and implemented between local hospital trusts and Adult Social Care to ensure that all delay are attributed fairly and accurately.					
Timescale for improvement: The 'Sheltered Housing Strategy for Older People' programme project is reviewing capacity for these services however delivery of units will not be before 2017/18. This will support improvements in this area.					
Public Health					
Total numbers of cigarette smokers who are recorded by the Stop Smoking Service as being off cigarettes after 4 weeks	1,503	1,437	**572 (end Q2)** (40% of target)	**Off Track** to achieve target	Improving on last year
Reason for underperformance and mitigation: The stop smoking pharmacy roll-out programme is bedding down and is progressing well. However, this has been delayed due to slow engagement with pharmacies.					
Timescale for improvement: There is now a new Engagement Plan and Marketing Plan in place and the service is focusing on increasing take-up figures over the quarter. Meetings are taking place early January to discuss this.					

Performance Indicator	2014/15 Performance	2015/16 Target	Quarter 3 position	Target status	Direction of Travel
	Last year's position	*Service targets*	*Apr – Dec 2015*	*Off/On Track*	*Perf vs. last year*
Performance indicators on track to achieve targets by year end:					
Adult Social Care					
Total number of new permanent admissions to residential care of people aged 65 years and over	75	74	**30** (41% of target)	**On Track** to fall within target	Improving on last year
Total number of new permanent admissions to nursing care of people aged 65 years and over	55	52	**28** (54% of target)	**On Track** to fall within target	Improving on last year

Performance Indicator	2014/15 Performance	2015/16 Target	Quarter 3 position	Target status	Direction of Travel
	Last year's position	*Service targets*	*Apr – Dec 2015*	*Off/On Track*	*Perf vs. last year*
Total number of weeks spent in residential care homes for all people (65+) admitted to care homes paid for by Westminster	15,893 weeks	15,943 weeks	**10,511 weeks** (66% of target)	**On Track** to fall within target	Improving on last year
Commentary: Target is higher than baseline (2014/15 position) to account for demographic growth in this area.					
Total number of weeks spent in nursing care homes for all people (65+) admitted to care homes paid for by Westminster	12,803 weeks	12,588 weeks	**7,691 weeks** (61% of target)	**On Track** to fall within target	Improving on last year
Adults receiving a personal budget to meet their support needs	83%	90%	**92%** (1,429 of 1,556)	**On Track** to achieve target	Improving on last year
Proportion of adults with a personal budget receiving a direct payment	23%	27%	**23% (322/1,429)**	**On Track** to achieve target	Similar to last year
Commentary: While performance is stable it is anticipated there will be an increase in the uptake of Direct payments as the service rolls out the new Home Care offer (in December) and imbeds revised personalisation policies.					
Public Health					
Number of NHS health checks taken up by eligible population	6,147	6,580	**4,112 (Sept'15)** (62% of target)	**On Track** to achieve target	Improving on last year

City of Westminster

Adults, Health & Public Protection Policy & Scrutiny Committee

Date: **Monday 21st March 2016**

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

Contact Details: **Sion Pryse x 2228**
spryse@westminster.gov.uk

1 Community Cohesion

1.1 At Full Council I made it clear that the Community Cohesion Commission would be taking our work forward. Each Councillor will be reaching out to experts, partner agencies and communities to fully understand how our diverse neighbourhoods work and live together in harmony as well as understanding what draws a small minority of our citizens to become radicalised focussing within their particular strand.

1.2 It is proposed that our recommendations will be unveiled later in the year.

2 Prevent

2.1 The delivery of the Prevent programme for 2015/16 is nearing completion and a number of projects are in their final stages. On account of demand, an additional series of the Parenting projects has been commissioned, taking the total to four for this year. The team have delivered training to nearly 2,000 people including in 44 schools and 10 early years settings. Alongside this, a set of Prevent pages have been added to the Council's website, including specific information for educational institutions. Positive feedback has been received in relation to materials available and it has been linked to from the newly launched Government 'Educate Against Hate' website.

2.2 Confirmation of funding has not yet been received from the Home Office for the year 2016/17.

3 London Crime Prevention Fund (LCPF)

3.1 Mayor's Office for Policing & Crime (MOPAC) has confirmed our funding allocation for the fourth and final year of the current spend period. Through

the Safer Westminster Partnership, Westminster received around £1 million funding. The funding pays for specialist services to support families affected by violence and abuse, much of our response to tackle gang and youth violence, and interventions to reduce adult and youth reoffending.

3.2 Home Office officials have also confirmed continuation of funding for our girls and gangs work in the Integrated Gangs Unit (IGU). MOPAC have confirmed funding for Westminster's Safer Neighbourhood Board, and we were awarded £60,000 from the Department for Communities and Local Government (DCLG) to provide additional support for women fleeing domestic abuse in our refuges.

4 Safer Neighbourhood Board

4.1 Unfortunately, because of personal circumstances, the independent chair of Westminster's Safer Neighbourhood Board (SNB), Anthony Wills, has taken the difficult decision to resign from the role with immediate effect.

4.2 At the Board meeting on 1st March the remaining board members minuted their thanks to Anthony and agreed to develop a number of proposals to improve representation on the board as it goes into its third year of operation. The Board will meet again to discuss these in late April.

4.3 I would personally like to offer my thanks to Anthony Wills who has been a great source of insight and expertise in my role as a Cabinet Member, as well as a great asset to the community safety agenda in Westminster and a valued member of the board. I know the Police also found Anthony a great support in establishing a force that meets local need and I wish him all the best in the future.

5 Operation Shield

5.1 In 2015-16 Westminster joined with Lambeth and Haringey to pilot the 'Shield' approach advocated by Professor David Kennedy and National Network for Safe Communities. This pilot will come to an end in March 2016 and Westminster is currently talking to MOPAC about which elements of this approach Westminster will continue.

5.2 The IGU started their community engagement work in July 2015 and held our first 'call in' of gang members in September 2015. A trigger offence was committed shortly after in the North East of the borough by Lisson Green Mandem (LGM) and robust enforcement action followed.

5.3 After meeting with Professor Kennedy in December 2015 Westminster are holding a follow up 'call in' targeted at those linked to the gang involved in the trigger offence who can be compelled to attend via Probation or Community Rehabilitation Company (CRC) licence conditions. This 'call in' will be on 3rd March and seven members have been invited via their Probation or CRC

officer. The 'call in' will follow the same format as previously with talks from a Superintendent from Westminster police, Mothers Against Murder, a 'community voice' from Four Feathers and Marylebone Bangladeshi Society, an Ex-offender from St Giles Trust and IGU Flexible gangs workers. The message, as before, will be that we want the young people 'safe, alive and out of prison' and that there is support available if they wish to exit, and robust enforcement if a further violent offence is committed.

5.4 For further details of the report to the Shield Programme Board on mainstreaming please contact Caroline Tredwell (ctredwell@westminster.gov.uk) or Matt Watson (mwatson@westminster.gov.uk).

6 Anti-Social Behaviour

6.1 In February, the Community Safety Anti-Social Behaviour Caseworkers, working with the police Anti-Social Behaviour (ASB) team, have brought two premises closures to court to disrupt drug activity and associated anti-social behaviour. They are actively supporting the victims in these cases.

6.2 City West Homes (CWH) were successful in achieving absolute possession of a property in central Westminster which had been subject to a premises closure co-ordinated by the ASB Caseworkers and police which provides a long term solution to the anti-social behaviour the neighbours have been experiencing.

6.3 The IGU Enforcement Officer has been successful in being granted an injunction at court, working alongside CWH, on one of our top matrix members with an exclusion zone and non-associations.

6.4 Three Criminal Behaviour Order applications have been lodged at court on the back of Operation Kamik. Operation Kamik was a covert police operation targeted at those involved in drugs and gang violence in the South. Key individuals were arrested in February 2016. The IGU is seeking five Criminal Behaviour Orders in total on the back of this operation.

7 London Fire and Emergency Planning Authority Consultation Response

7.1 We responded to the recent London Fire and Emergency Planning Authority (LFEPA) budget consultation indicating our support for the Commissioner's proposal to permanently remove from service a number of fire engines that have been effectively withdrawn for a number of years. In that time and following the implementation of the 5th London Fire Safety Plan, response times in Westminster remain within target levels.

7.2 In our consultation we also asked for details of the pilot originally proposed in London Safety Plan Five to deploy an initial response vehicle to Westminster

and Camden to deal with the high number of alarm activations and false alarms on the borough.

8 Rough Sleeping

8.1 Officers coordinated a street count in February and the results of that quarterly snap shot show there were 328 rough sleepers on that night across the City of Westminster. There is a continued downward trend of numbers of UK/ROI nationals to 86 individuals but an increase in the number of EEA nationals who have recently arrived in the country. Officers work in close partnership with our commissioned support and outreach services to ensure that every person seen on the streets is assessed and offered a route away from the street. Where all options have been exhausted or people continue to refuse reconnection or their offer away from the street, we work closely with Home Office Immigration and Enforcement teams, City Management and the Met Police to use enforcement where necessary

8.2 In Quarter Three (October to December), there were a total of 979 individual rough sleepers seen across Westminster; with 359 of those being new to the streets. Our commissioned services provided a rapid response of assessment and diversion, ensuring that 66% did not spend a second night out.

9 Street Performing

9.1 Heart of London Business Alliance (HOLBA) has extended its Busker Liaison Team support until the end of the financial year; and Northbank has now joined the Greater London Authority's (GLAs) Busk In London programme. Feedback has been provided to the GLA on the Busker Liaison Team's performance so that improvements can be made. Officers are sharing our work on enforcement with the GLA to create a wider understanding on the impact of street entertainment. In total 34 Busk In London pitches are currently live and being supported across the West End. Locations and guidance can be found at www.BuskInLondon.com.

9.2 Intelligence gathering and sharing mechanisms are also being put in place between the Business Improvement Districts (BIDs) and GLA to ensure complaints and evidence are captured in a way that enables targeted enforcement activities to be carried out. New West End Company (NWEC) is now carrying out engagement and evidence gathering activities using its own security team.

9.3 The West End's Neighbourhood Problem-Solving Co-ordinators (NPSC) are working with HOLBA and NWEC to target individuals persisting in causing nuisance despite repeated engagement and education efforts. Where sufficient evidence of impact and engagement can be demonstrated, officers will use Community Protection Notices (CPNs) to prevent certain individuals causing nuisance. The Busker Liaison Team will soon have completed the initial engagement and education phase in the Northbank area, so officers will

be able to proceed with any enforcement necessary there too. This will also help us target nuisance acts that move between these high value locations.

9.4 The police are supporting the Council's lead role in this work and are picking up the floating Yoda issue using a multi-agency approach. Progress will be monitored by a West End Street Entertainment Group hosted by HOLBA and attended by stakeholder representatives including a street performer representative. This work is being linked into both the West End Partnership's portfolio of projects via the People Group.

9.5 After I met with Munira Mirza, the Deputy Mayor for Education and Culture on 15th December and after continued pressure, the GLA has agreed to open up Busk In London pitches on their part of Trafalgar Square and to implement a permitting system on the North Terrace and other key locations. They have also agreed to work more closely with the Council both with respect to sharing intelligence regarding street performers and their behaviour and how their Heritage Wardens, who are on the square 24/7, can help the Council and Northbank BID better manage Trafalgar Square as a whole.

10 The Evening and Night Time Economy

10.1 At Full Council I pledged to work with the industry to develop a Westminster licensing standard. This standard will aid our venues to act responsibly, care for their patron's welfare and remain good neighbours for all those that live, work and visit the city. Running a licensed premise in the heart of London has its challenges, therefore the insight and expertise of the industry will be imperative in reaching a standard that works and will support the industry.

10.2 I have been meeting with key stakeholders in the industry to promote the idea and implementation of the licensing standard. The standard is a tool for the Council to acknowledge when a venue is undergoing its duty to take responsibility and therefore the concept has been valued by the industry. In January and February I was able to meet with SAB Miller, The Night Time Industry Association and the British Beer and Pub Industry Association. In the upcoming weeks I plan on meeting with the Portman Group and Novus Leisure as well as others to get broad support across industry and Westminster operators.

10.3 On 4th March I spoke at a joint event held by Belgrave and Francis Taylor Building on the Council's new licensing statement. The event was attended by a mix of lawyers, operators, planners and local authorities. I was able to highlight the difficult job the Council has in balancing the needs of all our stakeholders and the role our new Licensing Policy has in steering the Licensing Sub Committee in making these hard licensing decisions and meeting the objectives set by the Home Office. I also used the event to reiterate the council's aim of maintaining a diverse Night Time Economy that caters to all, rather than an entertainment industry that is concentrated to those based on the selling of alcohol.

10.4 I also met with my counterparts at the London Borough of Hackney, Councillor Sophie Linden and Councillor Emma Plouviez to discuss the impact the Night Tube will have on the Night Time Economy for both boroughs. Both Councils also shared concerns on the proposed Night Time Mayor.

11 Cumulative Impact Zones

11.1 Work continues to assess relevant data to decipher where in Westminster it may be appropriate to apply special policies. Officers have met with stakeholders from the West End relating to issues involving the current Wet End Cumulative Impact Area and adjacent areas. A draft of the proposal is still expected later in the quarter of this year which will be followed by consultation.

12 Local Area Risk Assessment for Gambling

12.1 Westminster City Council and Manchester City Council commissioned Geofutures: Gambling & Place Research Hub to undertake research on area vulnerability to gambling related harm last year. The results of which were published in February and illustrate where there are higher concentrations of at risk vulnerable group across Westminster. To mark the launch of the new report I spoke at an event at the Local Government Association where I highlighted the importance this research would have in allowing the Licensing Sub Committee to effectively review the impact of a gambling licence.

12.2 We have published these reports and provided online access to a map case tool so that gambling operators can use this information to support the risk assessment process and show sufficient control measures are put in place to protect the most vulnerable.

12.3 Local Risk Assessments for gambling premises come into effect on the 6th April. This requires gambling operators to assess the local risks to the licensing objectives posed by the provision of gambling facilities at each of their premises and to have policies, procedures and control measures to mitigate those risks. The Council has now published its undertaking local gambling risk assessment guide. The guidance has been developed to assist gambling operators in undertaking and preparing their local risk assessments.

12.4 The Local Area Risk Assessment was discussed at the Westminster Entertainment Forum on 7th March. Stakeholders were supportive of the requirement, citing it as a necessary responsibility of the industry.

13 Statement of Licensing Principles for Gambling

13.1 Stage Two of the Statement of Licensing Principles for Gambling is underway. The intention is to include Local Area Profiles which will provide information on the Council's concerns associated with localised gambling related risks. Phase

2 of the research, along with the area maps, is available on the Council's website. Although the revised Statement of Principles for Gambling will not be published until later in the year, we expect all operators to have regard to this research and the gambling risk index map going forward and particularly in their risk assessments as of 6th April.

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Adults, Health & Public Protection Policy & Scrutiny Committee

Date:	21 March 2016
Classification:	General Release
Title:	**STRATEGIC APPROACHES TO MENTAL HEALTH**
Report of:	Fiona Butler- Clinical Lead Mental Health, NHS NW London Matthew Bazeley- Managing Director, Central London CCG. Jane Wheeler- Acting Deputy Director Mental health, NHS North West London
Cabinet Member Portfolio	Cabinet Member for Adults and Public Health
Wards Involved:	All
Policy Context:	City for Choice
Report Author and Contact Details:	Muge Dindjer- Policy and Scrutiny Manager x2636 mdindjer@westminster.gov.uk

1. Executive Summary

1.1 Health colleagues were asked to provide a general report on the effectiveness of out of hospital/community services in keeping people out of hospital. The committee also added to that; a request for the picture in relation to mental health deaths in the NHS- the context being a very significant increase nationally and wanting to understand the picture in Westminster. The CCG's were also asked to include the deliberations of the North West London Crises Care Concordat which has been reviewing this. The scope should also cover some insight on how the NHS can help police questioning/arresting vulnerable people, who are subsequently found to be mentally ill. We also asked for performance data including Key Performance Indicators including trends, benchmarking information and any relevant complaints data/analysis.

1.2 The purpose of the report is to enable the committee to assess the community provision of mental health services and identify what the relevant agencies are doing to ensure out of hospital/community strategies are effective at keeping people out of hospital.

2. Key Matters for the Committee's Consideration

The Committee is asked to:

- Comment on and assess the success of community mental health services in supporting residents in community settings

- Request more detailed information regarding trends in performance over time, how Westminster compares to peer CCG's and any relevant complaints analysis

- To what extent has this tranche of work been developed with the current Joint Health and Wellbeing Strategy – Healthy City, Healthier Lives – in mind?

If you have any queries about this Report or wish to inspect any of the Background Papers please contact Muge Dindjer x2636

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NHS
Central London
Clinical Commissioning Group

NHS
West London
Clinical Commissioning Group

Westminster City Council Adults, Health & Public Protection Committee
Strategic Approaches to Mental Health in Westminster

Fiona Butler, Clinical Lead Mental Health, NHS North West London
Matthew Bazeley, Managing Director, Central London CCG
Jane Wheeler, Acting Deputy Director Mental Health, NHS North West London
21st March 2016

1. BACKGROUND

Westminster has a relatively high prevalence of mental illness. The 2013/14 JSNA Highlight Report noted that:

- Mental health is the most common reason for long term sickness absence and several of the wards in the deprived parts of the borough fall into the highest 10% in London for incapacity benefit/employment support allowance claimant rates for mental health reasons.
- Common mental illness such as anxiety and depression affects around 1 in 6 people at any one point in time and is one of the leading causes of disability nationally. Westminster self-reported prevalence of anxiety and depression was above the national average in 2014, and estimates suggest this may rise steeply over the next 10 years.
- Westminster's suicide rate[1] is the 14th highest in London; there are around 23 completed suicides per year in the Borough. 3-year trend data since the mid1990s shows a downward trend for suicide rates over the past 20 years.
- 7% of London's population has an eating disorder
- 1 in 20 adults have a personality disorder[2]
- 1% are registered with their GP as having a psychotic disorder such as schizophrenia, bipolar disorder or other psychoses

This is in line with many inner London boroughs; however, Westminster's high homeless population and its proximity to transport hubs (meaning high inward migration from other UK cities and abroad, as well as a transient population) present particular challenges.

The NW London *Like Minded* strategy sets out a case for changing the way we commission and provide support to people with mental health needs which helps them to recover and live well. The aspiration is to ensure that people are supported to stay well and thrive, that appropriate and timely help is available for people in crisis, and that is joined up, sensitive to individual needs, and delivered in the most appropriate place (usually in a person's home and/or local community).

[1] Defined as completed suicides per 100,000 population. See: http://data.london.gov.uk/dataset/suicide-mortality-rates-borough/resource/64ee7e57-52c7-41a9-b742-073391ffa02b

[2] Personality disorders (PD) are associated with ways of thinking and feeling about oneself and others that significantly and adversely affect how an individual functions in many aspects of life. They fall within 10 distinct types in the Diagnostic & Statistical Manual of Mental Disorders (DSM-5) , including paranoid PD, schizoid PD, antisocial PD, borderline PD, avoidant PD and obsessive compulsive PD.

Health services in Westminster are commissioned by Central London Clinical Commissioning Group (CCG) (for the majority of the borough) and West London CCG (for patients registered with GPs in the Queen's Park & Paddington area). Both CCGs have signed up to a number of ambitions in *Like Minded*, including:

- supporting resilience in the workplace,
- supporting people with longer-term mental health problems through simple, community-based pathways,
- rebalancing resources from acute to community,
- improving identification of common mental illness and improving coverage and quality of talking therapies
- integrating physical and mental healthcare, so that people's needs are met in a joined-up way.

2. STRATEGIC APPROACH

As above, the strategic framework for improving mental healthcare across the North West London collaborative is provided by *Like Minded*. The strategy comprises four key work streams:

- Serious and long-term mental health needs – developing a new model of care and support, with clear outcomes and financial impact across the system.
- Common mental health needs – implementing evidence-based interventions and models of care for under-diagnosed and under-treated common mental health needs.
- Children and young people – a NW London Transformation Plan in response to the national *Future in Mind* strategy, describing areas of work and outcomes for the next five years.
- Wellbeing and prevention – workplace wellbeing to promote wellbeing and prevent mental ill health, and parenting interventions to support parents of children at risk of conduct disorder.
- Further work streams, including delivery of Crisis Care Concordat, perinatal mental health, learning disabilities, out of hospital services and eating disorders are also in development.

Central London and West London CCGs work closely with Local Authority partners, service users, carers and other stakeholders to implement this work at a local level. Along with Harrow, Brent and Hillingdon CCGs, we commission Central & North West London NHS Foundation Trust (CNWL) as our main provider of secondary mental healthcare, as well as commissioning services from other

NHS Trusts and voluntary sector services. The Tri-Borough Local Authorities and CCGs are committed to working jointly to commission services. Currently just over £20m of services are jointly commissioned by RBKC, WCC, West London CCG and Central London CCG, the majority of which is on placements.

We are currently working on plans for alignment and integration of strategic commissioning which would ensure better joined up, more local and personalised care, and a reduced reliance on out of area placements. Within this, employment, housing, personal health budgets, dementia and services for transition are shared high priorities.

Across Central London and West London CCGs, we have some particular drivers around enhancing primary care in order to support people to stay well longer (avoiding referral to secondary where possible) and also to provide a clear and empowering pathway into community and primary services for people whose care has been coordinated in secondary care. This involves services that attend to the determinants of good mental health, resilience and well-being, as well as physical and mental health support, all in one place.

In addition, we are prioritising:

- ensuring that our IAPT (Increased Access to Physiological Therapies) services are commissioned to provide good outcomes, including meeting access, recovery and waiting times targets;
- developing 24/7/365 access to crisis assessment in the community, through the introduction in January 2016 of rapid response home treatment teams, which will meet people's urgent care needs in their own home or other appropriate setting;
- ensuring that community mental health teams are fit for purpose, oriented towards independence and recovery and aligned to primary care; and
- taking a Whole Systems Integrated Care approach to meeting people's mental, social and physical needs are addressed in increasingly 'whole person' services.
- providing evidence-based interventions for people experiencing a first episode of psychosis
- developing joined-up perinatal services, which support women's mental health in the perinatal period in the community where possible, and in acute settings where appropriate.

We are also co-producing local strategic plans with clinicians, patients and stakeholders to ensure that we have a joined up response to the needs of patients in Westminster.

3. SPECIFIC DEVELOPMENTS

This section summarises the work we have undertaken in Westminster to improve outcomes for people with mental health conditions.

3a. Crisis Care Concordat

In March 2014, the NW London Mental Health Programme Board committed local organisations to meeting the requirements of the national Crisis Care Concordat. The Like Minded Strategy team continues to develop this programme of work with its 26 partners, including NW London CCG's, Local Authorities, police, the London Ambulance Service and user groups. This pledged the whole system to:

- make sure we meet the needs of vulnerable people in urgent situations, getting the right care at the right time from the right people to make sure of the best outcomes;
- make sure that all relevant public services, contractors and independent sector partners support people with a mental health problem to help them recover;
- putting in place, reviewing and regularly updating an Integrated Urgent Mental Health Care Delivery Plan.

To this end, Central London, West London, Harrow, Brent and Hillingdon CCGs have commissioned CNWL to re-design their urgent care pathways.

In November 2015, CNWL launched a Single Point of Access (SPA) for referrals into secondary care. The SPA takes referrals from GPs, patients, carers and other referrers, provides clinical triage and is committed to responding to all emergency referrals within 4 hours and all urgent referrals within 24 hours (as well as routine referrals within 28 days). In January 2016, home treatment / rapid response teams provided by CNWL extended their operational hours to become 24-hour teams. This means that a person in crisis should get a quick response and visit at home (or other appropriate community setting) from a mental health professional which supports their recovery, and prevents unnecessary or inappropriate hospital admissions.

CCGs are working closely with CNWL and primary care clinicians to assess activity and outcomes and understand the wider benefits on the whole system (e.g. the potential reduction in A&E attendances, as a result of people in crisis being seen quickly at home; also potential reduction in S136 admissions[3]). Supporting our police to navigate the system and care considerately for vulnerable people who are arrested subsequently found to be mentally ill is crucial. The launch of home treatment/rapid response teams gives our police 24/7 access to a Mental Health clinician, if the person is known to the service they will also have access to their care plan and the person to contact in a crisis.

Central London, West London & Hammersmith & Fulham CCGs have also secured non-recurrent funding from NHS England to develop liaison psychiatry, so that people with mental health problems who are inpatients in a general acute hospital, or who present at Accident and Emergency, have their physical and mental healthcare needs met, and that these services are funded and specified to national standards. We have used this money to fund additional capacity over the winter, and to fund a project to map pathways to ensure that we are commissioning an efficient service which complies with national "core24" requirements[4], and that acute and mental health providers work together effectively.

Central London CCG also leads on implementing the Tri-Borough Suicide Prevention Strategy, which aims to promote inter-agency working in reducing the numbers of suicides in the Inner North West London boroughs of Westminster, Hammersmith and Fulham and Kensington and Chelsea by 30% by 2018. There are a number of different actions, which are intended to be practical and given to regular monitoring and continual evaluation. These actions are based on four overarching goals:

- Timely communication and information sharing between agencies on identification of at risk individuals and care pathways.
- Public education and awareness on suicide and/or mental health promotion through community outreach, anti-stigma campaigns, etc.
- Promotion of existing suicide prevention resources, interventions and support services like the May tree respite or telephone help lines like those operated by Samaritans or Campaign Against Living Miserably (CALM).
- Priority training for frontline workers (GPs, A&E, and concerned others) through

[3] Section 136 Mental Health Act provides a power for police officers to detain a person, adult or juvenile, found in a place to which the public has access, who appears to be suffering from a mental disorder and be in immediate need of care or control.
[4] Core24 liaison psychiatry is available 24 hours a day, 7 days a week, and is the minimum level of resourcing which is expected to generate a return on investment in terms of reducing acute spend.

3b. Redesign of secondary community services

As part of our strategy to move away from an over-reliance on acute beds, we are investing both strategic resource and funding into redesigning community services to better meet the needs of people with mental health needs. Following extensive co-production with commissioners, clinicians, patients and other stakeholders, CNWL have redesigned the community pathway which was launched early in 2016. This includes the remodelling of community mental health teams to align with GP localities, the development of a more recovery-focused model of care, the introduction of a central Approved Mental Health Professional (AMHP) team, and the establishment of a single team with responsibility for all clients in rehab or specialist supported housing placements. There is also a therapies hub, including a range of therapeutic interventions for individuals and families, which will embed these approaches into everyday CMHT practice.

This redesign project has been aligned with work being undertaken by the Local Authorities to develop a new, recovery-focused day services pathway. This new model also acknowledges and celebrates the vital role that the voluntary sector has to play in supporting people to live well, realise their potential, create and sustain social networks, and play a role in the community.

3c. Redesign of primary community services

A key part of *Like Minded* is the development of a new model of care for people with serious and long-term mental health problems; at the heart of this model is enhanced primary and community care which supports people's mental and physical healthcare needs, and their social support needs. Most patients in this category are cared for by their GP and hence the commitment is to ensure they have adequate bio-psycho-social support around them, available in a timely way, to ensure that GPs can agree robust 'Recovery and Staying Well Plans' with their patients.

West London CCG

West London CCG, together with Tri-Borough Local Authorities, service providers and users and carers, submitted a successful proposal to become a Department of Health Whole Systems Integrated Pioneer for people with Serious & Long Term Mental Health Needs. Over the last 18 months, partners have worked locally to co-produce a model of care that will:

- Be population-based, for all those over 16, with Complex and Common or Stable Serious Mental Illness – there are over 13,000 people with a Common Mental Illness already known to GPs (estimated to be a further 26,000 not in contact), and 3500 people with a serious mental illness.
- Offer, within 5 days, a face to face 'mutual needs assessment' for anyone identified as needing mental health or social care support that is non-crisis.
- Provide packages of support, including up to six sessions with a primary care liaison nurse (PCLN) or Navigator to help resolve issues early and quickly.
- Be pro-active in nature – offering tiered access matched to needs, from Self Care, through Peer Support, Health and Social Care Navigation and specialist primary mental health case management (including psychiatry, psychotherapy, social work and nursing support).
- Be Bio-Psycho-Social in nature – having the right skills mix and training to work with whole person needs, and with a prevention and sustained recovery focus.
- Offer a range of services, including talking therapies and specialist employment support, for people with Common & Serious Mental Health needs.
- Bring together a range of third sector and statutory services into a single 'living well' partnership for the benefit of our residents: better coordinated, more diverse care that delivers better outcomes and increased efficiency.

There has been close joint working with the Local Authority during development and it has been presented, discussed and approved at the WCC Health & Well-Being Board in January 2016.

Subject to final business case approval by West London CCG, who will be funding this new service, it will operate from two key hubs. St Charles Hospital – Health and Wellbeing Centre will be the Hub covering Queen's Park and Paddington (though members of the service will be able to access wherever is most convenient). Third Sector engagement identified 18 agencies, some of whom work specialise in mental health, with others more general in nature, who have committed to be part of the living well network and use hubs. Critically, this ensures the service has a diverse and comprehensive range of community spokes.

The service will, if the business case is approved, become operational during summer 2016. It builds on an existing significant primary care mental health service in West London CCG that delivers primary care liaison nurse and IAPT support across the whole CCG.

Please see Appendix One for a visual 'model on a page'.

Central London CCG

In Central London, Primary Care Plus (PCP) was set up in 2012. It is a multi-disciplinary service provided by a partnership of CNWL, Central London Healthcare (CLH) and Westminster & Wandsworth Mind which provides a triage function for non-urgent mental health referrals, as well as integrated support within primary care for patients who require it. The team includes clinical (OT and nursing) and non-clinical (community navigator) input, and is based in GP practices, as well as having a hub at the CLH offices. The specified outcomes of the service are: improved patient experience through simplifying pathways; better transfer of care of CMI and stable SMI into primary care; more active interface between primary and secondary care and the voluntary sector; better awareness, diagnosis and mgmt within primary care; provision of support in the least restrictive setting; better gatekeeping; better management of people who are homeless, have a dual diagnosis and other co-morbidities; improved GP awareness.

A review carried out in October 2015 noted a number of positives which PCP had achieved, including:

- Low rates of people being readmitted to secondary care within 90 days of discharge;
- Increased efficiency through targeted appointments and more streamlined triage;
- Timely sharing of care plans with patients;
- Good performance on waiting times for assessments, carer assessments.

The review also identified a number of challenges, including:

- DNA rates (although recent performance data show that DNAs have reduced in the latter half of 2015/16);
- Closer liaison needed with secondary care, especially around patients deemed ready to step down;
- The need to more proactively work with older and housebound patients, who have been under-represented in the service.

There are also two out of hospital services for people with mental health problems:

- Serious mental illness – includes shared care prescribing for people in secondary care, and a safe transition and increased consultations and Recovery / Stay Well planning for patients in primary care who are on the serious mental illness (SMI) register (i.e. those patients who have either stepped down from secondary care, or who may be at risk of stepping up).
- Common mental illness – includes identification, proactive case management, and monitoring via increased consultations, use of depression and anxiety questionnaires, annual health review and Recovery / Stay Well plan.

These services operate across CWHHE CCGs and, like PCP, aim to provide consistent care for patients in primary care, support safe and sustainable transfer of care from secondary to primary care, and improve the physical health of patients with long-term mental health conditions.

While this provision is a good platform, it is acknowledged that further work is required to provide genuinely integrated care for people with mental health problems. We have initiated a series of workshops, with strong clinical and patient input, to further develop primary community care which consistently meets people's mental health needs (with specialist input where required), so that only people with the most complex needs are managed in secondary care. This work, which will be aligned with the wider whole systems integrated care agenda, will also ensure that people's mental and physical healthcare needs are treated together rather than in silos. It will include a review of PCP and pathways into and out of specialist care, including pathways for older people.

Improving access to psychological therapies

It is estimated that there are currently more than 36,000 people living in Westminster with a common mental illness. CCGs must ensure that 15% of their prevalent population access psychological therapies every year. Central London & West London CCGs commission IAPT and counselling services from a number of providers, including Central London Community Healthcare, Central North West London Mental Health Trust, Wandsworth and Westminster MIND, Depression Alliance and practice based counselling.

CCGs are also set a national target that 50% of patients who complete therapy should recover[5]. This target has proven challenging for many CCGs nationally, and especially in London. Although Central London and West London CCGs are forecasting year-end performance below 50%, performance in both CCGs has improved throughout the year, and in January 2016, West London reported in-month recovery rate of 43% and Central London of 50%. This is as a result of work led by commissioners and including stakeholders to address the causes of recovery, and both CCGs are now on track to delivery 50% from April 2016.

Employment support

There is growing awareness that (long-term) worklessness is detrimental to mental health and wellbeing. Increasing employment and supporting people into work are key elements of the UK Government's public health and welfare reform agendas. Central London & West London CCGs have signed up to an integrated pathway to support this programme of work with our Local Authority and 3rd Sector colleagues. Central London CCG commissions Jobs in Mind to provide employment support for IAPT patients, and West London CCG commissions Jobs in Mind and SMART to provide an integrated pathway that spans the whole CCG, covering Common and Serious Mental Illness, and job retention as well as attainment. The service in WLCCG will operate a single assessment process, meaning there is 'no wrong door', and a portable support plan so that if your needs can be better met by a given service you will have access to that service without being re-assessed. The services will resource share, creating greater resilience between providers.

The models in both CCGs support:

- employees experiencing problems with their mental health to remain at work or return after sickness absence
- employers with supporting staff who have a mental health condition
- unemployed people affected by a mental health condition to return to work
- those recovering from mental ill health;

4. PATIENT DEATHS

[5] Recovery is defined as reaching specific scores on patient-reported depression and anxiety questionnaires.

All our providers have a duty of care to all their patients and to give commissioners assurances that they are protecting patients in their care from harm. There is a statutory responsibility on these providers to report a serious incident (SI) through a national reporting mechanism. There is a strict protocol that determines the classification of a serious incident and the protocol for managing and reporting on them. Suicide is classified as a Serious Incident. There have been no Serious Incidents reported within the last three months.

As commissioners we would receive notification of such incidents and monitor and support the management and reporting of them in line with national guidance.

5. SUCCESSES AND CHALLENGES

The developments summarised above are based on detailed business plans, including benefits realisation around quality and value for money. CCGs hold providers to account through specific project management frameworks, celebrating successes and working together to resolve common challenges. We also commission user-focused monitoring to ensure that the voice of the patient is the heart of all evaluations. Alongside this, CCGs assess performance primarily through formalised contract management channels, and use contractual levers to incentivise good outcomes for people.

Some of our key successes include:

- Central & West London CCG's are exceeding access rates (15%) for IAPT patients,
- All patients in Westminster have access to enhanced primary care services (including access to psychiatry, psychology, nursing, OT) without having to be referred or re-referred into secondary care; there is a particular focus on ensuring we address the needs of our diverse population which can be a challenge. CWHHE GP practices can also sign up to out of hospital contracts, whereby people with mental health problems get additional support and coordination to enable them to live independently.
- Central London CCG are managing patients who have been discharged from secondary care with support only from primary care, showing a sustained level of recovery and support for this cohort of patients.
- Development of community-based perinatal services
- Both CCGs meeting well exceeding the assessment for Dementia target of 65%

- Mobilisation of suicide awareness training – highly innovative approach which has attracted attention from the National Clinical Director.

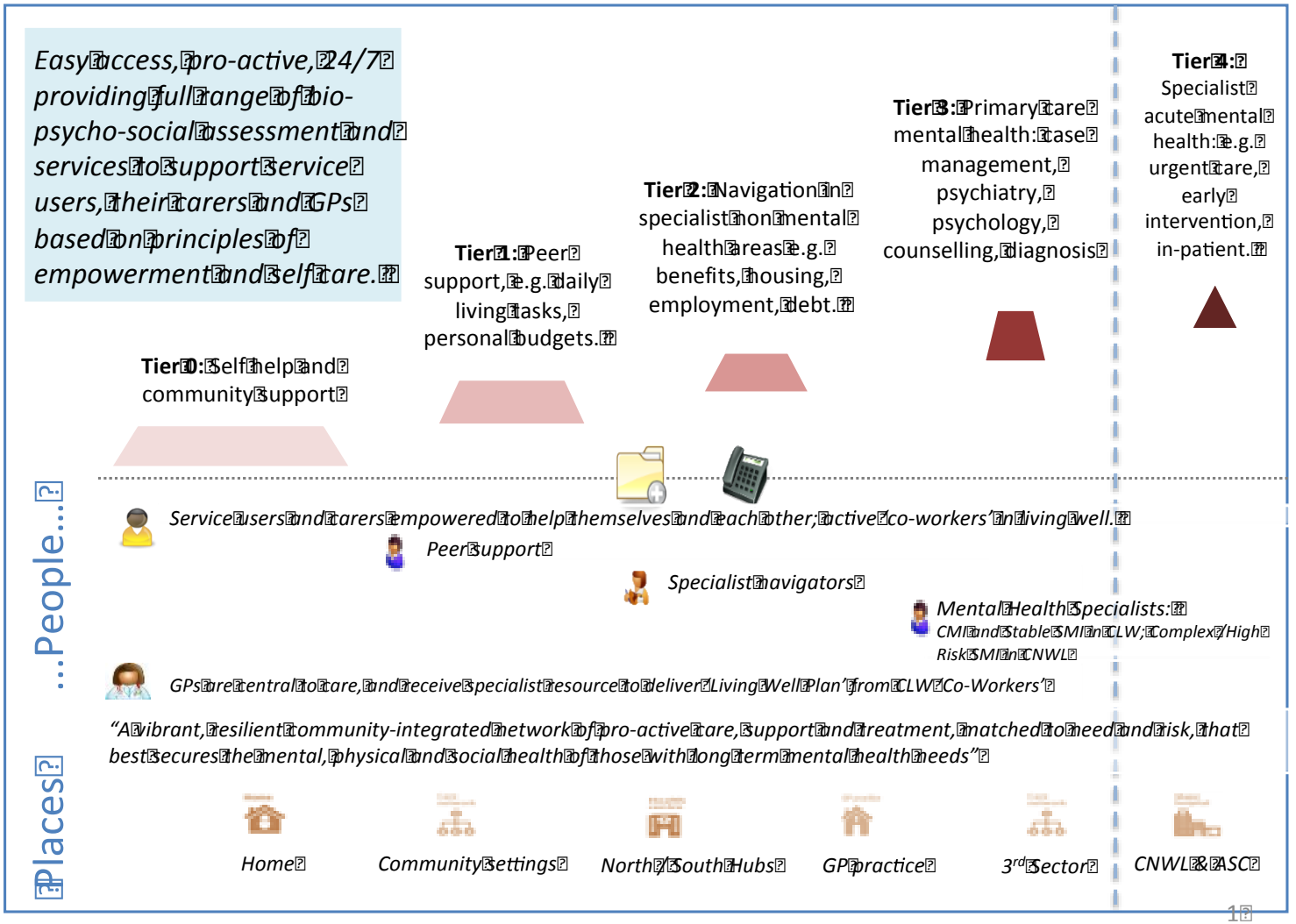
Challenges:

- Achieving and maintaining recovery rates in IAPT of 50%, and meeting a higher level of demand if and when this becomes mandated by the Government;
- Ambition to re-pattern care towards home settings with sustainable and effective community provision;
- Developing an approach to Section 117 of the Mental Health Act, which ensures that people's aftercare needs are met appropriately, and that services provided to patient under Section 117, as well as S117 eligibility itself, is reviewed regularly and that people are discharged where appropriate;
- Developing post-diagnosis services for people with dementia which enable them and their carers to live well and have their care needs met in an integrated way;

One

Appendix

"Community Living Well': core features of model



Adults, Health & Public Protection Policy & Scrutiny Committee

Date:	21 March 2016
Classification:	General Release
Title:	**Primary Care Modelling Project**
Report of:	Stuart Lines, Deputy Director, Public Health
Cabinet Member Portfolio	Portfolio (Adults and Public Health)
Wards Involved:	All
Policy Context:	City for Choice
Report Author and Contact Details:	**Meenara Islam x8532** mislam@westminster.gov.uk

1. Executive Summary

1.1 The joint primary care modelling project is being undertaken to understand the current and future demographic profile of Westminster and the corresponding disease burden. The modelling and subsequent projections are intended to inform the decision making of the local Joint Primary Care Co-Commissioning Committee. To be able to commission quality primary care services to Westminster residents this Committee needs to understand the context in which primary care services are to be provided.

2. Key Matters for the Committee's Consideration

2.1 The Committee are asked to:

- Note the basis and progress of this project;
- Advise as to how it views the tool being used in Westminster by health and local authorities; and
- Share any other comments.

3. Background

3.1 In September 2014, the Westminster Health and Wellbeing Board received a report from NHS England on primary care commissioning. The Health and Wellbeing Board raised concerns that the strategy for primary care in Westminster was not forward looking enough and did not consider how changes to the population in Westminster, in particular the demographic and disease profiles, could impact on the level of need for primary care. It was also considered that it might be helpful to develop a greater understanding of how long-term housing, regeneration and infrastructure plans for the Borough might impact on the need for primary care services.

3.2 Following this meeting, the Chair of the Health and Wellbeing Board and the Chair of Central London Clinical Commissioning Group discussed undertaking a joint project to develop a better common understanding of some of these issues. At its meeting on 20 November 2014 it was agreed that the Board would commission officers to undertake a project to develop a model that would provide demographic projections and consequent disease burden projections to 2030. This model would be developed into a product that commissioners of service and the local primary care Joint Co-Commissioning Committees can use to assist with strategic decision making.

4. Project development

4.1 The project has three key outcomes:

- An understanding of the likely population size and profile for Westminster by 2030. This includes consideration of the daytime population (particularly the working population);
- An understanding of the likely burden of disease of this population by 2030; and
- Consideration of how new models of care being developed within the local health economy may impact on the use of primary care by this population in 2030.

4.2 The work will be delivered in three phases:

Phase 1

Develop a workable model which fulfils the brief originally agreed by the Health and Wellbeing Board and provides a strong foundation for Phase 2. Once the model has been tested, officers will collate health and local authority data and align the assumptions and baseline.

Phase 2

Overlay the impacts of regeneration, housing and infrastructure plans on the estimates modelled and allow for manipulation of variables and resulting impacts on population. This will include the mapping of the

existing provision of GP services both as regards numbers of clinicians as well as physical estate.

Phase 3

Undertake a joint assessment of how the size and needs of the Westminster population will impact on the demand for frontline primary care services. It is proposed that this assessment will inform the analysis used by NHS England, CLCCG and NWLCCG to plan for future provision. The assessment completed by the project will include the identification of local authority and voluntary sector levers (such as estates and planning policy) that could be used to support the provision of primary care to match population needs.

4.3 A joint team of analysts (nominated by the Clinical Commissioning Groups and the Council) are near to completing the Phase 1 of work and are developing and user testing a model. At the time of writing, the model is being refined and analysts from the local authority, Central London CCG and West London CCGs are working together to align local authority and health data assumptions and baselines.

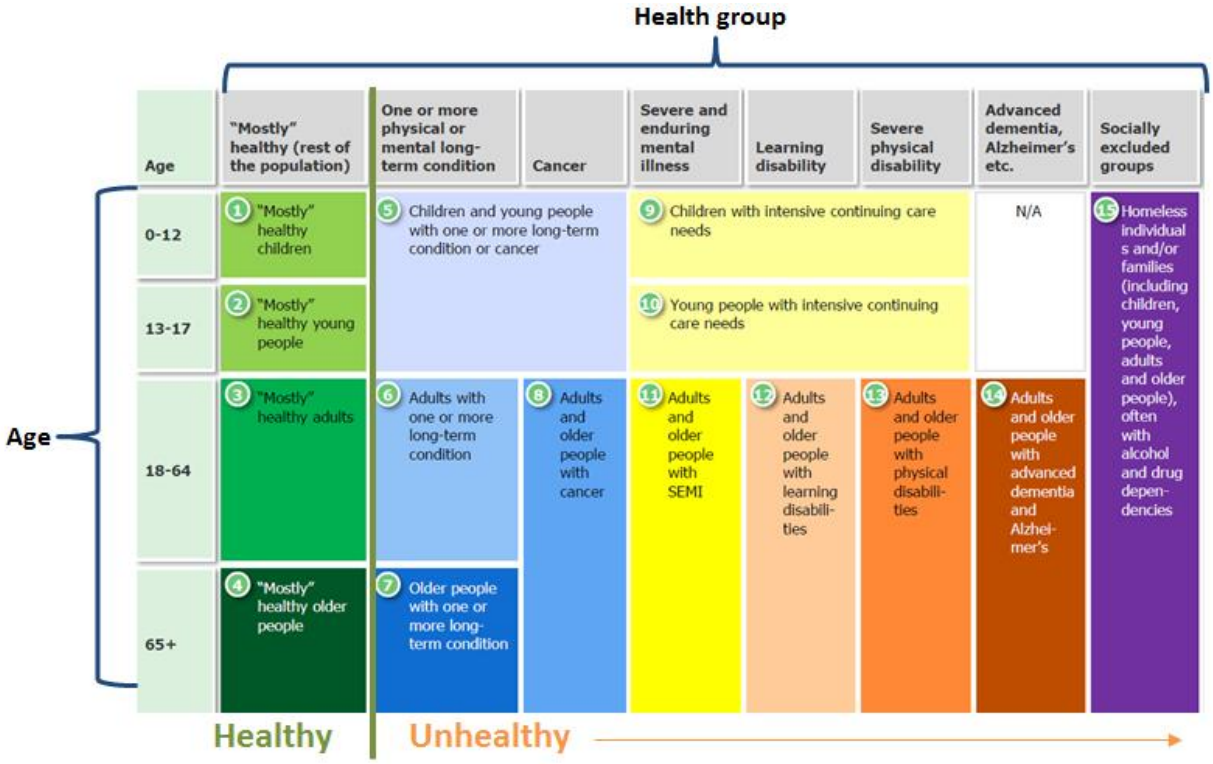
5. Work undertaken as part of Phase 1

5.1 To develop the model, the team built on a previous London-wide piece of work by the London Health Commission. The population was divided by age and by health group into fifteen patient groups as shown in Figure 1.

Of these, four are healthy groups – the people in these groups are classified as “mostly healthy”. A person is only part of any one group at a given time. The most significant and needs-intensive conditions at the time are prioritised.

Figure 1

Segmentation of the population: 15 patient groups

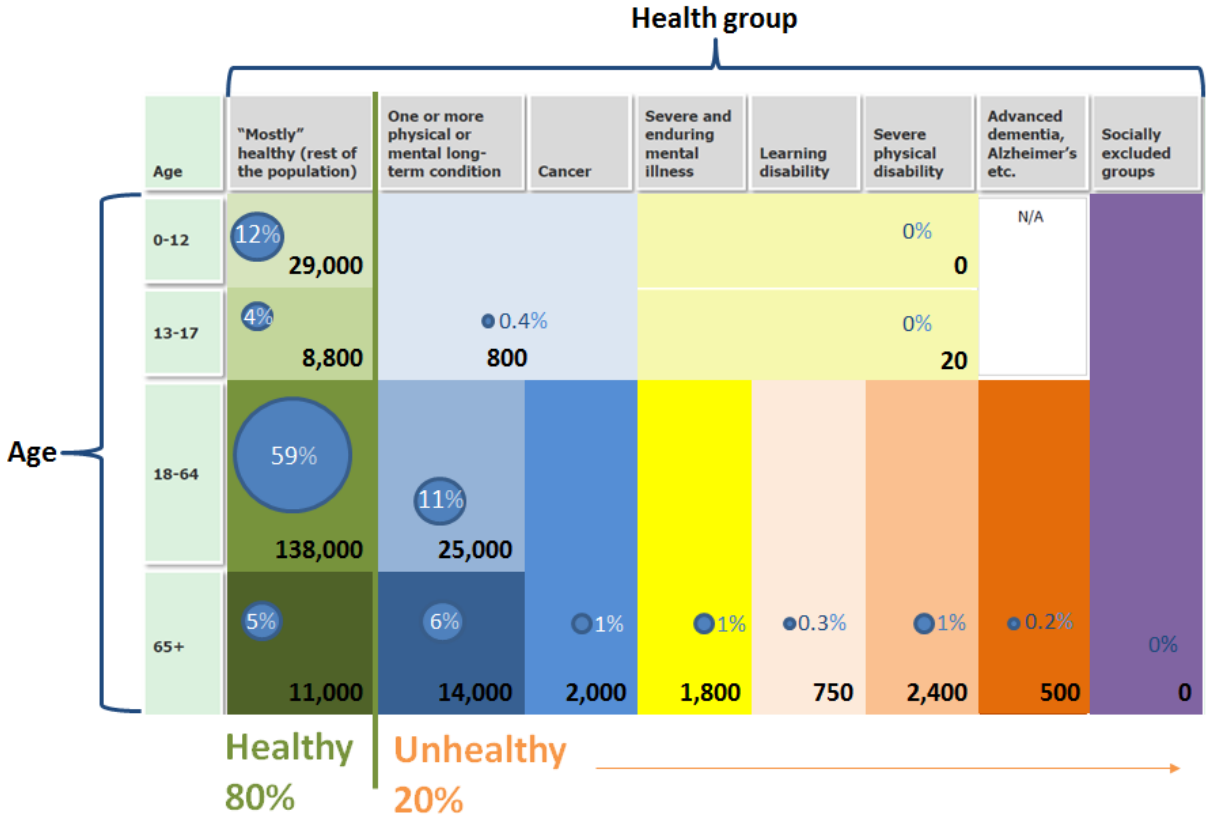


5.2 We have applied the London-wide results to our local population (taking into account age and general health). The estimates for Westminster are shown in Figure 2.

Overall, 80% of the population are in one of the four healthy groups, and 20% are in one of the eleven unhealthy groups. The majority (59%) of the population are mostly healthy and of working age. However, there are, for example, estimated to be 25,000 adults of working age with one or more long-term conditions, and 2,000 adults with cancer.

Figure 2

Number and percentage of the population in each group, Westminster 2015



5.3 In addition to showing the percentage and number in each group, the model also allows us to:

- Compare the estimates to figures for Kensington and Chelsea and Hammersmith and Fulham and the London-wide average;
- Show the expected trend over the next 15 years;
- Show estimates by ward; and
- Select a different source of population projections.

5.4 At the time of writing, the model is being refined and analysts from the local authority, Central London CCG and West London CCGs are working together align local authority and health data assumptions and baselines. As in all forecasting work there are some important limitations and assumptions that need to be considered, including:

- As the UK has no population register there is uncertainty throughout all population data. The population of Westminster is particularly hard to count because of factors such as population churn, users of private healthcare and private education, clustering of families in dwellings, students, part-time residents, migration and communal establishments. Possibilities of the GLA amending population projections in 2016 may have a significant impact, particularly on the estimates of the population

of older people in the Borough. There are currently no projections available for the number of people registered with a GP in the Central London CCG area (of which only 80% live in Westminster and 20% live in other London Boroughs);

- The number of people with a health condition is difficult to estimate because not all people will be diagnosed and in contact with health services, in addition to other limitations of the local data available such as lack of information about people who are not registered with a GP or who use private healthcare, and assumptions about how London-wide and Borough-level data can be applied to local populations;
- Future trends in population and health are influenced by a complex mix of factors that are difficult to model including regeneration, housing and infrastructure plans in addition to changes in health care provision, disease risk factors and patient behavior.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact Meenara Islam x8532 mislam@westminster.gov.uk

APPENDIX A

An outline of the model will be provided using one of the patient groups as an example: Adults aged 18 years and over with any form and stage of cancer.

Currently, it is estimated that there are 2,000 people in the cancer group in Westminster (Figure 3). This is 1% of the population and similar to the London average. It is estimated that the number of people with cancer will increase over the next 15 years because:

- Life expectancy is increasing. More older people are alive today than ever before. As cancer is primarily a disease of older people, it is likely that more people are diagnosed with cancer;
- Population projections expect that the total population in Westminster will increase;
- People are living longer with cancer because of a greater focus on early diagnosis and advancements in cancer treatments; and
- Changing risk factors such as an increase in obesity rates and a decrease in smoking rates also affect cancer trends.

This is expected to result in a 54% increase in the number of people in the cancer group in Westminster; from 2,000 people in 2015 to 3,000 people in 2030 (Figure 4).

Figure 3
Estimated number of people with cancer aged 18 years and over, 2015

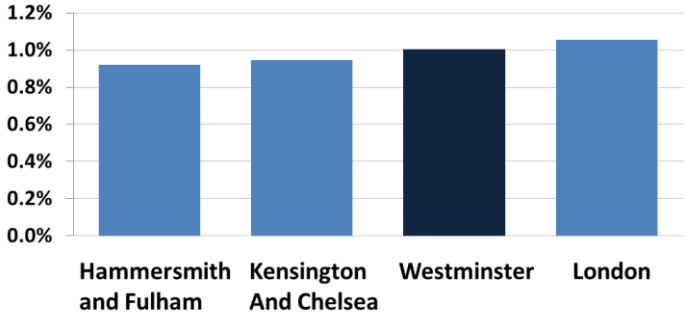
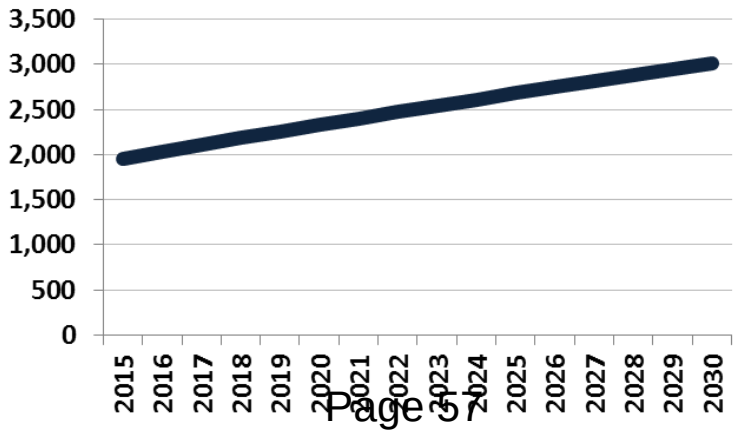


Figure 4

Estimated increase in the number of people with cancer aged 18 years and over, 2015-2030



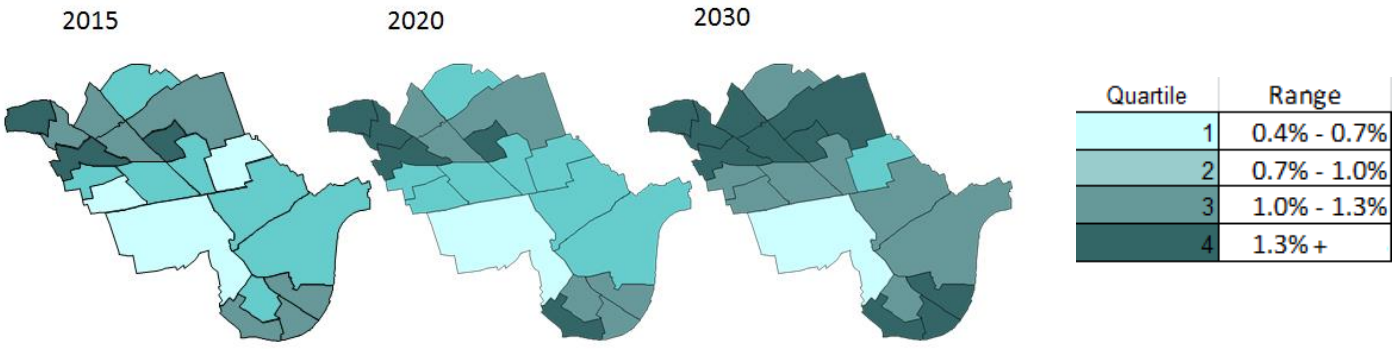
The average cost of treatment of someone in the cancer group in London is almost £12,000 per year (*source: London Health Commission*). Most of this cost is from hospital visits which amount to £8,500. An average person in the cancer group has eleven outpatient hospital visits and fifteen inpatient day visits.

Using local data on limiting long-term illness from the 2011 Census and the local age profile, we have estimated the number of people in the cancer group by electoral ward (Figure 5).

It is estimated that most people with cancer are in the north of the borough as these areas are more deprived. As the number of people with cancer increases over time, these areas will be affected most strongly.

Figure 5

Estimated number of people with cancer aged 18 years and over by electoral ward, Westminster 2015 – 2030

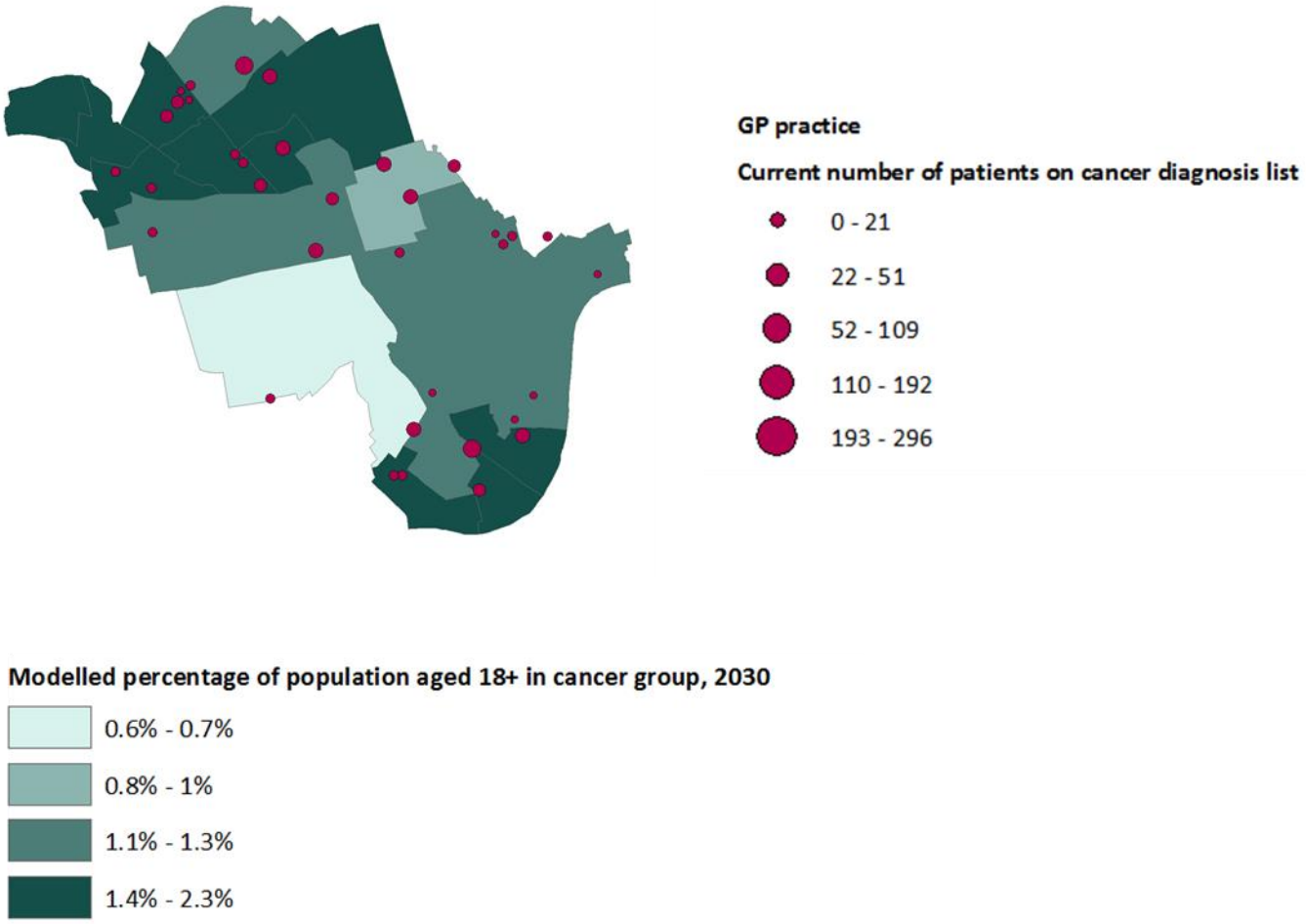


Westminster average (2015)	0.8%	2
London average (2015)	0.8%	2

After further refining the model and overlaying the impacts of regeneration, housing and infrastructure plans on the estimates, the final phase of the project will be to undertake a joint analysis of how the needs of the Westminster population will impact on the demand for frontline services (including primary care). Some preliminary findings are shown in Figure 6.

Figure 6

Estimated number of people with cancer aged 18 years and over by electoral ward, and current location of GP practices, Westminster 2030



The map shows the current location of GP practices as red dots. The size of the red dots indicates the number of their patients that have been diagnosed with cancer. It also shows the percentage of the population estimated to be in the cancer group in 2030 as in the previous slide. People in the cancer group have on average twenty-six GP visits per year (*source: London Health Commission*). An increase in the number of people in the cancer group from 2,000 to 3,000 would therefore mean an additional 26,000 GP visits per year. We expect that mostly the GP practices in the north of the Borough will be affected.

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City of Westminster

Adults, Health & Public Protection Policy & Scrutiny Committee

Date:	21 March 2016
Status:	For General Release
Title:	**Regulation of Investigatory Powers Act 2000 ("RIPA")**
Wards Affected:	All Wards
Policy Context:	Crime and Disorder
Financial Summary:	N/A
Report of:	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") including to annually review the Council's RIPA Manual and Policy.

2. Recommendations

2.1 The Committee was asked on 27 January 2016 to:-

a. Note there were 3 applications to conduct covert surveillance from 2013, 2014 and 2015. Details of those applications were provided in a previous report of that date.

b. Note that the Council is expecting to receive a visit from the Surveillance Commissioner in 2016 and wishes to ensure a successful visit.

c. Note that a review of the Council's RIPA Manual and Policy documents would be tabled at the 21 March 2016 Committee meeting.

2.2 The Committee is hereby asked to agree the amended RIPA Manual and Policy document provided in the appendix to this report.

3. Reasons for Decision

3.1 This report is to ensure the Council's RIPA Manual and Policy is kept up to date and regularly reviewed. 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. The Committee considered the frequency of covert surveillance applications on 27 January 2016.

4.5 The amended RIPA Manual has been reviewed to ensure it is up to date with staff (authorising officers, designated persons) and

legislative changes as well as practice directions. Specific amendments are:-

(a) the addition of communications data
(b) a brief update on the latest CCTV Code
(c) a general review of latest legislation, codes and guidance
(c) an up to date list of RIPA authorising officers

4.6 A refresher training session for all RIPA officers will take place on 21 March 2016. This will ensure our Council RIPA officers fulfil the requirement to have regular training to keep abreast of changes in RIPA.

4.7 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 our RIPA Manual and Policy. 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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WESTMINSTER CITY COUNCIL

DIRECTED SURVEILLANCE
COMMUNICATIONS DATA
COVERT HUMAN INTELLIGENCE SOURCES

PROCEDURE MANUAL

PURSUANT TO THE REGULATION OF INVESTIGATORY POWERS ACT 2000

This manual has been prepared to assist officers of the Council to guide them on the use of Directed Surveillance, Communications Data and Covert Human Intelligence Sources. It is not intended to be an exhaustive guide and specific legal advice should be sought if officers do not find their questions answered after reading this manual and the various Codes mentioned in it. Officers can also contact the Authorising Officers listed in the appendix to this manual.

Reviewed - March 2016

CONTENTS

1. Introduction

Background

1.1 Covert Surveillance is regulated by Part II of the Regulation of Investigatory Powers Act 2000 ("RIPA"). The Home Office has issued revised Codes of Practice to provide guidance to public authorities on the use of RIPA to authorise covert surveillance, which is likely to result in the obtaining of private information. The revised Codes of Practice are titled "Covert Surveillance and Property Interference" and "Covert Human Intelligence Sources". The Home Office has also issued guidance on obtaining Judicial Approval of RIPA authorisations from the Magistrates' Court. This guidance is titled, "Home Office Guidance to Local Authorities in England and Wales on the Judicial Approval Process for RIPA and the crime Threshold for Directed Surveillance".

Effect of the Codes of Practice

1.2 All Codes of Practice issued pursuant to section 71 of RIPA are admissible as evidence in criminal and civil proceedings. If any provision of the Codes appear to be relevant to a court or tribunal considering any such proceedings, or to the Investigatory Powers Tribunal established under RIPA, or to one of the Commissioners responsible for overseeing the powers conferred by RIPA, they must be taken into account.

1.3 This Procedure Manual sets out the procedures that must be followed when the Council undertakes authorised covert surveillance and brings into effect a number of changes that have been implemented by the revised Codes. The Protection of Freedoms Act 2012 brought in the need to seek Magistrates' approval. Further changes to the conditions for Directed Surveillance were brought in by The Regulation of Investigatory Powers (Directed Surveillance and Covert Human Intelligence Sources) (Amendment) Order 2012, SI 2012/1500 ("the 2012 Order"), which was made on 11 June 2012 and came into force on 1 November 2012.

1.3 It is intended to be a best practice guide. This Manual is not intended to replace the Home Office Codes but following this guidance will ensure compliance with those Codes.

Surveillance activity to which this Manual applies

1.4 RIPA provides for the authorisation of covert surveillance by public authorities where that surveillance is likely to result in the obtaining of private information about a person.

1.5 Surveillance, for the purposes of RIPA, includes monitoring, observing or listening to persons, their movements, conversations or other activities. It may be conducted with or without assistance of a surveillance device and includes the recording of information obtained.

1.6 Surveillance is covert if, and only if, it is carried out in a manner which is calculated to ensure that any person who is the subject of the surveillance is unaware that it is or is likely to be taking place.

1.7 Covert Surveillance as regulated by RIPA falls into two categories:

- directed surveillance; and
- intrusive surveillance.

The Council has the power to authorise its officers in relation to directed covert surveillance and also in relation to Covert Human Intelligence Sources ("CHIS"), although this power is rarely used. However, this manual predominantly deals with this category of covert surveillance. However, reference is made to intrusive covert surveillance to ensure that officers do not unwittingly cross the threshold into this type of surveillance, which would be unlawful.

Basis for lawful surveillance activity

1.8 The Human Rights Act 1998 gave effect in UK law to the rights set out in the European Convention on Human Rights (ECHR). By its very nature, covert surveillance compromises an individual's right to respect for his private and family life, which is a fundamental right under Article 8 of the ECH. However, this is a qualified right, which means that it can be interfered with, provided such interference is justified on certain grounds.

1.9 Article 6 of the ECHR, the right to a fair trial, is also relevant where a prosecution follows the use of covert techniques.

1.10 Evidence that is obtained by the use of covert surveillance may be ruled inadmissible by the courts under section 78 of the Police and Criminal Evidence Act 1984, if it has been obtained unfairly or in a manner which is found to be an abuse of process.

1.11 Therefore, RIPA provides a statutory framework under which covert surveillance activity can be authorised and conducted compatibly with Article 8. Failure to comply with the provisions of RIPA may result in the Council being liable to pay compensation for breach of Human Rights or may lead to a complaint being made to the Investigatory Powers Tribunal. This could also attract criticism from the Commissioners on their regular inspections.

1.12 Following the procedures set down in this Manual will limit any challenges that may be bought either for breach of a person's human rights or for inadmissibility of evidence. Compliance with this Manual will also ensure that any complaint to the RIPA Tribunal can be successfully defended as can any complaint that is made to the Local Government Ombudsman.

1.13 Covert Surveillance is likely to involve the processing of personal data or personal information and as such the Data Protection Principles enshrined within the Data Protection Act 1998 must be complied with to ensure that data

is processed fairly and lawfully. This is in addition to having to comply with the requirements of RIPA.

2. When can a Local Authority authorise covert surveillance?

2.1 An authorisation may not be granted under section 28 (directed covert surveillance) unless it meets the following two conditions -

1. that the authorisation is for a purpose of preventing or detecting conduct which –

   (a) constitutes one or more criminal offences, **or**

   (b) is, or corresponds to, any conduct which, if it all took place in England and Wales, would constitute one of more criminal offences; **and**

2. that the criminal offence is or would be –

   (a) an offence which is punishable, whether on summary conviction or on indictment, by a maximum term of at least 6 months of imprisonment, or

   (b) an offence under –

   (i) section 146 of the Licensing Act 2003 (sale of alcohol to children);or

   (ii) section 147 of the Licensing Act 2003 (allowing the sale of alcohol to children); or

   (iii) section 147A of the Licensing Act 2003 (persistently selling alcohol to children); or

   (iv) section 7 of the Children and Young Persons Act 1933 (sale of tobacco etc., to persons under eighteen)

2.2 The test for a CHIS is contained within section 29(3) of the Act. A CHIS can be authorised for the purpose of preventing or detecting crime and disorder and does not require an offence to be punishable, whether on summary conviction or an indictment, by a maximum level of at least 6 months imprisonment.

3. What is Directed and Intrusive Surveillance?

3.1 **Directed surveillance** is defined in section 26(2) of RIPA as surveillance that is covert but not intrusive and is undertaken:

a) for the purposes of a specific investigation or operation;
b) in such a manner as is likely to result in the obtaining of private information about a person (whether or not one specifically identified for the purposes of the investigation or operation); and

c) otherwise than by way of an immediate response to events or circumstances, the nature of which is such that it would not be reasonably practicable for an authorisation under Part II of RIPA to be sought for the carrying out of surveillance.

3.2 **Intrusive Surveillance** is defined by section 26(3) of RIPA as covert surveillance that:

(a) is carried out in relation to anything taking place on any residential premises or in any private vehicle; and

(b) involves the presence of an individual on the premises or in the vehicle or is carried out by means of a surveillance device.

Put simply, any covert surveillance which obtains private information which could only be obtained from within a person's home or motor vehicle, is more than likely intrusive surveillance, and should not be undertaken by the Council at all.

4. What is Private Information?

4.1 RIPA states that private information includes any information relating to a person's private and family life, his home and his correspondence. Private information should be taken generally to include any aspect of a person's private or personal relationships with others, including family and professional or business relationships.

4.2 Whilst a person may have a reduced expectation of privacy when in a public place, covert surveillance of that person's activities in public may still result in the obtaining of private information. This is likely to be the case where that person has a reasonable expectation of privacy even though acting in public and where a record is made by a public authority of that person's activities for future consideration.

Example: Two people holding a conversation on the street or in a bus may have a reasonable expectation of privacy over the contents of that conversation, even though they are associating in public. The contents of such a conversation should therefore still be considered as private information. A directed surveillance authorisation would therefore be appropriate for a public authority to covertly record or listen to the conversation as part of a specific investigation or operation.

4.3 Private life considerations are particularly likely to arise if several records are to be analysed together in order to establish, for example, a pattern of behaviour, or where one or more pieces of information (whether or not in the public domain) are covertly (or in some cases overtly) obtained for the purpose of making a permanent record about a person. In such circumstances, the totality of information gleaned may constitute private information even if the individual records do not. Where such conduct includes covert surveillance, then an authorisation for directed surveillance should be sought.

Example: Officers of a local authority wish to drive past a café for the purposes of obtaining a photograph of the exterior. Reconnaissance of this

nature is not likely to require directed surveillance authorisation as no private information about any person is likely to be obtained or recorded. However, if the authority wished to conduct a similar exercise to, say, establish a pattern of occupancy of the premises by any person the accumulation of information is likely to result in the obtaining of private information about that person and an authorisation should therefore be considered.

4.4 Private information may also include personal data, such as names, telephone numbers and address details. Where such information is acquired by means of covert surveillance of a person having a reasonable expectation of privacy, a directed surveillance authorisation is appropriate. However, consideration should always be given to whether there are any other lawful and less intrusive means of obtaining personal data.

5. When is authorisation not required?

5.1 Some surveillance activity does not constitute directed surveillance for the purposes of RIPA and therefore no authorisation can be sought or is necessary. Such activity includes:

- covert surveillance by way of an immediate response to events;
- covert surveillance as part of general observation activities;
- overt use of CCTV and ANPR systems

Immediate response to events:

5.2 Covert surveillance that is likely to reveal private information about a person but is carried out by way of an immediate response to events, in such a way that it is not reasonably practicable to obtain authorisation under RIPA, would not require a directed surveillance authorisation to be in place prior to the surveillance being carried out. RIPA is not intended to prevent law enforcement officers fulfilling their legislative functions. However, an Authorisation Form should be completed and filed on the Central Record as soon as practicable after the event.

General observation activity:

5.3 General observation forms a significant part of the duties of enforcement officers, and is likely to be a daily activity. This will <u>not</u> usually require authorisation under RIPA, whether such observation is covert or overt. This is the case even where such observation may be conducted with the aid of a camera or binoculars, provided it does not involve the obtaining of private information. That said, in each and every case, consideration should still be given as to whether the information obtained from using such equipment is to be retained for evidential purposes. Officers should also consider whether the threshold into Intrusive Surveillance has been crossed when using any equipment to enhance their usual sensory perception. If this is the case then the surveillance should be stopped immediately.

5.4 Example**:** Trading Standards Officers attend a car boot sale where it is suspected that counterfeit goods are being sold, but they are not carrying out

surveillance of particular individuals. This is part of the general duties of the Council and the obtaining of private information by covert means is unlikely. A directed surveillance authorisation need not be sought.

Use of recording equipment to monitor noise:

5.4 Ordinarily, RIPA cannot be used to authorise covert noise monitoring equipment because the offence of breaching a Noise Abatement Notice is not punishable by a minimum term of imprisonment of 6 months. The revised Home Office Code of Practice provides the following guidance –

- "the covert recording of suspected noise nuisance where; the recording is of decibels only or constitutes non-verbal noise (such as music, machinery or an alarm) or the recording of verbal content is made at a level which does not exceed that which can be heard from the street outside or adjoining property with the naked ear. In the latter circumstance the perpetrator would normally be regarded as having forfeited any claim to privacy. In either circumstance, an authorisation is unlikely to be required"

5.5 The following is provided to offer some general common sense guidance:

- it would not be proportionate to set up noise monitoring equipment to monitor noise from residential property without first taking all other reasonable steps to investigate and bring about a cessation of the nuisance

- if monitoring is inevitable, then where possible the intention to monitor noise should be notified to those who are to be monitored, thereby making any "surveillance" overt

- where giving notice is not possible or where it has not been effective, covert monitoring may be considered a necessary and proportionate option

- in most cases the equipment that is used should only be capable of recognising and recording the frequency levels of noise and incapable of recording anything which would reveal any private information of the inhabitants of the premises being monitored

- where other equipment is used, such as DAT recording, then there is more of a risk that what is being said will also be recorded. Providing that the monitoring is undertaken for the purpose of obtaining noise level readings and is only used at times when noise is considered to be excessive, but which inadvertently, or by the way, might pick up snatches of conversation, then this would not be "directed" surveillance, i.e. surveillance undertaken, "in such a manner as is likely to result in the obtaining of private information about a person, (whether or not one is specifically identified for the purposes of the investigation)"

- the above said, just because the noise is so loud that it can be heard in neighbouring premises does not necessarily mean that the person

causing the noise has forfeited any protection under Article 8 (right to respect for private and family life). Consideration also needs to be given as to whether the surveillance equipment can identify the perpetrators, mindful of the fact that the more sensitive the equipment, the greater the potential for intrusive surveillance, which the Council has no power to authorise

- should you be in any doubt about whether the provisions of RIPA will apply to any surveillance you are planning, you are advised to contact Legal Services (contact details are provided at end of this Manual)

Overt CCTV and ANPR (Automatic Number Plate Recognition) Cameras:

5.6 The provisions of RIPA do not extend to the use of **overt** CCTV surveillance systems, where members of the public are aware that such systems are in operation for their own protection and to prevent crime. Such surveillance does not require authorisation. The operation of CCTV systems is subject to the provisions of the Data Protection Act 1998 and the Council's CCTV Code of Practice. Guidance on the operation of CCTV is provided in the Surveillance Camera Code of Practice issued under the Protection of Freedoms Act 2012. Similarly, the overt use of ANPR systems to monitor traffic flow or detect motoring offences does not require an authorisation under RIPA.

5.7 Example: Overt surveillance equipment, such as town centre CCTV systems or ANPR, is used to gather information as part of a reactive operation (e.g. to identify individuals who have committed criminal damage after the event). Such use does not amount to directed covert surveillance as the equipment was overt and was not subject to any covert targeting. Use in these circumstances would not require a directed surveillance authorisation.

5.8 In May 2015 there was a further CCTV Code issued by the Information Commissioner's Office (ICO) under the Data Protection Act 1998. This Code is to be considered even if the surveillance is not directed surveillance.

6. Covert use of CCTV

6.1 There may be times when an individual will not be aware that they are the subject of such filming, for instance where the CCTV operator is directed by an investigating officer to carry out surveillance of an individual's movements. The use of the CCTV or ANPR system in these circumstances goes beyond their intended use for general prevention or detection of crime and protection of the public. Such covert surveillance is also likely to be carried out in order to obtain private information (namely, a record of that person's movements and activities). Therefore, in these circumstances, the provisions of RIPA **must** be complied with, and an authorisation for directed covert surveillance should be in place.

7. The Authorising Officer

7.1 The Authorising Officer must be satisfied, that:

a) the surveillance is necessary; and

b) is proportionate to the aim being sought.

7.2 An Authorising Officer should be nominated in each service, and will be responsible for considering all applications for covert surveillance and for granting or refusing authorisations as appropriate. (Authorising Officers may authorise directed covert surveillance to be carried out by any department of the Council). The Authorising Officer will also be responsible for carrying out reviews and ensuring that authorisations are renewed or cancelled where necessary.

7.3 The minimum office, rank or position of an Authorising Officer is designated by Regulation. For a local authority the Authorising Officer must be the Director, Head of Service, Service Manager or equivalent. Within the Council, senior officers, but not so senior that they do not have time to meet all their responsibilities under RIPA, who have been trained to the appropriate level, should be nominated as Authorising Officers.

7.4 All services should also have in place a back-up system for situations where the Authorising Officer is unavailable to grant a written authorisation and the situation becomes urgent. This will enable officers to identify the person who is able to give authorisations in the Authorising Officer's absence.

7.5 Wherever knowledge of confidential information, such as a doctor's report, is likely to be acquired through the directed surveillance, a higher level of authorisation is needed. In the Council, this would be the Head or Paid Service (the Chief Executive) or the person acting as Head of Paid Service in his absence.

7.6 For a list of those officers who have been nominated as Authorising Officers please see App G. It will be the Monitoring Officer's responsibility to retain this list, as well as a list of the back-up officers, and to ensure it is updated periodically.

7.7 The Authorising Officer **must** refuse to authorise any application for surveillance where he/she believes there is insufficient information to assist in making an informed decision on necessity or proportionality, or where there is any question as to whether the proposed surveillance would be lawful. Where this happens, the Authorising Officer must record the reasons for this refusal on the Authorisation Form.

7.8 As all Authorisations need to be signed with an “wet signature” the Monitoring Officer will also keep a record of those signatures against the name of all those who are appointed as Authorising Officers and their back-ups.

Practicalities for the Authorising Officer

7.9 The Authorising Officer should maintain the following documentation, which need not form part of the centrally retrievable record, but which will form part of the Authorising Officer’s own file:

- a copy of the application for authorisation
- a signed copy of the authorisation together with any supplementary documentation, or evidence that the application has been refused/returned to the applicant
- a record of the approval / refusal of Judicial Approval;
- a record of the period over which the surveillance has taken place;
- the frequency of reviews prescribed by the Authorising Officer;
- a record of the result of each review of the authorisation;
- a copy of any renewal of an authorisation, together with the supporting documentation submitted when the renewal was requested;
- the date and time when any instruction was given by the Authorising Officer;
- copy of the cancellation form
- copies of all judicial approvals

7.10 The Authorising Officer **must** append a "wet signature" to each authorisation and any subsequent forms (e.g. renewal).

7.11 Whether an authorisation has been granted or refused, the Authorising Officer must scan the relevant forms so that an electronic copy of the completed, signed application and authorisation form can be sent to the coordinating Officer by e-mail, except where the authorisation is for the use of a Covert Human Intelligence Source.

7.12 The coordinating officer must also be sent any reviews or renewals of the authorisation and judicial approvals and the eventual cancellation, so that the central record can be updated accordingly.

8. Necessity and Proportionality

8.1 Obtaining an authorisation in accordance with RIPA will only be a justifiable interference with an individual's Article 8 rights if it is necessary and proportionate for directed surveillance to be undertaken.

8.2 The Authorising Officer may only authorise surveillance which is necessary on statutory grounds and s/he must also be satisfied that covert surveillance is necessary in the circumstances of the particular case.

8.3 Once the Authorising Officer has determined that the proposed activities are necessary, s/he must be satisfied that they are proportionate to the overall aim of the investigation.

8.4 Proportionality is a key concept of RIPA and attention must be given to ensure that it is articulated properly. An authorisation should demonstrate how an Authorising Officer has reached the conclusion that the activity is proportionate to what it seeks to achieve, including an explanation of the reasons why the method, tactic or technique proposed is not disproportionate. Failure to adequately address this issue could see the authorisation falling foul of the RIPA quality procedures, potentially resulting in the surveillance being challenged or suspended.

8.5 This is not just about balancing the effectiveness of covert methods over overt methods but of explaining why the particular covert method, tactic or technique is the least intrusive.

8.6 The activity will not be proportionate if it is excessive in the circumstances of the case or if the information that is being sought could reasonably be obtained by other less intrusive means. As an example of proportionality, a person can claim self-defence to a charge of assault where he has used reasonable force to protect himself - it would be proportionate to kick and punch an assailant armed with a knife but it would not be proportionate to use a knife or a gun against an unarmed attacker.

8.7 All such authorised activities should be carefully managed to meet the objective in question and must not be arbitrary or unfair. Therefore, the Authorising Officer should consider each request for authorisation based only on the facts and reasons given for that particular case on the requisite form.

8.8 In determining whether surveillance is proportionate, the Authorising Officer should make clear that the four elements of proportionality have been fully considered:

(i) balancing the size and scope of the operation against the gravity and extent of the perceived mischief,
(ii) explaining how and why the methods to be adopted will cause the least possible intrusion on the target and others,
(iii) considering whether the activity is an appropriate use of the legislation and the only reasonable way, having considered all others, of obtaining the necessary result, and
(iv) evidencing, as far as reasonably practicable, what other methods had been considered and why they were not implemented.

8.9 The bottom line is that the Authorising Officer should set out why s/he believes that the surveillance is necessary and proportionate. A bare assertion is insufficient.

9. Collateral intrusion

9.1 Before authorising any covert surveillance, the Authorising Officer must give consideration to the risk of obtaining private information about persons who are not subjects of the surveillance activity (collateral intrusion). For instance, covert surveillance within a mock auction may result in members of the public being caught on film.

9.2 Measures should be taken, wherever practicable, to avoid or minimise unnecessary intrusion into the lives of those not directly connected with the investigation or operation. Where such collateral intrusion is unavoidable, the activities may still be authorised, provided this intrusion is proportionate to what is sought to be achieved. The same proportionality tests apply to the likelihood of collateral intrusion as to the intrusion into the privacy of the intended subject of the surveillance.

9.3 An application for authorisation should, therefore, include an assessment of the risk of collateral intrusion or interference, and details of any measures taken to limit this, to enable the authorising officer to fully consider the proportionality of the action being proposed.

9.4 Where prior notice/consideration of such collateral intrusion is not possible e.g. where a person who is not the subject of the covert surveillance operation unexpectedly has his privacy compromised, then the officers carrying out the operation should inform the authorising officer as soon as practicable. An example of this would be covert filming outside a night-club, which might unintentionally collect footage of a famous couple together who may not wish it to be known that they were out together.

9.5 In some circumstances this may mean that the original authorisation becomes invalid and a new authorisation may need to be sought, in which case officers should, where practicable, cease the surveillance operation until the authorisation can be corrected/ re-issued.

9.6 Consideration may also have to be given to editing any video evidence that is to be relied upon in court proceedings. It may be advisable in certain circumstances to seek direction from the court about what should or should not be used as evidence and/or disclosed to the Defence or third parties.

10. Collaborative working

10.1 Any person granting or applying for an authorisation will also need to be aware of any particular sensitivities in the local community where the surveillance is to take place and special consideration should be given in cases where the subject of the surveillance or any similar activities being undertaken by other departments of the Council or by other public authorities, which could impact on the deployment of surveillance. Precaution should be taken to ensure that the authorised activity will not be compromised and it is therefore recommended that where an Authorising Officer considers that conflicts might arise they should consult a senior police officer for the area in which the investigation or operation is due to take place.

11. COMMUNICATION DATA

11.1 PSinart I of Chapter II of RIPA relates to the accessing of communications data from service providers. This section does NOT allow for the interception of communications (e.g. bugging of telephones etc). Local authorities are not permitted to intercept the content of any person’s communications and it is an offence to do so without lawful authority

12. Who or What is a Communications Service Provider?

12.1 Communications Service providers (CSP’s) are anyone who provides a service via a telecommunications network – a telephone communications network is the foundation of all telephonic communications be it voice, data, video or internet. Some of the more commonly known examples of service providers are companies such as British Telecom, Orange, Vodaphone, etc.

13 What is communications data?

13.1 The term communications data embraces the 'who', 'when' and 'where' of communication but not the content.
It includes the manner in which, and by what method, a person or machine communicates with another person or machine. It excludes what they say or what data they pass on with the communication.

13.2 Communications data is generated, held or obtained in the provision delivery and maintenance of postal or telecommunications services.

13.3 The Council only has power to acquire subscriber information or service use data under Section 21(4)(b) and (c) of RIPA.

13.4 Service use data

This includes:

- Periods of subscription/use
- Itemised telephone call records
- Information about the provision of conference calling, call messaging, call waiting and call barring services
- Itemised timing and duration of service usage (calls and /or connections)
- Connection/Disconnection information
- Itemised records of connections to internet services
- Information about amounts of data downloaded and/or uploaded
- Provision and use of forwarding/redirection services
- Records of postal items e.g. registered, recorded or special delivery postal items
- Top-up details for mobile phones - credit/debit card details and voucher/e-top up details

13.5 Subscriber Information

This includes:

- Name of account holder/ subscriber
- Billing, delivery and installation address(es)
- Contact telephone number(s)
- Bill payment arrangements including bank/credit card details
- Collection/delivery arrangements from a PO box
- Services subscribed to by the customer
- Other customer information such as any account notes, demographic information or sign up data (not passwords)

14. Single Points of Contact

14.1 Service Providers will only respond to requests from Local Authorities via designated single points of contact (SPoC) who must be trained and authorised to act as such. SPoC's should be in a position to:

- Advise applicants if their request is practicable for the service provider
- Advise designated persons as to the validity of requests
- Advise applicants and designated persons under which section of the Act

communications data falls.

14.2 The National Anti Fraud Network (NAFN) provides a SPoC service to the Council precluding the Council from the requirement to maintain their own trained staff and allowing NAFN to act as a source of expertise. All applications for Communication data must be submitted to NAFN who will assist and advice officers and submit the applications to the Designated Person for authorisation.

14.3 Once the application has been approved by a designated person and Judicial Approval has been obtained NAFN, acting as SPOC, will serve a Notice on the relevant service provider requiring the service provider to obtain and provide the information.

14.4 The Act makes provision for the service providers to charge a fee for the provision of information requested and obtained under the Act.

15. Some General Best Practice Points

15.1 The following guidelines should be considered as best working practices with regards to all applications for authorisations covered by this Manual:

- all applications should contain a URN (unique reference number) that is consistently used throughout on all forms relating to that surveillance operation
- applications should avoid repetition of information
- Information contained in applications should be limited to that required by RIPA for directed surveillance authorisations
- an application should not require the sanction of any person other than the Authorising Officer
- where it is foreseen that other agencies will be involved in carrying out the surveillance, these agencies should be detailed in the application
- authorisations should not generally be sought for activities already authorised either by an application from the Council or another public authority
- where an individual or a non-governmental organisation is acting under the Council's direction, then they are acting as an agent of the Council and any RIPA activities that they are instructed to undertake should be considered for authorisation

16. Duty to report covert activity which was not duly authorised

16.1 All covert surveillance that is not properly authorised should be reported to the Chief Surveillance Commissioner, in writing, as soon as the error is recognised. This includes activity that should and could have been authorised but wasn't or which was not conducted within the directions given by the Authorising Officer. Any such anomalies will normally be picked up at the review stage of an authorisation and if this happens, the Authorising Officer must notify the Monitoring Officer at once.

16.2 This does not apply to covert surveillance which is deliberately *not* authorised because an Authorising Officer considers that it does not meet the legislative criteria but allows it to continue.

16.3 As a matter of good practice, decisions to conduct covert surveillance which cannot benefit from the protection of RIPA should be considered and documented, as much as possible, in line with the RIPA disciplines and checks and balances. However, you should seek advice from Legal Services before embarking on such a course. Such surveillance must still be necessary and proportionate and compliant with the Human Rights Act and should be recorded and authorised by a senior officer.

16.4 Any activity which should have been authorised but was not should be recorded and reported to the Inspectors at the commencement of any inspection to confirm that any direction provided by the Chief Surveillance Commissioner has been followed.

17. Confidential Information (See Chapter 4 of the Revised Home Office Code of Practice on Covert Surveillance and Property Interference)

17.1 There are no special provisions under RIPA for the protection of "confidential information". Nevertheless, special care needs to be taken where the subject of the investigation or operation might reasonably expect a high degree of privacy or where confidential information is involved.

17.2 Confidential Information can include matters that are subject to legal privilege, confidential personal information or confidential journalistic material.

17.3 In practice, it is likely that most of the surveillance authorised and carried out by the Council would not involve confidential information. However, where there is a possibility that the use of surveillance will enable knowledge of confidential information to be acquired e.g. conversations between a doctor and patient, a higher level of authority for such surveillance is required.

17.4 In cases where it is likely that knowledge of confidential information will be acquired, the use of covert surveillance is subject to a higher level of authorisation, namely by the Head of Paid Service (Chief Executive) or, in his/her absence, the Chief Officer acting as Head of Paid Service.

17.5 The Applicant should complete the application for authorisation of directed surveillance in the usual way, but with sufficient indication of the likelihood that confidential information will be acquired.

18. Communications subject to Legal Privilege

18.1 Communications between professional legal advisers and their client or persons representing their client can attract legal privilege if they are:

(a) made in connection with the giving of legal advice to the client; and
(b) made in connection with or in the contemplation of legal proceedings or for the purpose of such proceedings

18.2 Legal privilege does not apply to communications made with the intention of furthering a criminal purpose, regardless of whether the lawyer is acting unwittingly or culpably.

18.3 As stated, there is no special protection afforded to legally privileged information. However, such information is particularly sensitive and surveillance which uncovers such material may engage Article 6 of the ECHR (right to a fair trial) as well as Article 8.

18.4 It is extremely unlikely that legally privileged material obtained by directed surveillance would ever be admissible as evidence. Moreover, just the mere fact that this type of surveillance has taken place may lead to any related criminal proceedings being stayed for abuse of process.

18.5 If the covert surveillance is not intended to result in the acquisition of knowledge of matters subject to legal privilege, but it is likely that such knowledge will nevertheless be acquired during the operation, the application should identify all steps which will be taken to mitigate the risk of acquiring it. If the risk cannot be removed entirely, the application should explain what steps will be taken to ensure that any knowledge of matters subject to legal privilege which is obtained is not used in any investigation or prosecution.

18.6 Where covert surveillance is likely to or intended to result in the acquisition of legally privileged information, a higher level of authorisation (i.e. Head of Paid Service) is required as for Confidential Information. That said, the authorising Officer must also be satisfied that there are exceptional and compelling circumstances that make the authorisation necessary. Such circumstances will arise only in a very restricted range of cases, such as where there is a threat to life and limb, or national security, and he surveillance is reasonably regarded as likely to yield intelligence necessary to counter that threat.

18.7 Furthermore, in those cases where legally privileged material has been acquired and retained, the matter should be reported to the Authorising Officer by means of a review and to the relevant Commissioner or Inspector during his next inspection, at which the material should be made available if requested.

19. Legal Consultations

19.1 Following several high-profile cases where legally privileged information was acquired through covert surveillance directed in places where legal consultations were taking place, there has now been a significant change in regime.

19.2 The Regulation of Investigatory Powers (Extension of Authorisation Provisions: Legal Consultations) Order 2010 provides that directed surveillance that is carried out in relation to anything taking place on specified premises used for the purposes of “legal consultations” shall be treated for the purposes of RIPA as *intrusive surveillance.*

19.3 Locations specified under the 2010 Order include prisons, police stations, cells at Magistrates' courts as well as the place of business of any professional legal adviser.

19.4 As has already been mentioned, the Council has no lawful power to authorise or carry out intrusive surveillance.

19.5 If in doubt as to whether the planned surveillance is likely to involve confidential information, or more importantly, legal privilege, please contact the Contentious Law team. (Contact details can be found at the end of this Manual).

20. Information to be included in Applications for Authorisation

20.1 A written application for authorisation for Directed Surveillance should describe the conduct to be authorised and the purpose of the investigation or operation. It should also include:

- the reason why the surveillance is necessary;
- the reasons why it is proportionate to what it seeks to achieve;
- the nature of the surveillance;
- the identities, where known, of those to be the subject of the surveillance;
- an explanation of the information which it is desired to obtain as a result of the surveillance;
- the details of any potential collateral intrusion and why the intrusion is justified;
- the details of any confidential information that is likely to be obtained as a consequence of the surveillance;
- the level of authority required (or recommended where that is different) for the surveillance;
- a subsequent record of whether the authorisation was given or refused, by whom and the date and time.

20.2 The Applicant officer must obtain the requisite form from the Monitoring Officer. This means that as soon as an officer believes it is necessary to deploy covert surveillance to achieve the aims of his investigation, he should email the Monitoring Officer and request an Application Form. The Monitoring Officer will also allocate the form with the next sequential Unique Reference Number (URN).

20.3 An example of the application for authorisation of directed surveillance form is attached to this Code (see Appendix A).

21. Authorisation Form

21.1 The completed Application form should be given to the Authorising Officer. The Authorisation form is the only document which should be reviewed by a court during a trial where a dispute arises as to whether evidence obtained by way of covert surveillance was obtained lawfully. Therefore, this document must include all relevant information to ensure it can be presented as a stand-alone document to justify why the surveillance has been undertaken.

21.2 The Authorising Officer should, therefore, record on the Authorisation form the full extent of what is authorised i.e. who, what, why, when, where and how, including an independent authorisation for any technical equipment which is to be used and the location of such equipment. This will ensure that the specific parameters of what has been duly authorised is then passed to the Applicant/ officer carrying out the surveillance. The Authorising Officer should also explain why he is satisfied that the directed surveillance is necessary and proportionate in the circumstances of the case, before he endorses the Authorisation.

21.3 The Authorising Officer must check that the Authorisation Form sent by the Monitoring Officer includes the same URN as appears on the Application Form.

21.4 As mentioned above, if the authorisation is refused, the Authorising Officer should clearly mark on the form the reasons for refusal and any comments that may assist the Applicant Officer to reconsider the proposals and resubmit a fresh application. Copies of such refusals must also be sent electronically to the Monitoring Officer.

21.5 An example of the Authorisation form is included with this Manual as Appendix B.

21.6 Should the use of evidence obtained by way of Directed Surveillance be challenged in any subsequent prosecution then the Council will only need to disclose the Authorisation Form as proof that the requisite authority was obtained in accordance with RIPA. This will mean that any confidential information or intelligence that may have been included in the Application form is likely to be protected from disclosure.

22. Duration of authorisations

22.1 A written authorisation for Directed Surveillance is initially valid for three months from the day on which it took effect, i.e. from the date of Judicial Approval, but can be renewed within that time, though any renewal will require judicial approval.

23. Reviews

23.1 Regular reviews of authorisations should be undertaken to assess the need for the surveillance to continue. The results of a review should be recorded on the central record of authorisations. Particular attention is drawn to the need to review authorisations frequently where the surveillance provides access to confidential information or involves collateral intrusion.

23.2 In each case the relevant Authorising Officer should determine how often a review should take place during the lifetime of any authorisation and should then undertake the review him/herself.

23.3 Any proposed or unforeseen changes to the nature or extent of the surveillance operation that may result in the further or greater intrusion into the private life of any person, should also be bought to the attention of the

Authorising Officer by means of a review. The Authorising Officer should consider whether the proposed changes are proportionate before approving or rejecting them. Any such changes must be highlighted at the next renewal if the authorisation is to be renewed.

23.4 Where a directed surveillance authorisation provides for the surveillance of unidentified individuals whose identity is later established, the terms of the authorisation should be refined at a review to include the identity of these individuals. It would also be appropriate to convene such a review for this purpose.

Example: directed surveillance authorisation is obtained to authorise surveillance of X and his associates for the purpose of investigating their suspected involvement in a crime. X is seen meeting with A and it is assessed that subsequent surveillance of A will assist the investigation. Surveillance of A may continue, but the directed surveillance authorisation should be amended at a review to include "X and his associates, including A".

23.5 Again, the Authorising Officer should request a review form from the Monitoring Officer. An example of the review form is attached to Manual as Appendix C.

24. Renewals

24.1 An authorisation may be renewed for a further period of three months, if the Authorising Officer considers it necessary for the authorisation to continue. However, renewal will be subject to judicial approval, as described above.

24.2 Authorisations may be renewed more than once, provided the same grounds for surveillance still apply and the surveillance continues to be proportionate to the aims seeking to be achieved.

24.3 All requests for renewals should record:

- whether it is the first renewal, if not list all previous occasions when renewed;
- any significant changes to the information given in the original authorisation;
- the reasons why it is necessary to continue with the surveillance and that it is still proportionate to the aim being sought;
- the content and value to the investigation or operation of the information so far obtained by surveillance;
- the results of regular reviews of the investigation or operation

24.4 The Authorising Officer should request a review form from the Monitoring Officer. The renewal form is attached to this Manual as Appendix D.

25. Cancellations

25.1 If, during the currency of an authorisation, the Authorising Officer is satisfied that the authorisation is no longer necessary, s/he must cancel it. It is a

statutory requirement that authorisations are cancelled as soon as they are no longer required. Judicial Approval is not required to cancel an authorisation.

25.2 As soon as the decision is taken to cancel the authorisation, the Authorising Officer must inform those carrying out the surveillance and the date and time of this notification should be recorded on the Cancellation Form.

25.3 A Cancellation Form must be completed in all cases, whether the authorisation is being cut short for want of necessity or whether it has run its full course and the surveillance has been completed. This is to ensure that the Authorising Officer has given consideration to the product of such directed surveillance, and has given the necessary direction as to the handling, retention and/or destruction of such product.

25.4 Cancellations should also include the reason for cancellation as well as the result of the operation, and they must also be noted on the central record of authorisations.

25.5 Again, the Authorising Officer should request a cancellation form from the Monitoring Officer. The cancellation form is attached to this Manual as Appendix E.

25.6 See Appendix F for a flowchart to assist in determining whether the activity you are considering to undertake is directed surveillance.

26. Surveillance carried out by a third party

26.1 There will be instances when the Council employs a third party, such as a security firm, to install covert cameras for the purpose of directed surveillance. It is still the responsibility of the Council to ensure that the necessary authorisation has been obtained before such a contract can be carried out.

26.2 Likewise, where for instance the police request the use of the Council's CCTV system for covert surveillance of an individual/s then the police should ensure they have the requisite authorisation to present to the Council, before such surveillance is carried out (except in cases of urgency). Although the equipment being used belongs to the Council, it is the police who are directing the surveillance and they are ultimately responsible.

26.3 In any case where the surveillance is to be carried out by someone other than the Applicant officer, whether that is through a security firm or by Council Officers in a different department (e.g. CCTV controllers) then those carrying out the surveillance must be given the exact wording and parameters of the surveillance that has been authorised. There should be a written contract setting out the parameters and the need to comply with RIPA, the Data Protection Act 1998 and the Human Rights Act, where applicable.

26.4 The easiest way for this to be achieved is by handing a copy of the authorisation to the surveillance officer, although where the surveillance does not involve the installation of devices it will be sufficient for the officer in charge of the surveillance team to see the documents and then brief the team accordingly, taking care to repeat the precise form of words used by the

Authorising Officer. In each case the officer carrying out the surveillance should endorse the authorisation form to show they have understood what is expected of them.

26.5 It is also imperative that a cancellation form is provided to the third party who has been carrying out the surveillance, as soon as there is no longer a necessity for the surveillance and/or the requisite information has been obtained:

- If the surveillance was initially authorised by the Council then the cancellation form should be completed by the Authorising Officer and a copy should be sent to the Monitoring Officer to store on the Central Record, and

- If the Council's CCTV control room has been tasked with carrying out covert surveillance on behalf of another public authority e.g. the police then the staff in the control room will make regular checks to see whether the surveillance is still "live" and with ensure that a copy of the requisite cancellation form is provided to them once the surveillance comes to an end.

27. Obtaining Judicial Approval

From 1st November 2012 judicial approval of all local authority authorisations and renewals (for both directed covert surveillance and the use of a CHIS), is required from the Magistrates' Court. Authorisations and renewals are invalid and cannot be acted upon until the approval of the Court has been given.

27.1 The Magistrates' Court may give approval only if it is satisfied that –

- authorisation is necessary for the prevention or detection of crime; and
- that authorised surveillance would be proportionate to what is sought to be achieved by carrying it out; and;
- the authorising officer was an individual designated for the purpose, i.e. Director, Head of Service, Service Manager, or equivalent; and
- the crime being investigated carries a minimum prison sentence of 6 months, or concerns the sale of alcohol to children, or allowing the sale of alcohol to children, or persistently selling alcohol to children, or selling tobacco to children; and
- at the time of the application to the Magistrates' Court there remains reasonable grounds for believing that the above conditions are met

27.2 The Council is not required to give notice of the intended application to the Magistrates' Court of the application to the person to whom the authorisation relates, or to such a person's legal representatives.

Making the Application

27.3 After an application has been authorised by the designated officer, the investigating officer should contact Westminster Magistrates' Court to arrange a hearing. The authorising officer should provide the Court with a copy of the original application, the authorisation and any supporting documents setting

out the case. In addition, the investigating officer should provide the Court with a partially completed judicial application / order form (see Appendix K). This forms the basis of the application to the Court and should contain all information that is relied upon. The original RIPA authorisation or notice should be shown to the Justice of the Peace, but should be retained by the Council so that it is available for inspection by the Commissioners' offices and in the event of any legal challenge or investigations by the Investigatory Powers Tribunal (IPT). The court may wish to take a copy.

27.4 Although the investigating officer is required to provide a brief summary of the circumstances of the case on the judicial application form, this does not replace the need to supply the original RIPA authorisation as well. The order section of the form will be completed by the Court and will be the official record of the Court's decision. The Council will retain all original paperwork associated with applications for Judicial Approval. There is no requirement for the Court to consider either cancellations or internal reviews.

Arranging a Hearing

27.5 On the rare occasion where out of hours access to a Justice of the Peace is required then it will be for the investigating officer to make arrangements with Westminster Magistrates' Court. In these cases the investigating officer will need to provide two partially completed judicial application / order forms so that one can be retained by the Court. The investigating officer should provide the court with a copy of the signed judicial application / order form the next working day.

27.6 In most emergency situations where the police have power to act, then they should be able to authorise activity under RIPA without prior Judicial Approval. RIPA authority is not required in immediate response to events or situations where it is not reasonably practicable to obtain it (for instance when criminal activity is observed during routine duties and officers conceal themselves to observe what is happening).

27.7 Where renewals are timetabled to fall outside of court hours, for example during a holiday period, it is the investigating officer's responsibility to ensure that the renewal is completed ahead of the deadline. Out of hours procedures are for emergencies and should not be used because a renewal has not been processed in time.

Attending a Hearing

27.8 The hearing is a 'legal proceeding' and therefore **local authority officers need to be formally designated to appear, be sworn in and present evidence or provide information as required by the Court**. Investigating officers should contact Legal Services.

27.9 The hearing will be in private and heard by a single Justice of the Peace who will read and consider the RIPA authorisation and the judicial application / order form. He / she may have questions to clarify points or require additional reassurance on particular matters.

Decision

27.10 The Justice of the Peace will consider whether he or she is satisfied that at the time the authorisation was granted or renewed, there were reasonable grounds for believing that the authorisation was necessary and proportionate. They will also consider whether there continues to be reasonable grounds. In addition they must be satisfied that the person who granted the authorisation or gave the notice was an appropriate designated person within the local authority and the authorisation was made in accordance with any applicable legal restrictions, for example that the crime threshold for directed surveillance has been met. If more information is required to determine whether the authorisation or notice has met the tests then the Justice of the Peace will refuse the authorisation. If an application is refused the Council should consider whether we can reapply, for example, if there was information to support the application which was available to the Council, but not included in the papers provided at the hearing.

Outcomes

27.11 Following consideration of the case the Justice of the Peace complete the order section of the judicial application / order form recording his / her decision. The various outcomes are detailed below –

The Justice of the Peace may decide to -

Approve the Grant or renewal of an authorisation

- The grant or renewal of the RIPA authorisation or notice will then take effect and the Council may proceed to use the technique in that particular case

Refuse to approve the grant or renewal of an authorisation

- The RIPA authorisation will not take effect and the Council may not use the technique in that case. Where an application has been refused the Council may wish to consider the reasons for that refusal. For example, a technical error in the form may be remedied without the Council having to go through the internal authorisation process again. The Council may then wish to reapply for judicial approval once those steps have been taken

Refuse to approve the grant or renewal and quash the authorisation

- This applies where the Court refuses to approve the grant or renewal of an authorisation and decides to quash the original authorisation. The court must not exercise its power to quash the authorisation unless the Council has had at least 2 business days from the date of the refusal in which to make representations.

27.12 When an application for judicial approval is refused, the Magistrates' Court will make an order quashing the authorisation.

27.13 All forms required to be completed at the various stages of the process will be held by the Monitoring Officer. Requests for forms should be made by email to the Knowledge and Information Management Team at RIPA@westminster.gov.uk

28. Central Record of all authorisations / Role of the RIPA Coordinating Officer

28.1 A record of the following information pertaining to all authorisations shall be centrally retrievable for a period of at least five years from the ending of each authorisation. This information should be regularly updated whenever an authorisation is granted, reviewed or cancelled and should be made available to the relevant Commissioner or an Inspector from the Office of Surveillance Commissioners upon request:

- the type of authorisation
- the date the authorisation was given
- name and rank/grade of the authorising officer
- the unique reference number (URN) of the investigation or operation
- the title of the investigation or operation, including a brief description of the names of subjects, if known
- details of attendances at the magistrates' court
- the dates of any reviews
- if the authorisation had been renewed, when it was renewed and who authorised the renewal, including the name and rank/grade of the authorising officer
- whether the investigation or operation is likely to result in obtaining confidential information as define din the Home Office Code of Practice
- whether the authorisation was granted by an individual; directly involved in the investigation
- the date the authorisation was cancelled

28.2 the following documentation should also be centrally retrievable for at least five years from the ending of each authorisation:

- a copy of the application and a copy of the authorisation together with any supplementary documentation and notification of the approval given by the authorising officer
- a record of the period over which the surveillance the surveillance has taken place
- the frequency of reviews prescribed by the authorising officer
- a record of the result of each review of the authorisation
- a copy of any renewal of an authorisation. Together with the supporting documentation submitted when the renewal was requested
- the date and time when any instruction to cease surveillance was given
- the date and time when any other instruction was given by the authorising officer
- a copy of the order approving the grant or renewal from a Justice of the Peace (JP)

28.3 The central record kept by the Council includes hyperlinks to each and every document in the authorisation process. This is not only to enable compliance with the necessary requirements but also to assist the coordinating Officer to carry out quality control.

28.4 Therefore, all authorisations granted by individual Authorising Officers, on behalf of the Council, must be sent electronically to the coordinating Officer.

28.5 The coordinating officer will be responsible for updating this record whenever an authorisation is granted, renewed, reviewed or cancelled. This record must be made available to the relevant Commissioner or an Inspector from the Office of Surveillance Commissioners, upon request.

29. Quality Control

29.1 The co-ordinating officer will also be responsible for maintaining a central quality control of all authorisations. This will entail monitoring the authorisations for any inconsistencies and checking each authorisation to ensure that the Authorising Officer has clearly addressed his/her mind to the statutory requirements of necessity and proportionality in each case.

29.2 The coordinating officer should reject any authorisation where there is insufficient evidence that the Authorising Officer has carefully considered these statutory requirements before granting the authorisation. The Monitoring Officer should also ensure that all authorisations have been signed with a “wet signature”.

29.3 The coordinating officer will also send reminders to Authorising Officers when a review is pending or a renewal will be necessary. Please see Appendix H for a Flow Chart identifying the required documentation at each stage of the RIPA process.

30. The Unique Reference Number (URN)

30.1 The coordinating Officer will be responsible for providing the URN on the initial Application Form as well as ensuring that it is recorded on the Authorisation Form and subsequent forms completed in the process. This will ensure sequential numbering of unique numbers and provide insurance that all covert activity is captured by the central record rather than relying on notification by the Authorising Officer alone.

30.2 The URN should also provide sufficient information to be able to identify at a glance which department the authorisation derives from and also the number of authorisations that have been granted by that department. For instance 4/TS/1/09 denotes that the fourth entry on the central record is an authorisation from Trading Standards and is the first one by that service in 2009.

30.3 The following is a list of codes to be used by departments for their URNs:
Au – Audit
CWH (Estate Office) – City West Homes followed by ref to which estate office the authorisation derives from

EH (F) – Environmental Health (Food Team)
EH (R) – Environmental Health (Residential)
H&S – Health & Safety Team
PM – Premises Management
SM – Street Management
Lic – Licensing
NT – Noise team
PET – Planning Enforcement Team
TS – Trading Standards

31. Retention and destruction of surveillance footage

31.1 Where surveillance footage could be relevant to pending or future criminal or civil proceedings, it should be retained in accordance with established disclosure requirements.

31.2 Particular attention is also drawn to the requirements of the code of practice issued under the Criminal Procedure and Investigations Act 1996. This requires that material which is obtained in the course of a criminal investigation and which may be relevant to the investigation must be recorded and retained.

31.3 There is nothing in RIPA which prevents material obtained from properly authorised surveillance from being used in other investigations. Each public authority must ensure that arrangements are in place for the handling, storage and destruction of material obtained through the use of covert surveillance.

31.4 Authorising Officers must ensure compliance with the appropriate data protection requirements and any relevant codes of practice produced by individual authorities relating to the handling and storage of material.

31.5 The Authorising Officer also needs to include an explanation of what will happen to the surveillance product on the cancellation of each and every authorisation.

31.6 Further guidance on the storage, retention and destruction of surveillance footage can be found in the Council's CCTV Code of Practice. Copies of this document can be requested from the Neighbourhood Crime Reduction Team.

32. Covert Human Intelligence Sources

32.1 A person is a Covert Human Intelligence Source (or CHIS) if:

(i) he establishes or maintains a personal or other relationship with a person for the covert purpose of facilitating anything falling within (ii) and (iii) below;

(ii) he covertly uses the relationship to obtain information or to provide access to any information to another person; or

(iii) he covertly discloses information obtained by the use of or as a consequence of such a relationship.

32.2 It is also important to note that an individual who provides information to the Council voluntarily may become a CHIS, e.g. where a member of the public covertly provides the Council with information which has been obtained in the course of, (or *as a consequence of the existence of* – s. 26(8)(c) RIPA), a personal or other relationship, such as a neighbour or relative of a suspected offender. Such an "informant" may be at risk of reprisals, and would be a person to whom a duty of care would be owed if the information was used. Where information is provided on one occasion without request, a CHIS situation is unlikely to apply, but should the provision of information continue, even where the information has not been requested, the member of the public might very well become a CHIS and could require authorisation. Alternatively, an instruction to the member of the public to cease providing the information could be given. This will be a matter of judgement on a case by case basis.

32.3 It is important to recognise the difference between "establish" and "maintain". "Establishes a relationship" means to "set up a relationship". It does not require endurance over a period of time, as does, "maintain", so it could apply to a situation involving a seller and purchaser concerning a single transaction. Most one-off test purchases would not require a CHIS authorisation, but where the duration and nature of the test purchase is out of the ordinary, then a CHIS authorisation may be necessary, e.g. where two officers pose as a couple wishing to purchase a time-share property / an engagement ring, in circumstances where they desire the seller to believe their "cover" and to trust that they are who they say they are; where they are likely to have to enter into conversations aside from a simple request to purchase goods and where the nature and endurance of the face to face test purchase is such that the officers intend to establish a relationship whereby the seller feels at ease and confident to behave in a particular way.

32.4 Unlike directed surveillance, which relates specifically to private information, authorisations for the use or conduct of a CHIS do not relate specifically to private information, but to the covert manipulation of a relationship to gain information.

32.5 An authorisation is needed for the **use** or **conduct** of a CHIS. Although these appear at first to be the same thing, and indeed most CHIS authorisations will be for both use and conduct, there is a very subtle difference:

- The "conduct" of a CHIS is any conduct which falls within 7.1 above. In other words, an authorisation for conduct will authorise steps taken by a CHIS, on behalf of, or at the request of, the Council.

- The "use" of a CHIS involves any action on behalf of the Council to induce, ask or assist a person to engage in the said conduct of a CHIS, or to obtain information by means of that conduct.

32.6 The purpose will only be covert if the relationship referred to above is conducted in a manner that is calculated to ensure that one of the parties to the relationship is unaware of the purpose, or unaware of the use of or disclosure of any such information.

32.7 Therefore, a straightforward test purchase would not give rise to a CHIS situation:

Example1: a young person purchasing a packet of cigarettes / alcohol where the conversation is restricted to the ordering, acceptance and payment for the goods. (**Note:** authorisation for directed surveillance would be required if it is intended that the young person should carry a concealed camera / microphone, or is being watched by an enforcement officer)

Example 2: an enforcement officer purchasing theatre tickets as above. (**Note**: authorisation for directed surveillance would be required where it is intended that the officer should carry a concealed camera / microphone)

32.8 However, a CHIS situation might very well arise where officers pose as a consumer / retailer and seek to gain a person's trust, in order to obtain evidence of criminal offences. Examples include:

- posing as a retailer at a wholesale outlet which is believed to sell counterfeit goods, where the test purchase might involve gaining the trust of the seller, in order to ascertain what can be supplied and to agree terms of sale

- posing as a consumer at a hair loss treatment centre where false or misleading claims may be made to vulnerable consumers

- posing as a customer in a lap dancing club, entering into conversation with the dancers / buying them drinks and paying for personal / private dances

32.9 The above scenarios give rise to an understanding or element of trust between the parties: something more than a straightforward request to supply or sell goods and services.

Note: officers must <u>never</u> act as an agent provocateur by attempting to persuade or encourage an individual to commit an offence that he would not otherwise commit. It is one thing to ask questions of an individual to ascertain information about what is being offered, i.e. "so how many bottles of Chanel No.5 perfume could you supply by Friday?" but quite another to attempt to persuade a trader to meet such a request after he has stated, e.g. that he only sells clothing wholesale and is unable to supply perfume

32.10 The Council should avoid inducing individuals to engage in the conduct of a CHIS either expressly or implicitly, without obtaining a CHIS authorisation.

32.11 CHIS scenarios at Westminster are few and far between. As soon as the officer *believes* the need for an authorised CHIS has been established, the lead enforcement officer should contact Legal Services who will guide the officer through the process.

General rules on Authorisation of a CHIS

32.12 This type of covert surveillance requires authorisation by an Authorising Officer in the same way as for Directed Surveillance, and the procedure for making an application for authorisation is, broadly speaking, similar to that for Directed Surveillance, including the fact that an authorisation may only be granted where such surveillance is necessary on one of the statutory grounds; that any such use of a CHIS must be reasonable and proportionate, and that due consideration should be given to collateral intrusion. Judicial approval is also required.

32.13 The Authorising Officer will be the same officer who would authorise covert surveillance – see appendix G (NB: the authorising officer should not also be the Handler).

32.14 A written Authorisation lasts for 12 months except in the case of juveniles. It can be renewed for a longer period provided the use or conduct of the CHIS is still reasonable, necessary and proportionate. In practice, the Council is unlikely to deploy a CHIS for anywhere near this length of time and so the Authorising Officer should ensure that regular reviews are carried out and that the authorisation is cancelled as soon as the CHIS is no longer necessary. In some cases the safety and welfare of the CHIS should continue to be taken into account after cancellation.

32.15 An authorisation for the use or conduct of a CHIS will provide lawful authority for any such activity that:

- Involves the use or conduct of a CHIS as is specified or described in the authorisation;
- Is carried out by or in relation to the person to whose actions as a CHIS the authorisation relates; and
- Is carried out for the purposes of, or in connection with, the investigation or operation so described.

32.16 It is therefore vital that the CHIS, as well as those involved in the use of a CHIS, are aware of the extent and limits of any conduct authorised.

Local considerations and Community Impact Assessments

32.17 Any person applying for or granting an authorisation will also need to be aware of any particular sensitivities in the local community where a CHIS is being used and of similar activities being undertaken by other public authorities which could have an impact on the deployment of the CHIS. Consideration should also be given to any adverse impact on community confidence or safety that may result from the use or conduct of a CHIS or use of information obtained from that CHIS.

32.18 Where an authorising officer considers that a conflict might arise they should, where possible, consult with a senior officer from the City of Westminster Police. The Council, where possible, should also consider consulting other relevant public authorities to gauge community impact.

Use of CHIS with technical equipment

32.19 An authorised CHIS wearing or carrying a surveillance device does not need a separate intrusive or directed surveillance authorisation, provided the device will only be used in the presence of that CHIS. However, if that is not the case, and the device will be used other than in the presence of the CHIS then the relevant authorisation will be needed. In respect of the Council, such use can only be within the public domain, for which a directed surveillance authorisation should be obtained, given that a local authority has no power to grant an authorisation for intrusive surveillance.

32.20 That said, a CHIS, whether or not wearing or carrying a surveillance device, in residential premises or a private vehicle, does not require additional authorisation to record any activity taking place inside those premises or that vehicle which takes place in his presence. This also applies to the recording of telephone conversations or other forms of communication, other than by interception, which takes place in the source's presence. Authorisation for the use or conduct of that source may be obtained in the usual way.

Oversight of use of a CHIS by the local authority

32.21 The requirement for elected members of the Council to review the use of RIPA every 12 months and to set the policy, referred to earlier in this Manual, includes the use of a CHIS.

Management of CHISs

32.22 As well as being satisfied that the authorisation is necessary for the purpose of preventing or detecting crime or of preventing disorder and that the authorised conduct or use is proportionate to what is sought to be achieved by that conduct or use, an Authorising Officer shall not grant an authorisation for the conduct or use of a covert human intelligence source unless he believes that there are arrangements in place as are necessary for ensuring:

(a) that there will at all times be a person who will have day-to-day responsibility for dealing with the source on behalf of the Council and for the source's security and welfare. This person is known as the Handler and is responsible for dealing with the CHIS on behalf of the authority; directing the day to day activities of the CHIS; recording the information supplied by the CHIS and monitoring the CHIS's security and welfare. The handler would usually hold a rank or position lower than the authorising officer;

(b) that there will at all times be another person who will have general oversight of the use made of the source. This person is known as the Controller and will be responsible for the management and supervision of the handler and general oversight of the use of the CHIS. Obviously, this must be someone other than the Handler and ideally should be someone other than the authorising officer, but due to the relatively small size of the Council's enforcement teams, the authorising officer is likely to be the Controller.

(c) that there will at all times be a person who will have responsibility for maintaining a record of the use made of the source. This will be the responsibility of the Handler.

(d) that the records relating to the source that are maintained by the relevant investigating authority will always contain particulars of all such matters as are specified in regulations made by the Secretary of State, (see below); and

(e) that records maintained by the relevant investigating authority that disclose the identity of the source will not be available to persons except to the extent that there is a need for access to them to be made available to those persons.

Particulars to be contained in records

32.23 The Secretary of State has made the Regulation of Investigatory Powers (Source Records) Regulations 2000. The following particulars must be included in the records relating to each source:

(a) the identity of the source;

(b) the identity, where known, used by the source;

(c) any relevant investigating authority other than the authority maintaining the records;

(d) the means by which the source is referred to within each relevant investigating authority;

(e) any other significant information connected with the security and welfare of the source;

(f) any confirmation made by a person granting or renewing an authorisation for the conduct or use of a source that the information in paragraph (d) has been considered and that any identified risks to the security and welfare of the source have where appropriate been properly explained to and understood by the source;

(g) he date when, and the circumstances in which, the source was recruited;

(h) the identities of the persons who, in relation to the source, are discharging or have discharged the functions mentioned in section 29(5)(a) to (c) of the 2000 Act or in any order made by the Secretary of State under section 29(2)(c);

(i) the periods during which those persons have discharged those responsibilities;

(j) the tasks given to the source and the demands made of him in relation to his activities as a source;

(k) all contacts or communications between the source and a person acting on behalf of any relevant investigating authority;

(l) the information obtained by each relevant investigating authority by the conduct or use of the source;

(m) any dissemination by that authority of information obtained in that way; and

(n) in the case of a source who is not an undercover operative, [an enforcement officer within the Council] every payment, benefit or reward and every offer of a payment, benefit or reward that is made or provided by or on behalf of any relevant investigating authority in respect of the source's activities for the benefit of that or any other relevant investigating authority.

Security and Welfare

32.24 The Council should also take into account the safety and welfare of any CHIS it deploys, when carrying out actions in relation to an authorisation or tasking, and the foreseeable consequences to others of that tasking. Before authorising the use of that CHIS, the authorising officer should ensure that a risk assessment is carried out to determine the risk to the CHIS of any tasking and the likely consequences should the role of the CHIS become known. As previously mentioned, the ongoing safety and welfare of the CHIS, after cancellation of the authorisation, should also be considered at the outset.

32.25 Also consideration should be given to the management of any requirement to disclose information tending to reveal the existence or identity of the CHIS to, or in, court.

32.26 The CHIS Handler is responsible for bringing to the attention of the CHIS Controller any concerns about the personal circumstances of the CHIS, insofar as they might affect:

- the validity of the risk assessment;
- the conduct of the CHIS; and
- the safety and welfare of the CHIS.

32.27 Where appropriate, concerns about such matters must be considered by the Authorising Officer and a decision taken on whether or not to allow the authorisation to continue.

32.28 For further information about the centrally retrievable store of information, the retention and destruction of material, the Senior Responsible Officer and handling complaints, see the relevant sections of the Manuel.

33. RIPA Coordinator

33.1 It is established best practice that all authorisations should be held in a central record and that a RIPA Coordinator will be responsible for maintaining that record as well as carrying out a quality control function on all authorisations. The central record will be held by the Knowledge and Information Management Team and the RIPA coordinator functions for the Council will be carried out by the Corporate Information Manager, who is the manager of that team.

34. Senior Responsible Officer and the role of Councillors

34.1 It is recommended best practice that there should be a Senior Responsible Officer (SRO) in each public authority who is responsible for:

- the integrity of the processes in place to authorise directed surveillance;
- compliance with RIPA and with the Codes of Practice;
- engagement with the Commissioners and inspectors when they conduct their inspections, and
- where necessary, overseeing the implementation of any post-inspection action plans recommended or approved by a Commissioner.

34.2 As the SRO for a local authority has to be a member of the corporate leadership team, and in light of the SRO's responsibilities, the Senior Responsible Officer for Westminster Council will be the Head of Legal Services. He will also be responsible for ensuring that all authorising officers are of an appropriate standard in light of the recommendations or concerns raised in the inspection reports prepared by the Office of Surveillance Commissioners following their routine inspections.

34.3 The SRO will also undertake an annual audit of records but will not be responsible for the day-to-day quality control which will still be within the remit of the RIPA coordinator.

34.4 There is also now a requirement for elected members of the Council to review the use of RIPA and to set the policy on covert surveillance at least once a year. Therefore, the Policy and Scrutiny Committee will review this Manual as well as the Policy every 12 months and will report to Cabinet, should they be of the opinion that it is not fit for purpose.

34.5 The Policy and Scrutiny Committee will also consider the Council's use of RIPA every 6 months to ensure that it is being used consistently with the Council's Policy and Procedure Manual. Should the Committee be concerned by any adverse trends disclosed in the reports it receives, it should call for reports every quarter.

34.6 The Committee should not, and will not, be involved in making decisions on specific authorisations.

35. Training

35.1 Both Authorising Officers and those applying for authorisations should attend regular training sessions to ensure they are being kept up-to-date with any developments, both procedurally and legally.

35.2 The RIPA coordinator will be responsible for keeping a record of training that has been provided across the Council and CityWest Homes, and will also help to co-ordinate relevant training sessions for the appropriate officers.

36. Complaints

36.1 There is provision under RIPA for the establishment of an independent Tribunal. This Tribunal will be made up of senior members of the legal profession or judiciary and will be independent of the Government.

36.2 The Tribunal has full powers to investigate and decide upon complaints made to them within its jurisdiction, including complaints made by a person who is aggrieved by any conduct to which Part II of RIPA applies, where he believes such conduct to have taken place in "challengeable circumstances" or to have been carried out by or on behalf of any of the intelligence services.

36.3 Conduct takes place in "challengeable circumstances" if it takes place:

(i) with the authority or purported authority of an authorisation under Part II of the Act; or

(ii) the circumstances are such that it would not have been appropriate for the conduct to take place without authority; or at least without proper consideration having been given to whether such authority should be sought.

36.4 Further information on the exercise of the Tribunal's functions and details of the relevant complaints procedure can be obtained from:

Investigatory Powers Tribunal

PO Box 33220
London
SW1H 9ZQ

020 7273 4514

36.5 Notwithstanding the above, members of the public will still be able to avail themselves of the Council's internal complaints procedure, where appropriate, which ultimately comes to the attention of the Local Government Ombudsman.

37. The Office of Surveillance Commissioners

37.1 The Act also provides for the independent oversight and review of the use of the powers contained within Part II of RIPA, by a duly appointed Chief Surveillance Commissioner.

37.2 The Office for Surveillance Commissioners (OSC) was established to oversee covert surveillance carried out by public authorities and within this Office an Inspectorate has been formed, to assist the Chief Surveillance Commissioner in the discharge of his review responsibilities.

37.3 One of the duties of the OSC is to carry out planned inspections of those public authorities who carry out surveillance as specified in RIPA, to ensure compliance with the statutory authorisation procedures. At these inspections, policies and procedures in relation to directed surveillance and CHIS operations will be examined and there will be some random sampling of selected operations. The central record of authorisations will also be inspected. Chief Officers will be given at least two weeks' notice of any such planned inspection.

37.4 An inspection report will be presented to the Chief Officer, which should highlight any significant issues, draw conclusions and make appropriate recommendations. The aim of inspections is to be helpful rather than to measure or assess operational performance.

37.5 In addition to routine inspections, spot checks may be carried out from time to time.

37.6 There is a duty on every person who uses the powers provided by Part II of RIPA, which governs the use of covert surveillance or covert human intelligence sources, to disclose or provide to the Chief Commissioner (or his duly appointed Inspectors) all such documents and information that he may require for the purposes of enabling him to carry out his functions.

IMPORTANT NOTE

This Procedure Manual has been produced as a guide only and is primarily based on the revised Codes of Practice on Covert Surveillance and Covert Human Intelligence Sources published by the Home Office. These Codes can be found at www.homeoffice.gov.uk

Legal Services
March 2016

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WESTMINSTER CITY COUNCIL
COVERT SURVEILLANCE POLICY STATEMENT

Introduction

1. Westminster City Council ("the Council") is committed to building a fair and safe community for all by ensuring the effectiveness of laws designed to protect individuals, businesses, the environment and public resources.

2. The Council recognises that most organisations and individuals appreciate the importance of these laws and abide by them. The Council will use its best endeavours to help them meet their legal obligations without unnecessary expense and bureaucracy.

3. At the same time the Council has a legal responsibility to ensure that those who seek to flout the law are the subject of firm but fair enforcement action. Before taking such action, the Council may need to undertake covert surveillance of individuals and/or premises to gather evidence of illegal activity.

Procedure

4. All covert surveillance shall be undertaken in accordance with the procedures set out in this document.

5. The Council shall ensure that covert surveillance is only undertaken where it complies fully with all applicable laws, in particular the:

- Human Rights Act 1998
- Regulation of Investigatory Powers Act 2000
- Protection of Freedoms Act 2012
- Data Protection Act 1998

6. The Council shall, in addition, have due regard to all official guidance and codes of practice particularly those issued by the Home Office, the Office of Surveillance Commissioners (OSC), the Security Camera Commissioner and the Information Commissioner.

7. In particular the following guiding principles shall form the basis of the all covert surveillance activity undertaken by the Council:

- Covert surveillance shall only be undertaken where it is absolutely necessary to achieve the desired aims.
- Covert surveillance shall only be undertaken where it is proportionate to do so and in a manner that it is proportionate.
- Adequate regard shall be had to the rights and freedoms of those who are not the target of the covert surveillance.
- All authorisations to carry out covert surveillance shall be granted by appropriately trained and designated authorising officers.
- Covert surveillance [regulated by RIPA] shall only be undertaken after obtaining judicial approval.

Training and Review

8. All Council officers undertaking covert surveillance shall be appropriately trained to ensure that they understand their legal and moral obligations.

9. Regular audits shall be carried out to ensure that officers are complying with this policy.

10. This policy shall be reviewed at least once a year in the light of the latest legal developments and changes to official guidance and codes of practice.

11. The operation of this policy shall be overseen by the Council's Adults, Health & Public Protection Policy & Scrutiny Committee Scrutiny Committee by receiving reports every 6 months.

Conclusion

12. All citizens will reap the benefits of this policy, through effective enforcement of criminal and regulatory legislation and the protection that it provides.

13. Adherence to this policy will minimise intrusion into citizens' lives and will avoid any legal challenge to the Council's covert surveillance activities.

14. Any questions relating to this policy should be addressed to:

Joyce Golder
Principal Solicitor
Legal Services
020 7361 2181

14 March 2016

ROUND ONE (24 June 2015)		
Agenda Item	**Reasons & objective for item**	**Represented by:**
The NHS estate in Westminster	To review the strategy relating to NHS estates in Westminster	• NHS Property Services • NHS England • CCGs • LA
NHS Staffing in the Acute Sector	To examine the impact of current staffing levels on the operation of our local acute Trusts	• Imperial • Chelsea and Westminster

HEALTH URGENCY (30th June 2015)		
Agenda Item	**Reasons & objective for item**	**Represented by:**
Imperial College Healthcare NHS Trust – Reconfiguration of stroke services	Imperial College Healthcare NHS Trust are consulting the Committee under Section 244 of the NHS Act 2006 on plans to reconfigure stroke services	• Dr Batten, CEX, Imperial

ROUND TWO (24 September 2015)		
Agenda Item	**Reasons & objective for item**	**Represented by:**
Policing and Mental Health	To assess the relationship between mental health and Police custody	• Borough Police
Adult Social Care Complaints and Performance	To receive the TB ASC Complaints and Performance report	• Liz Bruce • Nadia Husain
Safeguarding – Employment Checks	To consider the work of the Safeguarding Task Group looking into recruitment checks	• Safeguarding

HEALTH URGENCY (17th November 2015)		
Agenda Item	**Reasons & objective for item**	**Represented by:**
CCG Plans relating to Urgent and Emergency Care	To assess developments at the CCG in relation to provision of urgent and emergency care in Westminster	• CLCCG
Central and North West London NHS Foundation Trust	To review a Section 244 notice of reconfiguration at our local mental health provider.	• CNWLFT

ROUND THREE (25 November 2015)		
Agenda Item	**Reasons & objective for item**	**Represented by:**
Policing Model – ~~MOPAC~~ (failed to attend)	To follow up the assessment of the local policing model in 14 / 15 with MOPAC and look at the *Future of Policing in London*	• ~~**MOPAC**~~ • Westminster Police
***The Patient Journey* – Journey mapping the experience of Westminster residents**	To assess how Westminster residents and patients interact with the health and social care services in the City – and how this will develop under *Shaping a Healthier Future*	• CCG • ASC

ROUND FOUR (27 January 2016)		
Agenda Item	**Reasons & objective for item**	**Represented by:**
Finding and Supporting Carers	To assess and review the work of ASC in finding and supporting carers in the Westminster population	• ASC
Strategic approaches to Mental Health-delayed	To assess community provision of mental health and what agencies are doing to ensure out-of-hospital / community strategies are effective.	• CCGs

ROUND FIVE (21 March 2016)		
Agenda Item	**Reasons & objective for item**	**Represented by:**
The Future of Policing	To examine the *Future of Policing in London* with the Mayor's Office of Policing and Crime	• MOPAC
HWB Project - Needs-modelling Westminster population	To assess the work of the Health and Wellbeing Board on needs modelling the future population and health need of Westminster residents	• Damian Highwood • Health and Wellbeing Board
Strategic approaches to Mental Health	To assess community provision of mental health and what agencies are doing to ensure out-of-hospital / community strategies are effective.	• CCGs

OFFLINE ITEM		
Agenda Item	**Reasons & objective for item**	**Represented by:**
Joint Strategic Needs Assessments – the Implementation of Recommendations	To review recent JSNA reports and ensure recommendations have been acted upon.	• Public Health

ROUND SIX (18 April 2016)		
Agenda Item	**Reasons & objective for item**	**Represented by:**
The Implementation of Shaping a Healthier Future	To examine progress of implementing the *Shaping a Healthier Future* reconfiguration. To also assess the specifics, with our local Borough-based Trust, about their site development and proposals.	• CCG Collaborative (Clare Parker)
Holding to account the work of the Westminster Health and Wellbeing Board including the Sustainability and Transformation Plans.	To assess and review the work of the Westminster Health and Wellbeing Board and to review performance against Health and Wellbeing Strategy. To understand the purpose	• HWB • Chris Neill- Tri

	and progress of the Sustainability and Transformation Plans in Westminster.	Borough Director of Whole System

ROUND ONE (22 JUNE 2016)		
Agenda Item	**Reasons & objective for item**	**Represented by:**
1. Reviewing the Community Independence (CIS) review 1 year on- including GP's promotion of community care services	One year on review of performance to include: • GP's promotion of community care services- committee want assurance on this • Personalised budgets and relevant KPI's	• Chris Neill
2. GP's role in reducing pressure on hospital services- to cover referrals of children to community paediatric services	To asses and review GP's awareness of and levels of referral to community services. Are GP's maximising their role in reducing pressure on hospitals? To include specifically referrals of children to community paediatric services.	• CCG's/Joint Primary Care Co Commissioning Committee

ROUND TWO (21 SEPTEMBER 2016)		
Agenda Item	**Reasons & objective for item**	**Represented by:**
1. Review Service outcomes in Public Protection following service reconfiguration	To assess a year on the outcomes for service users a year after the service reconfiguration.	• Councillor Aiken
2. Update on the work of the Safer Westminster Partnership	Annual Review as per the committee's statutory obligations	• Councillor Aiken
3. Safeguarding Adults- Annual Review to include update on Safer Recruitment.	The Committee needs to assure itself annually that the Adult's Safeguarding Review report is robust. To include safer recruitment.	•
ROUND THREE (23 NOVEMBER 2016)		
Agenda Item	**Reasons & objective for item**	**Represented by:**
1. UCC and A & E progress report from Northern Doctors	To consider a progress report and receive information on mental health specialists in A & E in ST Mary's.	•
2. Imperial- Planning Process and Strategic interests	To review and interrogate their plans.	•
3. Stress Areas for Licensing	To receive a report on current stress areas and whether any new areas are being considered	•

ROUND FOUR (1 FEBRUARY 2017)		
Agenda Item	**Reasons & objective for item**	**Represented by:**
1. End of Life Care	To assess whether services in Westminster meets best practice standards and whether funding is being spent in the most effective way. Nationally 65% of healthcare spend occurs in the last 6 months of life	•
2.Healthwatch Update		•

ROUND FIVE (29 MARCH 2017)		
Agenda Item	**Reasons & objective for item**	**Represented by:**
1. Whole School Health Services	To assess the delivery of this service including the health visitor service.	•
2. Children's healthy weight	To assess whether the Council and our partners are doing all we can to improve children's health weight in the light of the new JSNA.	•

ROUND SIX (8 MAY 2017)

Agenda Item	Reasons & objective for item	Represented by:
1. Review of core drug and alcohol services	To assess the new service one year after implementation.	• Gaynor Driscoll
2. Dementia	To examine the current provision of services for those living with dementia and their carers and understand how the service is planning for the increase in demand. 45% increase in incidence of dementia is expected over the next 15 years.	•

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

Healthwatch Westminster Updates
Round 1
Round 2
Round 4
Round 6

Visits	
S136 Suite Visit (The Gordon)	Tuesday 3rd November 2015
Rough Sleeper Count	Thursday 26th November 2015
Westminster Perinatal Service	Tuesday 5th January 2016


Work Programme
Adults, Health & Public Protection Committee
City for All

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