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City of Westminster

Committee Agenda

Title:	**Adults, Health & Public Protection Policy & Scrutiny Committee**
Meeting Date:	**Tuesday 19th April, 2016**
Time:	**7.00 pm**
Venue:	**Rooms 1A, 1B and 1C – 17th Floor, 64 Victoria Street, London, SW1E 6QP**
Members:	**Councillors:** Antonia Cox (Chairman) Barbara Arzymanow Paul Church Patricia McAllister Jan Prendergast Glenys Roberts Ian Rowley Barrie Taylor

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

Admission to the public gallery is by ticket, issued from the ground floor reception at City Hall from 6.30pm. 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.

Tel: 020 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 21 March 2016, and to note the Action Tracker.

4. CHAIRMAN'S Q&A

To receive any questions from Members of the Committee.

5. CABINET MEMBER UPDATES **(Pages 17 - 32)**

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

6. STANDING UPDATES

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

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

7. THE IMPLEMENTATION OF SHAPING A HEALTHIER FUTURE **(Pages 33 - 62)**

To examine progress towards implementing the Shaping a Healthier Future transformation programme across the NHS in North West London; and to assess the specifics, with our local Borough-based Trust, about their site development and proposals for local hubs.

8. ANNUAL WORK PROGRAMME 2016-17 **(Pages 63 - 72)**

To consider the Committee's Work Programme for the 2016-17 municipal year.

9. ITEMS ISSUED FOR INFORMATION

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

10. ANY OTHER BUSINESS

To consider any other business which the Chairman considers urgent.

Charlie Parker
Chief Executive
12 April 2016

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CITY OF WESTMINSTER

DRAFT MINUTES

Adults, Health & Public Protection Policy & Scrutiny Committee

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Adults, Health & Public Protection Policy & Scrutiny Committee** held on **Monday 21 March, 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 Rachael Robathan.

1 MEMBERSHIP

1.1 Apologies were received from Councillor Glenys Roberts.

2 DECLARATIONS OF INTEREST

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

3 MINUTES AND ACTION TRACKER

3.1 **RESOLVED:** That the Minutes of the meeting held on 27 January 2016 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.

3.3 **Matters Arising**

3.3.1 Health, Policy & Scrutiny Urgency Sub-Committee
At its meeting in November, the Sub-Committee had asked to be kept informed of progress in the procurement of a new service provider for the Urgent Care Centre at St Mary's Hospital, and on how the effectiveness and value for money of the

services had improved under the new contract. A new service provider had now been appointed, and the Committee agreed that the Chief Executive of St. Mary's would be asked to provide an update on the procurement process, together with details of the benefits that were being gained in relation to the A&E service. Members also noted that the draft Minutes of the November Sub-Committee would be reviewed, and that an item on the performance of A&E and Urgent Care at St. Mary's had been added to the Work Programme for the September meeting. Janice Horsman (Healthwatch Westminster) confirmed that Healthwatch would continue to monitor patient experience at the Urgent Care Centre.

3.3.2 Mayor's Office for Policing & Crime (MOPAC)

Committee Members expressed concern that the report on the MOPAC Policing Model which was to have been considered at the current meeting had been withdrawn from the Agenda. The Chairman confirmed that she would be meeting with MOPAC on 11 April to discuss the role of the local authority, and would report back to the Committee at its next meeting on 19 April.

3.3.3 Children's Commissioner

The Committee noted that a follow-up letter had been be sent to the Children's Commissioner regarding the risks associated with the discharge of vulnerable young people from hostels to private rented accommodation across London. Although the Commissioner had subsequently responded and had expressed interest in Westminster's work, Committee Members considered that little progress had been made, and expressed concern over the delay in implementation of the City Council's recommendation.

4 CHAIRMAN'S Q&A

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

5 CABINET MEMBER UPDATES

5.1 Cabinet Member for Adults & Public Health

5.1.1 The Committee received a briefing from Councillor Rachael Robathan (Cabinet Member for Adults & Public Health) on key issues within her portfolio, which included progress in the delivery of the Community Independence Service; implementation of the contracts for the Homecare Service; and an assessment of Key Service Performance Indicators. Members were also informed of the new requirement to draft a five-year Sustainable Transformation Plan that would deliver a joint Health & Care Strategy for North West London, and form the basis of a Health & Care Plan for Westminster.

5.1.2 The Committee discussed the Better Care Fund and the savings that could be made to hospital resources through the discharge of patients over the weekend, and noted that a 24/7 discharge team had been in operation for the past year.

5.1.3 The Committee also discussed the Key Performance Indicators relating to delayed transfers of care that had been included in the Cabinet Member's report, and noted the impact caused by the ongoing lack of facilities for patients who were suffering from dementia. The City Council had been considering how housing stock could be made more dementia friendly when void properties were refurbished, and it was noted that the Committee would consider the provision of dementia supportive environments which could assist hospital discharge at the June meeting, as part of the review of the Community Independence Service.

5.1.4 Members commented that Ward Councillors in Harrow Road, Queens Park and Westbourne had concerns about how the new Drug and Alcohol Service was being put in place, and what it could mean to Westminster's residents. The Cabinet Member agreed that the launch events needed to be publicised, and agreed to look further into what was being done.

5.1.5 Committee Members also requested details of the sexual health services that were currently being provided in Westminster, together with details of their location and how they were staffed and funded. The Cabinet Member agreed to provide a written response to the request, which had been made following an initial enquiry from a provider who wanted to provide a clinic in a new community facility.

5.1.6 Other issues discussed included the expectation that staff would be paid the London living wage under the Homecare contracts; the provision of pharmacies in Westminster and their role in the community; childhood healthy weight; and the contract for the provision of Health Visitor services.

5.2 Cabinet Member for Public Protection

5.2.1 The Committee received a written briefing from Councillor Nickie Aiken (Cabinet Member for Public Protection), on key issues within her portfolio, which included Community Cohesion, rough sleeping, and the evening and night-time economy.

5.2.2 Committee Members commented on the apparent escalation in stabbings within Westminster, and expressed concern over the initial response from the police. Members commended the action that had been taken by youth workers who had assisted one of the victims, and agreed that the Cabinet Member would be asked to comment on the most recent incidents.

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

6 STANDING UPDATES

6.1 Committee Task Groups

6.1.1 The Committee discussed the progress of its current and forthcoming Task Groups, which included Trafficking in Westminster and the Imperial Transport Strategy Group.

6.1.2 The Trafficking single Member study had been focussing on East European trafficking in Westminster and the service industry, and had highlighted the difficulty in obtaining information. The number of incidents that were reported to the national referral unit was also considered to be a small fraction of what was taking place, as people had to be willing to be referred. Over the previous year, one adult and one child from Westminster had been referred to the national unit. The study had suggested that not enough was being done by the Government towards separating workers' visas from their employers, and the Committee noted that lobbying for a change of visa regime for the service industry had been largely unsuccessful. Committee Members also noted that the Human Trafficking Foundation would be mapping borough activity later in the year.

6.1.3 The Imperial Transport Strategy Group was currently waiting for confirmation of how Imperial's five sites would be configured before a structured plan could be made for the patient transport and ambulance services. Committee Members highlighted the need for strategic planning to include all stakeholders and not be done in isolation. Members also noted on-going concerns over the effectiveness of the current Dial-a Ride contract which had been renewed for two years, and sought reassurance that the contract had been improved.

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 strengthening local borough links and improving engagement, with the possibility of hosting more open 'assembly' meetings on specific issues of concern; and seeking to align Healthwatch strategic priorities for health and wellbeing with those of the local authority. Healthwatch had also formed positive contacts with the new providers of Homecare, and would be monitoring the experience of service users and how the new contract arrangements were working. Although some concerns had been raised over the single point of access for the new mental health service, Healthwatch acknowledged that patient experience was still at the early stages and would be reporting on this in future.

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

7 STRATEGIC APPROACHES TO MENTAL HEALTH

7.1 In response to a request made in the Work Programme, the Committee received a general report on the community provision and effectiveness of mental health services in Westminster; and on what was being done by the relevant agencies to ensure that Out of Hospital and community strategies were effective in keeping people out of hospital. The Committee heard from Dr Fiona Butler (Chairman, West London CCG); Glen Monks (Associate Director for Mental Health, West London CCG); Louise Proctor (Managing Director, West London CCG); and Philippa Mardon (Deputy Managing Director, Central London CCG). The Committee noted that although the report had focussed mainly on adults, mental health issues relating to children and adolescents were also being reviewed, and were being considered separately by the Health & Wellbeing Board.

7.2 The North West London 'Like Minded' strategy had set out a case for changing the way support to people with mental health needs was commissioned and provided, and aimed to help them recover and live well. Westminster had a relatively high prevalence of mental illness, with particular challenges arising from a high homeless population and proximity to transport hubs, which in turn had resulted in a well-developed primary care network out of necessity. Wider determinants such as housing, education, welfare and employment could also make a difference to people's mental health. The Committee noted that other specific developments which sought to improve outcomes for people with mental health conditions included the national Crisis Care Concordat; the CNWL Single Point of Access for referrals into secondary care; and the Tri-borough Suicide Prevention Strategy.

7.3 The Committee discussed the community response, which aimed to help keep people out of hospital and in their own homes whenever appropriate and possible. Members acknowledged that housing conditions and difficulties could affect mental health and trigger a crisis, and highlighted the increase in the number of people with enduring mental health conditions applying for Discretionary Housing Payments.

7.4 Committee Members sought reassurance that the CCGs were working with housing providers to help manage and signpost residents who had mental health issues, and noted that Westminster's CCGs were currently working with Central North West London Foundation Trust to develop a training programme for Housing Officers and Housing Associations. It was also noted that Housing Managers could make referrals for tenants who had mental health issues.

7.5 The Committee highlighted the value of early intervention, and noted that 75% of adults with mental health conditions could have been diagnosed and treated when they were aged between 14 and 18. Children with parents who had mental health issues were ten times more likely to develop problems of their own, and

Committee Members highlighted the importance of networking with schools and the support that could be offered by youth workers.

7.6 The Committee discussed the response of the Police to mental health incidents. Westminster's CCGs confirmed that a single point of access had been introduced in November 2015 which was available at all times, and which enabled the Police to obtain live advice about a patient from an expert clinician, or to request an assessment. The single point of access that was being offered for mental health services also provided for self-referral across all age groups.

7.7 Committee Members discussed the reported incidents given in the report, and commented on the difficulty in obtaining accurate and comprehensive data, particularly from some minority ethnic groups that may not report mental health issues. Members highlighted the need for cultural attitudes towards mental health to be considered when planning services, and suggested that a mapping exercise was needed which would take into account additional socio-economic factors such as ethnicity and deprivation.

7.8 Other issues discussed included the understanding of personality disorders and the need for therapeutic settings outside of the prison service; the link between alcohol, drugs and mental health; and dementia awareness training.

7.9 The Committee thanked Westminster's Clinical Commissioning Groups for attending the meeting and for their useful contributions.

8. PRIMARY CARE MODELLING PROJECT

8.1 Following the closure of a number of GP surgeries, it was recognised in order to be able to commission quality primary care services for residents in the future the current demographic profile of Westminster and how it will look by 2030 would need to be understood and taken into account. Damien Highwood (Evaluation & Performance Manager) accordingly presented a report on progress in the Primary Care Modelling Project, which was being developed jointly by the health service and local authority to shape our understanding of the future burden of needs arising from issues such as cancer and dementia. The modelling would also inform the decision making of the City Council and NHS Joint Primary Care Co-Commissioning Committee.

8.2 The Clinical Commissioning Groups (CCGs) would be providing data on the variants between the resident based population and GP registered population, which included people who did not live in Westminster. Committee Members noted that the GP population was higher than the number of residents and continuing to rise, which could present a challenge when seeking to provide joined-up services. Westminster's CCGs would also be providing data on disease burdens at different ages at a local level, which could enable assumptions to be made about future levels of childbirth and housing needs.

8.3 Committee Members also discussed the provision of hubs and the need for balance in providing services across the borough; and acknowledged the role of pharmacies, and highlighted the support which they could offer to people with long-term conditions.

9 REGULATION OF INVESTIGATORY POWERS ACT 2000 (RIPA)

9.1 The process for the City Council to carry out surveillance and investigation under the powers given to public bodies by the Regulation of Investigatory Powers Act 2000 (RIPA) had changed since last being reviewed in 2013, and Westminster's current RIPA policy and process needed to be updated, together with the list of authorised officers who also needed to receive training. Joyce Golder (Principle Solicitor, Tri-Borough Legal Services) accordingly presented the revised RIPA Policy Document and Procedure Manual, for initial comment by the Committee before being submitted to the Cabinet Member for Public Protection for formal approval. Members noted that City Council most commonly sought RIPA approvals for directed surveillance by Trading Standards, and that the Committee had received an update on recent use at its last meeting on 27 January 2016 (Minute 8).

9.2 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. Committee Members also noted that consideration would be given to the Policy being further revised to include social media and networking, together with 'non-RIPA' activity such as the hiring of private investigators in support of work being undertaken by social services.

9.3 **RESOLVED:** That the amended RIPA Policy document and Manual be endorsed, and submitted to the Cabinet Member for Public Protection for formal approval.

10 WORK PROGRAMME 2015/16

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

10.2 Further issues suggested for the future included MOPAC funding and priorities after 2017, the Shield pilot, and the Better Care Fund.

10.3 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.

11 ITEMS ISSUED FOR INFORMATION

11.1 **Tuberculosis**

At the Committee's request, Members received a briefing paper on the rise of Tuberculosis (TB) in Westminster, together with details of trends, origins, and containment. The Committee noted that the issue of tackling the prevalence of TB had been taken up by the London Assembly Health Committee, and that the subsequent recommendations from the Mayor of London and Public Health had been for a London-wide response. Committee Members also noted that a vaccination programme for new-borns and infants had commenced in April 2015.

The Meeting ended at 9.30pm.

CHAIRMAN:_____ DATE:_____

Actions Arising	
Item 5 **Cabinet Member Updates**	The Cabinet Member for Adults & Public Health to review the publicity given to the launch events for the new Drug and Alcohol service.
Item 5 **Cabinet Member Updates**	The Cabinet Member for Adults & Public Health to provide details of the sexual health services that were currently being provided in Westminster, together with details of their location and how they were staffed and funded.
Item 5 **Cabinet Member Updates**	The Cabinet Member for Public Protection to comment on the recent stabbing incidents.

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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 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.	To be covered between the Shaping a Healthier Future update at the April meeting, and the Health & Wellbeing Board strategy and the sustainability and transformation plans in June.
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	Completed.

	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.

ROUND FOUR (21 March 2016)		
Agenda Item	**Action**	**Status**
Item 5 - Cabinet Member Updates	The Cabinet Member for Adults & Public Health to review the publicity given to the launch events for the new Drug and Alcohol service.	Response included in the Cabinet Member update given at the April meeting.
Item 5 - Cabinet Member Updates	The Cabinet Member for Adults & Public Health to provide details of the sexual health services that were currently being provided in Westminster, together with details of their location and how they were staffed and funded.	Details included in the Cabinet Member update given at the April meeting.

Item 5 - Cabinet Member Updates	The Cabinet Member for Public Protection to comment on the recent stabbing incidents	Completed.

Adults, Health & Public Protection Policy & Scrutiny Committee

Date: **Tuesday 19th April 2016**

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

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

1 Community Cohesion

1.1 A meeting has been set up to fully draft the terms of reference. This will take place on the 27th April. The main output for the Commission will be a Community Cohesion framework implemented by the Council and our local partners. To develop this framework the Commission will take an evidence based approach to understand the barriers to cohesion, engage with stakeholders to inform recommendations and prepare a report for consideration.

1.2 This work will position the Council well to respond to the national review currently undertaken by Louise Casey (Director General, Troubled Families) at the Department of Communities and Local Government.

2 Rough Sleeping

2.1 The Rough Sleeping team are in the process of reviewing our street outreach models; this entails analysing outcomes, outputs, cost and flexibility. They were commissioned almost three years ago and the model requires some changes due to the changing demographics that teams are seeing on the streets and the fluctuations of nationalities, street based behaviour and partnerships required to address it.

2.2 The partnership between Growth, Planning and Housing and City Management and Communities to address rough sleeping and importantly, the street based anti-social behaviour (ASB) that can accompany it has developed a new 'day team' approach. A worker from the Westminster Hot Spot team has been

seconded part time to join City Management to support bringing together of social care response with enforcement from City Inspectors and the Neighbourhood Problem Solving Coordinators against day time street based activity. This work will focus on key areas that have seen sustained increases in day time ASB.

3 Tents on the Public Highway

3.1 Regular operations are underway to remove tents on the public highway, in some cases these have been used for various forms of ASB, drug use and as open toilets. City Inspectors, Metropolitan Police Service (MPS), Outreach hotspot team from St Mungo's Broadway and Veolia are attending sites and removing tents from locations. The majority of tents are being removed using section 143 of the Highways Act, where a 30 day notice of removal has been previously served. In cases where there is a dangerous obstruction to the highway, tents can be moved without delay; under section 149 of the Highways Act and a number have been removed in this way.

4 Begging

4.1 Joined up approaches to addressing issues of begging are now well underway with improved intelligence sharing between MPS, Immigration Services, City Inspectors and Rough Sleeping teams. Over the last four weeks there has been an anti-begging operation within three identified areas of the City using the new ASB tools under the ASB and Policing Act 2014. This has targeted 'career beggars' in hot spot areas. The operation started in the South around Victoria Street and the coach terminus and it then moved to the Edgware Road in the North and Strand/Charing Cross in the Central area.

4.2 The initial figures show that 93 ASB interactions were made by City Inspectors from Residential Services and the 24/7 teams. There were 31 interactions in the South; 45 in the North and 17 Central. This has resulted in 64 Warning Notices being issued; 18 Community Protection Notices (CPN) and 11 statements of evidence breached of the CPN. Persistent offenders are being identified for further action through Immigration services, where appropriate, and the Courts. There were a number of nationalities engaged with and the two largest groups were United Kingdom (27) and Romanian (49).

4.3 City Inspector teams are also increasingly coming into contact with more vulnerable rough sleepers, some of whom are also begging, and they are signposting to outreach services. An officer from St Mungo's Broadway Hot Spot team will be working alongside City Inspectors over a six month period, from April, to support approaches to dealing with this cohort, during day time hours.

5 Street Performing

5.1 Officers have been working with closely with the Greater London Authority (GLA) to improve information sharing and reduce the number of blockages. A member from the Busking Liaison Officers and a Council officer have been nominated to work together to develop process that will see improved information sharing and the use of complaint data as well as more focussed joint activity against the more problematic buskers.

5.2 Officers have attended a regular busker meeting and it has been agreed that our attendance will continue. This will help foster relationships between street performers and the Council, dispelling rumours and providing an opportunity to cascade the Council's expectations. Most responded positively to our dialogue and understood our method of enforcement.

5.3 Four pitches for statues have been established on the north terrace of Trafalgar Square and this has been running with a permit system since mid-March. The GLA expect a permit system for the remainder of the square will be up and running by the end of May. I have written to Munira Mirza, the Deputy Mayor for Culture and Education, relaying my desire for these pitches to be in place by the end of May.

6 The Evening and Night Time Economy

6.1 I am planning on hosting a roundtable with representatives from the Night Time Industry at the end of May to discuss my proposal for a Westminster Licensing Standard. In preparation for this I am meeting with representatives separately in the run up to May to gauge their interest. I have met with representatives from SAB Miller, The British Beer and Pub Association and the Night Time Industries Association. In the next couple of weeks I am meeting with Novus Leisure, the Portland Group, Mitchell & Butler and Heaven night club, so far feedback has been positive.

6.2 On 12th April I attended the first meeting on the Night Time Commission. The Commission has been set up to review London's Night Time Economy and bring together a London wide strategy. The Commission will provide recommendations to the Mayor of London in the autumn and have commissioned the music based consultancy, Sound Diplomacy, to reach and develop evidence based policy. I asserted the view that Local Authorities are best placed to regulate the Night Time Economy due to their understanding of the area and local knowledge as well as highlighting that the correct processes are in place to review and scrutinise the Night Time Economy. Although taking a look at the pan London scale will provide some useful insight. I will keep the Committee updated as to the findings and the discussions.

7 Local Area Risk Assessment for Gambling

7.1 As of 6th April Local Risk Assessments for gambling premises came into effect. 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.

7.2 The Council has now published its guide on local gambling risk assessment. The guidance has been developed to assist gambling operators in undertaking and preparing their local risk assessments.

8 Statement of Licensing Principles for Gambling

8.1 Stage Two of the Statement of Licensing Principles for Gambling is underway with the revised Statement being published later this year. It will include Local Area Profiles which will provide information on the Council's concerns associated with localised gambling related risks.

City of Westminster

Adults, Health & Public Protection Policy & Scrutiny Committee

Date:	**Tuesday, 19th April 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 requested at the last committee, officers have provided Cllr Prendergast with a written note with details of our sexual health services. This is attached in Appendix A for the Committee's reference.

1.2 The substance misuse launch events that I discussed with Members at the last meeting have been deferred due to purdah restrictions. However, as discussed, these launch events will be publicised once they are arranged so that residents and Members can attend. Officers will also arrange targeted information sessions with Scrutiny and Health and Wellbeing Board members once the purdah period is over.

1.3 Owing to the short time-span between the March and April Committee meetings, an updated key performance indicator (KPI) analysis of significant Adult Social Care (ASC) and Public Health programmes is not yet available. However, an updated analysis will be available for the next Committee meeting in June. The KPI analysis that was provided in my last report is attached in Appendix B for the Committee's reference.

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 to develop the BCF plan for 2016/17 continues, with a target completion date of 25th April. The plan is largely based on the continuity of schemes and funding, placing continued emphasis on reablement and supporting health and social care integration.

2.3 The joint commission of the CIS service is now well underway with the Invitation to Tender published and bids to be returned by 15th April 2016. The scope of the service will be dependent on the quality of bids that are submitted.

2.4 The roll out of the multi-disciplinary hospital discharge service will be completed by end of April 16. 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 be completed by end May 2016. The business case for wider rollout of the hospital discharge model is developing well with support from the Department of Health and funding contributions from wider local authority partners now confirmed.

Home Care Procurement

2.5 50% of customers have now been transferred to the three patch home care providers. Though it is difficult to specify a date for the completion of the transfer because of the external variables that we are dependent on, it is anticipated that the vast majority of the customers will be transferred to the new providers in these patches by the end of July. We continue to work closely with providers to support them through this process.

2.6 The closing date for the five providers that have been invited to tender for the North West Westminster patch to submit their bids is 12th April. The bids will then be evaluated, with the officer recommendation of award expected to be known by the end of May. It is hoped that we can award the contract by early July.

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, work on mobilising Butterworth is progressing. Athlone House had a very positive inspection by the Care Quality Commission and achieved an overall rating of 'Good'. Both Athlone and Garside House received Gold Standards Framework re-accreditation both with 'Commend' status. The environments at Carlton Dene and Westmead are much improved due to investment in new furnishings aimed at enhancing the experience of residents and their family members.

2.9 In Phase Two, a Project Manager has been appointed to co-ordinate activity and drive the programme forward. ASC and Central London Clinical Commissioning Group (CLCCG) have been refreshing their needs analysis to ensure we have an up-to-date picture of current need and future projections to work with. Work on design principles for the first new service has commenced and this will inform any designs submitted for planning permission.

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 principles for the new service to be in place by the end of 2017. The current contract with Central London Community Healthcare (CLCH) runs until October 2017.

3.2 The current contract with CLCH for the School Nursing is being extended until March 2017. This will ensure continuity of service whilst the procurement of a new School

Health Service is completed. The new School Health Service is currently out to tender and the deadline for submission of bids is 8th April 2016.

Childhood Obesity

3.3 A 'one year on' report outlining the achievements of the Tackling Childhood Obesity programme is on track to be finalised by the end of April. Highlights of the report include new family healthy weight services in place since September 2015, supported by effective customer journey and a referral toolkit. Recruitment to and utilisation of these services by families is on track to achieve annual targets. Good progress has been made by other council departments such as environmental health and housing to achieve their proposed plans to tackle childhood obesity.

3.4 We are actively evaluating all activities to engage further council departments in this programme and planning for the future. Proposed activities for next year include increased access to drinking water, establishing a social supermarket in the Borough and further work with environmental health to imbed a healthier catering commitment.

3.5 The Childhood Obesity JSNA has been finalised and ratified by the Health and Wellbeing Board.

Community Champions

3.6 The existing projects (Church Street and Mozart) are being extended for another three years so that they run for five years in total. They continue to be successfully delivered.

3.7 New projects (Harrow Road, Westbourne, Churchill and Tatchbrook) are being implemented to schedule.

3.8 Partnership links with West London Clinical Commissioning Group (WLCCG), CLCCG and Housing Associations are being developed to secure additional resources, extend the outcomes and maintain project viability.

Sexual Health

3.9 The redesign and re-procurement of the adults community sexual and reproductive health services continues to be progressed to target with tender documentation being published on Friday. These will be accessible for an extended period of 58 days to enable smaller local organisations to get the support they require to submit competitive bids.

3.10 The third phase of the London wide transformation programme of Genito Urinary Medicine (GUM) services continues to progress well and our sub-region will be publishing its tender documents in May. The London wide procurement of web based initiatives and notification system that will support the redesigned GUM system will also be tender led through Camden on behalf of London boroughs.

Stop Smoking

3.11 An additional 437 people have set quit dates since January meaning that, in total, 2650 people set quit dates by the end of March. The total number of quitters has gone up from 817 in January to 1068 at the end of March.

3.12 We are developing a relationship with the Borough Fire Commanders. The areas of interest are around coordinating fire-prevention messages, referring people to stop smoking services and providing training to Level 1 Stop Smoking Training to London Fire Brigade volunteers.

Substance Misuse

3.13 A revised core drug and alcohol service has commenced and a programme of information sessions for key stakeholders is planned for early May. Launch events have been deferred due to purdah restrictions. The new providers are continuing to work with commissioners to ensure the impact on service users is kept to a minimum. Early indications are that the transfer has gone smoothly.

3.14 A new dual diagnosis service model is to be implemented and recruitment to the team is underway. This is a joint initiative with CNWL and will span both Westminster and Kensington and Chelsea.

3.15 The Public Health England Health Premium Incentive Scheme bonus was awarded on 30th March and Westminster achieved the required threshold for an additional Public Health grant payment based on the successful completion of drug treatment where we are in the top quartile nationally.

Supported Employment

3.16 Since my last report to the Committee, 9 additional residents have been supported into 10 supported employment placements; of which, 4 were paid opportunities. 1 of these candidates is in both paid and work experience opportunities as part of their career development. Therefore, in total, between April 2015 and March 2016, the programme has supported 35 individuals into 36 work experience, volunteering and/or mentoring placements. 26 people of this number have been supported into paid supported employment opportunities.

4 Health and Wellbeing Board

Board Meetings

4.1 The Board last met on 17th March 2016. The Board discussed the refresh of the Joint Health and Wellbeing Strategy and received an update on the North West London Sustainable Transformation Plan (STP). The board also discussed Children and Young People's metal health transformation plan for North West London and an item on Innovation in Raising Parental Employment Rates.

4.2 The next Board meeting will take place on 26th May. The meeting will focus on reviewing and refining the draft Joint Health and Wellbeing Strategy in preparation for public consultation June.

Joint Health and Wellbeing Strategy Refresh

4.3 In 2013, the Health and Wellbeing Board published its first joint health and wellbeing strategy, *Healthier City, Healthier Lives*. The strategy set out a high level vision where *"all people in Westminster are able to enjoy a healthier city and a healthier life."* The strategy has helped to deliver a 21.1% reduction in emergency admissions for acute conditions between 2010/11 and 2014/15. Other achievements include increasing the population of older people able to remain at home after discharge from hospital from

85% in 2010/11 to 88.2% in 2014/15. Supporting independent living will continue to be theme for the Board in developing future policies and programmes of work.

4.4 Building on the achievements of the current strategy, the Board is currently refreshing the policy to reflect the changing population needs and align with national requirements around achieving an integrated local health and care system. At a Board workshop on 5th April Members agreed a vision, key themes and desired outcomes for the strategy. The outcomes of this workshop will inform two subsequent workshops: one for commissioners and service managers on 13th April and a further workshop on 21st April with patient and service user representatives.

4.5 A draft strategy is expected to be ready by the end of June 2016 in parallel with the sub-regional STP deadline to ensure co-ordination across the local authority and health partners.

Primary Care Modelling Project

4.6 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.

4.7 Officers have developed a model to enable the mapping and projection of demographic groups and the corresponding disease burden. Council and CCG officers are currently aligning the data assumptions.

5 Health

Healthwatch Westminster

5.1 The procurement of Healthwatch services has now successfully concluded and the new contract starts in April 2016. An interim Director is in place to oversee the transition of Healthwatch becoming independent from Hestia. Discussions are commencing to review the existing performance management framework.

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 to ensure we make the best use of all the resources at our disposal and 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.

6.3 The last meeting focused on the Older Peoples work stream where work is being undertaken to map the full range of services for older people in the Borough and establish from which buildings and sites these services are being offered. In conjunction with this, a review of our four existing Older Peoples hubs is being conducted to establish where improvements can be made and ensure any duplication with other services are identified.

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 – Note to Cllr Prendergast

Dear Cllr. Prendergast,

Further to your request for information on "what and where our existing sexual health services are with details of what services are available at each" I refer you to Table 1 below which gives the current community based sexual and reproductive health services commissioned by Westminster City Council excluding Genito-Urinary Medicine (GUM) services. Since the transfer of Public Health to local authorities, we are now responsible for commissioning:

- comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP additionally-provided contraception
- sexually transmitted infections (STI) testing and treatment, chlamydia screening and HIV testing
- sexual health aspects of psychosexual counselling
- specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies.

The majority of the local provision is not based in specific sites but operates through satellite clinics and outreach. The tri-borough People First website would usually hold further details of Sexual Health services however this is currently being updated to reflect recent changes since a number of contracts have come to an end this year.

Table 1 (Current Services):

Community and Sexual Current Provider	Current Initiative	Organisation websites
Body and Soul	Peer led support for HIV self-management	www.bodyandsoulcharity.org
Central London Community Healthcare	Community Sexual and Reproductive Health Services-clinical interventions	www.CLCH.nhs.net
EPIC	Outreach targeted at young people around all aspects of their sexual health	www.epiccic.org.uk
Living Well	HIV Self-Management and Prevention	www.livingwellcic.com
Metrosexual Health	Co-ordination and screening of the Chlamydia National Screening Programme	www.metrosexualonline.org
Metrosexual Health	Queens Park Sexual Health Service	www.metrosexualonline.org
NAZ	Targeted BME Sexual Health promotion and HIV Prevention	www.naz.org.uk

Community and Sexual Current Provider	Current Initiative	Organisation websites
Terrence Higgins Trust	Harm reduction and outreach support services targeted at high risk groups	www.tht.org.uk
Various laboratories	Kits, websites and test results for all Sexually Transmitted Infections Tested for within the borough	-
Youth Projects International	Targeted outreach to young people provide HIV prevention messages	www.ypint.org
CAB Citizens Advice Bureau	Advice on a range of issues for people living with HIV	www.hfcab.org.uk

The reprocurement of the community sexual and reproductive health provision is underway and Table 2. below shows those areas of work included in the service redesign.

Table 2 (Proposed outline of new service):

Community Sexual and Reproductive Health Services - Adults	Community Sexual and Reproductive Health Services - Young People	Peer review and Involvement
Service specification to include specialism around:	*Service specification to include specialism around:*	*Service specification to include specialism around:*
Contraception	Contraception	Peer support people living with HIV
Promotion of good sexual health	Promotion of good sexual health	Peer led initiatives for those with an STI diagnosis.
Specific targeted high risk cohorts	Sexually Transmitted Infection testing (including HIV)	
Sexually Transmitted Infection testing (including HIV)		

In addition to the services outlined in Table 1 we commission mandatory GUM services that are open access. There are 34 open access GUM units across London and Westminster is host to three GUM units: St Mary's Paddington; 56 Dean Street and Dean Street Express. These offer comprehensive prevention and screening services and a partner notification service. Our residents access services across the country and other London boroughs. We fund all residents of Westminster wherever they access GUM services.

If you need any further information please do not hesitate to ask.

Yours sincerely,

Gaynor Driscoll

Public Health Head of Commissioning

Substance Misuse, Sexual Health and Offender Health

Appendix B – Key Performance Indicator

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

Adults, Health & Public Protection Policy & Scrutiny Committee

Date:	19th April 2016
Classification:	General Release
Title:	**The Implementation of Shaping a Healthier Future**
Report of:	Clare Parker –CCG Collaborative Mick Fisher- Imperial College Healthcare NHS Trust
Cabinet Member Portfolio	Adults and Public Health
Wards Involved:	All
Policy Context:	City for Choice
Report Author and Contact Details:	**Muge Dindjer x2636** **mdindjer@westminster.gov.uk**

1. Executive Summary

1.1 The Committee wished to examine progress towards implementing the *Shaping a Healthier Future (SaHF)* transformation programme across the NHS in NW London. The Committee also wished to assess the specifics, with our local Borough-based Trust, about their site development and proposals about the local hubs under development. This report therefore comes in two parts; the first assessing over all progress towards implementation of SaHF and the second focusing on Imperial College Healthcare NHS Trust.

1.2 Committee are also asked to note that this report goes some way towards this committees previous request to be informed of the local trusts plans for change and strategic aims, and on proposals for the associated consultation with the City Council, for circulation to Committee Members.

1.3 SaHF is the overarching strategy for North West London-wide strategic planning, covering primary care, out of hospital and in hospital services for the population of Brent, Hillingdon, Ealing, Harrow, Central London(Westminster), Hammersmith and Fulham, Hounslow and West London (Queens Park and Paddington and Kensington and Chelsea) CCG's. The first report highlights progress in these areas, identifies priorities for 2016/17 and provides an update on the Implementation Business Case (ImBC). The purpose of the

ImBC is to set out the capital requirements associated with SaHF for nine hospital sites in NW London and local service hubs, and to improve primary care premises across NW London. It describes the need for change.

1.4 The second part of the report is provided by Imperial College Healthcare trust and focusses down on progress and future plans at St Mary's and the Western Eye Hospital.

2. Key Matters for the Committee's Consideration

2.1 The Committee may wish to consider whether the report responds sufficiently to the specific concerns expressed by some local stakeholders:

- Can local services deliver at the scale needed?
- Will we be able to close beds and still manage demand?
- How are we reflecting changes in population and activity and
- What is happening with the Implementation Business Case?

If you have any queries about this Report or wish to inspect any of the Background Papers please contact Muge Dindjer x2636 mdindjer@westminster.gov.uk

APPENDICES:

Appendix 1- Update on progress with the Shaping a Healthier Future transformation programmes across the NHS in NW London plus update on local progress. Briefing Pack .April 2016.

Appendix 2 – Report form Imperial College NHS Healthcare Trust.

Update on progress with the Shaping a Healthier Future transformation programme across the NHS in North West London plus update on local progress

Briefing pack

April 2016

This pack includes:

Summary of SaHF strategy

Out-of hospital care

- overview
- update on primary care
- local developments – integrated care and local services

Implementation Business Case (ImBC) – update on progress from the five key areas of the ImBC

- strategic case
- economic case
- financial case
- commercial case
- management case

Annex A – Planned hubs across North West London and Central London CCG

Shaping a Healthier Future (SaHF) programme

Summary

It is now two and a half years since the Secretary of State for Health accepted the findings of the Independent Reconfiguration Panel and authorised the implementation of Shaping a Healthier Future (SaHF). During that time we have made a number of changes to acute service configurations to address known areas of clinical risk, notably the closure of the A&E departments at Central Middlesex and Hammersmith Hospital, and the closure of the maternity delivery unit at Ealing Hospital. Through these changes we have improved the access to urgent care services and increased the numbers of emergency department consultants at St Mary's Hospital and Northwick Park Hospital; and we have improved community maternity services, implemented patient choice and improved care pathways for antenatal care and improved consultant and midwife numbers at the other six units.

We have made progress with our local services strategies (previously known as out of hospital), putting new primary and community capacity in place to support patients in their own home and are working on the implementation business case (ImBC) to secure capital to support the remaining changes.

Recent discussions with stakeholders have shown that while there is widespread understanding of, and support for the case for change and the principles that underpin it, there is also anxiety about a number of issues: can local services deliver at scale; will we be able to close beds and still manage demand; how are we reflecting changes in population and activity; what is happening with the implementation business case. The purpose of this briefing is to provide some information to help answer these questions and allow a more detailed discussion than is often possible in other settings. We have focused on three areas:

- the structure and purpose of the ImBC
- how we are ensuring the ImBC is up to date and reflects current conditions.
- our local services strategy

To recap, SaHF is the overarching strategy for North West London-wide strategic planning, covering primary care, out-of-hospital and in-hospital services for the population of Brent, Hillingdon, Ealing, Harrow, Central London (Westminster), Hammersmith & Fulham, Hounslow and West London (Queens Park and Paddington and Kensington and Chelsea) CCGs.

SaHF is a clinically led and clinically driven programme to improve quality, outcomes and safety for our population. The clinical basis for SaHF is that for the people of North West London, care should be:

- localised where possible
- centralised where necessary
- Integrated across health and social care.

As set out in the decision making business case (DMBC) agreed in 2013 by the joint Committee of Primary Care Trusts in North West, this will be best delivered by expanding services outside of hospital with acute care delivered from five major hospitals, two local hospitals, one specialised hospital and one local / elective hospital.

We are progressing through local services improvements (more from page 5), a capital plan through the ImBC (see pages 9 onwards) and pan-North West London work in improving quality whilst reducing variation and increasing value for money.

Current estimates show that failure to implement SaHF would lead to:

- an estimated £500m gap across the region
- patients not receiving planned clinical benefits and longer waits for diagnosis and treatment
- all trusts and CCGs in deficit and an £834m maintenance backlog not addressed.

National context

Throughout the NHS, there is recognition that the demands of an increasingly elderly population, and the high levels of long-term co-morbidities can only be met with a radical restructuring of services similar to those defined in SaHF. When the programme was initiated, North West London was one of the few areas to commit to achieving this at the ambitious scale and pace required. It was also amongst the early areas to adopt the revised policy emphasis of greater collaboration between NHS partners, in contrast to the previous priority for competition. To help with this, it was able to draw on the valuable learning from London's programmes, such as the reconfiguration of stroke services – a major triumph for clinically driven transformation.

The direction of travel for the NHS is to provide more care in the community, supported by acute hospital care which is modern, the right size and properly resourced. SaHF is fully aligned with the NHS Five Year Forward View and other national work around improving quality, such as the Keogh plans on seven-day working and future shape of emergency departments.

Patient benefits

The DMBC said "it is estimated around 130 lives could be saved across North West London every year if mortality rates for admissions at the weekend were the same as during the week". However, we have since reviewed the further benefits that could be achieved by integrating care and managing care in a more proactive way. This modelling has been updated for the ImBC. It should be noted that these figures are subject to change, but our current modelling indicates that there is potential to save more than 300 lives per year and provide up to an extra 3,300 QALYs (Quality Adjusted Life Years, measuring years of life in perfect health), to constituents by improving the quality of their care and reducing the impact of illness and disease (more on page 14).

Local services

Our strategy for implementing out-of-hospital care is based on improving the quality of care for individuals, carers and families, empowering and supporting people to maintain independence and to lead full lives as active participants in their community.

In the DMBC, we committed to £190m additional annual recurrent spend on local services; £180m capital for hubs and other sites (up to three per borough) and more than 550 additional staff. It is estimated that more than £90m has been invested in local services so far up to March 2015. This involves:

- moving care closer to home
- joining up GP, community, hospitals
- mental health and local authority care
- basing our new models of care around needs of local populations
- increasing access to GP and community services and making sure everyone receives the same level of care.

We have shaped our work based on learning from previous integration work in North West London, and using national and international evidence. This clearly points to the importance of having a whole system approach and has led to local services being built around four key principles for intervention:

- self-empowerment and education for patients
- multidisciplinary teams
- care coordination
- individualised care plans.

Evidence shows that these can also have a marked impact in reducing hospital admissions and work best when co-designed with patients.

Our out-of-hospital strategy has therefore developed into two main strands – the transformation of primary care and our Whole Systems Integrated Care programme, which has led to North West London being named as a national integrated care pioneer. Further progress in local services, including GP access and local and integrated service development, is set out below.

Progress since 2013 – GP access and services

The key principle of our primary care transformation programme is to ensure equity of access to services for the whole CCG population. This removes the current postcode lottery where patients access different services based on what their local practice provides, It also ensures consistency of service out of hospital, making it safer and easier for acute trusts to hand care back to GPs.

To support this principle and help localise care where possible, all practices in North West London now work in federations to improve access and the range of services offered. If a patient's practice doesn't offer a particular service, in many areas the patient can now book an appointment at another local practice within the same

federation.

In addition, we have made significant investments in IT so that all practices are now working on single IT systems within their CCG, with practices in Central London, West London, Hammersmith & Fulham, Hounslow and Ealing all using SystmOne and practices in Brent, Harrow and Hillingdon using EMISweb – enabling GPs and nurses to share a patient's record if they attend a different practice in the evening or at weekends. This supports the population based commissioning approach and ensures that no matter which practice a patient attends for their appointment, care is safe and a record of the appointment is transmitted straight into the patient's record in their own practice.

These changes mean increased access to GP appointments and advice, with latest figures showing:

- 244 practices across North West London have extended opening hours over weekdays (8am-8pm), and 277 practices offer weekend access – this covers more than a million people
- 280,000 patients can now use online / email consultations at 50 practices
- 60,000 patients can have video consultations at nine practices
- 21 practices offer telephone consultations to 170,000 patients.

In addition, federations in Central London, West London, Hammersmith & Fulham, Hounslow and Ealing are currently rolling out a series of 19 services across their populations in a new form of commissioning, which will see total investment of £21m over the next year to 18 months as the services are fully embedded. Brent, Harrow and Hillingdon are also considering their model of care for primary care services with a view to implementing a similar population-based approach.

Local and current developments – integrated care and local services

To better integrate care, we are working with social care colleagues in every local authority. This provides better and faster care for patients, and reduces the need for hospital admissions. In addition we are introducing more and more local services, bringing care out of hospital and closer to home.

This winter, we trialled a single discharge process across three areas of North West London to coordinate NHS and council care needed outside hospital when patients are medically fit to leave. This included a joint-funded business plan. Other areas of local services development include:

Community Independence Service (CIS)

The service involves a team of a GP, a social worker, a hospital consultant, a community matron, nurses and therapists, a health and social care coordinator, and a personal case manager to support the patients by providing care in their own home. The service has been extended to cover residents of Westminster and Kensington and Chelsea, as well as residents of Hammersmith and Fulham where it was initially set up. Imperial College Healthcare NHS Trust was appointed to coordinate the service as a lead health provider in 2015/16 and this year commissioners are proceeding with a new full procurement.

New local services to be provided in primary care

Seven day access to a GP is one of the 19 services delivered by and in GP surgeries as part of move to provide more services closure to people's homes. The other 18 services include:

- blood pressure monitoring
- anticoagulation services for those on blood-thinning medication
- complex wound management
- ECGs
- some mental health services.

All GP practices in their respective CCGs will be working together to deliver these services to a common standard so that they are available to all patients, in a convenient, community setting.

Whole systems integrated care

In 2015/16 West London and Central London CCGs continued making progress towards whole systems integrated care. West London CCGs Putting Patients First framework builds on the principle of care planning, case management and integrated working. All of our practices in the CCG have regular multi- disciplinary team meetings, which include input from social care.

West London CCG initially commissioned Age UK Kensington and Chelsea to provide 13 Primary Care Navigators which are based in local GP practices to help patients aged 55 and over with complex physical and/or mental health needs find their way around the health and social care system. This role has now evolved into health and social care assistants across the whole of West London CCG.

In Central London, the approach we are taking is to support our provider network to lead on the development in the new model of care. Specifically, we are helping to commission a new care co-ordination service which will involve combining services, contracts and teams from our community health provider: Central London Community Healthcare NHS Trust and our GP federation: Central London Health.

Improvements to mental health urgent care - Single Point of Access (SPA)

A 24/7 urgent and crisis mental health Single Point of Access (SPA) support service by Central and North West London NHS Foundation Trust (CNWL) was successfully launched in November 2015. With an estimated 32,000 people living with serious mental illness across NWL, it has been available to Westminster residents since November and has received more than 2,000 referrals, since launch. Staffed by mental health professionals with psychiatrists in support, the service gives advice and reassurance over the phone, books appointments for follow-up care and, when urgent care is needed, dispatches a rapid response home treatment team to be at the caller's

home within four hours. The model was developed with service users, commissioners, providers and partners including the Metropolitan Police.

Integrated patient transport service

Working together with other CCGs in NW London, patients, and local community groups, Central London and west London CCGs has established a set of clear, enforceable standards for patient transport to ensure that quality is consistent regardless of where the patient happens to live, or where they need to travel to.

The standards are known as the Quality Standards and Patient Charter, and were developed by a patient-led group called the Patient Transport Steering Group, and were also influenced by a survey of 700 patients. The Charter will be a mandatory requirement of all future transport procurements. A similar review of transport services to mental health hospitals and community sites is also planned for the coming year.

Primary care joint co-commissioning arrangements with NHS England

In April 2015, Central and West London CCG entered into primary care joint co-commissioning arrangements with NHS England allowing the CCG to have more influence on the commissioning of GPs for Westminster, enabling the CCG to better meet local population needs. Joint co-commissioning will support the CCG goals of designing integrated and joined up care with strong patient involvement.

£3.8m boost to young people's mental health services

In January 2016, £3.8million was awarded to CCGs across North West London, including Central London and West London CCGs, to deliver their children and young people's mental health plan. The CCG's aim is to improve the quality of, and access to, mental health services for young people.

Improvements to services at St Mary's

In January 2016, Vocare Ltd, an experienced nationwide provider of urgent care services nationwide was appointed to run the urgent care centre at St Mary's Hospital in Paddington. The St Mary's Hospital Urgent Care Centre (SMHUCC) will continue to operate a highly accessible service, 24/7 throughout the year.

Record success with dementia diagnosis rate

- Central and West London CCGs are working hard with partners at the council to improve dementia diagnosis rates. Our work so far has included:
- providing greater support for GPs in identifying and referring patients to memory assessment services
- commissioning more frontline services, such as dementia-specialist nurses
- ensuring there is sufficient post-diagnosis support in place so as to encourage patients to get help faster in the earlier stages of the condition.

Reach Out launched to improve mental health services access

In 2015 Central London CCG launched a campaign to promote its talking therapies IAPT (Increasing Access to Psychological Therapies) service for residents who are experiencing serious but non-urgent mental health problems such as anxiety, stress, sleep problems, and depression. Talking therapies are delivered at a number of locations across Westminster, including some GP practices, health centres and community venues. Therapies available include: computer-based CBT (cognitive behavioural therapy); mindfulness courses; stress management courses; and postnatal support groups.

SystmOne

All of our GP practices and all newly-commissioned community health services are now using one IT system, SystmOne, leading to continuity of care for patients between services, ensuring clinical information is real time and delivering safer patient care.

Transforming diabetes care

With diabetes prevalence increasing significantly nationwide, Central London and West London CCGs we have worked closely with Hammersmith and Fulham, Hounslow and Ealing CCGs, local patients, Diabetes UK and the London Diabetes Strategic Clinical Network on a collaborative diabetes strategy. This has the aim of improving the care of patients at high risk of diabetes, reducing variations in the care of patients with established diabetes, improving primary care diabetes capability and developing collaborative care planning with patients to help better self-manage their condition.

We ran diabetes education workshops with clinicians, developed comprehensive local diabetes guidelines accessible to clinicians from within SystmOne, our single, shared clinical system, and a reporting dashboard to provide an understanding of diabetes care across the approximately 250 practices in the Central London, West London, Hammersmith & Fulham, Hounslow and Ealing CCGs in preparation for the launch of the diabetes out of hospital services in 2015/6. We anticipate that this will have a significant impact on long term cardiovascular complications as well as reducing the risk of admissions for patients from hypoglycaemia episodes.

A leaflet for blood glucose testing for patients was developed to be used in conjunction with the ‘Self-monitoring of blood glucose – when to test?’ and ‘Choosing a blood glucose meter” guidelines issued earlier this year. Each leaflet contains information relevant to the patient depending on their diabetes treatment. As the leaflets are medication specific they will be handed out to patients as required and are expected to save the CCGs around £1million per annum in test strips.

Increasing outpatient and elected services in the community

In 2015/16 we replaced our existing musculoskeletal services, and increasing the scope to include pain management and rheumatology. We will also be re-commissioning our community gynaecology to include urogynaecology. We will be commissioning new ophthalmology and urology services in 2015/16. These services will provide 20,000 appointments in the community instead of in a hospital.

Key Priorities for 2016/17

Neuro-rehabilitation service

Central and West London CCGs will introduce a new neuro-rehabilitation service in Spring 2016 providing an expanded model of bed and community based care which will:

- provide positive patient experience by substantially reducing unwarranted delay to their next phase of care
- reduce additional cost incurred due to the unwarranted increase in the length of stay in hospital
- measurable improvement in patient outcomes due to improved functional gain as a result of timely interventions and reductions avoidable complications
- quantifiable reduction in long-term (continuing care) costs due to a measurable reduction in the person's weekly on-going care costs
- support transitions in care back to localities following rehabilitation.

The aim of this service is to reduce bed-based care and support patients in their own homes and communities, while helping them return to independence as quickly as it is safe to do so.

Additional investment in homelessness services

The CCG will be working on a number of initiatives related to improving our homeless population's experience of healthcare. This will include continuing to invest in Hepatitis C clinics, improving care planning, and increasing GP and nursing input into existing services.

Developing health and wellbeing hubs

Central London CCGs long-term plan is to develop three hubs or health and wellbeing centres: in Lisson Grove in the north of the borough, at South Westminster Centre for Health. We are also actively looking for a location for a hub in the centre of the borough. These hubs will provide a range of integrated services, closer to people's homes.

West London CCG has two hubs, St Charles Hospital which is already operating as a hub and Violet Melchett Health Centre, options for which are currently being considered.

New wheelchair service

A new wheelchair service is due to go live in 2016, following an extensive period of engagement and redesign with local service users. Covering Brent, Barnet, Hammersmith & Fulham., Kensington and Chelsea, Westminster, Ealing, and Hounslow, new providers for this important service have been commissioned and it is expected that an announcement will be made shortly.

Implementation Business Case (ImBC)

Overview

Many of the clinical improvements set out in the SaHF DMBC can be made using existing budget and resources differently. However some changes, such as new primary care hubs and investment in our hospital buildings, cannot be funded through current local budgets and require capital funding.

The purpose of the ImBC is to set out the capital requirements associated with SaHF for nine hospital sites in North West London and local services hubs, and to improve primary care premises across North West London. The ImBC does not change or challenge any of the overarching strategy set out in the DMBC, but does increase the level of detail on which the business case is based and will act as the strategic outline case for future business cases from individual hospitals or sites.

The analysis and assumptions supporting the ImBC will be consistent with the North West London Sustainability and Transformation Plan (STP), which will be developed in the first quarter of 2016/17. Development of the STP as an overarching strategic plan for North West London may influence some elements of the approach to the ImBC. However, the business case presentation needed for the capital changes required will need to follow the standard five-case format, as follows:

- the strategic case sets out the SaHF vision and the case for change, includes population modelling
- the economic case examines capital requirements and the expected financial and non-financial benefits
- the financial case analyses affordability
- the commercial case includes procurement, contracting options and workforce
- the management case covers how plans will be delivered and assured.

A draft of the ImBC was produced in March 2015 and submitted to NHSE as part of the assurance review process. This version was based on 2013/14 finance and activity positions for individual trusts. As part of the assurance process it was agreed that we needed to update the ImBC to latest trust financial positions in recognition of the deteriorating positions both nationally and locally. This work is continuing, and will now take into account 2015/16 outturn.

The rest of this paper provides a brief overview of each of the five cases.

ImBC strategic case

The strategic case set out the SaHF vision and the case for change that shows why change in North West London is necessary.

Drivers of change

Leaders of North West London's NHS organisations have been engaged in the work needed for ImBC development and there remains system-wide recognition that the local drivers for change set out in the DMBC remain appropriate and relevant. These

are that:

- the demands on the NHSE in North West London continue to change, both through population growth and increasing life expectancy
- the standard of some elements of the healthcare provision in North West London is not high enough
- DMBC analysis showed that there were inconsistent levels of care across North West London
- long term provider affordability remains at risk
- the condition of the NHS estate in North West London is poor.

National policies also support the need for the change in the way healthcare is provided in North West London. These include the NHS Five Year Forward View, which identifies a number of challenges that the NHS faces and provides a focus across the country with a clear message that the status quo is not an option. It sets out three 'gaps' that need to be addressed by health systems establishing new relationships with patients and communities, and new models of care. The gaps are:

1) The health and wellbeing gap – which will see life expectancy stall, health inequalities widen and money spent on avoidable illness, rather than new treatment
2) The care and quality gap – this will result in unacceptable variations in outcomes and on-going avoidable harm, unless care delivery is re-shaped and technology fully exploited
3) The funding and efficiency gap – this will see services deteriorating, fewer staff and rationing of treatment unless we match reasonable funding levels with wide-ranging and, sometimes controversial changes to drive efficiencies.

The latest clinical evidence and developments in healthcare techniques also support change in North West London. In particular:

- more routine care should be delivered out of hospital
- more services should move towards being available seven days a week
- services provided in hospital must be staffed appropriately to provide safe and effective services
- advanced medical treatments require a greater level of specialisation
- treatment techniques reduce the number of hospital beds required
- long term sustainability of the provider landscape should be secured through targeted intervention
- care should be integrated with other services.

Our work in North West London as a whole systems integrated care pioneer means we are well-placed to deliver the new models of care set out in the five year forward view. But we recognise that these challenges need to be met at a time of economic pressure, which affects all of us, not just the NHS. The demand for health services in North West London will continue to grow and, given the economic pressure, the NHS needs to focus even harder on improving quality, safety, outcomes and experience, whilst also providing care in the most effective way. This has made it essential that, through the ImBC, we rigorously review the revenue and capital requirements needed to make improvements to our healthcare services, ensuring that every penny counts when providing the best possible care for our two million residents.

This review work will continue in alignment with STP development and the case for capital works across the North West London NHS estate will be presented accordingly.

Changes in healthcare activity

A key component of the strategic case is consideration of the scale of healthcare activity that will be required in acute, community and primary settings, taking into account demographic growth and other factors influencing demand.

The Decision Making Business Case (published in 2013) projected population growth through to 2017/18. It included 2011 census numbers but with plans based on 2012/13 activity baselines, so that it had the very latest information available.

This gave average annual population growth of 1.1% and we increased this to 2% to reflect differential demand of demographics (i.e. the elderly) – and then added further contingency, building in 2.8% annual growth against expected 1.1%

The ImBC continues to build on all relevant information on activity levels and population growth, and looks ahead to 2025/26. The impact on population of longer- term projects like Crossrail 2 and Old Oak Common is being included as data becomes clear.

We are currently reviewing the latest information and activity from trusts and we will update our ImBC with a revised baseline. This will also take into account our latest population projection which we use to inform and test future bed projections.

One question that we have been asked is whether our plans are future proof and can cope with future population growth, particularly in relation to the number of major hospitals that we have planned. When reaching the recommendation in the DMBC to move to five major hospitals, our planning considered the latest views of the Royal College of Surgeons (RCS), which recommends that the minimum population levels needed to sustain a full emergency hospital are between 450,000 - 500,000 per A&E. This gives a population for North West London of at least 2.25m as the minimum level for five major hospitals, and would need a population of at least 2.7m before even the minimum level required to safely deliver services across six major hospitals, with a much larger population that could be safely accommodated. We are therefore confident that five major hospitals are sufficient to meet the needs of the North West London population.

Our ImBC modelling reflects actual activity, bed numbers and length of stay. We know from evidenced- based analysis that we have the opportunity to reduce the length patients stay in our hospitals. Our evidence has shown that:

- Across our hospitals, there is a very small cohort of patients occupying beds for long periods. For non-elective admissions this equates to 3% of admissions utilising 33% of the bed base across North West London

- Each hospital delivered consistently their best in quarter length-of-stay performance across our hospitals, this would deliver benefits of approximately 10% of beds across the North West London hospitals

- we know that delayed transfers of care have increased across the system by 45% from 2012/13 to 2014/15. These are patients that no longer need an acute care setting
- as part of auditing bed use, some of our hospitals have conducted bed audits and considered why the patient is still in hospital. In approximately 30% of the cases, there is no further need for that patient to be in hospital, but some would need different care arranged to be able to be discharged from hospital.
- we have a group of patients across our hospitals who are do not meet the categorisation of delayed transfer of care but are medically fit for discharge. This can be up to 10% of patients, and ensuring services in the community are available to accept these patients would reduce acute bed use.
- due to differences in community service provision, we know that patients who are admitted to hospitals outside of their borough have slightly longer lengths of stay. Improving community services and balancing this across the system can contribute to a more efficient use of hospital beds.

We have also considered the patients that could have been treated in an alternative setting. We have assessed conditions for why patients are being admitted to hospital and are currently implementing community alternatives such as rapid response services, which provide intensive nursing in a patient's home. Currently across North West London, approximately 10,000 admissions are for ambulatory care sensitive conditions and we believe many of these can be cared for by alternative care.

Therefore, as set out in the DMBC, there remains significant opportunity to reduce acute bed numbers.

ImBC economic case

The ImBC economic case sets out the economic case to deliver both the out-of-hospital estates and hospital reconfiguration. The economic case is based on financial benefits, which will be updated once the revised activity and finance modelling set out above is completed, and non-financial health benefits.

Patient safety and quality benefits

The case for change in the DMBC set out estimates for the number of lives that can be saved through the planned changes, and the safety and quality improvements for patients have been further quantified in the ImBC.

The key health benefits of the proposed major, elective, specialist, and local hospital investments in the ImBC have been organised according to the following key themes:

- seven-day working
- larger clinical teams
- maternity pathways
- separation of elective and non-elective surgical care
- better integration of services, including improved long term condition management
- new buildings.

We use a standard measure known as Quality Adjusted Life Years (QALYs) to further understand the impact of improvements for our patients. The National Institute for Health and Care Excellence (NICE), which advises on the use of health technologies within the NHS, uses '£ per QALY' to evaluate the value of a particular health care intervention.

QALYs are a generic measure of disease burden, including both the quality and the quantity of life lived, to evaluate the impact of these lives. This is used in assessing the value for money of a medical intervention. One QALY equates to one year in perfect health. If an individual's health is below this maximum, QALYs are accrued at a rate of less than one per year.

The table below takes the lowest range of clinical benefits from the current ImBC. It should be noted that these are subject to change, but our current modelling indicates that there is potential to save more than 300 lives per year, based on national risk-adjusted quality data.

Additionally, taking into account the benefits of investments in our hospitals outlined above, there is potential to achieve a further 3,300 Quality Adjusted Life Years of health for constituents.

Clinical area	Lives saved per year	QALYs per year
Septicaemia	56	630
Pneumonia	101	1,202
Acute kidney injury	22	234
Fractured neck of femur	26	59
Emergency surgery	10	119
Diabetes complications	5	59
Maternity	0	0
Weekend admissions	84	1,002
Total	**304**	**3,306**

Figures relate to current assessment in development of the ImBC and are subject to further analysis and updating

ImBC financial case

Originally, the DMBC included capital for acute and local services totalling £386m. Two further papers presented at the Joint Committee of Primary Care Trusts (JCPCT) in 2013 decision meeting outlined alternative and increased services for Ealing and Charing Cross Hospitals and contained outline capital estimates for these. The JCPCT asked the CCGs to develop these alternative options further. A similar estimate was produced at the time for Central Middlesex Hospital. These increased total planned capital requirement to £535m. Changes from the pre- consultation business case were explained in the published DMBC.

The ImBC is still being drafted and so the final capital requirement is not yet known. The net capital expenditure will be uplifted for inflation and other changes

since then. These changes broadly fall into four categories, which are shown below with an indicative range of the likely financial implication.

Driver	Explanation	£m
DMBC/JCPCT – Feb '13		**535**
Inflation	Increase in construction costs from Feb 13	75 – 150
Activity changes	Impact of increased activity on capacity	25 – 75
Local hospitals	Further development of service models	75 – 125
Contingency	Allowance for potential risks arising from extended programme development and delivery	75 – 100
Current estimate		**785 - 985**

This is a programme wide high level analysis – the drivers at a trust level will be a mix of these along with site specific issues. The detailed breakdown by trust will be available when the ImBC is published. These ranges are indicative and will be subject to change.

At a national level, the financial position of the NHS has deteriorated and the provider sector has a planned deficit of more than £2bn for 2015/16. This is also reflected at a local level, where all of the acute trusts have planned deficits for 2015/16, and the outturn for 2014/15 and underlying financial position was worse than planned in some trusts.

The work that we have been undertaking to develop the ImBC has been designed to reflect this updated local position; test the 'do nothing' scenario to:

- ensure that this remains unaffordable
- identify how the NHS in North West London can respond to the financial challenge while continuing to provide high quality services for patients.

SaHF has always been a clinically led programme and the rationale has always been clinical, but there is a clear need to ensure a financially sustainable solution for North West London and we are confident that SaHF is the best way to achieve this.

Current estimates show that failure to implement SaHF would lead to:

- an estimated £500m gap across the region
- patients not receiving planned clinical benefits and longer waits for diagnosis and treatment
- all trusts and CCGs in deficit and an £834m maintenance backlog not addressed.

This excludes the impact on social care services of a health system that is not in balance.

ImBC management case

Across the entire NHS, there is a consensus on the need to deliver more integrated care services, removing organisational and geographical boundaries, not only to ensure patients receive consistent, better quality care, but also to improve efficiencies and generate savings across the system. Only then can we tackle the challenges identified in the Five Year Forward View, and deliver the emergent models of care set out in the Keogh review of Urgent and Emergency Care.

In North West London, the CCGs are working together to strengthen governance arrangements for SaHF. This will involve regular engagement of NHS trusts, clinicians, commissioners, local authorities and NHS England, placing us in a better position to make transformational changes, at pace and scale, both in and out of hospital.

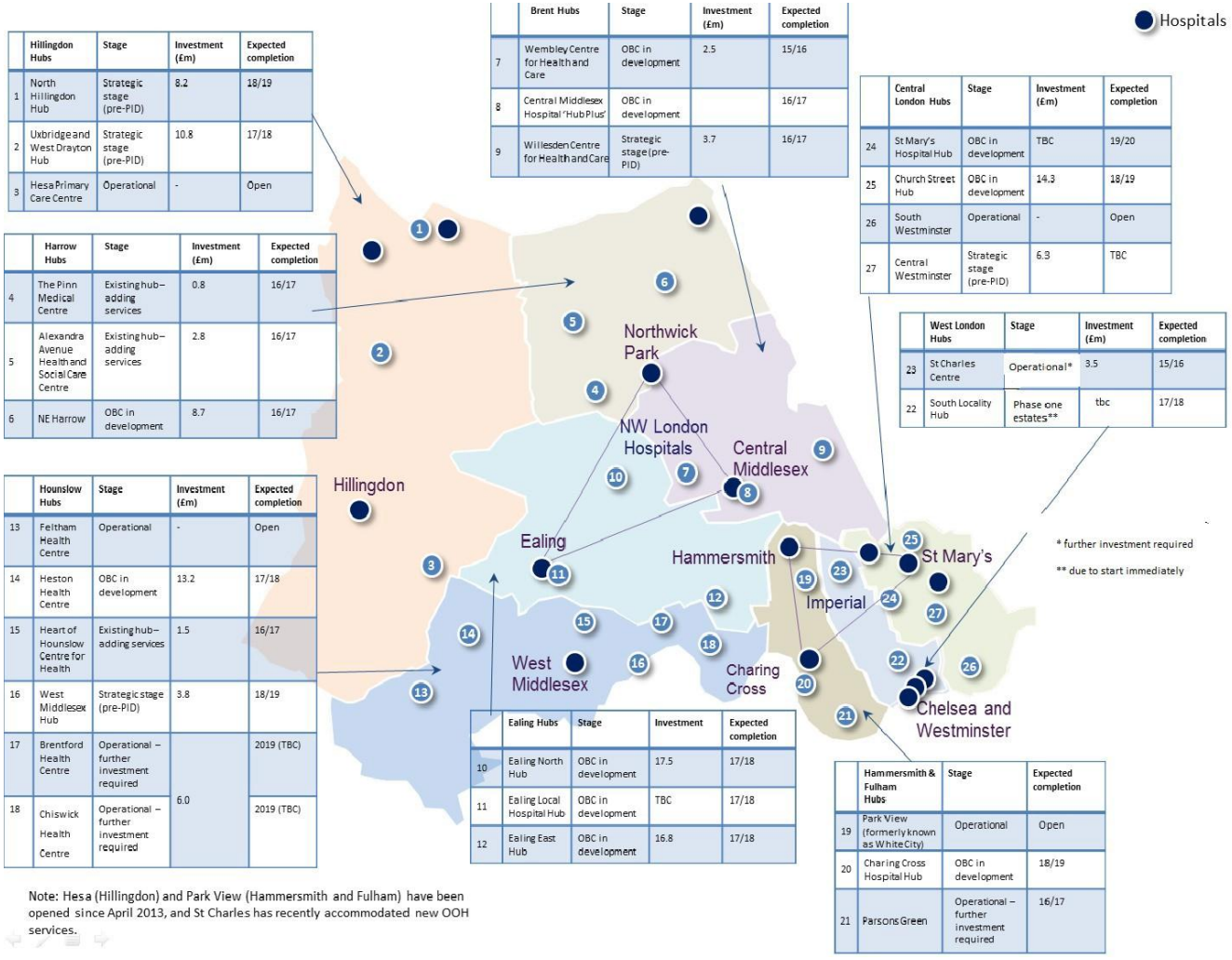
In addition, sector-wide work is being progressed on specific areas where we have identified that we can achieve better outcomes or greater savings by working at scale. These include how to reduce the use of bank and agency staff to drive down cost and improve quality by employing permanent staff; and how we identify and care for patients in the last phase of life. This work is at an early stage but we expect to both take this forward and extend it to further areas over the next few months.

Through our whole systems integrated care work, we are also looking at how an accountable care partnership (ACP) model could be fully implemented in North West London by 2018, as set out in the Five Year Forward View.

In summary

- we are pushing ahead with development and introduction of a wide range of local services
- joint working with local service providers including the local council eg CIS will lead to local enhanced provision.
- this will include local hubs which will contain a range of services including primary care
- the primary care federations and all the main providers of service including Imperial College Healthcare NHS Trust and Chelsea and Westminster Hospital NHS Trust are involved
- both St Mary's Hospital and Chelsea and Westminster Hospital remain acute care providers.

Annex A – Planned hubs across North West London



	Hillingdon Hubs	Stage	Investment (£m)	Expected completion
1	North Hillingdon Hub	Strategic stage (pre-PID)	8.2	18/19
2	Uxbridge and West Drayton Hub	Strategic stage (pre-PID)	10.8	17/18
3	Hesa Primary Care Centre	Operational	-	Open

	Harrow Hubs	Stage	Investment (£m)	Expected completion
4	The Pinn Medical Centre	Existing hub – adding services	0.8	16/17
5	Alexandra Avenue Health and Social Care Centre	Existing hub – adding services	2.8	16/17
6	NE Harrow	OBC in development	8.7	16/17

	Hounslow Hubs	Stage	Investment (£m)	Expected completion
13	Feltham Health Centre	Operational	-	Open
14	Heston Health Centre	OBC in development	13.2	17/18
15	Heart of Hounslow Centre for Health	Existing hub – adding services	1.5	16/17
16	West Middlesex Hub	Strategic stage (pre-PID)	3.8	18/19
17	Brentford Health Centre	Operational – further investment required	6.0	2019 (TBC)
18	Chiswick Health Centre	Operational – further investment required		2019 (TBC)

	Brent Hubs	Stage	Investment (£m)	Expected completion
7	Wembley Centre for Health and Care	OBC in development	2.5	15/16
8	Central Middlesex Hospital 'Hub Plus'	OBC in development		16/17
9	Willesden Centre for Health and Care	Strategic stage (pre-PID)	3.7	16/17

	Ealing Hubs	Stage	Investment	Expected completion
10	Ealing North Hub	OBC in development	17.5	17/18
11	Ealing Local Hospital Hub	OBC in development	TBC	17/18
12	Ealing East Hub	OBC in development	16.8	17/18

	Central London Hubs	Stage	Investment (£m)	Expected completion
24	St Mary's Hospital Hub	OBC in development	TBC	19/20
25	Church Street Hub	OBC in development	14.3	18/19
26	South Westminster	Operational	-	Open
27	Central Westminster	Strategic stage (pre-PID)	6.3	TBC

	West London Hubs	Stage	Investment (£m)	Expected completion
23	St Charles Centre	Operational*	3.5	15/16
22	South Locality Hub	Phase one estates**	tbc	17/18

	Hammersmith & Fulham Hubs	Stage	Expected completion
19	Park View (formerly known as White City)	Operational	Open
20	Charing Cross Hospital Hub	OBC in development	18/19
21	Parsons Green	Operational – further investment required	16/17

Note: Hesa (Hillingdon) and Park View (Hammersmith and Fulham) have been opened since April 2013, and St Charles has recently accommodated new OOH services.

Central London CCG

Hub / health centre sites	Setting of Care

	Central London Hubs	Stage
1	St Mary's Hospital Hub	OBC in development
2	Church Street Hub	OBC in development
3	Central Westminster Hub	Strategic stage
4	South Westminster	Operational

Health centre

Church Street Hub

Existing service provision

The proposal is for a new hub to be delivered in the north of the borough.

Proposed approach

The proposed approach is for the development of a new hub in the north of the borough.

Options are being considered, with the preferred option for the hub to be at a new site as part of the Church Street redevelopment. This would involve the relocation of the existing Lisson Grove GP practice and relocation and expansion of broader health services currently provided from the Lisson Grove site.

The proposed service model for the Church Street development is for a Hub incorporating GP core and enhanced services, as well as a range of specialist outpatient-type clinics and integrated community services.

Discussions continue with Westminster City Council on the use of the building, the opportunity of co-location of a range of health and council services so that the new hub is affordable.

St Mary's Hospital Hub

Existing service provision

It is proposed that a new hub be located on the same site as St Mary's hospital (see next section for further information on proposed changes and existing services located at St Mary's).

Proposed approach

Current plans are that the hub will:

Provide space for integrated primary and community care at a scale that enables an enhanced clinical offer, operational efficiencies and improvement of the property estate

Have synergies with the UCC and present the opportunity to look into a more integrated model of care, including the opportunity to divert non-emergency cases away from A&E.

Offer the potential for a clinically integrated Education and Training Centre

South Westminster

Existing service provision

The South Westminster Centre is already operational, serving the south locality of Central London CCG. Services currently provided include: primary care, minor surgery, diabetes outpatient and nursing services, Wellwatch, district nursing, health visiting, speech and language therapy for children and community and specialist dental services.

Proposed approach

N/A - already fully operational

Central Westminster Existing service

provision

The proposal is for a new hub to be delivered in the centre of the borough.

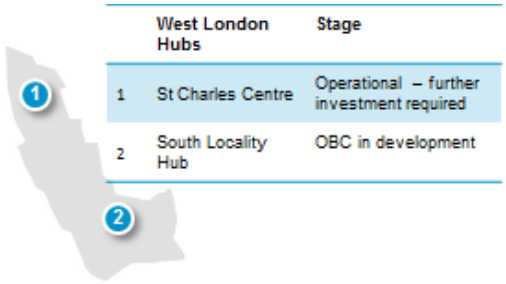
Proposed approach

The CCG is currently investigating options, with the proposed approach for primary care and other out-of- hospital services to be delivered from a new hub site in the centre of the borough.

The services to be provided on the site would include: primary care (core and extended), Improving Access to Psychological Therapies (IAPT) services, community diabetes services, ophthalmology services and rapid response services.

West London CCG

Hub / health centre sites | **Setting of Care**



	West London Hubs	Stage
1	St Charles Centre	Operational – further investment required
2	South Locality Hub	OBC in development

South Locality Hub

Existing service provision

Whilst people's experience of GPs in West London is positive, more must be done to improve people's experience of primary care access; although 91% of West London patients have confidence in their GP, only 16% of patients feel they have access to another health professional other than their GP, and only 6% believe they can access a walk-in service.

The estate in West London CCG requires improvement with a number of GP premises rated as not fit for purpose.

Proposed approach

The proposed approach is for the development of a new hub for the South Locality by 2017/18. The South hub will house primary, community and out-of-hospital services.

Services to be provided include: primary care (core and non-core GP services), mental health, proactive care, outpatient re-provision such as community cardiology, diabetes, respiratory and diagnostics, reactive care services such as rapid response.

St Charles Hub Plus

Existing service provision

Approximately a quarter of wards in West London fall into the 20% most deprived nationally. Northern wards are generally more deprived, with more residents living in social housing, poorer lifestyles, higher rates of chronic disease and lower life expectancy.

The St Charles, Notting Barns, Queens Park and Harrow Road wards fall into the upper quartile for premature deaths nationwide. The area also has worse than London and England rates for emergency readmissions within 30 days of discharge from hospital and injuries due to falls in people aged 65 and over.

Proposed approach

St. Charles has been developed as a whole systems hub by integrating services currently provided there (during 2014-15) and is currently operational. Some further service changes will take place during 2015, to include older people's admission avoidance services.

Report from Imperial College Healthcare NHS Trust to Westminster City Council Adults, Health and Public Protection Policy & Scrutiny Committee

1. Introduction

The Adults, Health and Public Protection Policy & Scrutiny Committee has requested a report from Imperial College Healthcare NHS Trust ('the Trust') as part of the wider progress report on the NHS 'Shaping a healthier future' transformation programme for North West London, covering the Trust's clinical strategy and estate redevelopment plans.

2. Imperial College Healthcare NHS Trust overview

The Trust provides acute and specialist healthcare for a population of nearly two million people in North West London, and more beyond. We have five hospitals – Charing Cross, Hammersmith, Queen Charlotte's & Chelsea, St Mary's and Western Eye – as well as a growing number of community services.

With our academic partner, Imperial College London, we are one of the UK's seven academic health science centres, working to ensure the rapid translation of research for better patient care and excellence in education. We are also part of Imperial College Health Partners – the academic health science network for North West London – spreading innovation and best practice in healthcare more widely across our region.

3. Clinical strategy

The publication of the Trust's clinical strategy in July 2014 was a major milestone, kick-starting a long-term programme of clinical transformation to ensure we are able to meet future health needs and enabling our current services and models of care to respond to more immediate pressures. It reflected the wider healthcare strategy for North West London, led by our local commissioners, in the form of the 'Shaping a healthier future' transformation programme.

The clinical strategy is designed to improve clinical outcomes and patient experience, to help people stay as healthy as possible and to increase access to the most effective specialist care. It also responds to changing needs, with more of us living with multiple, long-term conditions like diabetes, heart disease, asthma and dementia.

The clinical strategy focuses on:

- creating more local and integrated services, to improve access and help keep people healthy and out of hospital
- concentrating specialist services where necessary, to increase quality and safety
- ensuring better organised care, to improve patient experience as well as clinical outcomes
- developing more personalised medicine, capitalising on advances in genetics and molecular medicine.

There are four new models of care:

Systematised planned care:
New models of systematised surgery are emerging that can transform quality while reducing costs. These are based on the redesign of clinical space, processes and roles to facilitate a higher throughput of patients and lower cancellation rates.

Integrated care:
As a major provider within a national pioneer area for integrated care, we have an opportunity to help transform care for patients with multiple and complex needs spanning the health and social care sectors – both frail, elderly patients and younger patients with chronic conditions.

Personalised medicine:
This is an emerging, potentially revolutionary approach to healthcare provision that takes advantage of advances in our understanding of health and disease at a genetic and molecular level. We are increasingly able to target and tailor the treatments that are most effective for particular individuals, or small groups of individuals, based upon analysis of genomes, clinically expressed traits and characteristics and identification of key biological markers. This is also enabling new approaches to identifying individuals at risk of disease and developing preventative responses.

Improved urgent and emergency care pathways:
Ensuring patients receive the right care and treatment in the right facilities and with the right expertise, seeking to avoid unnecessary hospital admission and long hospital stays.

Our clinical strategy also sets out how we can best connect the Trust's different services and specialties across its three main sites – and in the community - in order to achieve the best outcomes, sustainably – in line with the 'Shaping a healthier future' programme.

The Trust's clinical strategy sees our three main hospital sites building on their own distinctive, but interdependent, focus. This three-site approach sees:

- **Charing Cross Hospital**: evolving to become a new type of local hospital, with planned, integrated and rehabilitation care
- **Hammersmith Hospital and Queen Charlotte's & Chelsea Hospital**: extending their role as specialist hospitals
- **St Mary's Hospital with a co-located Western Eye Hospital**: being the major acute hospital for the area.

4. Trust estates redevelopment

A major investment in a redevelopment of the Trust's estate is planned to implement 'Shaping a healthier future' and the Trust's clinical strategy.

The Trust also needs to address the poor condition of much of its estate – it has one of the largest amounts of backlog maintenance in the NHS. This issue is most pressing on the St Mary's Hospital site where more than 95 per cent of the estate is over 25 years old.

The Trust's preferred redevelopment option set out in July 2014, at the same time that it published its clinical strategy, was for a significant re-development and new build on the St Mary's and Charing Cross sites, with Western Eye Hospital relocating to the St Mary's site, and a smaller re-development on the Hammersmith/Queen Charlotte's & Chelsea site.

These plans included selling off or leasing surplus land and using the money to reinvest in the re-development.

These redevelopment plans were submitted as an outline business case (OBC) to the North West London clinical commissioning groups (CCGs) who are working on the overall capital requirements for the NHS in the sector.

Since July 2014, the Trust has been undertaking further work on its estates redevelopment OBC and has also been exploring an additional, more significant redevelopment of the Hammersmith/Queen Charlotte's & Chelsea site to improve facilities, enable expansion of specialist services and tackle backlog maintenance.

As well as supporting continuing work on the overall North West London NHS capital requirements, we have been:

- developing detailed plans for the St Mary's Hospital re-development with input from clinicians, wider staff, patients and stakeholders
- working with CCGs on clarifying how Charing Cross Hospital can best be developed as a local hospital to form the basis of further internal and external engagement
- supporting wider sector work to establish the most appropriate urgent and emergency care model across North West London.

We are working in close partnership with Imperial College Healthcare Charity and with Imperial College London on all our estates proposals and planning.

5. St Mary's Hospital

St Mary's Hospital was founded in 1845 as a voluntary hospital for the benefit of the sick poor of North and North West London, and has been based at the same site in Paddington for over 100 years. The hospital originally opened with 50 beds in what is now the Cambridge Wing.

St Mary's Hospital is the major acute hospital for North West London as well as a maternity centre with consultant and midwife-led services. The hospital provides care across a wide range of specialties and runs one of four major trauma centres in London in addition to its 24/7 A&E department.

The Trust's vision for St Mary's Hospital sees it developing as the major acute hospital for the North West London region, covering a wide range of specialties. Our strategy sees the future co-location of the hyper-acute stroke unit with the 24/7 A&E and major trauma centre. Our plans involve the relocation of the services provided at the Western Eye Hospital to the St Mary's site which would continue to provide maternity, neonatology and paediatric services.

We have to modernise and expand the St Mary's Hospital estate in order to provide safe and efficient care as well as an excellent patient experience. Our plan is to create facilities that support the highest quality of healthcare, education and research through a combination of redeveloping parts of the existing estate, using land more efficiently, and building brand new facilities.

St Mary's Hospital also needs to change to meet changing health needs as part of the Trust's clinical strategy. We need modern facilities to support the hospital's key role as the major acute and emergency hospital for the area as well as continuing to be an important site for local access to outpatient and integrated care services.

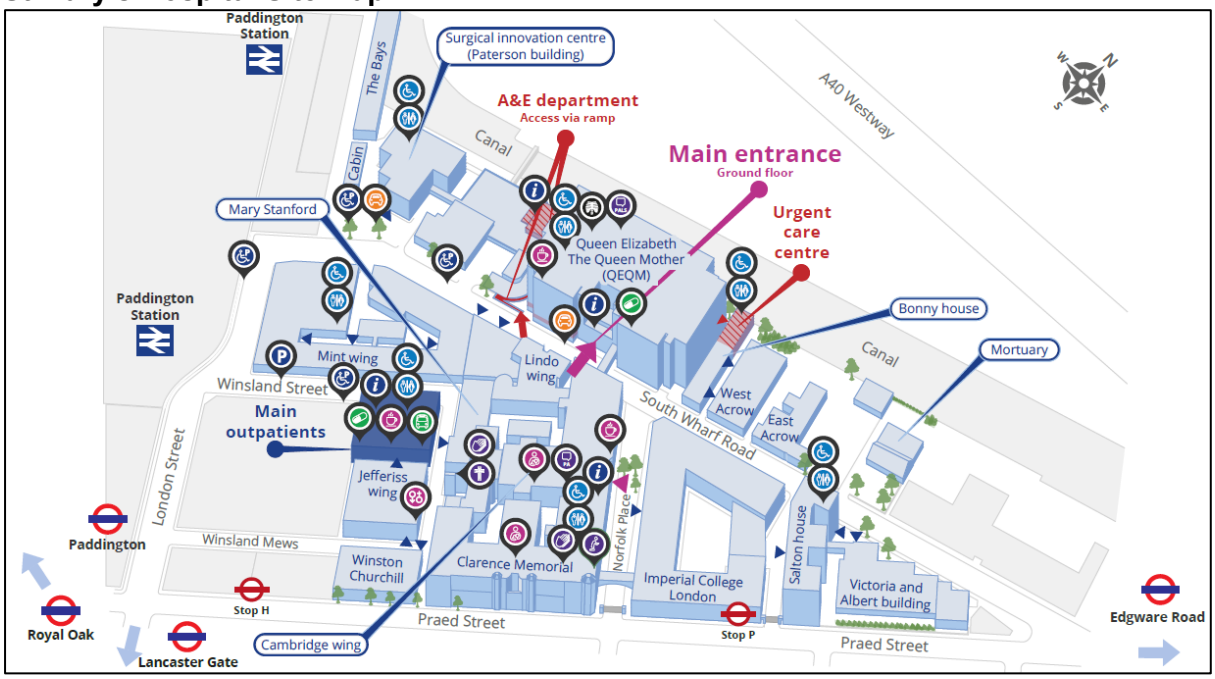
The maintenance backlog for St Mary's Hospital stands at several hundred million pounds and is anticipated to increase. There are wards that do not currently afford the dignity of care that patients and their families rightly expect, around space, heating, lighting, the storage of equipment and general condition. This means the current environment is holding us back and impacting on care.

We are developing proposals that involve the re-development and refurbishment of the St Mary's Hospital site. This is a major initiative which involves a significant programme of work to develop our plans and deliver the benefits for our patients.

We are actively exploring opportunities and assessing the impact of the proposed redevelopment of 31 London Street, the former Post Office/Royal Mail building directly adjacent to the Trust's Main outpatients, Jefferiss wing and Winston Churchill buildings. We welcome Great Western Development's intention to improve connectivity to St Mary's Hospital and blend sympathetically with our own emerging development plans.

The Trust and wider local NHS also need to take the learnings from previous unsuccessful proposals for redevelopment, namely the Paddington Health Campus scheme (1998-2005). In relation to the current St Mary's Hospital redevelopment programme we have taken the important step at an early stage to make the appointment of expert advisors to support our in-house team.

St Mary's Hospital Site Map



6. Western Eye Hospital

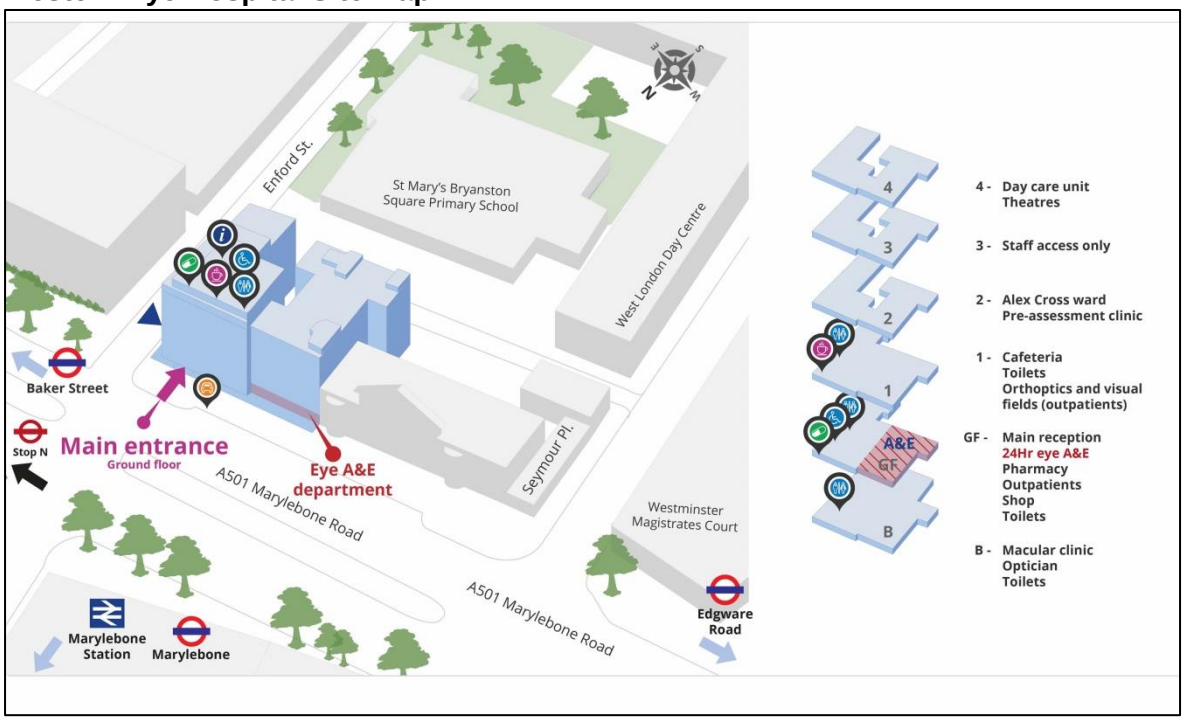
Western Eye Hospital started out life as a Georgian shooting box before it became a voluntary hospital. Since 1856, it has been based at a number of different sites before finally moving to Marylebone Road next to the Samaritan Hospital for Women.

It is a specialist ophthalmology eye hospital with an emergency department. Facilities include outpatients, inpatients, day case and inpatient surgery, and a 24-hour eye accident and emergency service.

The former Samaritan Hospital building is next to the Western Eye Hospital and both buildings are owned by the Trust. The current situation with this Listed Grade II building is that as a responsible owner the Trust has taken steps to ensure the building is weather tight and secure, while our security service is responsible for guarding it. Although the building is structurally sound it has been disconnected from water, drainage, electricity and heating systems. The building is, however, uninhabitable and it would be disproportionately expensive to bring into use.

As stated above, as part of the Trust's plans, we would move the Western Eye Hospital services to the nearby St Mary's Hospital site. The Trust believes it can make better use of its land and buildings, enabling us to sell or lease some of them to offset the redevelopment costs. It is intended that the Western Eye Hospital site - including the adjacent former Samaritan Hospital - would be sold/leased to help fund the total redevelopment costs. This would enable the Trust to reinvest proceeds to improve facilities for delivering NHS services.

Western Eye Hospital Site Map



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Adults, Health & Public Protection Policy & Scrutiny Committee

Date:	19th April 2016
Classification:	General Release
Title:	**Annual Work Programme 2016/17**
Report of:	Director of Policy, Partnerships & Communications
Cabinet Member Portfolio	Cabinet Member for Adults & Public Health and Cabinet Member for Public Protection
Wards Involved:	All
Policy Context:	City for Choice / Aspiration
Report Author and Contact Details:	**Muge Dindjer x2636** **mdindjer@westminster.gov.uk**

1. Executive Summary

This report presents to Committee the responsibilities and scope of the committee's work and draft work programme for the year. It suggests that the work programme is very ambitious and needs to be prioritised in order for each subject to be given due consideration. Officers advise that as currently attached, this programme will be very demanding to support and risks Members not being able to give proper consideration to each item. The report also provides some criteria that the committee may wish to consider in prioritising its work programme.

2. Key Matters for the Committee's Consideration

The Committee is asked to:

- Note the terms of reference and duties of the committee
- Discuss the criteria suggested for prioritising items
- Discuss and agree a version of the work programme that is achievable, bearing in mind the need for some flexibility throughout the year.

3. Background

3.1 The Remit of the Committee

Under Section 21 of the Local Government Act 2000 local authorities are required to appoint at least one Committee to provide overview and scrutiny. In Westminster these are termed Policy & Scrutiny Committees, recognising their contribution to pro-active policy development as well as reviews of existing services and policies.

The Committee scrutinises the broad range of important issues that make up the portfolios of the Cabinet Member for Adults & Public Health and the Cabinet Portfolio for Public Protection.

The Adults, Health & Public Protection Committee has two legislative duties which it must carry out in relation to health and crime and disorder scrutiny.

What makes 'Health Scrutiny' important?

The Adults, Health & Public Protection Committee is Westminster's 'statutory health scrutiny committee' and looks at the work of the Clinical Commissioning Groups (CCGs) and National Health Service (NHS) provider trusts (such as Imperial (St Mary's Hospital), Chelsea & Westminster Hospital, Central London Community Healthcare and our local Mental Health Trust (CNWL).

The Committee acts as a 'critical friend' by suggesting ways that health related services might be improved but also has a formal power to refer any variation in health services to the Secretary of State.

The Committee also looks at the way the health service interacts with our social care services, the voluntary sector, independent providers and other council services to jointly provide better health services to meet the diverse needs of Westminster residents and improve their well-being.

What makes the scrutiny of 'Public Protection' important?

The Adults, Health & Public Protection Committee also acts as Westminster's Crime & Disorder Committee as defined in the Crime and Disorder (Overview & Scrutiny) Regulations 2009 and carries out the scrutiny of decisions made, or other action taken, in connection with the discharge by the responsible authorities of their crime and disorder functions – such as the Safer Westminster Partnership and any decisions or strategies taken.

Policy & Scrutiny Task Groups

At Westminster, Task Groups are a more focused and intensive tool of the Overview & Scrutiny function. Task Groups offer Members an opportunity to work in small groups, supported by officers, to collate and assess evidence in a cross-party environment and make recommendations based on a substantial amount of collected evidence. Task Groups are supported by Scrutiny Officers.

Pre-Decision Task Groups – those that meet to input and influence strategies in development, prior to a decision being made by the Cabinet Member (e.g. Cycling Strategy Task Group, Highways and Transportation Contract Re-Let Task Group)

Research Task Groups – where a group of Members meet, in person or virtually, to undertaken a research project and report back to the Committee for endorsement (e.g. Sex Workers).

Single-Member Studies (SMS) – where a Member is granted approval by a Committee Chairman to undertake research and report back to the Committee for endorsement (e.g. Party Drugs, Childhood Obesity)

Tri-Borough Task Groups – where a group of Members (commissioned by a Chairman) meet from across the three Boroughs to undertake site visits or research on a shared concern (e.g. Imperial College Healthcare NHS Trust)

Health Urgency Sub-Committee

The Council established the Health Urgency Sub-Committee in June 2014. Its purpose shall be to specifically consider any matter in respect of statutory functions relating to consultation with health partners which requires an urgent response/ where the committees work programme doesn't allow timely consideration.

3.2 Devising a Scrutiny Work Plan

The Centre for Public Scrutiny published a report called "A cunning plan?" in 2011 which discusses the ways and criteria that may be used to devise a work programme which adds value to the authorities work. This notes that:

- Gut instinct can be as effective as complicated feasibility criteria in coming up with shortlists for review
- Having a proper discussion about the work programme can work better than a set of criteria
- If on balance criteria are used, it is important to have them as simple and comprehensive as possible
- Work programming should be a member led process
- Ensure that there is a balance between different methods of work
- Close working with the executive is important to avoid duplication

The report highlights a set of criteria used by South Cambridgeshire which the committee are asked to consider and apply if agreed.

Public Interest: the concerns of local people should influence the issues chosen for scrutiny (City for All annual resident survey)
Ability to change: priority should be given to issues that the committee can realistically influence.

Performance: priority should be given to the areas in which the Council or other agencies are not performing well. (Consideration of KPI's and other performance data)
Extent- priority should be given to issues that are relevant to all or large parts of the City
Replication: work programmes should take account of what else is happening in the areas being considered to avoid duplication or wasted effort.

Appendix 1 provides guidance previously provided to this committee to help you establish a work programme. This guidance is still relevant today.

3.4 Draft Work Programme

This is attached as Appendix 2 for discussion

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

mdindjer@westminster.gov.uk

APPENDICES:

Appendix 1- Guidance on establishing a work programme
Appendix 2 -Draft Work Programme for 2016/17

BACKGROUND PAPERS

A cunning plan? Devising a scrutiny work programme –published 2011 by the Centre for Public Scrutiny.

http://www.cfps.org.uk/publications?item=113&offset=0

APPENDIX 1

ESTABLISHING A WORK PROGRAMME - SELECTION CRITERIA

The following guidance on selection criteria has been designed to assist the Committee in its task of choosing topics for the work programme, in terms of both judging the individual issues proposed and the shape of the overall programme of topics being scrutinised. It is intended as guidance only and is not prescriptive.

Judging an individual suggestion

- Is the suggestion **specific** enough? For effective scrutiny to take place, a task group/committee will need to pin down exactly what they are scrutinising.

- Is the suggestion **achievable**? Consider what resources are required and assess whether the limitations of time; the O&S budget; and Officer and Member capacity will prevent a suitable outcome being achieved.

- Will scrutiny of the suggested item produce **tangible results**?

- Is the suggestion appropriate for **engaging the public**? Is this an issue of importance to Westminster residents? Is this an area where a lot of bad press or complaints are received?

- Will scrutiny of the suggested item have sufficient **impact**? To maximise outcomes it is often better to concentrate on issues of concern that impact upon the well-being of a large number of people.

- Does the suggestion **duplicate** work that is already being carried out? Is the service about to be inspected by an external body? Are there any major legislative or policy initiatives already resulting in change or about to impact on the service?

Assessing the Committee's Overall Programme

- Is the work programme **balanced?** Is the planned work evenly spread over the municipal year and are the topics balanced in terms of the scope of the Committee's remit?

- Is the work programme too **onerous**? It is important to hold some capacity in reserve for any urgent issues that might arise.

Appendix 2

	Health Urgency Sub Committee- tbc	
A new service model for NHS 111 and wider integrated urgent care.	The Committee have been asked to contribute to the development of this new service	**At the request of the NWL CCG**

ROUND ONE (22 JUNE 2016)		
Agenda Item	**Reasons & objective for item**	**Represented by:**
1. Reviewing the Community Independence (CIS) review 1 year on-	One year on review of performance to include: • Personalised budgets and relevant KPI's	• Chris Neill • Rachel Wigley
2. 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 and progress of the Sustainability and Transformation Plans in Westminster.	• HWB • Chris Neill- Tri Borough Director of Whole System • Philippa Marsdon- CCG • Kerry Doyle -CCG? • Matthew Hanant/Ed Cox- NWL Alliance
3. GP's role in reducing pressure on hospital services- to cover referrals of children to community paediatric services and including GP's promotion of community care 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? Committee want assurance on this. To include specifically referrals of children to community paediatric services.	• CCG's/Joint Primary Care Co Commissioning Committee • Louise Proctor & Matthew Bazeley.

ROUND TWO (21 SEPTEMBER 2016)		
Agenda Item	**Reasons & objective for item**	**Represented by:**
1. Review Service outcomes in Public Protection	To assess the outcomes for service users /assess how new service is meeting its objectives following reconfiguration.	• Councillor Aiken
2. Update on the work of the Safer Westminster Partnership	Annual Review as per the committees 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.	• Liz Bruce • Martin Calleja
2. Imperial- Planning Process and Strategic interests	To review and interrogate their plans.	• Rachel Wigley
3. Stress Areas for Licensing	To receive a report on current stress areas and whether any new areas are being considered	•
4. Consultation on the new Police and Crime Plan?- timing tbc	For the Committee to be consulted in proposals for a new Policing Plan	• MOPAC

ROUND FOUR (1 FEBRUARY 2017)		
Agenda Item	**Reasons & objective for item**	**Represented by:**
1. End of Life Care	To assess whether services in Westminster meet 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	• CCG's
4. Better Care Fund	Review post Council Tax funding increase	• Rachel Wigley • Liz Bruce • Chris Neill
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.	• Eva Hrobonova • Elizabeth Dunsford
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.	• Eva Hrobonova • Gayan Pereira
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.	• Mike Robinson

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**

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

Unallocated items	
MOPAC priorities and Funding Post 2017?	Public Protection and Police- we have £1m worth of funding which is not secure beyond 2017
Shield Pilot concludes October 2016?	Does Scrutiny want to review this pilot in dealing with gang related work