



City of Westminster

Committee Agenda

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

Meeting Date: **Wednesday 21st September, 2016**

Time: **7.00 pm**

Venue: **Rooms 5, 6 and 7, 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: 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

To approve the minutes of the meeting held on 22 June 2016.

(Pages 1 - 12)

4. CABINET MEMBER UPDATES

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

(Pages 13 - 30)

5. STANDING UPDATES

I) TASK GROUPS

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

To include the draft Terms of Reference for a Single Member Study in measuring savings achieved by the Community Independence Service (CIS) in keeping Westminster older people out of Hospital.

(Pages 31 - 32)

II) WESTMINSTER HEALTHWATCH

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

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| <p>6. UPDATE ON PROGRESS OF THE SAFER WESTMINSTER PARTNERSHIP</p> <p>To consider the work of the Safer Westminster Partnership and to review the Strategic Assessment included in the report.</p> | <p>(Pages 33 - 76)</p> |
| <p>7. REVIEW OF SERVICE OUTCOMES IN PUBLIC PROTECTION & LICENSING</p> <p>To assess the outcomes for service users and to assess how the new service is meeting its objectives following reconfiguration.</p> | <p>(Pages 77 - 96)</p> |
| <p>8. REVIEW OF STATEMENT OF LICENSING POLICY</p> <p>To consider the timetable and progress to date in Stage 2 of the City Council's Review of its Statement of Licensing Policy, which relates to the assessment of areas of Westminster where special policies may apply.</p> | <p>(Pages 97 - 100)</p> |
| <p>9. UPDATE ON THE NORTH WEST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN (STP)</p> <p>To consider the development of the North West London Sustainability & Transformation Plan (STP), together with the key deliverables for 2016/17 and the timescale for their delivery.</p> | <p>(Pages 101 - 112)</p> |
| <p>10. COMMITTEE WORK PROGRAMME AND ACTION TRACKER</p> <p>To consider the Committee's Work Programme for the 2016-17 municipal year, and to note progress in the Committee's Action Tracker.</p> | <p>(Pages 113 - 124)</p> |
| <p>11. ITEMS ISSUED FOR INFORMATION</p> <p>To provide Committee Members with the opportunity to comment on items that may have been previously circulated for information.</p> | |
| <p>12. ANY OTHER BUSINESS</p> <p>To consider any other business which the Chairman considers urgent.</p> | |

Charlie Parker
Chief Executive
13 September 2016

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CITY OF WESTMINSTER

DRAFT MINUTES

Adults, Health & Public Protection Policy & Scrutiny Committee

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Adults, Health & Public Protection Policy & Scrutiny Committee** held on **Wednesday 22 June, 2016**, Rooms 6 &7, 17th Floor, City Hall, 64 Victoria Street, London SW1E 6QP

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

Also Present: Councillor Rachael Robathan.

1 JO COX MP

1.1 The Committee held a minute's silence for Jo Cox MP.

2 MEMBERSHIP

1.1 Apologies were received from Councillors Barbara Arzymanow and Glenys Roberts. Councillor Jacqui Wilkinson attended the meeting as replacement for Cllr Arzymanow.

3 DECLARATIONS OF INTEREST

3.1 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.

3.2 Councillor Barrie Taylor declared that he had a non-prejudicial interest in item 6 of the published Agenda (Minute 7 below), in that he was a Member of the Westminster Health & Wellbeing Board.

4 MINUTES AND ACTION TRACKER

4.1 **RESOLVED:** That the Minutes of the meeting held on 19 April 2016 be approved for signature by the Chairman.

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

5 CABINET MEMBER UPDATES

5.1 Cabinet Member for Adults & Public Health

- 5.1.1 Councillor Rachael Robathan updated the Committee on key issues within her portfolio, which included the Better Care Fund, Mental Health Day Services, and the work of the Westminster Health & Wellbeing Board. The Committee noted that the review of the Joint Health & Wellbeing Strategy was nearing completion, and that the proposals would be published for consultation at the beginning of July. The Cabinet Member commended the joint working and contributions that had been received from Adult Social Care and from Westminster's health partners.
- 5.1.2 The Cabinet Member commented on the delivery of the Community Independence Service (CIS), which sought to save funding through avoiding unnecessary hospital admissions, and to also avoid the deterioration that could happen in hospital, by providing care for the frail elderly at home as far as possible. Although the CIS has been working well, hospital admissions had increased, and the Cabinet Member considered that it would be useful to receive the views of the Committee on the effectiveness of the service. The Committee agreed that consideration would be given to creating a Task Group which could review progress.
- 5.1.3 The Committee noted progress in the commissioning of sexual health and substance misuse services. Gaynor Driscoll (Head of Commissioning Substance Misuse Services & Offender Health, Public Health) informed the Committee that consultation on proposed changes to genitourinary medicine services had now been completed, with responses being evaluated prior to implementation.
- 5.1.4 Consultation on proposed changes to Community Mental Health Day Services had also now concluded, with the findings being published shortly together with proposals for the reshaping of services. Committee Members acknowledged the importance and value of early intervention before people reached a situation of crisis.
- 5.1.5 The Cabinet Member updated the Committee on the commissioning process for 0-19 Services and School Nursing, and confirmed that the Health Visiting Service was to become integrated with children's services. The Cabinet Members also commented on the recommissioning of the Family Nurse Partnership, which was a wrap-around service for young single mothers, and highlighted the benefits of a 24/7 Skype service being made available between new mothers and the health service.

- 5.1.6 The Committee discussed recruitment difficulties for the School Nurse service, and noted that recruitment was an issue across all health and care services. Members acknowledged the importance of a strategy for future recruitment, which could include the provision of affordable housing to enable people to live and work in Westminster. Louise Proctor (Managing Director, West London Clinical Commission Group) commented on the challenge of health workers moving out of the London area once their training had been completed and they had gained experience.
- 5.1.7 The Cabinet Member informed the Committee that the Health & Wellbeing Board was in the process of looking at how services should be directed in the future, and that a prioritisation framework was being prepared which would consider how funding should be prioritised taking into account statutory and non-statutory functions. It was anticipated that a paper on the proposed framework would be submitted to the Committee for comment and input at its meeting in November.
- 5.1.8 The Committee also discussed the effective use of estates in providing hubs to make delivery more effective, and to provide clearer pathways to avoid duplication. Members noted that consideration was being given to staging an initial pilot in the south of the Borough, which would map existing services together with the use of estates.
- 5.1.9 Committee Members requested a copy of Westminster's Better Care Fund application which had been submitted to the Department of Health.

5.2 Cabinet Member for Public Protection

- 5.2.1 The Committee received a written briefing from Councillor Nickie Aiken which included proposed changes to the CCTV service; the Westminster licensing standard; and the link between foreign national offenders and human trafficking.
- 5.2.2 Committee Members commented on the recent escalation of youth violence in Westminster, and expressed concern over the withdrawal of CCTV, which had in some circumstances been useful to the Police and community. The Committee noted that the provision of CCTV was now becoming reliant on companies and public bodies such as City West Homes and TfL, and agreed that the provision of CCTV should be included in the discussion on Stress Areas for Licensing at the next meeting in September.
- 5.2.3 Committee Members also commented on the results of Operation Vanadium, which had been a multi-agency operation that had focussed on Edgware Road, and had sought to disrupt criminal activity which included drugs, prostitution and human trafficking.

6 STANDING UPDATES

6.1 Task Groups - Human Trafficking

6.1.1 The Committee received a briefing on the work of the Human Trafficking Foundation from Tamara Barnett (Project Leader, Human Trafficking Foundation), who also outlined the findings of the GLA report 'Shadow City - Exposing Human Trafficking in Everyday London'.

6.1.2 Although initial first steps were being taken to address human trafficking, with changes being seen within the Police and Home Office, local authorities had been slower to respond to their statutory obligations. The Committee noted that while Westminster was ahead of many other boroughs, London lagged behind the rest of the country. Local authorities were also being required to respond without the support of additional funding.

6.1.3 The GLA report aimed to clarify responsibilities and how to be most effective with limited resources, and had taken into account three key issues:

- (i) **Identification:** There was considerable evidence that London was a hub for human trafficking and slavery in the UK.
- (ii) **Lack of support when exiting the Government safe houses:** After they had finished receiving the statutory 45 days of care, there was very little or often nothing in place in local authorities to provide any specialist support for victims of trafficking, who could become homeless and at risk of further exploitation.
- (ii) **Inadequate services for child victims of trafficking:** Although adults received special trafficking support, children are meant to be protected by broader safeguarding laws and received no specialist service. As a result, vulnerable children were at risk of going into inappropriate foster care, or of falling into criminal activities.

The report also sought to map existing gaps, and to create partnerships between boroughs. The Committee acknowledged the need to engage local authorities in London to make them aware of their new statutory responsibilities, and noted the action that was already being taken in Westminster.

6.1.4 Liz Bruce (Executive Director, Tri-Borough Adult Social Care) commented on her role as the national lead for Adult Safeguarding, and was also a member of the Home Office Group that was writing the guidance for modern slavery. The Committee noted that although Adult Social Care was willing to support the new ways of working, the guidance was still being written and needed to be circulated for consultation prior to implementation. Committee Members also acknowledged difficulties in funding.

6.1.5 The Committee recognised the overlap in the work being undertaken in connection with trafficking and with vulnerable young adults and children in hostels, and highlighted the need for better understanding and co-ordination by the City Council. Committee Members also noted that children who had been trafficked could have issues that had not been addressed, and suggested that Tamara Barnett met with Children's Services to make them aware of the training that was available for foster carers.

6.1.6 Committee Members suggested that it would be useful to provide a briefing on Human Trafficking to elected Members in the north of the borough.

6.1.7 The Committee agreed to:

- (i) Promote the free October Conference, on how local authorities can best tackle human trafficking in light of the Modern Day Slavery and Care Acts, to relevant Councillors and Officers related to Community Safety, Child and Adult Safeguarding, Housing and Violence Against Women & Girls.
- (ii) Consider how the City Council could contribute to the agenda of this Conference and have broader input.
- (iii) Write to relevant Directors in Adult Social Care, Children's Services and Public Protection, asking how they:
 - identify victims leaving safe houses to ensure that the ongoing support provided by the City Council was compliant with new legislation and represented best practice
 - improve access to intelligence
 - identify and protect child victims of trafficking
- (iv) ask the Director of Adult Safeguarding and Director of Housing to provide a briefing on how the City Council supported adult victims of trafficking after they were recognised as trafficked; had leave to remain; and had left a safe house.

6.1.8 The Committee thanked Tamara Barnett for attending the meeting.

6.2 Air Quality Task Group

6.2.1 Committee Members noted that the first meeting of the Air Quality Task Group was scheduled to take place on 11 July, and that Councillor Antonia Cox was representing this Committee and would report back.

6.3 Healthwatch

- 6.3.1 Janice Horsman (Healthwatch) provided a brief update on the current work and priorities of Healthwatch Westminster.
- 6.3.2 A recent consultation event and survey on priorities highlighted by the Health & Wellbeing Board had highlighted a number of themes, which had included the availability and accessibility of services; better care for long term conditions; and the health and mental health of children and young people. More detailed feedback from consultation and survey would be available once the results had been analysed.
- 6.3.3 The Committee also noted key issues for the 2016-17 work plan that had arisen from consultation with members of Healthwatch, which included differences in life expectancy for people with mental health issues; social isolation; and access to primary care and waiting times for referred services.
- 6.3.4 Healthwatch recognised the need for further self-publicity, and to ensure that priorities were aligned with the strategic priorities of Westminster.

7. **WESTMINSTER HEALTH & WELLBEING BOARD**

- 7.1 Councillor Barrie Taylor declared a non-prejudicial interest in this item, in that he was a Member of the Westminster Health & Wellbeing Board, and confirmed that he would not take part in any formal decision that may be taken.
- 7.2 The Committee welcomed Jules Martin, who had recently been appointed as Managing Director of the Central London Clinical Commissioning Group.
- 7.3 Liz Bruce (Tri-Borough Executive Director of Adult Social Care Services) updated the Committee on the work of the Health & Wellbeing Board, and on progress in the refresh of the Joint Health & Wellbeing Strategy, which was being undertaken by the City Council and Westminster's Clinical Commissioning Groups (CCGs) through consultation and a series of workshops. As a result of the discussions and outcomes of the workshops, four priorities that would reflect local priorities had been agreed by the Health & Wellbeing Board to form the basis of the refreshed Strategy:
- Improving outcomes and life chances for children and young people;
 - Reducing the risk factors for and managing long term conditions such as dementia;
 - Improving mental health outcomes through prevention and self-management; and
 - Creating and leading a health and care system fit for the future.

The Committee noted that the new Strategy needed to be in place by the end of the year.

- 7.4 The Committee also received an update on Westminster's Sustainability & Transformation Plans which were being developed in collaboration with the City Council and CCGs in North-West London, and which sought to change the overall health and care system in Westminster so the results that were needed could be achieved within the existing budget. The Committee noted that the Health & Wellbeing Board was also responsible for Westminster's Pharmaceutical Needs Assessment.
- 7.5 Committee Members commented on the need for behaviour change, the greater use of pharmacies, the collaborations of schools and self-care to be passed to the community. Louise Proctor (Managing Director, Central London CCG) confirmed that the planning of pharmacy services was co-ordinated through NHS England, and agreed to provide the Committee with a briefing on whether pharmacies would be able to deliver the role envisaged for them given the reductions in their funding.
- 7.6 Committee Members commented on the strategic priorities set out in the Joint Health & Wellbeing Strategy, and suggested that some of the aims were too general with delivery being difficult to measure.
- 7.7 The Committee agreed that the City Council's Policy & Communications Department would be requested to draw up proposals for the publication and distribution of consultation on the draft Strategy, and that the consultation programme would be shared with Committee Members.

8. COMMUNITY INDEPENDENCE SERVICE – ONE YEAR ON

- 8.1 As part of its work programme, the Committee wished to review how the Community Independence Service (CIS) was delivering its objectives after a year of operation, and to also consider the successes and challenges that had arisen. The Committee accordingly heard from Professor Tim Orchard (Clinical Divisional Director for Medicine and Integrated Care, Imperial College Healthcare NHS Trust); Anna Bokobza (Imperial College Healthcare NHS Trust); and Anne Elgeti (Community Services Programme Director, NHS Central, West and Hammersmith & Fulham CCGs). The Committee also heard from Liz Bruce (Tri-Borough Executive Director of Adult Social Care Services); Jules Martin (Managing Director, Central London CCG), and Louise Proctor (Managing Director, West London CCG).
- 8.2 Professor Orchard informed the Committee that the contracts for delivery had been short term, and sought to develop working relationships between Westminster's health partners. Imperial had worked hard to deliver the best model of care across the three boroughs, but had experienced difficulties over

the year in obtaining information from providers for monthly reviews. Professor Orchard acknowledged that some of the Key Performance Indicators (KPIs) had been complex, and confirmed that the number of KPIs had been significantly reduced over the year.

- 8.3 The Committee sought clarification as to why Imperial had decided not to bid for the new Lead Provider contract. Professor Orchard confirmed that the decision had been based on the issue of measuring services through KPIs, which needed to be clear and agreed in advance; the need for delivery of the contract to be financially viable; and the need to include embedded services such as care homes, which Imperial would not normally wish to deliver. Imperial did however remain committed to the CIS, and considered that the first year of service had been useful for all parties, with many referral processes and eligibility criteria being standardised. Customer feedback had also been positive, with 94% of patients having said that the service was excellent or good, with home interventions having made a difference.
- 8.4 The Committee noted that although the City Council continued to support the model for the CIS, the anticipated savings had not been achieved, and further work was needed to reduce costs and make the service more effective. Members acknowledged that costs could be reduced through effective planning and by identifying problems at an early stage.
- 8.5 The Committee discussed how the effectiveness of the CIS was measured, and suggested that the next progress report should include analytical detail relating to outcomes, financial performance and efficiency savings on some of the assessments that were given. Louise Proctor (Managing Director, West London CCG) commented that although the level of detail would improve, the new contract would not be for an accountable care partnership, and it would be unlikely that data on all of the outcomes referred to by Committee Members would be available for the next report.

9. CLINICAL SERVICE IMPROVEMENTS - PROPOSED NEW PATHWAYS FOR ACUTE MEDICINE AND CHEST PAIN PATIENTS

- 9.1 In response to a request from Imperial College Healthcare NHS Trust, the Committee received a briefing from Professor Tim Orchard (Clinical Divisional Director for Medicine & Integrated Care, Imperial College Healthcare NHS Trust) on proposed changes for related acute medicine and chest pain services. A period of public engagement on the proposals was currently being undertaken running until July, and would report to the Imperial Trust Board.
- 9.2 The Committee noted that the proposals sought to bring benefits for Westminster residents in terms of improved clinical outcomes and better patient experience by ensuring that patients saw the correct physician, and received the right care and treatment in the right facilities.

9.3 The Committee sought assurance that the proposed changes would still enable access to the hospital sites by carers and relatives, and sought further information on the levels of efficiency savings this would produce.

10 PUBLIC PROTECTION DATA AND INFORMATION

10.1 Muge Dindjer (Policy & Scrutiny Manager) presented a report which enabled Committee Members to identify information they may wish to receive quarterly by way of briefing, and which may assist in the scrutiny of the services of the City Council and its partners in the Westminster Community Safety Partnership.

10.2 Committee Members agreed that it would be useful to receive notification of significant events or changes in trends, and noted the intention that the Metropolitan Police website check with Damian would in future provide Councillors with the facility to view crime figures relating to their Wards. Members also suggested that the public protection data paper be made available to the forthcoming meeting of the Westminster Scrutiny Commission as a background paper for the discussion on Committee Work Programmes.

11 ANNUAL WORK PROGRAMME 2016-17

11.1 Muge Dindjer (Policy & Scrutiny Manager) presented a report which set out the responsibilities and scope of the Committee's work, and which offered suggestions for the Committee's Work Programme for the 2016-17 municipal year.

11.2 The Committee noted that the proposed agenda for the meeting in March 2017 included capacity for a key issue from the Public Protection portfolio that Members could identify by reference to this data.

11.3 The Committee agreed that the Work Programme be published, and that consideration should also be given to receiving proposals for the new NHS 111 service at a meeting of the Urgency Sub-Committee.

The Meeting ended at 9.32pm.

CHAIRMAN: _____

DATE: _____

<i>Actions Arising</i>	
Item 5 Cabinet Member Updates: Adults & Public Health	A paper on the proposed Prioritisation Framework being drawn up by the Westminster Health & Wellbeing Board to be submitted to the Committee for comment and input at its meeting in November.
Item 5 Cabinet Member Updates: Adults & Public Health	Committee Members to receive a copy of Westminster's Better Care Fund application which had been submitted to the Department of Health.
Item 6 Task Groups – Human Trafficking	Suggested that Tamara Barnett met with Children's Services to make them aware of the training that was available for foster carers.
Item 6 Task Groups – Human Trafficking	Suggested that it would be useful to provide a briefing on Human Trafficking to elected Members in the north of the borough.
Item 6 Task Groups – Human Trafficking	<p>Agreed that the Committee would:</p> <ul style="list-style-type: none"> i) Promote the free October Conference, on how local authorities can best tackle human trafficking in light of the Modern Day Slavery and Care Acts, to relevant Councillors and Officers related to Community Safety, Child and Adult Safeguarding, Housing and Violence Against Women & Girls. ii) Consider how the City Council could contribute to the agenda of this Conference and have broader input. (iii) Write to relevant Directors in Adult Social Care, Children's Services and Public Protection, asking how they: <ul style="list-style-type: none"> • identify victims leaving safe houses to ensure that the ongoing support provided by the City Council was compliant with new legislation and represented best practice • improve access to intelligence • identify and protect child victims of trafficking (iv) Ask the Director of Adult Safeguarding and Director of Housing to provide a briefing on how the City Council supported adult victims of trafficking after they were recognised as trafficked; had leave to remain; and had left a safe house.

<p>Item 7 Westminster Health & Wellbeing Board</p>	<p>Committee to receive a briefing paper on NHS England's plans for pharmacy services and whether pharmacies would be asked to have a greater role.</p>
<p>Item 7 Westminster Health & Wellbeing Board</p>	<p>The City Council's Policy & Communications Department to be requested to draw up proposals for the publication and distribution of consultation on the draft joint Health & Wellbeing Strategy, and to share the consultation programme with Committee Members.</p>
<p>Item 10 Public Protection Data and Information</p>	<p>The paper on public protection data to be made available to the forthcoming meeting of the Westminster Scrutiny Commission as a background paper for the discussion on Committee Work Programmes.</p>
<p>Item 11 Annual Work Programme 2016-17</p>	<p>The approved Committee Work Programme for 2016-17 to be published.</p>

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City of Westminster

Adults, Health & Public Protection Policy & Scrutiny Committee

Date: Wednesday 21st September 2016

Briefing of: Cabinet Member for Public Protection

Contact Details: Joe Penny x 5772
jpenny@westminster.gov.uk

1 CCTV

- 1.1 Further to my update on the previous committee's report, further discussions have taken place with MOPAC and the Metropolitan Police (MPS), who have expressed an interest in taking over a number of crime and disorder cameras that are due to be decommissioned.
- 1.2 As a result of these discussions with the MPS, I have delayed the deadline for decommissioning to the 1st December 2016. This gives the MPS the extra time they need to re-route the feeds of cameras, which they are interested in, to their own monitoring facility.
- 1.3 The cameras will remain 'up' and recording until the 1st December, however, the cameras will not be monitored. Monitoring of the cameras ceased at midnight on the 31st August and a full handover took place with council officers and G4S staff.

2 Counter Terrorism

- 2.1 The Home Office's Counter Terrorism Strategy has four distinct strands of work, under the headings of: Prevent, Pursue, Prepare and Protect. In response, Westminster City Council has established two sub groups in support of this strategy, coordinating the work and performance monitoring in relation to Prepare and Protect headings. A shared service Prevent Steering Group already exists. The Metropolitan Police are solely responsible for Pursue.

- 2.2 A quarterly report is submitted to the Executive Management Team, outlining the progress of work in each sub group. EMT is accountable for delivery of the council's response to the strategy.
- 2.3 A number of Prevent Projects have been commissioned for 2016/17. All Prevent projects are funded by the Office for Security and Counter-terrorism. The projects are based on an assessment of the local risks in relation to radicalisation and extremism. The projects are also developed with recognition that the factors that might make someone susceptible to radicalisation or extremism are the same factors that may draw them in to gangs or other forms of exploitation.
- 2.4 The Council continues to review, test and refresh emergency plans focused on preparing for any terrorist atrocity. In addition, we are looking at ways to design out vulnerabilities in partnership with other agencies through 'Protect' work.

3 Youth Violence

- 3.1 The discussion at the first Youth Violence Roundtable has now led to the development of two new work streams, involving our Community Safety Team, Family Services and Integrated Gangs Unit (IGU).
- 3.2 The first work stream has led to the creation of a Local Action Group, chaired by the Head of Early Help in Family Services and attended by partner agencies such as the Police, housing providers, public health bodies and youth clubs. The group will work with local agencies to:
- Improve our information sharing practices
 - Improve our early intervention programmes
 - Provide enhanced local parenting offers
 - Strengthen our street outreach opportunities
 - Provide more opportunities for fund raising.
- 3.3 The second work stream has led to improved methods of community reassurance through our Community Safety Team and IGU. Greater emphasis is now being put on communication with local stakeholders, in order to share the excellent work on-going in the Community Safety and IGU teams. A quarterly briefing will be issued to local stakeholders, providing detailed insight into our continuing efforts to tackle youth violence. The first instalment of these briefings has already been issued.

- 3.4 The next Youth Violence Roundtable has been set for Wednesday 5th October 2016.

4 Licensing Standard

- 4.1 Work has been on-going, since the Licensing roundtable, to develop the practical side of the Licensing Standard. Pilot zones have now been identified to analyse the effect of the Licensing Standard in different areas of Westminster.
- 4.2 In each Pilot Zone, Council Officers will consult with operators on how they would like the Licensing Standard to operate in their respective areas. It is hoped during the trial process, premises will see the following:
- Improved working relationships between authorities and premises
 - A lower risk rating, which could then lead to a more flexible inspection regime
 - Positive PR for the area and the likelihood of associated revenue uplift
- 4.3 Once substantial analysis has been collected, I will hold a further Licensing roundtable with pilot operators to discuss how the trials are progressing.

5 Rough Sleeping

- 5.1 To address issues relating to the street-based community during the daytime, an outreach officer from St. Mungo's Broadway has been on secondment to Residential Services, in City Management and Communities, for a 6-month period. Traditionally, these issues have been largely managed by enforcement teams. Having outreach on board during the day to day deployments of City Inspectors and Neighbourhood Problem Solving Co-ordinators has been successful in bridging the gap between social care and enforcement.
- 5.2 Three trial focus areas have been established which are:
- Northbank
 - Baker Street Quarter
 - Victoria BID
- 5.3 These areas have been chosen to fall in line with BID footprints as they are traditionally hot spot areas for rough sleeping, begging and street-based ASB issues. In addition, we seek to align our resources with those of the BIDs i.e.

security teams and ambassadors, in order to effectively address these issues as presented.

- 5.4 Regular weekly deployments with key partners, including the Police and Home Office Immigration Enforcement, have taken place. We aim to achieve a 'business as usual' model that can be recommended and implemented going forward.

6 SPICE (Synthetic Cannabinoid's) Campaign

- 6.1 In recent months, homelessness services in Westminster have reported a steady increase in the number of people using the lethal drug spice, which is said to be as addictive as heroin. Currently, close to 20% of rough sleepers using homelessness services have been identified as spice users.
- 6.2 In response to this growing concern, I will be launching a campaign to raise awareness around the devastating effects spice has on rough sleepers and the staff that work tirelessly to help those affected.
- 6.3 This campaign will see the council take the lead in pulling together key stakeholders from Government, homelessness charities and the health sector to draw up an 'Action Plan' to help tackle the epidemic. Alongside a roundtable in October there will be a concerted effort to raise awareness amongst the media and general public of the deadly effects of spice and the most effective ways for people to make a real change to the lives of rough sleepers.

7 Night Tube

- 7.1 London Underground began running all night services on the Victoria and Central line on Friday 19th August. These lines will operate 24-hours on Friday and Saturday nights. Officers have been liaising with the police and London Underground regarding the potential impact to the areas surrounding stations.
- 7.2 Over the weekend of 19th/21st August, City Inspectors visited the open stations throughout the nights, in order to determine what impact the new service was having, particularly in relation to the noise. Officers visited multiple times over the course of the weekend and the feedback suggested very little impact was being had, as most stations were quiet. The Northern, Jubilee and the Piccadilly lines will open in the coming months and the city inspectors will continue to monitor the potential impact on nearby residents.

8 Street Entertainment

- 8.1 Once again, the good weather in the City has seen an increase in the number of buskers on the streets of Westminster. In order to address this, Public Protection & Licensing has two dedicated officers, covering 12:00 to 18:00 seven days a week, responding to complaints about buskers across the city. The officers are able to respond to complaints, proactively liaise with buskers and work closely with Busk in London. Officers are currently reviewing what further options are available to us and this will culminate in a Cabinet Member Report during the autumn.

9 Starbucks Prosecuted

- 9.1 Two Starbucks on Berkeley Street have been fined over £160,000 after repeatedly leaving rubbish bags on the public highway. Since April 2015, both stores and Starbucks' head office ignored regular warnings to stop putting rubbish bags on the street outside of normal collection times. They also paid a number of £80 fixed penalty notices. However, bags continued to be left on the street for hours, cluttering the pavement and resulting in rubbish spilling out over the street.
- 9.2 Starbucks pleaded guilty at Westminster Magistrates Court to four waste offences and were fined £40,000 for each. Speaking at Westminster Magistrates court, District Judge Coleman said that Starbucks had acted in a "deliberate" manner, ignoring complaints from residents' associations and numerous warnings from Westminster City Council.

10 Joint-working to Address Rogue Landlords

- 10.1 A focussed enforcement approach, involving joint-working alongside services within RBKC, has been established to co-ordinate action against a number of persistently non-compliant managing agents who extensively sublet properties. These rogue companies are all controlled by the same individuals. These properties are poorly managed, present hazards for occupiers, and are unlicensed.
- 10.2 The threat of existing enforcement measures under the Housing Act 2004 does not serve as a deterrent for such agents, given the amount of money being made. A prosecution against a company often results in the creation of a new company, under which the same practices continue. We have joined forces with RBKC to share information and expertise around a new enforcement approach, through the use of Criminal Behaviour Orders under

the Anti-Social Behaviour, Crime & Policing Act 2014. Officers from environmental health and community safety services are working together to prepare court cases and bring this about. Currently, there are two cases for failing to licence houses in each borough and applications for Criminal Behaviour Orders, against individuals controlling these companies, will follow convictions.

- 10.3 Conditions will be attached to these Criminal Behaviour Orders to prevent these individuals contravening housing laws in the future.

11 Anti-Social Behaviour

- 11.1 A new set of ASB policies and procedures are being drafted and consulted upon. The documents contain a refreshed ASB Policy and the following procedures:

- Criminal Behaviour Order
- Closure order
- Civil injunction
- Initial response to ASB (Adult)
- Initial response to ASB (Young person)
- Community Trigger
- Community protection Notice
- Public Spaces Protection Order (previously published)

- 11.2 In the period between April to August, the Community Safety Anti-Social Behaviour Caseworkers, working with the police Anti-Social Behaviour (ASB) team, have brought two further premises closures to court, in order to disrupt drug activity and associated anti-social behaviour. One in Westbourne ward and one in Tachbrook ward. A previous premise closure (in Queens Park) was extended at court for a further three months, to allow for Network Stadium to take possession proceedings, which they did successfully in June. A further premises closure (also in Queens Park) was avoided by excellent support provided to the tenant by our ASB Caseworkers, who supported the problematic tenant into a supported hostel place and thus reducing the ASB being experienced by neighbours.

- 11.3 Four Criminal Behaviour Order (CBO) applications have now been successful on the back of Operation Kamik. Operation Kamik was a covert police operation targeted at those involved in drugs and gang violence in the South. Key individuals were arrested in February 2016; two 5 year CBO's and two 3 year CBO's have been granted with conditions such as exclusion areas, non-associations and mobile phone restrictions. The Integrated Gangs Unit (IGU)

are awaiting the outcome of two further CBO applications, for nominals linked to Lisson Green Men (LGM), in the next month.

- 11.4 City West Homes (CWH) South ASB team has served a Notice of Seeking Possession (NOSP) as a result of the conviction and CBO of one South nominal. CWH's North East team is discussing with legal the possibility of an injunction against a LGM nominal, after a warrant found drugs and cash at the address.

12 “Lugging” on South Molton Street and New Bond Street

- 12.1 A large number of complaints have been received regarding the sales practices of some of the businesses in these areas, particularly the use of allegedly aggressive selling techniques. The businesses which sell expensive, “luxury” cosmetics employ people to approach passers-by in order to entice them into the shops to make purchases. In doing so, they are allegedly using unfair commercial practices which “by harassment, coercion (including physical force) or undue influence significantly impair, or are likely to significantly impair the average consumer’s freedom of choice or conduct concerning the product”.
- 12.2 Undue influence is defined as “exploiting a position of power in relation to the consumer, so as to apply pressure, even without using or threatening to use physical force, in a way which significantly limits the consumer’s ability to make an informed decision”.
- 12.3 Complaints received include:
- Promotional staff placed outside of the business are physically escorting customers into the salon, despite being told by customers they do not want to enter.
 - Promotional staff are moving a considerable distance from the entrance of the salon to pursue potential customers.
 - Nearby businesses who have asked for their staff not to be targeted are having their instructions ignored and their staff repeatedly being approached.
 - Prices of cosmetics not being displayed/disclosed
 - Total price to be paid is not being disclosed to customers until the end of the sales procedure and customers debit/credit card is already in the pdq machine, thus limiting their ability to consider whether they should make a transaction.

- Debit/credit cards being taken from customers' part way through the sales process and placed in the pdq machine. Thus, applying undue pressure on the customer to make a payment.
- Cosmetics being marketed to customers as being part of a sales/special promotion. It is alleged these are not true promotions and do not offer a discount.
- Customers suffering from mental illnesses, with a limited ability to undertake transactional decisions, being repeatedly sold cosmetics/beauty procedures.

12.4 Using their powers under the Enterprise Act 2002, Trading Standards officers have gathered a large number of witness statements and written to the companies involved, outlining the alleged offences and requiring them to attend a meeting next week in order to sign an undertaking to desist from these practices. Failure to attend this meeting and/or give such an undertaking or failure to comply with any undertaking given would result in Trading Standards seeking a court Enforcement Order. Breach of such an order could constitute a contempt of court, punishable by a fine or imprisonment.

Adults, Health & Public Protection Policy & Scrutiny Committee

Date: Wednesday, 21st September 2016

Briefing of: Cabinet Member for Adults & Public Health

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

1 Actions requested by the Committee

- 1.1 KPI analysis of Adult Social Care (ASC) and Public Health programmes, submitted to the Audit and Performance Committee in June, is attached in appendix A of this report for the Committee's reference.

2 Adults

Better Care Fund (BCF)

- 2.1 Following finalisation of the BCF 2016/17, a strengthened system for reporting progress is now being introduced. The draft North West London Sustainability and Transformation Plan (STP) has now been submitted to NHS England and is supported by a refreshed Health and Wellbeing Strategy for Westminster that is currently out for public consultation. Work has also started to develop a governance structure for the STP.
- 2.2 The joint commissioning of the new Community Independence System (CIS) has now completed and Central and North West London NHS Trust (CNWL) is the new lead provider for reablement services. This follows the 2014 review of the separate borough CIS systems, which found that the tri-borough would benefit from a single, integrated system. The new structure will improve and consolidate the three CIS systems into one flexible service. There will be a single point of referral, a rapid response multidisciplinary health and social care service with locality teams in each hospital site, seven day support to help people to leave hospital and a rehabilitation service to help people to regain their independence following illness and/or injury in their own home or community setting. The mobilisation phase of the project has started and is focusing on both the business and service delivery side of the venture to ensure there is continued emphasis on outcomes and quality.
- 2.3 ASC has initiated two complementary projects to develop the personalisation and direct payments agenda. This work will be aligned to corresponding BCF schemes for

Service User Experience and Personal Budgets to support a whole systems approach and take forward ambitions in these areas.

Carer Awards

- 2.4 The Westminster Carer Awards will take place on the evening of Monday 31st October at the Amba Hotel Marble Arch. We are welcoming back West End Kids to open the ceremony and the Blend Choir will also perform. Exhibitors include Carers Network, Westminster Society, Westminster Health Trainers, People First, Healthwatch and Everyone Active.
- 2.5 I am sitting on the Judging Panel for the awards on 7th September along with my Deputy, Cllr Christabel Flight, senior staff from ASC and representatives from Carers Network, Carers Action and Westminster Society.
- 2.6 We have received 129 nominations across the following categories: unpaid carer of someone with mental health needs; unpaid carer of someone with learning disabilities; unpaid carer of someone with physical disabilities; unpaid carer of someone with dementia; unpaid carer of more than one person; young carer; befriender; voluntary or community carer; carer of someone over 65 years; parent carer; and end of life carer.

Customer Journey Restructure

- 2.7 The Customer Journey Programme was initiated in 2014 following consultation with staff and customers that concluded our service was inefficient and did not always put what matters most to customers first. During the consultation people told us they wanted clarity over what the service offers, control over how those services are delivered and improved quality and coordination with our health partners.
- 2.8 This has led to the restructure of the operational services which aims to ensure our ASC service is there for people when they need it but promotes independence and avoids creating dependency. We have developed a new “front door” offering improved information, advice and initial assessments. Hospital teams are now integrated with health colleagues to discharge any patients from the tri-borough home as quickly and safely as possible. The complex service will provide on-going support to those with longer term needs. A separate placement team supports and reviews people in nursing home and residential settings. The new structure is bedding in well but is not fully settled yet due to problems with Agresso. A programme of induction sessions and training is taking place to ensure that staff are supported in making the required changes as smoothly as possible.

Home Care Procurement

- 2.9 To date, 94% of the home care contracts have been mobilised and we are on target to have mobilised 100% of the home care contracts by the end of September 2016.
- 2.10 The North Westminster patch procurement is now complete and the contract has been awarded to Healthvision, with effect from 5th September. The contracts manager will work with Healthvision, care management staff and the Home Care Management Team to begin implementation plans for customers.
- 2.11 There are still challenges regarding care worker recruitment and capacity at present, which is an issue across London and beyond. The higher hourly rate agreed for care

workers at tender stage has helped with this challenge, though this may change in the future if other authorities also change their approach.

- 2.12 The providers continue to embed their service provision. “Provider Forums” have begun to help support this – one was held in June on adopting a reabling approach and another in August on setting the scene and looking at the areas we want to develop in the service.

Inter-generational Initiatives

- 2.13 Officers are at the early stage of investigating a possible opportunity to extend our approach towards inter-generational initiatives within our Care Homes. The idea stems from an approach being trialed in America (more information here: <http://www.goodnewsnetwork.org/seattle-preschool-opens-inside-a-nursing-home/>) and is viewed by officers as a useful initiative to tackling social isolation.
- 2.14 The idea is to make use of the communal facilities at Beachcroft Care Home for child based activities and to potentially develop an integrated crèche as part of the re-development of the Carlton Dean and Westmead sites. If it goes ahead, this will offer child-care support to staff employed by Sanctuary, our care home provider, and other local employers.

Mental Health Day Services Consultation

- 2.15 Following our joint consultation about changes to our mental health services, officers and Health colleagues are continuing to develop a specification for the new service.
- 2.16 The consultation concentrated on proposals that were drawn up after a five-month review of our existing mental health day services. The proposals included replacing underused existing day centres with a more flexible and tailored support service which focuses more on early intervention and recovery. This includes providing peer support groups and “safe space drop-ins” so that people who have had multiple relapses and who find accessing mainstreams services very challenging or are transitioning from hospital to GP care can easily access support, at different times, in the community, at a range of locations. The proposals also give people increased choice and control of their mental health services through personal budgets.
- 2.17 Through the proposals, we aim to reach more people, achieve better outcomes and create efficiencies. It is anticipated that a decision will be made in the Autumn with a new service in place by the end of 2016.

Silver Sunday

- 2.18 This year’s Silver Sunday is on 2nd October and events will be for people aged 65 years and over. Highlights include:
- a celebration of Broadway musicals at the Royal Albert Hall
 - tours and afternoon tea at Lord’s Cricket Ground
 - guided walks around historic Westminster
 - singing with the Church Street Choir
 - free film screenings
 - dance for health workshops with the English National Ballet

- 2.19 All events are being launched on Monday, 5th September with some events already open for bookings.

Specialist Housing Strategy for Older People (SHSOP)

- 2.20 The Butterworth Centre transferred to Sanctuary Care from CNWL on the 8th August. The transfer went smoothly and information to date demonstrates that Sanctuary is managing the specialist requirements of the Butterworth service effectively. This marks the end of Phase One of the programme. The focus now is business as usual and effective contract delivery across all the services.
- 2.21 Phase Two of the programme has a number of different development projects, the first of which is the development of the Beachcroft Care Home on Shirland Road. A public consultation exercise was held in June to enable the community to input into the design. This included 2 public events, a letter drop to 1000 people, posters in local facilities and a dedicated website for people to visit. Work is now in progress to finalise the design and submit it for planning consent. It is anticipated that the planning application will be considered in October.

Tea Dance

- 2.22 The 2016 Westminster Tea Dance takes place on Sunday 6th November in the Great Room of Grosvenor House. It is supported by the Sir Simon Milton Foundation and sponsored by our partners the Grosvenor Estate, Telegraph Group and Shaftesbury PLC.

3 Public Health

0 – 19 Services (School Nursing and Health Visitors)

- 3.1 Following the transfer of Health Visiting and Family Nurse Partnership services to local authorities 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 has been extended until March 2017. This is to ensure continuity of the service whilst the procurement of a new School Health Service is completed. The new School Health Service procurement is progressing as expected. Tenders have been evaluated and the contract award is progressing through the normal governance processes for a new service to be in place from 1st April 2017.

Childhood Obesity

- 3.3 The annual report for the Tackling Childhood Obesity programme has been finalised and approved by all three councils. It has been published on the Joint Strategic Needs Assessment (JSNA) website.
- 3.4 The Tackling Childhood Obesity Team (TCOT) is looking to further develop and strengthen its engagement with other council areas to accelerate progress on the programme. Proposed activities such as an increase in providing drinking water and a social supermarket are still being proposed but the aim of the partnership is to

establish an on-going relationship with specific areas of the councils alongside targeted activities to reduce childhood obesity.

Community Champions

- 3.5 The Community Champions programme, comprises 5 Community Champions projects and a Maternity Champions pilot project. Quarter 1 (April to June) data shows that the programme maintained 87 active volunteers in Westminster, working a total 1247 volunteer hours. We also ran 4 large events, attended by a total of 1571 adults and children. In Quarter 1, 124 regular weekly, monthly or ad-hoc activity sessions took place, reaching a total attendance of more than 1500. Lastly, 13 public health campaigns and 2 baseline health surveys were completed reaching 2866 residents.
- 3.6 Health and Housing Partnership Groups have been established for all projects, to help steer the strategic direction of each one. There has been a combined Health and Housing Partnership group meeting for Westbourne, Church Street and Mozart projects and separate meetings for Churchill Gardens & Tachbrook and Harrow Road.
- 3.7 Queens Park Maternity Champions, run by Paddington Development Trust, was one of two 2.5 year pilots that have recently been evaluated. The model has proven to have a positive impact on engaging and supporting vulnerable parents and parents-to-be in three key areas of: maternal mental health; reducing isolation & building peer support networks and breastfeeding. Health professionals interviewed believe the model has significant potential for supporting peri-natal mental health as well as mental health more widely.

NHS Health Checks

- 3.8 In Quarter 1 1,637 people received a health check. This equates to 4% of the eligible population. This is a good start to the year and is in line with the number of Health Checks we expect to deliver in order to achieve our annual target.

Sexual Health

- 3.9 The procurement of the re-designed Adults Community Sexual and Reproductive Health Services is in its final stages. We are confident that we have identified providers that will be able to fully deliver against the specifications and focus on delivering prevention services. We expect that the user experience will be enhanced through more integrated and well linked services.
- 3.10 The tri-borough are a sub-region within the London Sexual Health Transformation programme and are in the latter stages of procurement for a future sustainable model for an integrated Genito Urinary Medicine (GUM) Sexual and Reproductive Health (SRH) service. These services are mandatory for us to provide and will be open access. There were minor delays in reaching this stage in the process but we are now on track to achieve implementation by 1st April 2017. There is on-going interest in this very high profile procurement as we are hosts to some of the busiest units in London, attracting the most high risk and vulnerable cohorts from outside the borough as well as our local population. We are part of a London wide transformation programme with the aim of building a more financially sustainable model for sexual health provision as demand in London continues to grow while budgets are restricted.

- 3.11 The London procurement of web based initiatives and partner notification system to support the redesigned GUM system is progressing through Camden Council on behalf of 31 London boroughs. The Prior Information Notice has been published and initial stakeholder events held. There have been some delays in progressing the procurement, however it is expected that the Pre-Qualification Questionnaire will be published September.

Shisha Strategy

- 3.12 Public Health has been working with the Licensing and Policy teams to develop a strategy to reduce shisha smoking in the borough. The draft strategy went out to consultation at the end of last year. The strategy looks at the impact of shisha smoking and sets out an approach to deal with the issue through engagement, regulation and lobbying. Officers are now evaluating the feedback and the will launch the final strategy at an event in the Autumn (date to be confirmed).

Substance Misuse

- 3.13 The new core drug and alcohol service has been operational since April and a programme of information sessions for key stakeholders is continuing. The new providers are continuing to work with commissioners closely to ensure continued improvement through the first year of the contract. A six month review will take place in October and the outcomes of the review will be shared in a future report.
- 3.14 An evaluation of both the specialist Group Work Programme and Primary Care Support Service will begin in September and the committee will be kept informed as these evaluations progress.
- 3.15 As part of "Recovery Month" the new services will be hosting recovery events throughout September which will be advertised along with other events throughout the month.

4 Health & Wellbeing Board

Board Meetings

- 4.1 The Board met on 14th July 2016. The Board reviewed the annual report of the Director of Public Health, received updates on the North West London STP, primary care co-commissioning and the tackling childhood obesity programme. The Board also heard updates on projects such as primary care modeling and health and wellbeing hubs.
- 4.2 The next Board meeting will take place on 15th September. The meeting will review local implementation of the Children and Families Act, the Housing JSNA findings and recommendations, and the draft rough sleeping strategy for Westminster.

Joint Health and Wellbeing Strategy Refresh

- 4.3 The joint health and wellbeing strategy, a local plan for delivering transformation in health and care in Westminster, is being refreshed. The strategy will focus on prevention and early intervention while ensuring a sustainable high quality, person-centred health and care system for everyone who lives in, works in and visits Westminster over the next five years. Our four priorities that we are proposing to focus on include:

- Improving outcomes for children and young people;
- Reducing the risk factors for, and improving the management of, long term conditions such as dementia;
- Improving mental health through prevention and self-management; and
- Creating and leading a sustainable and effective local health and care system for Westminster.

4.4 The draft refreshed strategy is open for online public consultation for a 14 week period ending 16th October 2016. In parallel, I am jointly hosting three consultation events with the Chair of the Central London Clinical Commissioning Group (CLCCG) on:

- 8th September – a consultation roundtable with Westminster health and care providers at CLCCG headquarters
- 14th September – *Health and Wellbeing in Westminster – Everyone’s Business* aimed at Westminster businesses who want to find out more about how they can make improvements the health wellbeing of their workforce. Speakers include Marylebone Cricket Club, Veolia and Westminster Impact Hub and the event will be taking place at Somerset House.
- 5th October – an open house consultation event for the public at Church Street library with free activities such as chair zumba and health checks for attendees. Attendees will be asked to feedback on aspects of the draft strategy to us during the event.

Hubs

4.5 The Hubs Steering Group continues to map 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.

4.6 At the last meeting, the Group viewed a range of possibilities to bring together health services with various council functions, via existing community facilities. The aim is to deliver a more integrated service to some of the key priority groups within Westminster’s communities. One area of focus is service for older people. Here we are considering how we can make best use of our library facilities as venues for service provision. In doing so we are reviewing our mobile library and befriending services, with a view to making these facilities more closely aligned. Another priority area is services for children and young people, so the Group also discussed opportunities for developing a better preventative offer for families. The proposal is to bring together a range of council and partner services to create Family Hubs – a virtual network which will support families to understand and implement the changes that will improve their health and wellbeing. A paper has been developed for the Health and Wellbeing Board about this suggested venture.

5 Health

The North West London Sustainability and Transformation Plan (STP)

5.1 In December 2015, NHS England outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England will produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become

sustainable over the next five years – ultimately delivering the Five Year Forward vision of better health, better patient care and improved NHS efficiency. This will help drive genuine and sustainable transformation in patient experience and health outcomes over the longer-term. Westminster City Council and our health partners, the CLCCG and West London Clinical Commissioning Group, are part of the North West London locality.

- 5.2 Our draft joint health and wellbeing strategy has been compiled alongside the development of North West London STP since January 2016. The Health and Wellbeing Board agreed in January that the strategy would act as the local delivery plan for the STP and accordingly the main themes of both documents have been linked – specifically on the themes of prevention, early intervention, developing and maintaining high quality service for people, and improving mental health and wellbeing for adults and children. Westminster has also been leading on the finance workstream of the STP for North West London. Westminster is in a good position to significantly influence the STP and greatly benefit our residents as a result.
- 5.3 In June, The North West London STP leaders, submitted a ‘check point’ document on behalf of the health and local authority signatories to NHS England to obtain feedback on the content and direction of the STP. The document received positive feedback and it is expected that it will attract transformation funding to help implement the STP. Final plans are due for submission on 21 October. In the meantime, the STP is currently undergoing a public consultation and is available for viewing at: <https://healthiernwlondon.commonplace.is/about>

Proposed Re-development of St Mary’s Hospital

- 5.4 Imperial NHS Trust hosted an exhibition on 8th September displaying their proposals for the first phase of redevelopment of St Mary’s Hospital in Paddington. The proposals include the development of a new building on the east of the St Mary’s estate – on the current site of Salton House and the Victoria and Albert and Dumbell buildings (between South Wharf Road and Praed Street). If it goes ahead, the development will bring together the majority of St Mary’s outpatient services - which are currently provided in 40 locations - under one roof.

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

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

Key Service Performance Indicators

The table provides an assessment of the Key Service Performance Indicators. Detail has been provided for all indicators failing to meet targets by year-end. Please note year-end figures reported in the table below are year-to-date, April 2015 to March 2016, unless indicated.

Performance Indicator	2014/15 Performance	2015/16 Target	Year-end position*	Target status	Direction of Travel
	<i>Last year's position</i>	<i>Service targets</i>	<i>Apr 15 - Mar 16</i>	<i>Off/On Track</i>	<i>Perf vs. last year</i>
Performance Indicators flagged for attention:					
Adult Social Care					
Reduce non elective (unplanned) hospital admissions - cumulative	18,070	17,254 (4.6% reduction)	18,498 (93% of target)	Target Not Achieved	Deteriorating on last year
Reason for underperformance and mitigation: This is a joint NHS/LA target which is primarily driven and influenced by health activity. There are a range of measures as part of the BCF fund that could impact this measure and collectively a target reduction of 4.6% was hoped to be achieved. This target will not be met as NEL activity continues to track slightly above the previous year. Close working with GPs and rapid response continues to 'case find' high risk residents and the current specification for the re-procurement of CIS includes activity based payments for health which should incentivise and drive up volumes as appropriate.					
Position in 2016/17: This indicator will no longer be reported on as it is a poor representation of social care performance					
Percentage of carers receiving an assessment or review	69% (1,008 of 1,468)	95%	89% (1,081 of 1,245)	Target Not Achieved	Improved on last year
Reason for underperformance and mitigation: In 2014/15, 69% of carers received an assessment or review. In 2015/16, this figure rose to 89%, considerably higher than last year and close to the challenging stretch target we have set. There are also a proportion of carers who are offered but decline an assessment (approx. 10%) and this should be considered when looking at overall performance.					
Delayed transfers of care, acute days attributed to social care (cumulative)	861 days	432 days	1,002 days (232% of target)	Target Not Achieved	Deteriorating on last year
Service commentary: The target has not been met due to unusually high activity in October/November 2015 and February/March 2016. For all other months, performance has been similar or below the London average. Majority of delays have been through the Imperial Healthcare Trust and is predominantly attributed to limited nursing home availability. Securing dementia nursing beds is a recognised issue for Westminster and wider London due to lack of provision in the market. Local capacity is being reviewed as part of the Sheltered Housing Strategy for Older People, however this is a medium term solution as units will not be available until 2017/18. The authority has officially joined the West London Alliance for collaborative sourcing of placements which should improve the responsiveness of providers and contribute towards reducing delays.					
Proportion of adults with a personal budget receiving a direct payment	23%	27%	23%	Target Not Achieved	Stable, same as last year
While performance is stable, there is likely to be an increase in the uptake of direct payments in 16/17 as we roll out the new Home Care offer and imbed revised personalisation policies.					

Performance Indicator	2014/15 Performance	2015/16 Target	Year-end position*	Target status	Direction of Travel
	<i>Last year's position</i>	<i>Service targets</i>	<i>Apr 15 - Mar 16</i>	<i>Off/On Track</i>	<i>Perf vs. last year</i>
Performance Indicators on track to achieve targets or have achieved targets by year -end:					
Adult Social Care					
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	15,741 weeks (99% of target)	Target Achieved	Improved 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	11,838 (94% of target)	Target Achieved	Improved on last year
Adults receiving a personal budget to meet their support needs	83%	90%	92% (1,499 of 1,625)	Target Achieved	Improved on last year
Total number of new permanent admissions to residential care of people aged 65 years and over	75	74	44 (59% of target)	Target Achieved	Improved on last year
Total number of new permanent admissions to nursing care of people aged 65 years and over	55	52	53	Target Not Achieved	Improved on last year
Public Health					
Number of NHS health checks offered to the eligible population	19,797	Monitoring indicator	25,105 (Qtr3 position)	N/A	Improving on last year
Number of NHS health checks taken up by eligible population	6,147	6,580	5,844 (Qtr3 position)	On Track to achieve target	Stable, same as last year
Number of adults and children attending obesity prevention programmes	522	600	326 (Qtr3 position)	Target Achieved	Stable, same as last year
Total numbers of cigarette smokers who are recorded by the Stop Smoking Service as being off cigarettes after 4 weeks	1,503	1,437	881* quit smoking at 4 weeks by the end of Q2 (61% of target)	On Track to achieve target	Improving on last year
<i>*Quarter 3 figures available at the end of April and year-end figures available July.</i>					
Number of residents reached through community champion activities	N/A	20,000	13,228 contacts made among local residents (Qtr3 position)	On Track to achieve target	Stable, same as last year
Number of Children at 4-5 years old defined as obese	138	Monitoring indicator	126 (2014/15)*	N/A	Stable, same as last year
<i>* Resident state school reception year children were very overweight.</i>					
Number of Children at 10-11 years old defined as obese	303	Monitoring indicator	243 (2014/15)	N/A	Improving on last year
<i>* Resident state school year 6 children were very overweight.</i>					
Number of people who completed the Exercise Referral Programme as a percentage of people who had a start date recorded within one financial year	N/A	65%	55% completions	On Track to achieve target	N/A
Number of personal health plans completed	N/A	1,320	1,205 (Apr 15-Feb 16)	On Track to achieve target	N/A
Successful completion of drug treatment - opiate users / non opiate users	Monitoring indicator	Monitoring indicator	Completion: Opiates: 9.01%, Non-opiates 31.27% (as at Jan 2016)	N/A	N/A

Draft Terms of Reference for a Single Member Study in measuring savings achieved by the Community Independence Service (CIS) in keeping Westminster older people out of Hospital.

To identify what benefits, financial and other, the Community Independence Service is bringing to the system and the patient. In particular to identify:

- Savings forecast and achieved
- The high level KPI's identified by the service/contract
- An assessment (with Healthwatch) of whether these sufficiently cover patient experience/quality of service including mental and emotional well-being.
- Risks endogenous and exogenous to the system

The domains to be examined include:

Financial savings- how they were modelled and how sustainable are they

System transformation around the user

Patient satisfaction

Proportion of potential beneficiaries who used the service each year

What happened to those who didn't?

Best practice from elsewhere

Lessons learnt from the first year commissioned service

Modelling used to make predictions/set targets- how were the predictions arrived at

Incentives for each agency/sector

Preparedness for Accountable Care Partnerships¹ of the provider network

Methodology

The review will be carried out by:

1. The September meeting of the AH &PP Committee agreeing the scope and commissioning the study
2. Conducting a desk top review of available documentation including the Business Case for CIS
3. Arranging meetings with key people in the CCG (the Commissioner) , Imperial (the initial provider) and the new Provider
4. Track performance against high level KPI's on an ongoing basis
5. Reporting back to the Committee at regular intervals/by x date

¹Accountable Care Partnerships are new organisational forms which integrate care around patients - and are accountable for the delivery and quality of that care. This means a range of providers working together to develop new ways of integrated working.

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Adults, Health & Public Protection Policy & Scrutiny Committee

Date:	21 September 2016
Classification:	General Release
Title:	Update on progress of the Safer Westminster Partnership
Report of:	Sara Sutton: Director Public Protection & Licensing
Cabinet Member Portfolio	Public Protection and Licensing
Wards Involved:	All
Policy Context:	Community Safety
Report Author and Contact Details:	Report Author Angela Lambillion x5753 alambillion@westminster.gov.uk Community Safety Commissioning Manager

1. Introduction

- 1.1 The purpose of this report is to provide an update on the work of the Safer Westminster Partnership.
- 1.2 The Safer Westminster Partnership (SWP) is the statutory Community Safety Partnership (CSP) for Westminster. CSPs were formed under the Crime and Disorder Act 1998 and are made up of representatives from the responsible authorities, who are; Metropolitan Police Service, Police & Crime Commissioner (Mayor's Office for Policing & Crime), Westminster City Council, London Fire Brigade, Clinical Commissioning Groups, National Probation Service and Community Rehabilitation Company.
- 1.3 The responsible authorities are under a statutory duty to work together to; reduce reoffending, crime and disorder, anti-social behaviour (ASB) and substance misuse. A responsible authority is statutorily required to be represented on the CSP and contribute to the formulation of a strategy to reduce crime and disorder within Westminster and for the production of a strategic assessment to underpin this.

2. Key Matters for the Committee's Consideration

- 2.1 For the committee to note the contents of this report and the strategic assessment in Appendix A.

3. Background

- 3.1 A strategic assessment was produced in March 2016 (**Appendix A**) to identify the key crime and disorder issues affecting Westminster and to record progress against the four existing priorities set in the SWP Plan;
- Reducing violence against women and girls
 - Tackling youth crime and keeping young people safe
 - Combatting Anti-Social Behaviour
 - Countering Terrorism and radicalisation.

A summary of the actions to tackle the 2015/16 priorities are detailed below.

Reducing Violence Against Women & Girls

- 3.2 The start of 2015 launched the procurement of two new specialist services to tackle Violence Against Women & Girls (VAWG), broadening our approach from domestic violence to tackle all forms of gender based violence and abuse resulting in establishing a shared governance and a new VAWG strategy across the Tri-borough. Angelou is a partnership of nine charitable organisations who are providing specialist support for survivors and their families and Standing Together who contribute to coordinate successful Multi-Agency Risk Assessment Conference (MARAC) targeting high risk victims of domestic violence and two domestic violence courts including one at Westminster Magistrates Court.
- 3.3 Significant improvements in the outcomes for victims of domestic abuse have been demonstrated. Quarter one performance for 2016/17 showed that 93% of women report a reduction in abuse due to support and advice received from a baseline of 67%. In 84% of domestic abuse cases the Partnership was able to reduce the assessed risk at point of case closure from a baseline of 62%.
- 3.4 A 12 month pilot looking at new ways of engaging with domestic violence perpetrators was launched in October 2015. Specialist workers are now embedded across the Tri-borough area to ensure all police community safety teams, children's centres, and young offenders are able to access specialist support and interventions.

Tackling youth crime and keeping young people safe

- 3.5 The Integrated Gangs Unit continues to work with young people actively and persistently involved in gangs. The engagement levels of this very hard to reach group are relatively high and increasing. More than ever clients are in jobs (around 45% success rate for those referred), receiving health services and having support in terms of understanding the consequences of the law, housing issues, family dynamics, relationships, peer pressure, violence, mediation and Child Sexual Exploitation (CSE) interventions.

- 3.6 Quarter one performance data for 2016/17 shows that 100% of all young people accessing services through the Your Choice Programme achieve a positive outcome.
- 3.7 For those who don't respond to support, enforcement interventions are taken. Between April 2015 and March 2016, 11 Criminal Behaviour Orders were obtained. 3.3.4 These are orders designed to tackle the most serious and persistent anti-social individuals where their behaviour has brought them before a criminal court. Prevention work is undertaken in schools and delivered by the charity Growing Against Violence who provide intervention packages to years 7-11, parents and staff groups. Targeted early intervention for those at risk of gang affiliation occurs at Send and Coldingly prisons and through a team of voluntary mentors.

Combatting Anti-Social Behaviour (ASB)

- 3.8 An ASB partnership meeting has been introduced which is intelligence led and provides an opportunity to review data relating to ASB and current partnership operations and task resources accordingly.
- 3.9 Following the restructure of Public Protection and Licensing there are now 75 City Inspectors providing 24/7 cover with expanded roles to include tackling ASB.
- 3.10 New ASB legislation under Anti-Social Behaviour, Crime and Policing Act 2014 has been utilised to give more power to tackle areas of ASB that often previously fell between other pieces of legislation. Officers across the partnership have been trained in issuing Community Protection Notices for a variety of ASB issues, over 100 have been issued to date. Much of this increased activity to reduce ASB has been linked to partnership operations tackling foreign national offenders and low level organised criminality.

Countering Terrorism & Radicalisation

- 3.11 Westminster now has 3 multi-agency groups that each focus on a strand of the Home Office's counter-terrorism strategy 'CONTEST'. Each group has a terms of reference and drives performance and partnership work aimed at designing out risk and the potential impact of a terrorist attack. A key member of these groups is the Counter-terrorism Security Advisor (CTSA) who brings specialist knowledge and input to each meeting.
- 3.12 A range of partnership activity is undertaken in response to the ideological challenge of terrorism and the threat the City faces from those who promote it. Over the last two years, the Prevent team has made significant progress in terms of engagement work with Westminster's communities and the delivery of a range of community projects. This has included the Prevent parenting project and a 'Creating Stronger Communities' project, which works to identify and address the social needs of Muslim women from vulnerable communities.

4. Governance

- 4.1 The strategic assessment was presented to the SWP in May. The board agreed with the recommendations of the report, it was decided that foreign national offenders are to be included as a priority for 2016/17 and that the impact of mental health on community safety should be explored. In terms of the impact of mental health, a workshop took place in August that was well attended by key stakeholders from the partnership. A number of actions were taken from the meeting and these will be progressed over the coming weeks, all aimed the how the partnership can focus on improving support for victims with mental health concerns or tackling the behaviour of perpetrators.
- 4.2 In addition, a paper was prepared for SWP, which reviewed the current approach to partnership working in Westminster and provided a number of recommendations around the governance structure. This included the introduction of an Executive Group focused on driving performance against the SWP Strategy and agreed priorities.
- 4.3 The governance for each of the project boards is to be made more robust with the development of a standardised performance framework. A problem oriented approach has been proposed for the programme boards from 2017/18, focusing upon work to address the most prolific offenders, the highest repeat victims and target resources in problem/high crime locations in Westminster. This structure would provide a more streamlined problem oriented approach to enable cross cutting themes such as employment and mental health be discussed in relation to all victims or offenders rather than separate cohort groups.

5. Next steps

- 5.1 An updated strategic assessment is being produced and will be discussed at the next SWP meeting in November.
- 5.2 The new Policing & Crime Plan and MOPAC funding arrangements, commencing in April 2017, is unclear at this time but we are expecting further information in the autumn. As MOPAC funding supports a significant number of projects and priorities from SWP, the strategic assessment will be instrumental in determining our bids for future funding from 2017 and beyond.
- 5.3 Cllr Aiken, as chair of the SWP, has initiated a review of SWP and will continue to work with partners in overhauling the whole governance framework and to secure a stronger buy in from Public Health across the priority areas. In addition, actions from the recent mental health workshop will be progressed.

**If you have any queries about this Report or wish to inspect any of the Background Papers please contact Report Author x5753
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Safer Westminster Partnership

Strategic Assessment

March 2016

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Executive Summary

This document has been produced as a requirement of the Police and Justice Act 2006 on behalf of the responsible authorities for the Safer Westminster Partnership.

The Westminster Strategic Assessment identifies the key crime and anti-social behaviour issues affecting the borough and records progress against the four priorities set in the Safer Westminster Partnership Plan; reducing violence against women and girls; tackling youth crime and keeping young people safe; combatting anti-social behaviour (ASB) and countering terrorism and radicalisation. The document concludes with details of strategic recommendations/priorities for SWP for 2016/17.

The analysis of community safety issues uses a problem oriented approach. Considering aspects of offending, victimisation, vulnerability and places to provide a cross cutting assessment of the Strategic crime and ASB concerns in Westminster.

Nationally and locally crime has been steadily decreasing year on year and plateaued in Westminster in April 2015 and has begun to very slowly increase. On average over 2015 there were 134 offences per day across Westminster of which the majority (58%) were Theft and handling.

Not all crime costs the same to the public purse so when considering what to prioritise, the SWP needs to consider what its overarching aim is? Is it to focus upon reducing the volume of crime or upon reducing the cost of crime to the partnership, that is focusing upon higher cost issues such as violent crime which can have a significant impact upon the victim or would a tiered approach be more appropriate?

Over half of crime within Westminster is located within just two wards the West End and St James's. Similar patterns exist for other incident data from British Transport Police, Transport for London, Fire Brigade and London Ambulance Service. But if you look within these areas, crime is even more concentrated. Just three of the 128 Lower Super Output Areas¹ in the borough contain nearly one third of all crime. If crime were to be reduced by just 3% in these three small areas overall crime in the borough would reduce by 1%. Whilst it is important to focus resources in these high crime areas, they will remain high crime areas due to the very high footfall which is unlikely to decrease in the coming years.

Another method to identify priority neighbourhoods is using the Vulnerable Locality Index, which identifies crime hotspots based upon where people live rather than areas of high footfall, this method identified Church Street and Queens Park wards as areas of concern. Successful crime reduction strategies are those tailored to the distribution of crime in an area, be that high prevalence, high concentrations or a mixture of both. So whilst it is important to target high crime areas of West End and St James it is also important to concentrate resources on the crime prevalent areas identified via the vulnerable localities index.

Around half of all crime is committed by people who have been through the Criminal Justice System. Police data showed 60% of crime was committed by people who had committed more than one crime in the past year within Westminster and 8% of crime was suspected of being committed by just 62 offenders. Targeting these high recidivist offenders should be a priority and delivered via the Integrated Offender Management scheme.

¹ Lower Super Output Area = a geographic area that contains a mean population of 1,500

Nearly half of people who offend in Westminster are not residents, our commissioned services are centred on residents only therefore consideration should be made to strengthen processes with other boroughs or expand provision to prolific non-resident offenders to improve crime reduction.

Enforcement alone will not prevent offending; identifying and addressing offender's criminogenic needs is fundamental to reducing offending. Much acquisitive crime is committed by those who have substance misuse issues in particular opiate users, in fact 43% of suspects of acquisitive crime tested positive for class A drugs in police custody. It is important that these offenders often responsible for significant amounts of low level crime are provided treatment to quit their addiction. Probation data identified that despite Westminster having a smaller proportion of offenders the offenders had greater criminogenic needs, in particular around employment, education and training. Police data supports this showing 85% of suspects were unemployed.

Characteristics that increased someone's likelihood of offending in Westminster were found to be; people aged 15-25 years in particular males, foreign nationals especially Romanian, being of African/Caribbean ethnic appearance and being unemployed. These groups also had different offending patterns namely, Romanians were more likely to be suspects of thefts from shops, people of African Caribbean appearance were more likely to be suspects of personal robberies and young offenders and foreign national were more likely to be suspects of drug offences.

Whilst young offenders account for less than 10% of the offending population they have the highest recidivism rates. The prevention of crime or victimisation is better than trying to cure it. We know the key factors that put someone at risk of offending or being a victim of crime, such as being in care, a child in need or going missing therefore interventions at this early stage in a whole family approach could achieve long term crime reduction benefits. This may prove challenging for the partnership due to the significant cuts facing our Early Help services.

Victimisation is the best single predictor of victimisation. People aged 20 – 24 were significantly more likely to be victims of crime than the average population. 14% of victims were identified as being repeat victims of crime in the last year and 21% high risk domestic violence (DV) victims referred to the MARAC. Whilst work is taken across the partnership to address repeat DV victims or ASB victims this is not the case for all victims. A more co-ordinated approach is needed across the partnership to deliver a reduction in all repeat victimisation.

A lot of work to address the partnership priorities has been funded via the London Crime Prevention Fund from MOPAC. This funding is to end in March 2017 therefore it is vital to evaluate the effectiveness of these services in an updated Strategic Assessment in October 2016 to identify our commissioning needs for 2017 and beyond. As most SWP priority areas already have commissioned provision for 2016/17 it is not recommended to change them. However Governance structures should be reviewed and refreshed to ensure accountability for delivery and a standardised performance framework developed to assess effectiveness against each priority area.

Further funding and resource cuts across the partnership mean working in partnership to achieve sustained crime reduction is now more important than ever.

Introduction

The Strategic Assessment has been produced as a requirement of the Police and Justice Act 2006, which places the duty on the Community Safety Partnership, Safer Westminster Partnership (SWP), to prepare such a report on behalf of the responsible authorities². The SWP Strategic Assessment aims to identify the key crime, disorder and anti-social behaviour (ASB) issues which affect The City of Westminster. These priorities should then be used to refresh and update the SWP Partnership Plan for 2016/17.

Cutting crime and improving safety is not only about effective policing; it relies upon understanding the factors that enable crime and ASB to take place, working together in partnership to neutralise those factors and doing so in a reasoned and evidence based way.

The Strategic Assessment draws from a range of data across the partnership, where possible using data covering the calendar year 2015 and comparing with 2014. See the Appendix for more details. Data/intelligence gaps identified from this process are also included here.

The Strategic Assessment is set out in a number of sections, the first provides an overview of the actions taken to address the four priorities identified in the 2015 – 2018 Safer Westminster Partnership Plan.

1. Reducing violence against women and girls;
2. Tackling youth crime and keeping young people safe;
3. Combatting anti-social behaviour; and
4. Countering terrorism and radicalisation.

Next will be a section providing an overview of the scale and trends of all crime in Westminster.

The main body of the report is the analysis of community safety issues structured, using a problem oriented approach. That is, it considered aspects of offending, victimisation, vulnerability and place based considerations to provide a cross cutting assessment of the strategic issues in Westminster.

Finally using this data, strategic priorities are recommended for SWP for 2016/17.

² The Responsible Authorities are; Police, Probation, Clinical Commissioning Group, Local Authority and Fire and Rescue Service.

Performance and Review

This section will look at the performance and activities undertaken to address the priorities for 2015/16 set in the Safer Westminster Partnership Plan.

Reducing violence against women and girls

2015/16 was a period of significant change across the partnership. The start of 2015 launched the procurement of two new specialist services to tackle Violence Against Women & Girls (VAWG), broadening our approach from domestic violence to tackle all forms of gender based violence and abuse resulting in establishing a shared governance and a new VAWG strategy across the Tri-borough. June saw the launch of the new service offer led by Angelou, a partnership of nine charitable organisations who are providing specialist support for survivors and their families, and Standing Together who continue to coordinate successful Multi-Agency Risk Assessment Conferences (MARAC) targeting high risk victims of domestic violence, and two domestic violence courts including one at Westminster Magistrates Court. A number of funding bids have been successful including a recent Department for Communities and Local Government programme to improve accommodation based support, and a MOPAC pilot to improve responses to harmful cultural practices. The end of 2015/16 marked International Women's Day and a fortnight of films at the Curzon Cinema in Victoria, a campaign will be launched shortly to tackle relationship abuse among young person.

To raise awareness of VAWG a campaign was co-designed with support from Public Health to young people across Westminster about issues to do with consent and what constitutes a healthy relationship. The campaign to launch in April is targeted at young people in particular friends of people affected.

An in-depth review of interventions with perpetrators of violence and abuse was undertaken culminating in the commissioning of a 12 month pilot looking at new ways of engaging with perpetrators in October 2015. Specialist workers are now embedded across the Tri-borough area to ensure all police community safety teams, children's centres, and young offenders are able to access specialist support and interventions.

To deliver justice for victims the Dedicated Domestic Violence Court continues to develop at Westminster Magistrates Court with improved outcomes for victims and witnesses. Additional resources from the Pan-London VAWG service provided by Victim Support are being integrated into this service.

High risk victims of domestic abuse continue to be supported through the Multi-Agency Risk Assessment Conference (MARAC). To raise awareness of the MARAC process and effective responses to high risk victims the Co-ordinator has delivered a number of briefings to various agencies.

The newly launched Angelou Partnership is now accessible to even more survivors and their families. The partnership of 9 specialist charities ensures the service is able to engage effectively across the spectrum of age, ethnicity, and type of abuse. The service has been held up as a best practice regionally and nationally and continues to deliver excellent outcomes for service users. Through the Angelou Partnership the final recommendation of the Westminster Sex Workers Task Group has been delivered to provide access to an Independent Sexual Violence Advocate to support women who are victims of sexual violence.

Tackling youth crime and keeping young people safe

The IGU received over 100 referrals of young people actively and persistently involved in gangs. The engagement levels of this very hard to reach group are relatively high and increasing. More than ever clients are in jobs (around 45% success rate for those referred), receiving health services and having support in terms of understanding of the consequences of the law, housing issues, family dynamics, relationships, peer pressure, violence mediation and gangs Child Sexual Exploitation (CSE) interventions. The IGU CAMHS worker won a national nursing award in 2015 for innovation in practice with gang members.

For those who don't respond to support, enforcement restrictions are taken. Since April 2015 the IGU have been successful in obtaining 11 Criminal Behaviour Orders. An Abduction notice was issued on an 18 year old male for endangering the life of a 15 year old female and two Injunctions against individuals in north Westminster for distress to neighbours. This is in addition to the very successful Operation Handle and other enforcement tactics used by the wider Westminster police teams. A Senior Probation Officer within the team has been instrumental in developing Licence Conditions for individuals due to be released back into the community.

Prevention work is undertaken in schools and is mostly carried out by the contracted service from the charity GAV (Growing against Violence) who provide intervention packages to years 7-11, parents and staff groups. The IGU staff offer specific tailor made interventions for those schools where the needs are assessed as high, targeting PRU's and City of Westminster College in particular. In the past 12 months staff in the IGU worked with 3,074 pupils in school sessions ranging from school assemblies in Quintin Kynaston School to workshops in Tri-Borough Pupil Referral Units and City of Westminster College. Sessions include gangs awareness, knife crime, consequences of crime, possession with intent to supply, Child Sexual Exploitation in gangs & what is 'consent', respect and relationships.

Targeted early intervention for those at risk of gang affiliation occurs at a number of levels. The IGU have three street work sessions across the borough per week where staff meet young people to divert and give messages to de-escalate violence. Young men and women are identified from intelligence received and shared at various partnership meetings. Cases are allocated where there are very clear early signs of gang involvement or have consultation cases where the indicators are less clear. The IGU visit Send and Coldingly prisons as part of the Keep Out project. The IGU have 30 volunteer mentors who either live or work in Westminster committed to working with young people at a very early stage to improve outcomes generally for those 'at risk' and divert away from factors that affect crime, gangs and offending.

Following a city wide survey conducted in areas most affected by gangs and community engagement as part of the Shield pilot. A bi-community panel is being set up to discuss problem areas to better understand and involve the community. An immediate result of the survey, the Shield consultation and the receipt of further messages from the community has been to target the specific areas of Queens Park and Harrow Road with planned workshops for young people and parents who remain worried about drug dealing and gang activity.

Together with Prevent the IGU provided three workshops to women within the BME community, raising awareness around criminality, gangs, ASB, truancy and disruptive behaviour in schools and are invited to attend more in the year ahead. The IGU attended parenting groups and school coffee mornings in localities,

undertaken training in youth groups / projects across the city and been part of recent meeting at Regents Park Mosque.

Combatting anti-social behaviour

Following the restructure of Public Protection & Licensing there are now 75 City Inspectors providing 24/7 cover with expanded roles to include tackling ASB and providing Community Safety a wider role in the local community.

A dedicated ASB case management system E-Cins, has been introduced which provides the ability to centrally manage and monitor ASB cases and ensure we are able to progress cases through to court using the best quality evidence and reduce the time taken to conclude ASB cases. E-Cins currently has over 200 live person profiles (including those issued Community Protection Notices) and over 50 live ASB cases.

MOPAC funding has been used to provide additional support to focus upon victim care. The core aim of this approach was to help victims through the criminal justice system and ensure cases were progressed to successful conclusion. This has resulted in increased rates of conviction and success in other enforcement action. Greater customer satisfaction amongst victims of ASB and faster resolution of serious and high risk cases of ASB from 62 days in 2014/15 to 33 days up to December 2015.

New ASB legislation under Anti-Social Behaviour, Crime and Policing Act 2014 has been utilised to give more power to tackle areas of ASB that often previously fell between other pieces of legislation. Officers across the partnership have been trained in issuing Community Protection Notices for a variety of ASB issues, over 100 have been issued to date. Much of this increased activity to reduce ASB has been linked to partnership operations tackling foreign national offenders and low level organised criminality.

An ASB partnership meeting occurs every two months to provide an opportunity to review data relating to ASB and current partnership operations and to task resources accordingly. Data reviewed includes repeat ASB callers, foreign nationals, criminal behaviour orders issued and current Problem Solving Processes.

Countering terrorism and radicalisation

As part of the Protect duties Westminster police, in conjunction with colleagues in Specialist Operations, maintain and deliver plans to reduce the risks and potential impact of a terrorist attack. They are regularly reviewed and key partners are engaged and support these plans when required. These include Counter-terrorism Security Advisor (CTSA) reports prepared for particularly vulnerable or high profile locations.

Processes are in place to ensure that new planning applications within the City are assessed in relation to a potential terrorist threat. This enables protective security to be integrated at the design phase of new developments.

Briefings and training sessions are delivered to audiences across the business and public sectors. These include Project Griffin and Project Argus training. These sessions are principally delivered by the police but support is also provided by the Council's Emergency Planning team.

A range of partnership activity is undertaken in response to the ideological challenge of terrorism and the threat the City faces from those who promote it. A monthly problem solving meeting is held between the Council and both borough and SO15 police officers. This meeting considers any reports of activity by potential

extremist groups on the borough, this includes groups seeking to hire venues in Westminster or operating in public places. Any reports are considered and a co-ordinated and proportionate response is agreed, ensuring rights to freedom of speech are protected. As part of this, training has been given to street-based staff, including those of partner organisations, to ensure they are responding to any activity proportionately and lawfully. Training has previously been provided to corporate and community venues on the risks associated with hiring out venues to controversial or extremist groups, or for events with controversial or extremist speakers, and also the importance of conducting due diligence. This training remains available to venues free of charge.

Over the last two years, the Prevent team has made significant progress in terms of engagement work with Westminster's communities. New relationships have been established with a range of community groups, institutions and individuals in order to enable the delivery of Prevent locally. A mapping exercise is being undertaken to identify youth, community and faith organisations across the borough, in order to enable targeted engagement work to take place. As a result of this, Westminster has successfully established its own Prevent Stakeholder's Group for the first time.

This engagement has enabled the delivery of a range of community projects. This includes a Prevent parenting project which has attracted 59 participants over the last 12 months. Alongside this, the Creating Stronger Communities project was devised in order to deliver work to identify and address the social needs of Muslim women from vulnerable communities. Two series of the project were delivered in Westminster to approximately 30 participants. Both of these projects have been delivered in conjunction with the IGU and contribute towards work to tackle drugs, domestic abuse and gangs.

A training package has been developed for use in educational institutions locally. This has been adapted for further education, primary, secondary and early years' settings. Training has been delivered to over 1,500 staff at 45 institutions in Westminster. A suite of projects, lesson plans and guidance documents have been put together for educational institutions. The Prevent in Education pages on the Council website have been recognised as national good practice.

Through the Channel and wider Prevent safeguarding processes, any individual who is identified as potentially vulnerable to extremism or radicalisation, is given appropriate advice and support. An assessment of the risks of radicalisation or extremism is conducted and a partnership approach is taken to considering the most appropriate response. All cases are passed through to the relevant team in Adults and Children's Services to ensure any wider safeguarding concerns are considered. In a recent Ofsted report, the work of Westminster Prevent and Children's Services was commended.

As part of their core work, the Council's Emergency Planning and Business Continuity team deliver much of the work in the City towards Prepare. A range of activity is undertaken to raise awareness within the business community through Business Continuity Awareness Week and it is also included in Project Argus and Project Griffin training. The team also maintain Community Safe and send out real-time information through this system and on social media.

The team maintain an up to date borough Risk Register and undertake risk assessments for all major high impact events. These measures are integrated in to event management plans and licence conditions. The team work closely with regional and London based resilience forums.

A Generic Major Incident Response Plan is maintained and is scalable for any incidents likely to occur in the City. Following any incident in the City a debrief is held, the outcome of which is integrated in to future planning.

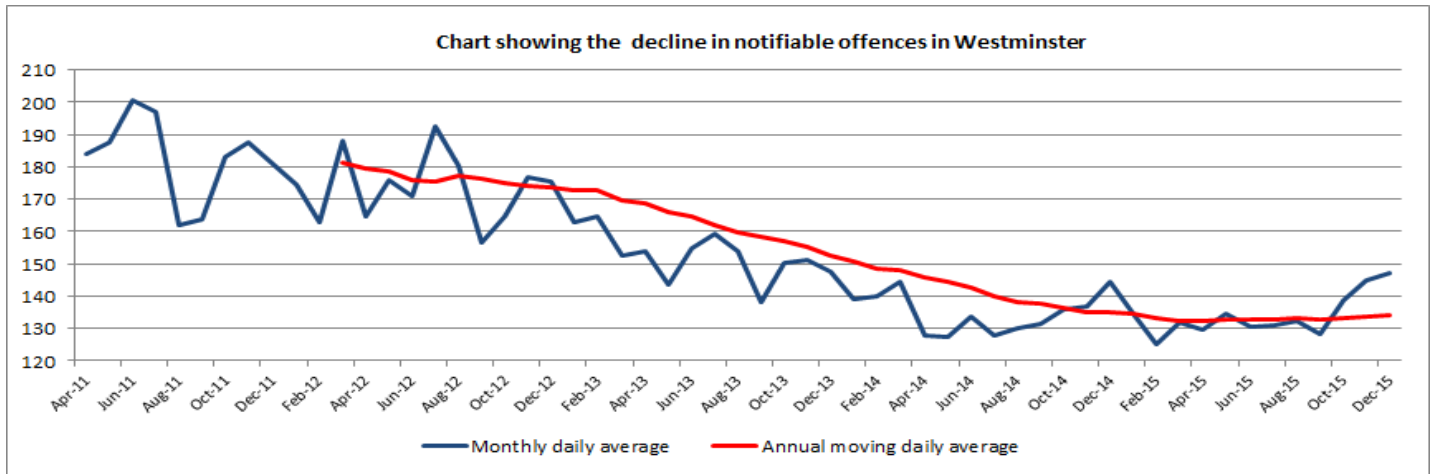
Regular partnership training exercises are undertaken featuring Category 1 and Category 2 responders. This has included an overnight rest centre exercise and a table-top mortuary exercise. Operation Unified Response tested a large scale incident response from end to end and included both survivor reception and casualty rescue.

As demonstrated above considerable excellent partnership work is on-going to meet the SWP priorities. Whilst some of the priority areas have developed governance and accountability arrangements not all priority areas do. It is therefore recommended that the SWP review all the governance structures to ensure that each priority area has clear accountability to the SWP.

Overview of crime in Westminster

This section provides a brief overview of all crime in Westminster to understand the scale, trends and nature of crime occurring.

To see how crime trends have changed in Westminster, the chart below shows the monthly daily average of total notifiable offences over the past four and a half years. The monthly daily average is used to take into account the varying number of days per month and an annual moving daily average is used to provide an overarching trendline.



The chart shows a steady decline in the number of total notifiable offences which reached its lowest levels in April 2015 and have begun to slightly increase. On average in 2015 there were 134 offences per day compared with 135 in 2014 and 183 in 2011.

Over the last four years March and December have been the peak months for offending and September and April the least.

The table overleaf shows the number of offences over the last two calendar years and the percentage change. Overall crime has increased by 1% from 2014 to 2015 that is 286 more crimes, in comparison crime increased across the MPS by 5%.

The greatest increase in offending is for violence against the person (VAP) offences most notably harassment (751 more) and common assault (655 more). VAP accounts for 21% of all crime in Westminster compared with 17% in 2014.

Violence against the Person (VAP) increased across the MPS by 19% and similar increases have been recorded across England and Wales. The Crime Survey in England and Wales³ (CSEW) believes this increase is driven by improved compliance with the National Crime Recording Standards following a Her Majesty’s Inspectorate of Constabulary audit in 2014, as there has been no change in estimated levels of violence over the same period or for calls for services relating to violent crimes. Of note, harassment offences have seen considerable increases. Since April 2015 some offences previously not classed as notifiable have been included as part of harassment owing to amendments to the Malicious Communications Act (1988) and to Section 127 of the Communications Act 2003.

³ <http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendinqseptember2015> this survey asks members of the public their experiences of crime over the last 12 months.

Crime Type	2014	2015	% change
Murder	4	5	25
Wounding/GBH	1,131	1,168	3
Assault With Injury	2,017	2,134	6
Common Assault	2,469	3,124	27
Offensive Weapon	199	194	-3
Harassment	2,266	3,017	33
Other Violence	371	453	22
Violence against person total	8,457	10,095	19
Rape	226	246	9
Other Sexual	494	588	19
Sexual offences Total	720	834	16
Personal Property	1,862	1,458	-22
Business Property	109	91	-17
Robbery Total	1,971	1,549	-21
Burglary in A Dwelling	1,416	1,407	-1
Burglary in Other Buildings	2,009	1,749	-13
Burglary Total	3,425	3,156	-8
Theft/Taking Of Motor Vehicle	830	869	5
Theft From Motor Vehicle	2,167	1,960	-10
Motor Vehicle Interference & Tampering	327	350	7
Theft From Shops	3,744	3,952	6
Theft Person	5,973	6,166	3
Theft/Taking Of Pedal Cycles	1,321	1,199	-9
Other Theft	13,784	13,690	-1
Handling Stolen Goods	84	75	-11
Theft & handling Total	28,230	28,261	0
Counted Per Victim	0	0	0
Other Fraud & Forgery	90	73	-19
Fraud & Forgery Total	90	73	-19
Criminal Damage to a Dwelling	319	319	0
Criminal Damage To Other Buildings	414	428	3
Criminal Damage To Motor Vehicle	685	724	6
Other Criminal Damage	521	564	8
Criminal Damage Total	1,971	2,080	6
Drug Trafficking	249	141	-43
Possession Of Drugs	2,684	1,982	-26
Other Drugs	10	9	-10
Drugs Total	2,943	2,132	-28
Going Equipped	36	29	-19
Other Notifiable	822	742	-10
Other TNO's Total	858	771	-10
Total Notifiable Offences	48,665	48,951	1

Other notable increases have occurred in sexual offences, criminal damage and some elements of theft and handling. The CSEW believes the increase in sexual violence as well as improvements in recording crimes is also thought to reflect a greater willingness of victims to come forward and report to the police.

Despite these increases there have been notable decreases in crime namely robbery and burglary which has also been recorded across the MPS and England and Wales. Households are now four times less likely to be a victim of burglary than in 1995. It is widely accepted that improvements to home security have been an important factor in the reduction in domestic burglary offences. Other theories link to the declining use in opiates.

Decreases in Robbery offences have occurred across England and Wales and have been declining since 2003.

Drugs offences have decreased significantly, however this is often more indicative of police activity and workload, rather than levels of criminality.

Theft and handling offences account for the greatest proportion of crimes at 58%, in Westminster compared with 40% across the MPS. 10% of all theft and handling offences across the MPS occur in Westminster. Most notably 18% of all theft person offences across the MPS occur in Westminster.

Police recorded figures show an upward trend in shoplifting offences. The CSEW found evidence from surveys of retail premises, the increases are likely to reflect

changes in reporting by victims rather than actual increased occurrences. Whilst theft person offences increased by 3% in Westminster and 10% across the MPS the CSEW found across England and Wales, theft person offences reduced and are believed to be associated with improvements in mobile phone security features.

The only crime type in Westminster with less than the average level in London is Criminal Damage. Criminal damage levels have increased in Westminster, across the MPS and England and Wales and are also believed to be the outcome of enhanced recording practices.

Not all crime costs the same to the public purse therefore tackling crimes with the greatest cost to SWP could have the most significant financial benefit for the partnership.

A Home Office study⁴ estimated the economic and social costs of crime against individuals and households. The table below provides an estimated summary of the cost to SWP based upon the number of crimes over 2015. The costs are broken into three types of value; 1 Fiscal: costs or savings to the public sector, the agencies that will bear the fiscal cost or make the fiscal savings are shown, i.e. costs to the SWP, 2 Economic value: net increase in earning or growth in the local economy and 3 Social value: wider gains to society.

Although not all crime types can be costed in this way (90% were), it does provide a method of assessing the financial impact of crimes to the partnership. Of note this is based upon 2003/04 costs and updated with the Treasury's Gross Domestic Product Deflator Index.

Crime Type	Police	Probation	Court / Legal Aid	Prison / Young Offenders Institute	Other CJS	NHS	Fiscal cost	Economic Cost	Social Cost
Serious Wounding	£7,931,703	£468,234	£4,306,848	£3,661,047	£2,871,609	£1,807,338	£21,046,779	£1,565,304	£6,402,591
Robbery	£3,206,817	£94,608	£711,531	£2,120,796	£370,548	£1,200,339	£7,704,639	£2,818,530	£7,945,101
Assault with Injury	£984,296	£141,190	£534,505	£320,703	£373,145	£3,223,166	£5,577,005	£2,791,528	£11,418,237
Other Theft	£3,128,968	£454,872	£716,768	£330,816	£289,464	£0	£4,920,888	£3,514,920	£2,026,248
Burglary in Other Buildings	£1,583,092	£132,594	£343,539	£1,054,725	£96,432	£0	£3,210,382	£4,118,450	£1,894,487
Other Theft Person	£1,355,871	£197,109	£310,596	£143,352	£125,433	£0	£2,132,361	£1,523,115	£878,031
Burglary in a Dwelling	£967,128	£114,696	£182,664	£518,256	£144,432	£0	£1,927,176	£2,472,336	£1,137,048
Other Sexual	£568,594	£19,266	£264,290	£268,242	£120,536	£536,484	£1,777,412	£2,596,464	£13,972,296
Common Assault	£345,660	£46,911	£190,113	£37,035	£143,202	£360,474	£1,123,395	£787,611	£2,419,620
Rape	£260,126	£8,814	£120,910	£122,718	£55,144	£245,436	£813,148	£1,187,856	£6,392,184
Murder	£70,688	£6,620	£38,384	£542,648	£35,464	£3,652	£697,456	£2,140,480	£4,277,924
Theft/Taking of M/V	£79,680	£28,220	£19,090	£62,250	£7,470	£0	£196,710	£3,086,770	£825,020
Theft From M/V	£80,179	£15,169	£17,336	£10,835	£8,668	£0	£132,187	£1,389,047	£717,277
Criminal Damage To Other Bldg	£48,438	£3,312	£9,522	£14,490	£33,948	£0	£109,710	£228,528	£423,936
Criminal Damage To M/V	£62,335	£2,740	£12,330	£4,795	£21,920	£0	£104,120	£216,460	£402,095
Theft From Shops	£44,928	£11,232	£11,232	£26,208	£0	£0	£93,600	£363,168	£0
Theft/Taking of Pedal Cycles	£48,877	£9,247	£10,568	£6,605	£5,284	£0	£80,581	£846,761	£437,251
Other Criminal Damage	£47,411	£2,084	£9,378	£3,647	£16,672	£0	£79,192	£164,636	£305,827
Criminal Damage To a Dwelling	£29,029	£1,276	£5,742	£2,233	£10,208	£0	£48,488	£100,804	£187,253
Handling Stolen Goods	£19,068	£2,772	£4,368	£2,016	£1,764	£0	£29,988	£21,420	£12,348
M/V Interference & Tampering	£6,867	£4,905	£1,635	£11,445	£654	£0	£25,506	£97,119	£78,807
TOTAL	£20,869,755	£1,765,871	£7,821,349	£9,264,862	£4,731,997	£7,376,889	£51,830,723	£32,031,307	£62,153,581

This estimates that these crimes cost the SWP £52 million over 2015. Despite serious wounding only accounting for 2% of all crime it accounts for 41% of all the fiscal costs.

Looking at crime from this perspective signifies that tackling violent crime and robbery would have the most significant fiscal benefit to SWP.

When considering what priorities to set the SWP should consider what its overarching aim is i.e. reducing crime verses reducing the costs to the partnership. While crime has been steadily decreasing our residents are increasingly becoming less and less concerned about crime in Westminster. The latest City Survey conducted by Westminster Council found that 98% of people feel 'safe in general in the local area' and 84% of people were 'not affected by fear of crime'.

⁴ Dubourg & Hamed (2005) *the Economic and Social Costs of Crime against individuals and Households 2003/04*, (Home Office).

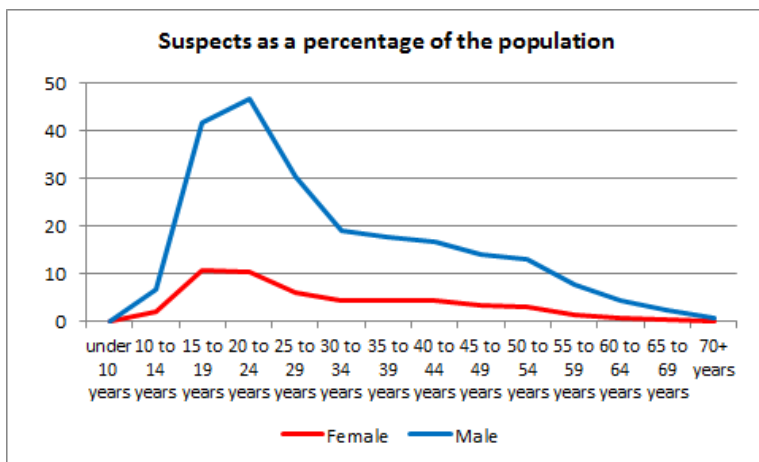
Problematic people/offenders

As crime levels decrease so has the total number of individuals dealt with formally by the Criminal Justice System (CJS) in England and Wales, and is now at a record low level.⁵ The number of new entrants to the CJS has continued to fall since its peak in 2007. This decline has been much sharper for juveniles than for adults. The greatest decrease in juvenile offences is amongst those with no previous offences and those receiving a reprimand or final warning, evidencing the importance of early intervention.

We do not know who commits all crime therefore we can only extrapolate an offender profile from those who are suspects, accused or within the criminal justice system.

Suspect data from the police Crime Reporting Information System (CRIS) was extracted. Suspect data is seldom known for certain crimes, particularly theft and burglary offences. This means the offender profile is skewed towards crimes where the victim is likely to witness the suspect, i.e violence against the person and robbery offences.

Gender was recorded in 88% of suspect details. 83% were male and 17% female. This is comparative with figures across England and Wales where 82% of all adult offenders are male. This split has remained constant.



This chart looks at the number of suspects by age as a percentage of the local population. What can clearly be seen is that males aged 15 – 24 are significantly more likely to be suspects of crime than the average population.

15 – 24 year olds accounted for 24% of suspects compared whilst 25 – 34 year olds accounted for 27% of all suspects

The age profile for male and female suspects was not different.

Nationally adult offenders account for 92% of all

offenders and juvenile 8%. This was also the split in Westminster.

Ethnicity was detailed for 44% of suspects. Where shown 24% were identified as being of African/Caribbean appearance which is far greater than the population of 6%, this was most pronounced for young suspects aged between 10 – 19 where 38% were shown of African/Caribbean appearance.

Nationality was detailed for only 24% of suspects. Where known the top nationality of suspects was:-

- United Kingdom 53%
- Romania 8%
- Italy 4%
- Poland 3%
- Spain 2%
- France 2%

14% were from A10⁶ countries.

⁵ MoJ data to Sept 2015 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/501181/quarterly-update.pdf

⁶ A10 countries are: Romania; Bulgaria; Czech Republic; Estonia; Hungary; Latvia; Lithuania; Poland; Slovakia and Slovenia.

This shows that foreign nationals could be suspects for nearly half of all crime in Westminster. Whilst foreign national population represents around 12% of the total prison population. The five most common nationalities after British in prison are Polish, Irish, Romanian, Jamaican and Lithuanian – accounting for one third of the foreign national population and one in twenty of the prison population overall.

Occupation was detailed for 51% of suspects. 85% of suspects were shown to be unemployed. This is extremely high compared with 9% of Westminster population who are shown as workless.

The table below looks to see if there is any difference in offending patterns for offenders who are disproportionately more likely to commit crimes i.e. unemployed, foreign nationals, Romanians, African/Caribbean and offenders aged 15 – 24.

Offender group	1		2		3	
All suspects	Other Theft	18%	Theft from shops	15%	Common Assault	8%
Unemployed	Other Theft	18%	Theft from shops	16%	Common Assault	9%
Foreign Nationals	Theft from shops	20%	Possession of drugs	14%	Other theft	10%
Romania	Theft from shops	33%	Other Theft	17%	Theft person	10%
African/Caribbean	Theft from shops	16%	Personal Robbery	13%	Other theft	11%
15 - 24	Theft from shops	15%	Possession of drugs	14%	Other theft	10%

This shows that Romanian suspects are significantly more likely to commit theft from shop offences. People of African/Caribbean appearance are more likely to commit personal robberies, young offenders and foreign nationals are significantly more likely to commit possession of drugs offences.

Reoffending

Around half of all crime is committed by people who have already been through the Criminal Justice System. The cost to the taxpayer of reoffending is estimated to be £9.5 to £13 billion⁷ per year. Despite significant government spending on offender management in the last decade, there has been little change in reconviction rates and almost half of those released from prison go on to reoffend within 12 months.

The England and Wales re-offending rate for adults has remained stable at around 25%, for juveniles this is significantly greater at 38% and increased by 2% from the previous year.

MoJ YOS data to March 2015 evidenced 12.4% of offenders re-offended in Westminster; this is the second lowest⁸ rate across London compared with the London average of 16.1%. On average in Westminster each offender committed 1.68 offences the second lowest in London, compared with an average of 2.33. This data related to a cohort size of 97 in Westminster which has decreased considerably year on year from 361 in 2009/10 and is significantly lower than the London average of 177.

MoJ data shows the characteristics of those at greatest risk of offending are;

- Adult offenders with 11 or more previous offences at 47% compared to those with no previous offences 8%;
- People who have committed theft offences at 43% compared to fraud the lowest at 11%;
- Offenders aged 10 – 14 at 39% closely followed by offenders aged 15 – 17 38%;
- Male offenders 28% compared to 19% for females;

⁷ National Audit Office estimate

⁸ Merton was the lowest with 4%.

To identify the characteristics and scale of those who re-offend in Westminster, police suspect data from CRIS was used and Police National Computer (PNC) IDs used to identify if the same individual was named as a suspect in different crimes. PNC IDs ⁹were only available on 19% of CRIS records. The data only relates to offences that were committed over the year period of data analysed and does not account for the full offending history of the offenders or account for other boroughs where they may be committing offences.

Number of offences	Number of offenders	Proportion of crime
1	2965	40%
2	1132	31%
3-5	452	21%
6-9	47	5%
10+	15	3%

This table shows that individuals suspected of committing more than one crime were responsible for 60% of crime in Westminster. As this data only relates to offences over one year and offences committed just within Westminster the figure is likely to be much higher. 8% of crime was suspected of being committed by just 62 offenders. Highlighting the importance of identifying and concentrating resources on the most prolific offenders to have greatest impact upon reducing reoffending via

the Integrated Offender Management (IOM) scheme. Central to this is ensuring robust processes and procedures are in place for the identification of offenders most likely to reoffend to be included onto the cohort and that adequate resources are allocated to work with these offenders to rehabilitate them. Westminster has been assigned police, probation and CRC staff to work with approximately 120 offenders at any one time on the IOM scheme.

Starting Over (Turning Point) commenced work in October 2015 to rehabilitate members of the Tri-borough IOM cohorts who have health and social care needs, to provide intensive support to supplement where necessary any statutory provision from the Community Rehabilitation Company (CRC) or National Probation Service (NPS). This service is funded through MOPAC funds until March 2017 therefore it is imperative that the effectiveness of this service to reduce reoffending is assessed this year.

Police Custody and Class A drug use

Police Custody is the first stage of exposure to the criminal justice system and is therefore a key point to divert people away from becoming 'repeat customers'.

Whilst data was not available for everyone going through custody it was available for those in custody who are eligible to be tested for Class A drugs, i.e. those who have been arrested for a Trigger Offence ¹⁰or those who with Inspectors authority are suspected of using Class A Drugs. The aim of testing is to direct adult drug-misusing offenders into drug treatment and thus reduce offending behaviour. The data also provides details on the borough of residence of offenders so helps provide a picture of where offenders travel to commit crime.

Data was taken from the MPS National Strategy for Police Information Systems (NSPIS) on drug testing. For 2015 it showed that on average 331 people came through Westminster Custody a month, that were deemed suitable for drug testing upon arrest. 40% of those eligible for testing were not tested because of intelligence/information received that the detained person is not a specified Class A drug user. If someone is not tested details of their resident borough is not recorded.

⁹ This is using data from 2014/15 from the Tri-borough Offender Needs Assessment

¹⁰ Trigger offences are primarily offences related to acquisitive crime, they include; theft, robbery, burglary, aggravated burglary, theft of a motor vehicle, handling stolen goods, going equipped for stealing, possession and supply of controlled drugs, fraud and begging.

Borough of residence	% of offenders
Westminster	36%
Kensington & Chelsea	22%
No fixed abode	5%
Brent	3%
Camden	3%
Outside MPS	3%
Hammersmith & Fulham	3%
Islington	3%
Southwark	3%
Tower Hamlets	3%

This table shows the top 10 boroughs where offenders were tested upon arrest for Class A drugs in Westminster custody suites. Whilst the majority tested were from Westminster and Kensington and Chelsea (they do not have a custody suite and use Westminster) nearly half were not.

5% of people tested were of no fixed abode. When looking at data across London, 15% of all offenders with no fixed abode were tested in Westminster this is the second highest volume with Hammersmith and Fulham highest at 21%. Highlighting the significant issue of homelessness across the Tri-borough.

Our commissioned services Starting Over and Drug Treatment services are targeted at Tri-borough residents only, therefore consideration should be made to expand support or have greater collaboration with other boroughs to ensure that support is provided to prolific offenders who come to Westminster to commit crime who may not receive a similar level of service in their own borough, to achieve a greater impact upon reducing crime.

Conversely, looking at data across London to see where Westminster residents are likely to offend showed that 81% of Westminster residents arrested were arrested in Westminster. 4% offended in Camden, 3% in Hammersmith and Fulham and 2% Wandsworth. This demonstrates that Westminster residents do not travel far to commit crime and offenders are more likely to travel to commit crime within Westminster.

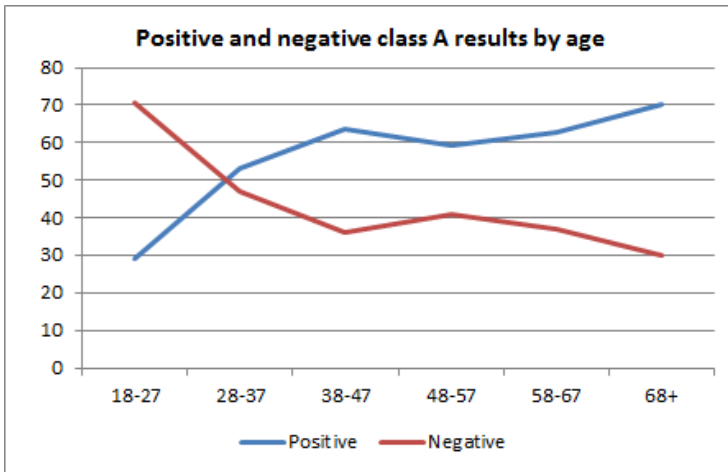
Of those tested, 42% tested positive; 49% for cocaine, 40% for both cocaine and opiates and 11% for opiates. A Home Office Study¹¹ attempted to show a causal link between the decline in opiate use with the decline in acquisitive crime. The evidence suggests that for crime reduction, it is crucial to maintain a focus on heroin/crack, despite the higher prevalence of other illicit drugs and the emergence of new psychoactive substances. It remains important to identify the minority of heroin/crack users who commit large volumes of crime during addiction periods. If that can be done, and those periods of addiction and offending shortened or prevented, the potential for further reductions in crime remains significant. Many of these individuals will have been using heroin/crack intermittently for a decade or more and will have tried most current forms of treatment, so innovative approaches may be needed. Evidence shows that opiate/crack users on aggregate commit markedly more crime particularly low level theft than offenders not taking these drugs.

81% of those in custody for trigger offences were males, they were slightly more likely than females to test positive, this was most notable for cocaine, whilst females were slightly more likely to test positive for opiates.

Looking at ethnicity reveals that North European White were most likely to test positive whereas people of Chinese and South European ethnicity were least likely to test positive.

The offences people are most likely to test positive for were drugs and theft snatch. This profile is different depending upon the drug used. Opiate and both users were much more likely to be arrested for theft from shop offences.

¹¹ The heroin epidemic of the 1980s and 1990s and its effect on crime trends – then and now: Technical Report, Nick Morgan, July 2014.



This chart looks at the proportion of people testing positive for Class A drugs by age group. It shows that the older the person the more likely they are to test positive. Whilst the majority of people arrested for a trigger offence were aged between 18 – 27 (40%) they were least likely to be tested and when they were, less likely to test positive than older offenders.

Older offenders are more likely to take opiates or both whilst younger offenders are more likely to use cocaine.

The change in the flow of grant funding of Community Safety Partnerships and Public Health, principally the un-ring-fencing of the Drug Intervention Programme funding has enabled local areas to prioritise and target resources more effectively. To respond to this change Starting Over were commissioned to provide a Custody Referral Service in police custody suites across the Tri-borough, which required undertaking drug testing and assessments and referring individuals to other services based upon their needs.

Over 2015 Starting Over received 153 required assessment referrals from Westminster. This accounted for 17% of all referrals across the Tri-borough. The greatest needs and referrals onto onward services have been for family support and accommodation.

NHS Liaison and Diversion services are being piloted in a number of areas including the Tri-borough. The aim of the service is to improve the health and justice outcomes for adults and children who come into contact with the youth and criminal justice system where a range of complex needs are identified as factors in their offending behaviour. A decision on whether this pilot is to be rolled out nationwide is due to be made.

The social and economic cost of drug use and supply to society is estimated to be around £10.7b per year of which £6bn is attributed to drug related crime¹². Getting users into treatment is key as this reduces levels of offending especially if coupled with support around housing and employment. National drug treatment monitoring data showed there were 2,004 people in drug treatment in Westminster in 2014/15. Prevalence estimates¹³ suggest there are 5,626 drug misusers in Westminster and 9,996 alcohol misusers.

Stopping people from starting drug use in the first place is preferable to treatment in preventing crime. There is growing evidence that good quality Personal, Social and Health Education and school based interventions designed to improve behaviour generally (e.g. by building confidence, resilience and effective decision-making skills) can have a preventative impact on drug use¹⁴.

Youth Offending

Over 2015 the YOS worked with 123 young offenders compared with 139 in 2014. National data shows the number of juvenile offenders has been decreasing over recent years. Projected population data shows the 10

¹² Mills, H. Skodbo, S. and Blyth P (2013). *Understanding organised crime: estimating the scale and the social and economic costs*. Home Office Research Report 73.

¹³ Source: *Projecting Adult Needs and Service Information (PANSI)*, Institute of Public Care, Oxford Brookes University.

¹⁴ *Advisory Council on the Misuse of Drugs (2015) Prevention of Drug and Alcohol Dependence*.

-18 age group is set to increase by 16% in Westminster over the next five years. This increase may have an impact upon future young offending levels.

92% of the YOS cohort was male and 85% were aged between 15 – 17. Just over one third of offenders were classified as of 'any other ethnic group'. Black or black British offenders accounted for the next highest percentage at 18% which is significantly greater than the population.

268 offences were recorded against Westminster YOS offenders. 21% were for drugs offences, 17% for violence against the person and 11% motoring offences.

Due to IT issues at YOS since the upgrade of AssetPlus details of offences and assessments was not available for the whole of 2015 the latest data available was for 2014/15.

Asset is a structured assessment tool used by YOS on all young offenders who come into contact with the criminal justice system. It aims to look at the young person's offence(s) and identify a multitude of factors or circumstances which may have contributed to such behaviour. The information from Asset can be used to inform court reports so appropriate intervention programmes can be drawn up and will also highlight any particular needs or difficulties the young person has that need to be addressed to affect offending behaviour. Thinking, lifestyles and family were most associated with the likelihood of further offending. Conversely physical health, emotional and substance misuse were least likely.

Nationally and locally there have been significant reductions in first time entrants into the youth justice system. Triage and diversion programmes delivered by YOS and partners are believed to be contributing to the reductions.

MOPAC and Public Health funding is used to fund a resettlement project and mentoring service for young people involved in the YOS. The project works with young people sentenced to custody to reduce their offending on release by offering intensive resettlement support and adopts a whole family approach. Two young people have now completed a one year period without further offending, evidencing the importance of early intervention to help prevent a life of crime.

Children who go on to become prolific young offenders typically suffer from harsh or neglectful parenting from parents and develop behaviour difficulties at an early age¹⁵. Most of these children will be alerted to children's services and classified as Children in Need (CIN) or Child Protection (CP). Being in care considerably increases the risks of becoming an offender. Up to half the children held in young offender institutions are, or have been previously looked after, whereas only 1% of children in England are looked after. Research published by the Social Exclusion Unit in 2002 suggested that 27% of the adult prison population had once been in care. Monitoring CIN, CP and care trends will be an indicator to future offending levels.

The On Track programme across the Tri-borough aims to reduce the number of children and young people who enter the care system aged 11 – 18 years old. It uses a predictive model to identify children who are vulnerable and then targets resources early into these families to prevent further issues escalating. This early intervention may have a significant impact upon future offending levels in the borough.

¹⁵ Change, J.J., Halpern, C.T., and Kaufman, J.S, 2007 Maternal Depressive Symptoms, Father's Involvement and the Trajectories of Child Problem Behaviour in a US National Sample, Archives of Paediatrics & Adolescent Medicine, 161, 697-703.

Probation and Community Rehabilitation Company

As part of the Transforming Rehabilitation agenda private Community Rehabilitation Companies (CRC) now have statutory responsibility for managing low to medium risk offenders, for London this is MTC Novo. Probation is responsible for managing high risk offenders.

Probation/CRC data from January to September 2015 shows that Westminster has one of the lowest levels of offenders on the probation/CRC caseload across London.

Borough	Low	Medium	High	Very High
Westminster	39	38	18	6
London	47	36	14	3

This table shows the proportion of offenders who are classified as different risks of reoffending for Westminster

compared to London. It shows that despite having a lower volume of offender Westminster's offenders have a slight increased risk of reoffending.

90% of the probation caseload was male compared with 87% across London. Westminster has an older female offender population than London with nearly half being aged 35 – 49 compared with 37% across London. For male offenders most were also this age but only accounted for just over one third of male offenders.

Female offenders only account for a small proportion of offenders and they also have a lower risk of reoffending, this is comparative with national data. As female offenders account for a small proportion of offenders most services have been tailored to male offenders, this is changing with the cohort model adopted by the CRC with female offenders being one such cohort and MOPAC additionally funding enhanced support for this cohort.

People of black ethnicity are significantly more likely to be part of the probation/CRC caseload than the average population at 22% compared with 6% locally.

The data also showed that just over a third of offenders lived in just three wards of the borough; 14% Queen's Park, 11% Harrow Road and 10% Church Street.

Enforcement alone will not prevent offending; identifying and addressing offenders criminogenic needs is also fundamental to reducing offending.

Criminogenic Need	% of London probation clients	% of Westminster probation clients
Thinking	91	92
Lifestyle	63	61
Attitudes	62	68
Relationships	51	54
Finance	48	51
Substance misuse	40	48
ETE	40	57
Emotional	38	47
Alcohol	34	42
Accommodation	26	28

This table shows the criminogenic need of offenders in Westminster compared with pan London to identify any disparities in need.

The table shows a similar distribution of criminogenic needs with offenders from Westminster as compared against London. The one key difference is a significantly greater proportion of Westminster probation clients (57%) had employment, training and education (ETE) needs than London offenders.

Despite Westminster having a smaller proportion of offenders known to Probation/CRC the offenders have greater criminogenic needs.

This data highlights the importance of partnership work in reducing crime and reoffending. Health needs of offenders are significantly greater than the general public and they are more likely to have issues with substance misuse. The Government has announced that no further cuts will be made to NHS and Education budgets, therefore we need to utilise these resources where possible such as collaborative work or co-commissioning.

The¹⁶ total number of prisoners has remained relatively stable over 2015. The composition of those on remand, sentenced and non-criminal population, however has changed. The sentenced prison population continues to shift towards a population serving longer determinate sentences. The Offender Rehabilitation Act 2014 (ORA) expanded licence supervision so that anyone sentenced to more than a day in prison will receive at least 12 months supervision on release. This continues to increase both the probation caseload and the number of offenders recalled to custody. There will now be a greater number of people on licence and therefore greater number of people recalled due to breach of their licence. This will have a significant impact upon the resources of probation and the CRC, this demand must be monitored to assess the impact upon the support provided to offenders.

Gangs

The Your Choice Gang Diversion programme began in October 2011 to reduce youth related crime in Westminster by targeting the needs of these young people through the collection of intelligence, the provision of training through skills development and targeted enforcement. An evaluation of the Your Choice programme identified that there was a statistically significant drop in the volume and severity of the crime that gang members participate in. However the evaluation was unable to pin point exactly which elements within the Your Choice engagement achieved these results.

There are five different known gangs operating in Westminster. In the north of the borough they are located in Queens Park, Harrow Road, Westbourne, Little Venice and Church Street wards and in the south in Churchill, Tachbrook and Warwick wards. There are over 200 known people involved in these gangs ranging in age from 15 to over 25 years old. They are linked to offences of drugs, robbery, public order, assaults and weapon offences.

MOPAC data shows that all gang crime and serious youth violence indicators continue to show reductions compared to levels in March 2012.

50% of gang flagged offences are located in five inner London boroughs¹⁷. There were 46 gang flagged offences in Westminster over 2015 – this has begun to slightly decline over the last year. This is slightly below the London average. Gang flagged offences account for approximately 10% of all knife crime and a quarter of all knife injury victims aged 1 – 24 that were not linked to domestic violence.

The IGU received over 100 new referrals of which about a third weren't worked with predominantly because they refused to engage. Most referred were aged 16 – 20 years old. Working with these young people is not a quick fix, the length of intervention is often over one year. They receive support from a variety of

¹⁶ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/495321/offender-management-statistics-quarterly-bulletin-jul-sep-2015.pdf

¹⁷ Tower Hamlets, Hackney, Haringey, Islington and Lambeth.

professionals to address their needs such as FACES for support with employment, education and training, a CAMHS worker for mental health and girls receive support from a sexual violence advocate.

The police Public Attitude Survey found 13% of residents think gangs are a problem in the area; 5% gun crime and 14% knife crime. In contrast the 2015 City Survey found that only 6% of those surveyed (1,020) thought that gangs and gang violence was either a very big or fairly big problem. This has reduced year on year. 6% of residents thought violence amongst young people to be a very big or fairly big problem which has also reduced year on year.

MOPAC funding contributes significantly towards the work of the IGU, therefore it is imperative to evidence the effectiveness of this service if future funding is to be sought.

Terrorism

The level of threat the UK faces from international terrorism is severe; meaning a terrorist attack is highly likely. The most significant threat comes from international terrorism with its ambitions to mount high impact attacks combining mass casualties with substantial disruption to vital services such as energy, transport and communications. This is a threat that is different in scale and intent to any that the UK has faced before¹⁸.

London's high international profile gives considerable scope for individuals or groups, representing all forms of extremism (i.e. Radical Islamic Groups, Extreme Far Right, Extreme Far Left and Animal Rights extremists), to take advantage and attract attention. A terrorist attack occurring in Westminster has the potential to cause significant loss of life and harm and have a major detrimental impact on the local and regional economy through major disruption to critical infrastructure, downturn in business operations and reduced tourist inflow.

London is the scene of a wide range of responses to overseas events, many of which occur in Westminster. While the vast majority of these events are peaceful, at times these may involve extremist or terrorist groups, who will appear in Westminster to take part in protests and demonstration marches, leafleting and fundraising.

The war in Syria and Iraq and the emergence of ISIL has had a significant impact on Westminster's communities and has led to greater focus on Prevent and Pursue locally. Individuals from Westminster are known to have travelled to Syria to fight for Islamist extremist groups.

National media have reported a number of cases where individuals have taken or attempted to take their entire families to join ISIL. Nationally this has led to an increase in the number of cases where applications have been made to Court for wardship on the basis of risk to harm to young people.

Far-right groups in the UK have exploited social media during the recent migration crisis to promote their own narratives around immigration and the European Union. The migration crisis has enabled them to present migration as a growing threat to Europe and the UK, with those fleeing ISIL in Syria being portrayed as a potential security risk that could be infiltrated by terrorists.

¹⁸ *Protecting against Terrorism p3 (3rd edition) Care for Protection of National Infrastructure 2010.*

Recommendations

Early intervention

The prevention of crime is better than trying to cure it. We know the key factors that put someone at risk of offending, such as being in care or being a child in need. Early intervention and working with Children's services at the early signs of risk should play a key part in reducing or preventing offending, such as work through the On Track programme or providing education to prevent drug taking. A whole family approach would seek to not only reduce reoffending but also to deliver better life chances for children and families.

We know that young offenders are more at risk of re-offending than any other age group, gender or ethnicity. Also borough residents aged 15 – 24 are disproportionately more likely to become offenders than the general population. Westminster's youth population is expected to rise over the next five years and there were increases in deprivation following the latest Indices of Multiple Deprivation, suggesting possible increases in youth crime.

Across the partnership we are delivering some successful early interventions such as the Your Choice Gang diversion programme and the Youth Resettlement pilot by the YOS. Whilst the number of young people entering the youth justice system is falling, those that remain are often some of the most challenging and vulnerable young people in society.

This evidence highlights the importance of continuing to focus upon the early intervention of young offenders to prevent future offending.

Prolific offenders

A small proportion of offenders are responsible for a significant volume of crime. Therefore the partnership needs to ensure that these high recidivist offenders are identified and adequate resources are attached to working with them through the IOM scheme.

Fundamental to this is addressing the criminogenic needs of these offenders particularly ensuring drug treatment is sought where necessary particularly for opiate users and getting help into employment, education and training.

About half of people who offend in Westminster do not live here and a significant proportion are foreign nationals, this proportion is far greater than other boroughs as offenders generally do not travel far to commit crime, but the volume of people passing through Westminster each day makes the borough attractive to offenders particularly for theft offences which are proven to have the highest re-offending rates. Our commissioned services are focused upon Tri-borough residents only. Consideration should be given to expanding provision to non-borough prolific offenders where they are not receiving any additional support from their borough of residence.

Evidence base

Our funding from MOPAC ends in March 2017 which is used to fund a variety of services, through the YOS, Gangs and IOM. It is vital that over 2016/17 we evaluate the effectiveness of these services and use this evidence along with that from the Strategic Assessment to identify our commissioning needs for 2017 and beyond.

Co-ordinated action across the partnership is needed when monitoring all offender cohorts to ensure that all relevant agencies are aware of who is on what cohort to prevent contradictory approaches to offender management and to ensure there is no duplication of service provision.

Throughout the different programmes and schemes we commission to reduce offending we do not use a standardised method of evaluation to enable us to compare and assess the effectiveness of the services. One such standardised method could be using IDIOM the Home Office case management system which was set up to manage the effectiveness of offenders on the IOM scheme.

Quarterly problem profiles or quarterly performance reports should be compiled for the Tri-borough Reducing Re-offending board to be able to monitor and assess performance. A problem profile should be developed to look specifically at foreign nationals to assess the impact they have upon crime and ASB services across Westminster.

Vulnerable victims

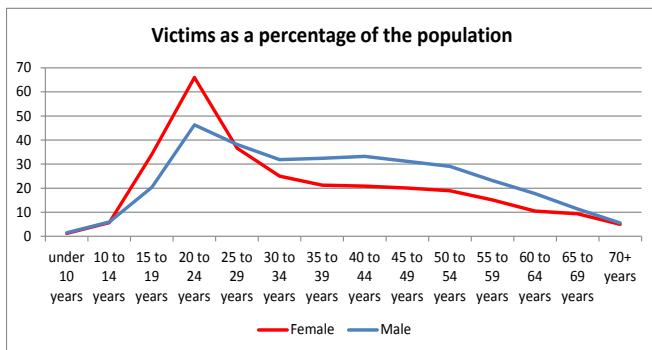
‘Victimisation is the best single predictor of victimisation; that when victimisation recurs it tends to do so quickly. A major reason for repetition is that offenders take later advantage of opportunities which the first offence presents and that those who repeatedly victimise the same target tend to be more established in crime careers than those who do not’¹⁹.

Understanding those people, property and places that are at a disproportionate risk of victimisation will enable effective crime prevention strategies to be developed to mitigate this risk.

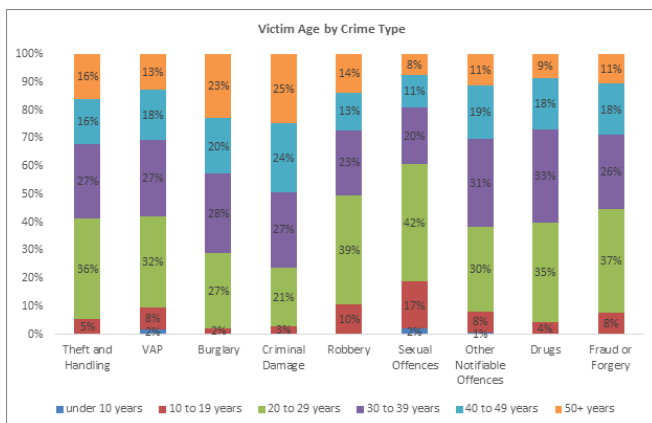
Who are victims in Westminster?

Police CRIS data has been used to identify the profile of people and ‘hot products’ most likely to be victimised in Westminster.

Gender was recorded in 87% of victims details, 57% were males and 43% females. Estimated age was known for 78% of victims. Victims are young, 60% were aged between 20 to 39 and most victims (18%) were aged 25-29 years old.



This chart looks at the number of victims by age as a percentage of the local population. What can clearly be seen is that people aged 20 – 24 are significantly more likely to be victims of crime than the average population. This is most pronounced for female victims. It also shows the risk of victimisation increases until 20 -24 years old and then decreases for both sexes.



This chart looks at the age of the victim by crime type. It shows young people are much more likely to be victims of sexual offences and robberies. People over 50 are more likely to be victims of criminal damage.

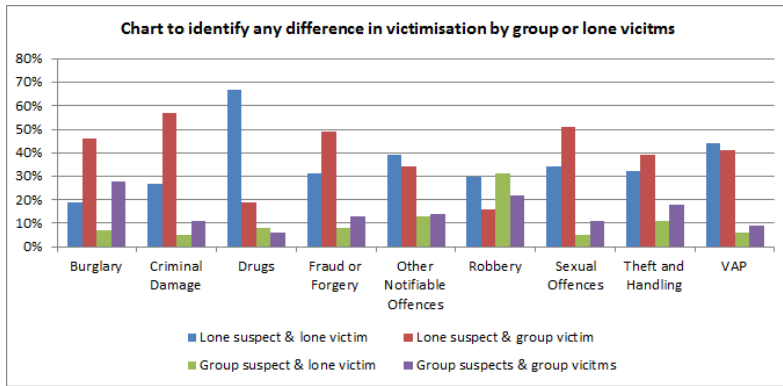
Looking at crime type by gender shows females are far more likely to be victims of sexual offences accounting for 69% of sexual offence victims. Conversely males are most likely to be victims of robbery accounting for 69% of robbery victims.

Ethnicity was known for 67% of victims. The breakdown of victim ethnicity mirrored the borough population. There were no statistically significant differences between offence types and ethnicity.

Nationality was known for 23% of victims. 55% were of UK nationality therefore nearly half of all victims are foreign nationals. There were no nationalities significantly more likely to be victimised, the highest nationalities were; Italian (4%), French (3%) and United States (3%). Data was not available to identify whether the victims of crime were borough residents.

¹⁹ Ken Pease – Repeat Victimisation taking stock.

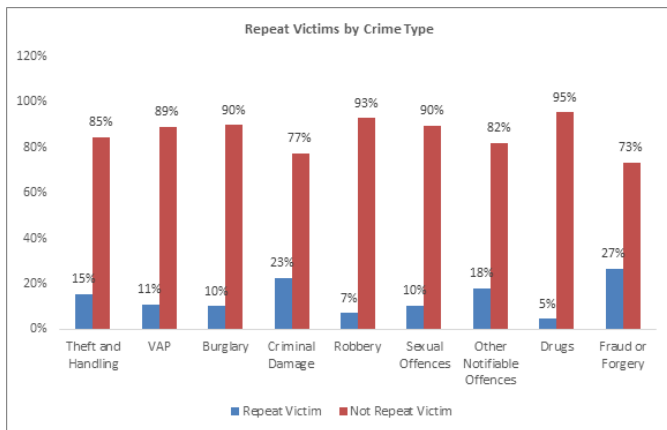
Occupation was listed for 42% of victims. 79% were shown as employed, 14% were school or university students, 3% retired and 5% unemployed. School/university students had a slight increased risk of being victims of sexual offences. School/university students and retired people were more likely to be victims of theft and handling. Unemployed people were at increased risk of violence and criminal damage.



Where known 61% of CRIS offences were committed against lone victims. The chart to the left looks to identify if there are any differences in the crimes that single or multiple victims are subject to or differences in crimes that single or multiple suspects commit. It shows that sexual offences are least likely to have group suspects and that robberies are most likely to have lone victims.

Repeat victims

CRIS data records if victims of crime had been a victim of crime in the past 12 months to be able to identify the scale and extent of repeat victimisation. 81% of CRIS records detailed if the victim had been a victim in the last 12 months. 14% of victims were detailed as repeat victims. Regular analysis needs to be undertaken to identify repeat victims to ensure support/action is taken to prevent further victimisation.



This chart looks at the percentage of repeat and not repeat victims by major crime types. Fraud and forgery offences had the greatest percentage of repeat victims at 27% although the number of victims was very low. The second highest level of repeat victims was criminal damage.

There were no differences of note between males and females or the age of victim and levels of repeat victimisation.

Hot products

It is not just people that have an increased risk of victimisation; there are 'hot products'. These are also known as CRAVED items, in that they are: **C**oncealable, **R**emovable, **A**vailable, **V**aluable, **E**njoyable and **D**isposable.

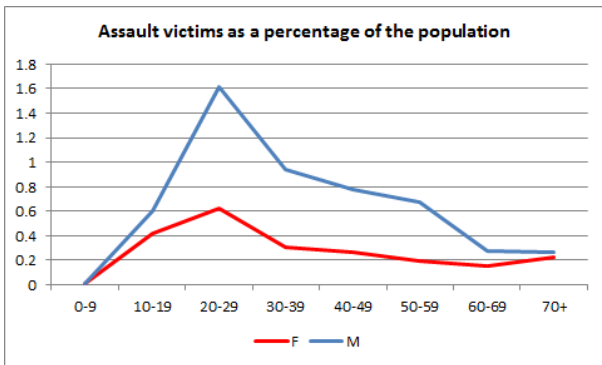
The property taken from acquisitive crimes was analysed to identify the most CRAVED items. The table overleaf shows the top 5 items for each acquisitive crime type.

Small portable IT/telecom items predominantly mobile phone are the key item stolen. This shows that crime prevention messages need to be focused upon keeping these items secure and also upon promoting measures such as using 'Immobilise' for recording details of valuable items or the use of applications to aid in the recovery of stolen mobile phones.

Offence	Category 1		Category 2		Category 3		Category 4		Category 5	
Theft from Motor Vehicle	Portable IT/Telecom	16%	Bag	12%	Clothes	10%	Documents	9%	Cash	7%
Theft from person	Portable IT/Telecom	25%	Documents	22%	Cash	15%	Wallet/Purse	15%	Bank cards	15%
Theft from shops	Clothes	41%	Cosmetics/Toiletries	12%	Food and Drink	10%	Bag	8%	Portable IT/Telecom	4%
Other theft	Documents	18%	Portable IT/Telecom	16%	Cash	14%	Bank cards	12%	Bag	9%
Personal robbery	Portable IT/Telecom	22%	Cash	19%	Bank card	12%	Jewellery	10%	Wallet/Purse	9%
Business robbery	Food and Drink	18%	Cash	14%	Portable IT/Telecom	12%	Jewellery	9%	Clothes	9%
Burglary non-residential	Cash	17%	Portable IT/Telecom	14%	Electrical goods	8%	Documents	7%	Bank cards	4%
Burglary residential	Jewellery	20%	Portable IT/Telecom	14%	Cash	11%	Electrical goods	9%	Documents	5%

London Ambulance Service Assaults

Another source of victim data is to look at London Ambulance Service (LAS) Assault data. Westminster had the fifth highest number of assaults and accounted for 4% of all LAS assaults across London. On average there were 5 assaults per day in Westminster.



This chart looks at the number of assault victims by age as a percentage of the local population. This shows that males are significantly more at risk of becoming a victim of assault than females and both male and females are at increased risk of being a victim of assault between the ages of 20 -29 years old.

74% of assault victims in Westminster were male, this is greater than across London at 64%.

Westminster assault victims are younger than across London with 62% aged 20 – 39 compared with 53% across London.

Assault data is broken down into further categories of stab/gunshot/penetrating trauma. On average there were 6 stab/gunshot/penetrating trauma assaults per month in Westminster. This is the 10th highest number across London. 92% of victims of these assaults were males and 50% aged between 19 and 30. 78% of these assaults were knife related and only 7% gun related.

Domestic Violence

It is estimated that 8.5% of the female population and 4.5% of the male population suffer some form of domestic abuse²⁰. On average high risk victims live with domestic abuse for 2.6 years before getting help²¹.

Across London there was a clear increase in recorded Domestic Offences in London. In the year to December 2015 there were over 146,000 incidents. In total all notifiable Domestic offences increased by 12% compared to the previous year. HMIC found a number of improvements had taken place and concluded that recent increases in the number of domestic abuse related crimes were due, in part, to police forces improving their recording of domestic abuse incidents as crimes and to forces actively encouraging victims to come forward to report these crimes.

²⁰ ONS (2015), Crime Survey England and Wales 2013-14. London: Office for National Statistics

²¹ SafeLives (2015), Insights IDVA National Dataset 2013-14: Bristol: Safe Lives

There were 3,035 domestic incidents recorded in Westminster over 2015, this is in the bottom quartile of incidents across the MPS. Of these incidents 1,443 were recorded as offences, 509 were domestic violence with injury. Domestic Abuse violence with intent equates to 32% of all notifiable Domestic Abuse Offences. The number of offences accounts for 3% of all total notifiable offences in Westminster.

The multi-agency risk assessment conference (MARAC), is a local multi agency victim focused meeting where information is shared on the highest risk cases of domestic abuse between statutory and voluntary sector agencies. Over 2015 there were 279 cases brought to the MARAC compared with 280 in 2014 that is nearly one fifth of all domestic violence offences. Over both years 21% of cases were repeat cases compared with 25% nationally. Despite being lower than the national average the level of repeat cases is still very high.

Demographic data of this cohort in comparison with national data found; 55% of cases were from the BME community compared with 15% nationally, 6% were LGBT cases compared with 1% nationally, 10% had a disability compared with 4% nationally and 5% were males the same nationally and 5% of victims were aged 16 – 17 compared with 2% nationally.

Domestic²² abuse is more likely where the perpetrator has a previous conviction (whether or not it is related to domestic abuse), underlining the importance of not just working with victims of crime but offenders also.

Much work is being delivered across the Tri-borough to address violence against women and girls and much of this is funded by MOPAC. Some key indicators of the services over 2015/16 show that; 84% of women reported increased safety; 84% of women reported a reduction in abuse due to support and advice received.

Improving the speed of the criminal justice system is important to ensuring that domestic abuse victims are willing to testify and getting offenders to be held to account. In terms of improving criminal justice outcomes over 2015/16 72% of defendants were convicted at the Dedicated Domestic Violence Court (DDVC) in Westminster. 43% of defendants made an early guilty plea at the DDVC which is an increase from 27% in 2014/15.

Vulnerable young victims

There are a number of indicators that help to identify young people who are vulnerable to becoming victims of crime. This includes being a looked after child and going missing from either school or home. These factors also greatly increase the risk of young people becoming a victim of child sexual exploitation.

The number of referrals in relation to child sexual exploitation (CSE) are low, over 2015 there were 47 referrals to Westminster of these 13 were referred to the Multi Agency Sexual Exploitation (MASE) panel. Most victims of CSE are female aged between 15 and 16. These crimes are greatly underreported therefore the actual levels are unknown.

The latest available data on missing children incidents recorded by the Missing Persons Co-ordinator for July to September showed there were 96. Of note there remain difficulties in recording missing children episodes and it is estimated that the number is considerably greater than this. A small proportion of children are responsible for the majority of incidents and most of the children have already been involved with Children's Services in the past.

²² Walby, S. and Allen, J. (2004), *Domestic violence, sexual assault and stalking@ Findings from the British Crime Survey*. London: Home Office

Half of all cases feature Domestic Violence or physical chastisement as a presenting need in the case history. Other key factors include; 41% of cases feature crime/ASB, 31% mental health problems and 26% substance misuse which emphasises the clear need for multi-agency interventions. 18% were on YOT orders and 37% found guilty of an offence, 86% had been a victim of crime, demonstrating the clear link between prior victimisation and offending.

The missing children have been heavily involved with Children's Services in the past and there is an average of 10 years since the first referral was recorded against a subject's family.

Problems with education, including attendance and exclusions are a serious issue. 100% had historical or current educational issues, personal or familial health problems or issues with parental capacity.

Research shows that LAC are over-represented in the missing²³ cohort. Nearly half of all the incidents were linked to children who are LAC. There are also strong cross overs with CSE, one quarter of missing children are flagged for CSE. This highlights the importance of cross checking 'victim cohort' data.

Younger siblings of frequently missing young people could also be considered for early intervention.

Recommendations

Repeat Victims

Victimisation is the single best predictor of future victimisation. Police CRIS data showed that 14% of victims of crime had been repeat victims within the last 12 months. Regular analysis needs to be undertaken to identify these repeat victims and to ensure support/action is taken to prevent further victimisation. This is further highlighted by the fact that 21% of high risk domestic violence victims at the MARAC were repeats. Work is being undertaken in the partnership to address repeat ASB victims and repeat missing children by both the police and the local authority. As the data has shown many of these victims are not just victims of one specific crime and therefore a more co-ordinated approach to tackling repeat victims needs to be taken across the SWP.

Early intervention

Young people are at an increased risk of victimisation particularly if they have witnessed domestic violence within the home and this early victimisation can even lead to future offending behaviour. Many of these vulnerable young people will have come to notice to Children's Services or referred to Children's Services via the MARAC.

Early identification of these vulnerable young people such as through the 'On Track' programme can help to prevent the onset of a range of difficulties that can lead to high need/high cost interventions, such as offending, substance misuse, sexual and mental health issues and domestic abuse. However the significant cuts to Early Help will make this challenging.

Evidence base

MOPAC funding is used to fund a variety of projects to address victims of crime predominantly for VAWG related services but also ASB. This funding is to end in March 2017 therefore it is vital to evaluate the

²³ LSCB Child Protection Procedures 2013

effectiveness of these services and use this evidence along with that from the Strategic Assessment to identify our commissioning needs for 2017 and beyond.

There is no co-ordinated action across the SWP to look collectively at victims of crime as is in existence for offenders. This could assist in ensuring all vulnerable and repeat victims are identified and support provided where necessary. Producing quarterly problem profiles would be useful to assess progress and identify any emerging victim trends.

Problematic locations

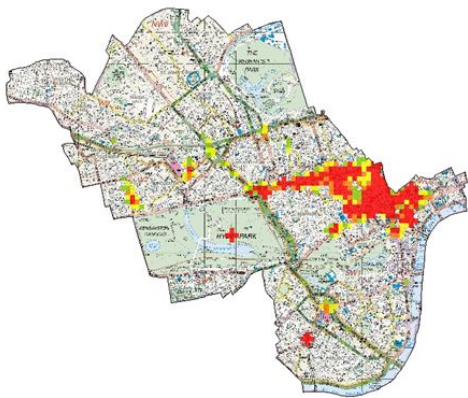
Crime is not uniformly distributed; concentrating resources on high crime areas will have a greater impact upon reducing crime in Westminster.

Where is crime and ASB concentrated within Westminster?

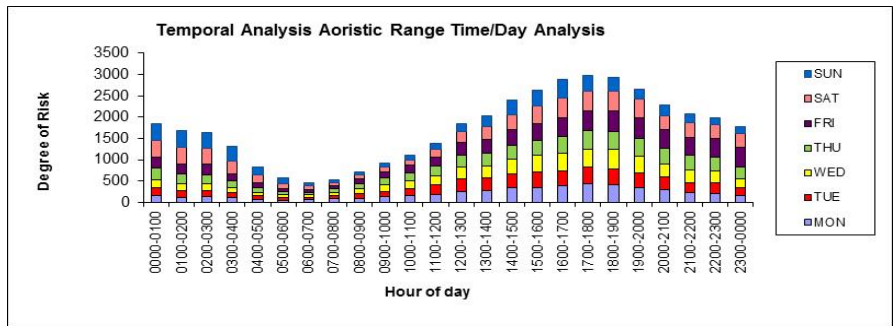
Crime is localised within Westminster, over half of all crime is within two of the twenty wards, 30% in the West End and 23% in St James's. These two wards are also the highest crime wards across London, 2% of all London crimes are within West End ward and 1.5% within St James's. This disparity is most pronounced for theft offences where 4% of all MPS offences occurred within West End ward.

The maps below show the hotspots and temporal distribution of crime and ASB using police, British Transport Police, Transport for London, London Ambulance Service assault and Fire data.

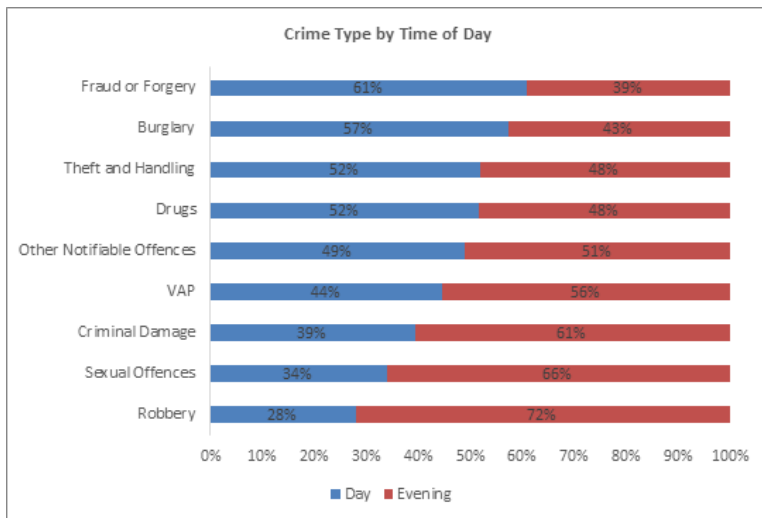
Police Crime Data



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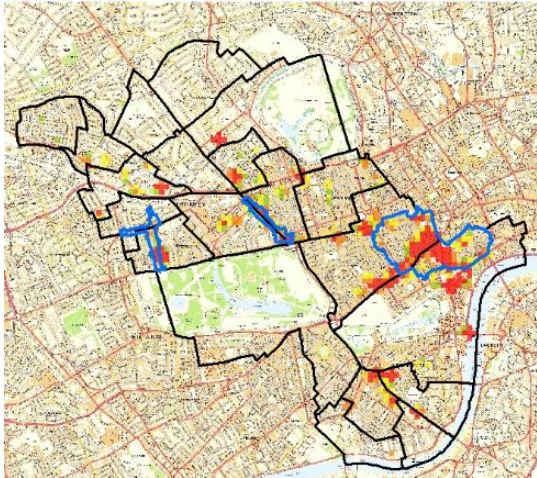
Aoristic²⁴ analysis was used to identify peak times of offending as the exact time of offences is not always known. The data shows a slight increase in offending on a Friday and Saturday. With a peak of offending between 15:00 to 20:00 hours.



The chart to the left looks at the major crime types by splitting them between day time (06:00 to 17:59 hours) and evening (18:00 to 05:59 hours) as you can see a different pattern of offending emerges. With robbery, sexual offences, criminal damage and violence being more likely to be committed in the evening.

²⁴ Aoristic analysis is a method of analysing times of occurrence for crimes in which the time of occurrence is unknown. It assigns a probability of occurrence for each hour of the day.

ASB CAD data for 2015



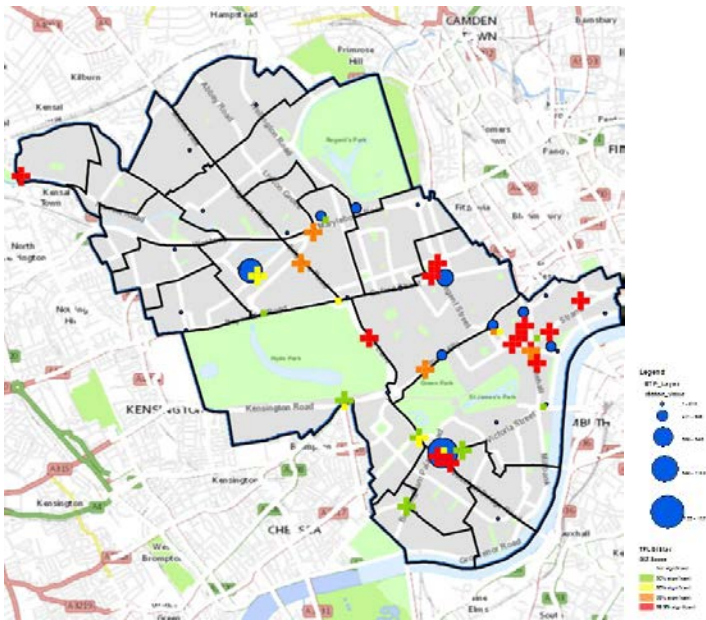
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Hour	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
00:00	77	62	73	69	84	98	124	587
01:00	48	38	48	54	57	109	86	440
02:00	32	30	37	34	35	76	73	317
03:00	30	15	16	39	32	69	53	254
04:00	20	17	24	13	24	45	49	192
05:00	21	14	33	19	28	26	39	180
06:00	26	26	34	39	23	28	20	196
07:00	44	49	52	51	54	25	27	302
08:00	58	85	73	71	64	51	30	432
09:00	65	76	75	66	87	44	36	449
10:00	85	72	78	77	93	73	46	524
11:00	73	80	97	75	90	63	62	540
12:00	72	67	79	69	79	79	51	496
13:00	82	90	67	85	89	60	60	533
14:00	96	83	98	83	97	70	62	589
15:00	103	90	80	85	117	99	89	663
16:00	83	103	82	87	99	100	72	626
17:00	93	103	97	84	66	95	70	608
18:00	99	125	98	101	94	111	89	717
19:00	88	84	81	90	90	102	84	619
20:00	82	66	70	102	110	100	65	595
21:00	69	81	91	94	100	107	82	624
22:00	79	97	97	96	111	104	100	684
23:00	101	83	108	96	95	118	73	674
Total	1626	1636	1688	1679	1818	1852	1542	11841

Police ASB data taken from DARIS shows 40% of ASB is located in St James (21%) and West End (19%) wards. The blue areas on the map show the Cumulative Impact Zones (CIZ) and the map shows that incidents are starting to expand beyond the boundaries of the West End CIZ. This is happening in two separate areas, mainly near Charing Cross Station and Piccadilly towards Green Park.

Smaller hot-spots were identified in other areas. Train stations were a common factor in some of these locations, particularly Victoria and Paddington. There were no statistically significant temporal peaks but a slight increase on Friday and Saturday evenings. Temporal analysis tables used throughout this document to emphasise the peak and low incident times, highlight in red, times that are in the top 10% and in green those that are in the bottom 10%

Map showing TfL and BTP incidents Jan to Nov 2015



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For TfL incidents 60% were within St James (35%) and West End (26%) wards. 64% of incidents are for disturbance and 28% for fraud or forgery.

9% of all TfL incidents occur within Westminster, this is the highest level across London.

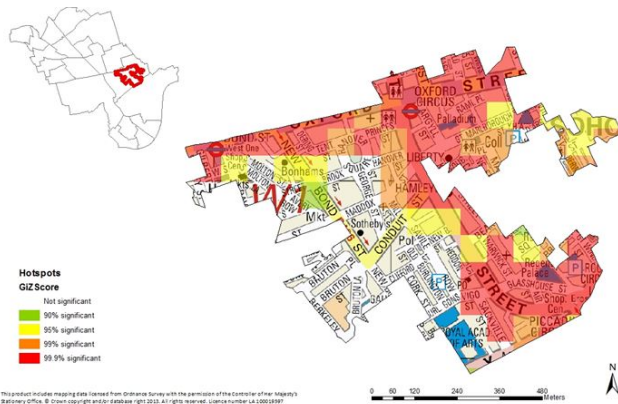
Victoria station had the highest level of BTP incidents in London and accounted for 33% of all incidents at Westminster stations. Paddington was second highest with 15%. These crime levels are strongly correlated with passenger numbers.

41% of all incidents were theft of passenger property and 18% violence against the person.

All of these crime/ASB related data sets identify the same hotspot areas of the borough, yet have different temporal profiles.

Looking at crime at lower geographical levels i.e. at LSOA ²⁶ you can see just how concentrated crime is. Half of all the crime is in 6% of LSOA's. Three LSOA's contain nearly one third of all crime across Westminster, two in West End ward and one in St James's. Therefore if crime were to reduce by just 3% in these three small areas this would reduce crime across the borough by 1%. 84% or 108 of the 128 LSOA areas have less than one crime recorded per day. 45% LSOA (58) have less than 10 crimes per month. Therefore targeting resources in these three crime concentrated areas will have a significant impact upon reducing overall crime levels. Below provides a brief overview of the temporal and types of crime within these small geographies.

E01033595 West End ward

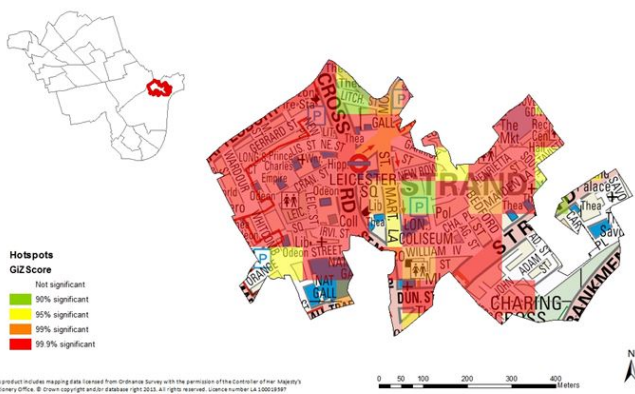


10.5% of all crime in Westminster falls within this area.

77% of all crime in this area (14% of WCC) is theft and handling compared with 59% across Westminster. This is made up of other theft 31% (11% of all WCC), theft from shops 22% (28% of all WCC) and other theft person 21% (17% of all WCC). 12% of all crime in this area is Violence against the person which is much lower than across Westminster (21%).

Temporal analysis shows that 52% of crimes occurred between 15:00 to 20:59 hours. With Friday (17%) and Saturday (19%) being the peak days.

E01004734 St James's ward



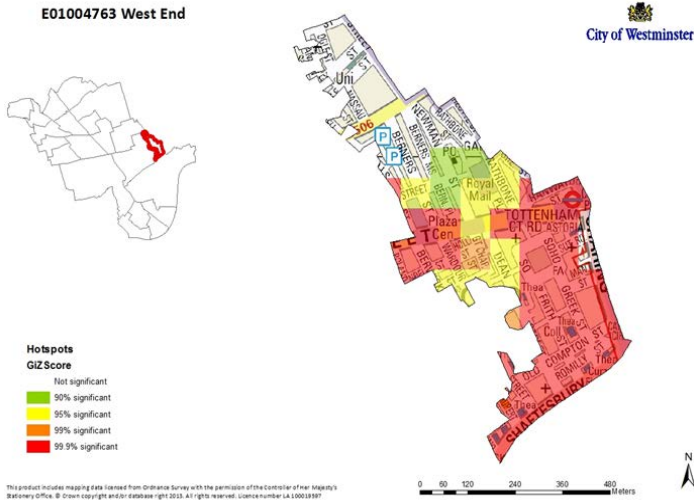
9.5% of all crime in Westminster falls within this area.

Crime in this area is in similar proportions as across Westminster, with 57% of all crime being theft and handling (accounting for 9% WCC). This is broken down into 32% other theft and handling (10% WCC) and 19% other theft person (13% WCC). 25% VAP (11% of WCC), most common assault (11% WCC) and assault with injury (15% WCC). 13% of all WCC robberies.

Temporal analysis shows that 42% of all crime occurred between 21:00 to 02:59 hours, with Friday/Saturday evenings the peak.

²⁶ LSOA = Lower Super Output Area is a geographic area that contains a mean population of 1,500

E01004763 West End



8% of all crime in Westminster falls within this area.

This area has greater than Westminster average levels of theft and handling at 66% (9% of WCC). The majority of theft offences are; 33% other theft and handling (9% WCC) and 21% other theft person (13% WCC). This area has less proportion of violence offences at 17% (7% of WCC).

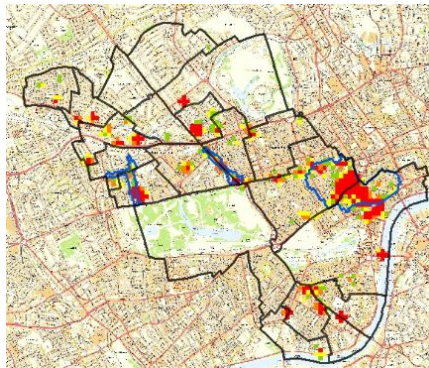
Temporal analysis shows 60% of all offences occurred between 18:00 to 02:59 hours. With Friday (19%) and Saturday (19%) being the peak days.

Anti- Social Behaviour

Combatting anti-social behaviour uses a variety of partnership resources and can have a significant impact upon victim’s lives. ASB is not just recorded by the police, but also the Local Authority and City West Homes. This section will look at ASB data from the police DARIS.

Excluding unclassified ASB, the vast majority of ASB comprises of Rowdy and Inconsiderate Behaviour (45%) and Begging/Vagrancy (32%). Other types of ASB haven’t been analysed as the volumes are so low.

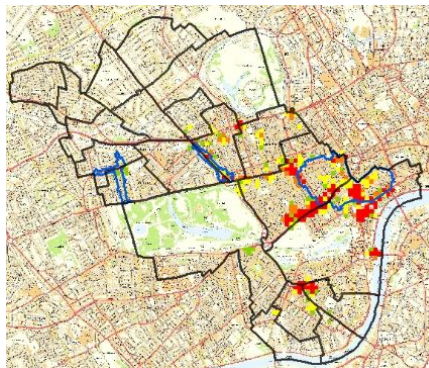
Rowdy inconsiderate behaviour



No specific temporal pattern of ASB offending was identified as it was evenly spread across the days and hours. Of note there was a slight increase in ASB incidents in October and November.

The map shows that rowdy and inconsiderate behaviour is predominately located within the CIZ areas. There is a concentration of incidents just outside in Northumberland Avenue, Charing Cross Station area and relatively few in the north west corner of the West End CIZ.

Begging/Vagrancy



The area from Piccadilly towards Green Park was a particular begging/vagrancy hotspot. Begging and Vagrancy are concentrated around high commercial and tourist areas of the borough with heavy footfall. The data does not allow for identification of specific troublesome locations other than ward or street name.

A begging/vagrancy hot-spot has been identified beyond the boundaries of the West End CIZ.

21% of all begging and vagrancy incidents are recorded between 08:00 to 10:59. Wednesday shows a slight increase in incidents.

Problems in an area <i>(The lower the score the more positive the finding)</i>	2014	2015
Homelessness/begging a problem in local area	24	20
Noise from building sites a problem in local area	17	16
Dog fouling on pavements a problem in local area	18	16
People being drunk or rowdy in public places a problem in local area	20	14
Teenagers hanging around on the streets a problem in local area	17	14
Noisy neighbours or loud parties a problem in local area	13	14
Noise from commercial entertainment properties (e.g. pubs) a problem in local area	16	12
People using or dealing drugs a problem in local area	18	11
Particular families in your neighbourhood causing crime and anti-social behaviour a problem in local area	8	8
Issues related to licensed premises a problem in local area	16	7
Violence among young people a problem in local area	8	6
Gangs and gang violence a problem in local area	8	6
Dangerous/aggressive dogs a problem in local area	6	5
Vandalism, graffiti and other deliberate damage to property or vehicles a problem in local area	7	4

This table shows data from the Council City Survey for the last two years. Just over 1,000 residents were surveyed.

It found that few residents were concerned about ASB issues and levels have been falling year on year.

The greatest resident ASB concern was for homelessness/begging with one fifth of residents perceiving this to be a problem. This correlates with the volume of incidents recorded across the borough.

Prevalence of Crime and ASB

Westminster has a daytime population of over 1.1 million people. On a normal working day Westminster has nearly 176,000 tourists, 674,000 workers, 233,000 residents. On an average day there are over 95,000 overseas visitors staying in Westminster, compared to 201,000 for all other boroughs combined²⁷.

Footfall²⁸ data can be used to identify areas of high crime prevalence. West End and St James Ward are estimated to account for half of the entire footfall within Westminster. Footfall within Westminster shows a very strong correlation (0.98) with levels of crime. The West End and St James's ward are not more likely to be hot spots of crime but are so because of the volume of people and thus crime opportunities they attract, through being areas with major concentration of businesses, shops and entertainment venues.

Analysis of crime rate by footfall showed that Churchill, Lancaster Gate and Bayswater had the highest rates of crime.

Footfall and ASB levels were also very strongly correlated. Church Street and Churchill have the highest rates of ASB per footfall, whilst the West End has the second lowest rate of ASB and St James 5th lowest.

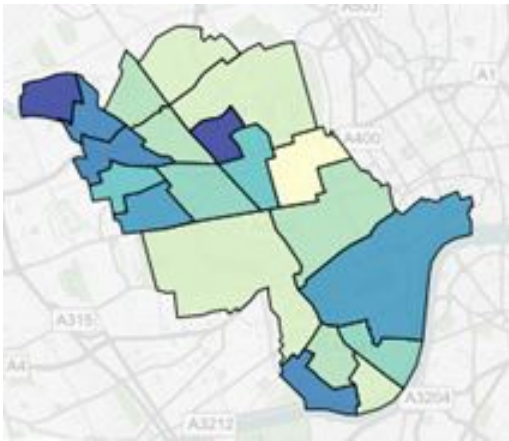
Changes in daily and residential population levels within Westminster are likely to impact upon future crime and ASB levels. The GLA projections show the number of employees in Westminster (not jobs) is likely to continue to grow rapidly for the next twenty years. During this time it is projected around 80,000 additional employee jobs will be created in Westminster, representing an increase of over 13% on 2011 employee projections. In addition Westminster has the second highest local authority projected percentage growth in population between 2008 to 2018.

Whilst resident and employee populations are likely to increase changing retail practices i.e. a shift to internet shopping may see a reduction in footfall in the West End and particularly along Oxford Circus. It is unclear whether the introduction of the 24 hour tube in the summer will increase crime levels in Westminster or displace crimes to further down the tube lines.

²⁷ GLA 2014

²⁸ Data taken from Local Economic Assessment 2016

Another method to identify priority neighbourhoods is using the Vulnerable Locality Index. Priority neighbourhoods are different to crime hotspots in that they focus attention to place where people live rather than town centres, shopping centres and entertainment complexes.



This map was taken from the MOPAC London Landscape and calculates the vulnerable locality index (VLI). The VLI is used to identify priority neighbourhoods that are places experiencing high levels of crime in residential areas, alongside problems of deprivation and demographic factors that influence the area's poor sense of community cohesion. It uses data on recorded burglary dwelling and criminal damage to a dwelling alongside the index of deprivation, employment and income deprivation and demographic information on high concentrations of young people and poor educational attainment.

The priority neighbourhoods that the VLI identifies help to indicate where are the largest amount of community fragmentation and the potential for neighbourhood unrest.

This data shows seven wards had greater than the MPS average VLI score. Church Street and Queens Park were the highest risk whilst Marylebone one of the lowest levels in London. The West End and St James which are the highest crime areas ranked 12th and 6th respectively.

This would be a useful exercise to undertake at LSOA level to identify more specific vulnerable areas. The levels of deprivation as measured by the Indices of Multiple Deprivation have increased in Westminster, the latest data shows Westminster to be ranked 57th most deprived compared with 87th in 2010.

Recommendations

Successful crime reduction strategies are those tailored to the distribution of crime in an area, be that high prevalence, high concentration or a mixture of both.

So whilst it is important to target resources in crime concentrated LSOAs in the West End and St James it is also important to focus resources on the crime prevalent and vulnerable locality areas.

High levels of concentration point to victim based targeting that focuses resources at the most vulnerable. In areas of high prevalence the focus should be wider with area based initiatives.

The high levels of concentrated crime are strongly linked to footfall and this is unlikely to decrease in the coming years so activities centred on the most vulnerable victims in these areas will be beneficial. Further analysis will be required to identify who is most vulnerable to crime in these small localities.

Work to target the vulnerable and high crime areas should be evidence led by the partnership tasking process and the work of the Neighbourhood Crime Problem solving teams.

Updating the VLI to LSOA level will help to identify more specific areas that are deemed vulnerable. This will enable bespoke area based initiatives to address the crime issues and concerns in these neighbourhoods.

Strategic Priorities/Recommendations

This report has used a problem oriented approach to assist in identifying the crime and ASB priorities for the SWP for 2016/17. This has been achieved by looking at the characteristics of offenders and their criminogenic needs, identifying who or what is most likely to be victimised and where in the borough crime is most concentrated and most prevalent.

SWP overarching aim

When considering what to prioritise, the SWP needs to consider what is its overarching aim? Is it to focus upon reducing the volume of crime or upon reducing the cost of crime to the partnership, that is focusing upon higher cost issues such as violent crime which can have a significant impact upon the victim or would a tiered approach be more appropriate?

Early Intervention

Prevention is better than cure and therefore early intervention should be a key theme across the partnership. Evidence shows young people are at an increased risk of becoming victims or offenders of crime and early intervention such as triage used by YOS has had significant impact upon reducing the number of first time entrants into the criminal justice system.

Repeat victims

Victimisation is the single best predictor of future victimisation. 14% of victims in Westminster had been a victim of crime in the last 12 months and 21% of high risk domestic violence victims. Work is undertaken across the partnership to identify and work with some repeat victims such as ASB and domestic violence. Not all victims are victims of just one crime type therefore a more co-ordinated approach to identify all repeat victims should be taken.

Prolific offenders

A small proportion of offenders are responsible for a significant volume of crime. The most recidivist offenders are worked with as part of the IOM scheme. To have the greatest impact upon reducing re-offending we need to ensure adequate resources are provided to the IOM scheme to work with these prolific offenders. For those offenders willing to change, resources need to be directed towards addressing their criminogenic needs which are centred on support with substance misuse, employment and accommodation.

Non-resident and foreign national offenders

A specific problem for Westminster is the volume of non-residents and foreign nationals who come here to commit crime; this is most prevalent for theft offences whose offenders have the highest recidivism rates and are often problematic drug users. Our commissioned services are focused upon Tri-borough residents only. Consideration should be given to expanding provision to non-borough prolific offenders where they are not receiving any additional support from their resident borough. In relation to foreign nationals, a problem profile needs to be developed to identify appropriate partnership prevention, intelligence and enforcement responses to the issue.

High crime locations

Successful crime reduction strategies are those tailored to the distribution of crime in an area, be that high prevalence, high concentration or a mixture of both. So whilst it is important to target the concentrated

resources in crime LSOAs in the West End and St James it is also important to focus resources on the crime prevalent and vulnerable locality areas.

Evidence led partnership

MOPAC London Crime Prevention Funding is used to support much of the work SWP undertakes to reduce crime and ASB. This funding will terminate in March 2017. A sound evidence base is essential to identify our commissioning needs for 2017 and beyond. An updated Strategic Assessment should be produced in October 2016 incorporating an evaluation of the effectiveness of our current commissioned services. By October we should have a greater steer around MOPAC priorities and potential funding opportunities. This updated evidence base will then allow the partnership adequate time to identify its priorities and commissioning requirements for 2017 and beyond.

Continue working on current priorities

Most of the work to address the current SWP priorities is already commissioned for 2016/17 therefore it is not recommended to alter these. The national security threat level remains 'severe' meaning an attack is highly likely therefore it would be prudent to retain countering terrorism and radicalisation as a priority for the SWP.

Review meeting structures and produce a standardised performance framework

With diminishing budgets across the Public Sector it is more important than ever for strong partnership working to ensure resources are used efficiently and to prevent duplication. There are some excellent examples of partnership working however the accountability and meeting structures to address the priorities is varied. An early priority for the SWP should be to review the meeting structures and ensure each priority area has objectives and where possible standardised performance indicators/framework should be used to compare and evaluate effectiveness.

Appendix – Data Sources

DATA	SOURCE	LIMITS/CAVEATS
Crime Reporting Information System (CRIS)	Metropolitan Police Service	
Computer Aided Despatch (CAD)	Metropolitan Police Service	Data is confined to temporal and spatial analysis.
Asset	Youth Offending Service	Details of offences and assessments only available for 2014/15
British Transport Police incidents	GLA Safe Stats	Data only available until November 2015
Drug Intervention Programme	GLA Safe Stats	Data only available until November 2015
Probation/CRC data	GLA Safe Stats	Data only available until September 2015
London Ambulance Service assaults/alcohol and drugs overdoses	GLA Safe Stats	Data only available until November 2015
Transport for London incidents	GLA Safe Stats	Data only available until November 2015
Fire data	GLA Safe Stats	Data only available until November 2015
City Survey	Westminster City Council	Only based upon 1,000 residents
NSPIS Custody DTR data	Metropolitan Police Service	
Census Data	Office of National Statistics	



City of Westminster

Adults, Health & Public Protection Policy & Scrutiny Committee

Date: 21 September 2016

Classification: General Release

Title: **Review of Service Outcomes in Public Protection & Licensing**

Report of: Sara Sutton: Director Public Protection & Licensing

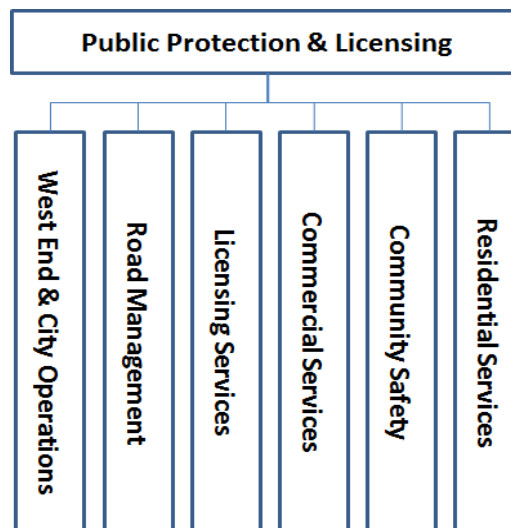
Cabinet Member Portfolio Public Protection and Licensing

Policy Context: City for Choice / Heritage / Aspiration

Report Author and Contact Details: **Claudia Hemsley**
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1 Executive Summary

- 1.1 The purpose of this report is to assess the outcomes for service users and how the Public Protection and Licensing (PPL) Directorate is meeting its objectives following reconfiguration.
- 1.2 In April 2015 a new organisation structure was created combining Street and Premises Management into one directorate. This new directorate created six thematic services, managed by a head of service, combining teams with connected responsibilities and issues into one service.



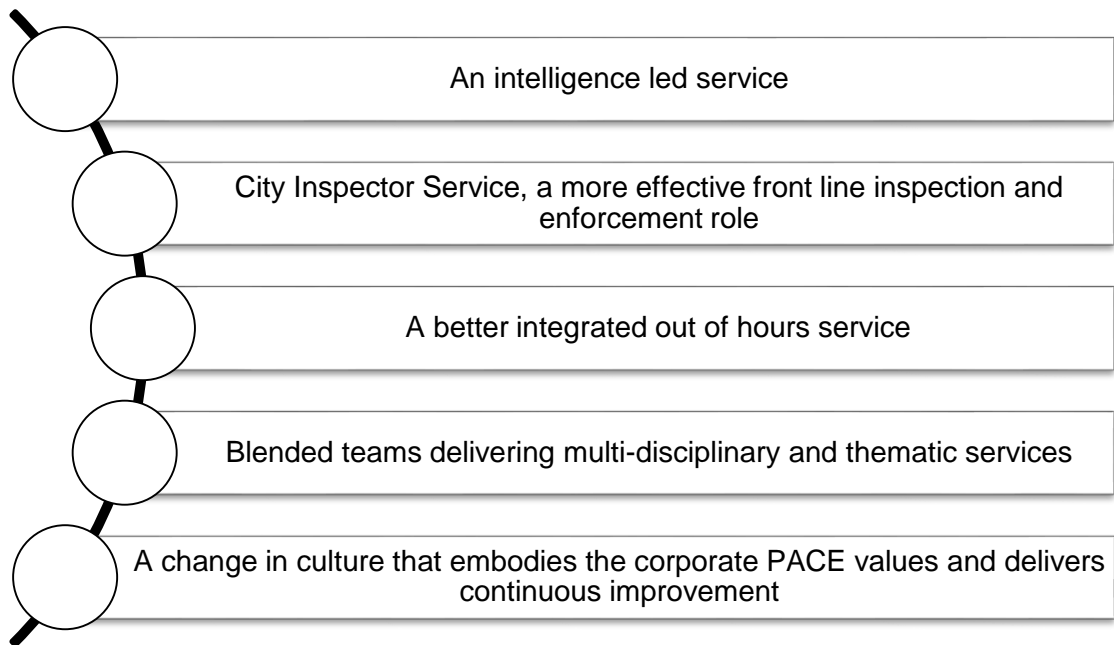
- 1.3 Central to the new service was the creation of the City Inspector role, a more effective front-line inspection and enforcement function, created by merging the functions of Westminster Wardens and Licensing Inspectors. The existing ward capability currently provided by the Local Westminster Wardens was retained, but with added capability as a result of this change.
- 1.4 In addition, area based teams of officers working in a multi-disciplinary environment were created, uniting the skills of Neighbourhood Problem Solving coordinators with the new City Inspector Service and Environmental Health Officers. This has delivered a service that together could tackle complex issues, ensuring the right outcomes for residents and business across the City.
- 1.5 Underpinning this was a desire to develop an intelligence led service, ensuring its resources were focused meeting the future needs and demands of a world class City. The restructure created an enhanced analysis capacity and a dedicated tasking function to direct the directorate's resources.
- 1.6 The Road Management team's performance and outcomes are not included in this report as that element of the department is scrutinised by the Environment & Customer Services P&S Committee. In addition, as of 1st September 2016 Road Management is no longer part of PPL and is part of the new Highways and Public Realm Service.

2 Key Matters for the Committee's Consideration

- 2.1 For the committee to note the contents of this report and provide feedback on the outcomes achieved to date.

3 Background

- 3.1 These changes were implemented in line with reducing the overall cost of delivering the service, through realising efficiencies and streamlining frontline delivery models. The new structure set out to deduct 81.7 substantive posts from the structure and deliver full year savings of £2.7m across the Communities and City Management Executive Directorate. More specifically in PPL directorate the restructure reduced the numbers of posts by 67, to circa 350 full time equivalent (FTE) posts.
- 3.2 The organisational change report written in December 2014, set out a number of key objectives, and it is against those that this report will assess the success of the new service, 18 months on.



3.3 Due to the breadth of services delivered within the directorate, this report will focus on service outcomes in the context of the objectives outlined above. A more detailed breakdown of outcomes by service can be found in **Appendix A**.

4 Intelligence Led Service

4.1 At the heart of the new PPL service is a tasking and analysis function that facilitates the use of resources to tackle key issues in the right way. This new tasking and analysis team consists of three intelligence analysts and a tasking coordinator. Since their creation this team has worked closely with front line teams and has supported the development of an analytical tool with the central business intelligence team that will enable resources to be tasked, monitored and their work evaluated through a digital portal. This portal is still under development. The analysis capacity has influenced decision making in key areas; influencing gambling and rough sleeping policy, focusing licensing activity and targeting resources to key issues.



- 4.2 The dedicated Tasking Co-ordinator, supports a fortnightly tasking process using the analytical insight to set priorities and deploy resources across CMC, the City Council and the wider partnership. This ensures that the service has an accountable resource deployment model, linking resources allocated to issues and the outcomes.
- 4.3 In the first year of operation, the team coordinated 209 taskings of varying complexity. The table below outlines the enforcement outcomes from these taskings.

Enforcement outcomes from tasking	Financial Year 2015/16
FPNs	196
Waste Prosecutions	1
Warning FPNs	37
Waste Transfer Notices	3
CPNS	7
Breach of CPN	1
Warning CPN	16
IST Seizures	52
Parking (PCNs)	15
Premises Licensing Prosecutions	1
Warning Letter Tables and Chairs	1
Tents on public highway warning and seizures	30

- 4.4 The number of taskings undertaken this year to date has significantly reduced, with only 25 so far. This is a positive outcome that could evidence improved compliance levels and that the proactive focus of the service in resolving issues and tacking

problems, means that fewer issues are escalating and requiring the intensive management/resources that the tasking process provides.

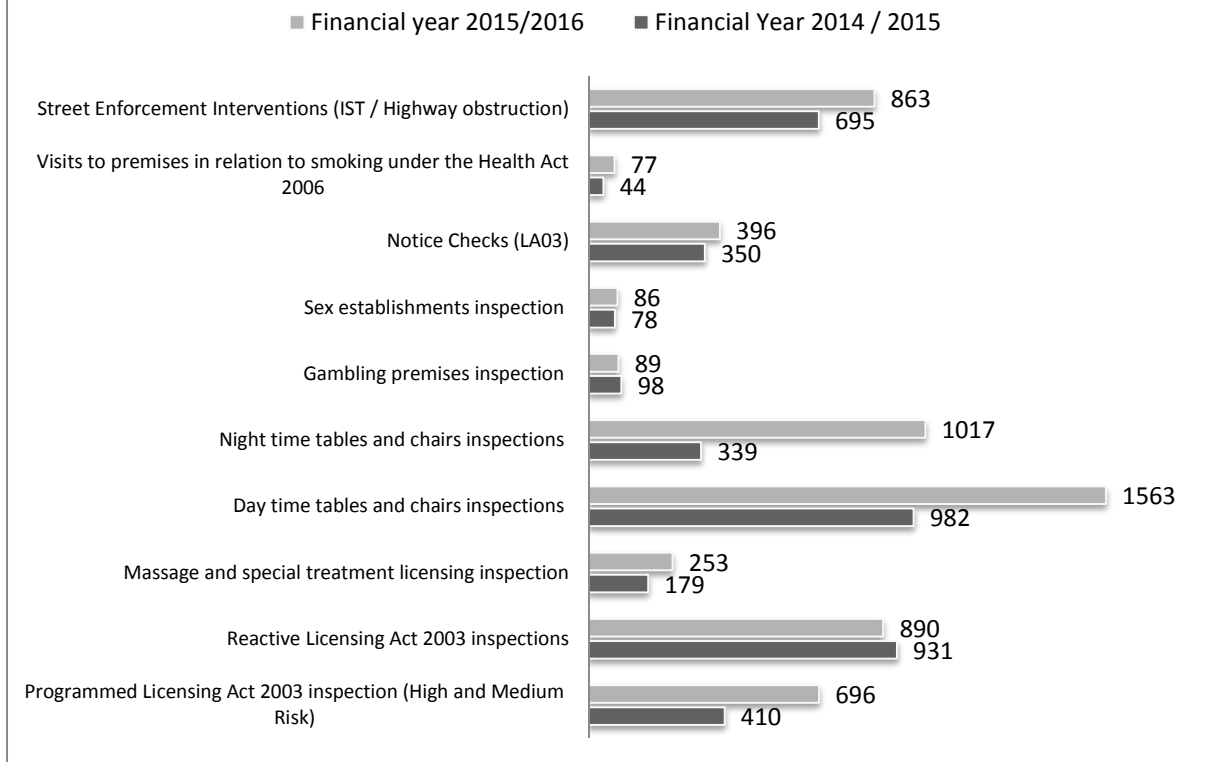
5 A more effective front line inspection and enforcement role

- 5.1 Prior to the restructure there were 16.7 Licensing Inspectors, 70 Westminster Wardens and 2 lighting scouts, in total 88.7 officers. Through projected efficiencies envisaged from merging these roles, the City Inspector Service was created, operating with 15% less resource.
- 5.2 There are now 75 City Inspectors working across the City, both in local wards and within 24/7 response teams on a shift basis. These inspectors provide a front line inspection and enforcement capability able to ensure clean and safe streets, compliant premises and community confidence in the way in which our City is managed.
- 5.3 The success of the City Inspector role was dependant on their ability to utilise a wide range of powers to tackle the issues they face, blending the previous warden and licensing inspector roles, into an officer with a capability to tackle a multiplicity of problems.
- 5.4 The City Inspector service set out to deliver;
- Effective public realm management (such as illegal street trading, busking, street performers and events)
 - Effective service able to tackle anti-social behaviour (ASB)
 - Effective licensing inspection regime
 - Integrated waste management system
 - Well managed street scene (utilities works management and lighting scouts)
 - On street presence able to engage with communities and stakeholders

6 Effective public realm management and licensing inspection regime

- 6.1 The levels of inspections since the creation of the City Inspector service have increased, in some areas significantly so. The newly created service has undertaken:
- 70% more programmed licensing visits
 - 200% more night-time tables and chairs inspections
 - 24% more street enforcement interventions
 - Across the service inspections and interventions have increased by 5%
- 6.2 The table below shows the numbers of inspections undertaken by the City Inspector service in the financial year 2015/16 with the previous structure. The number of inspections undertaken by City Inspectors exceeds the numbers undertaken in the previous structure, through a more effective blended role. As with the reduction in taskings, the reduced number of reactive licensing inspections could indicate improved compliance as these visit are complaint led.

Inspections by City Inspectors comparing financial years 2014/15 to 2015/16

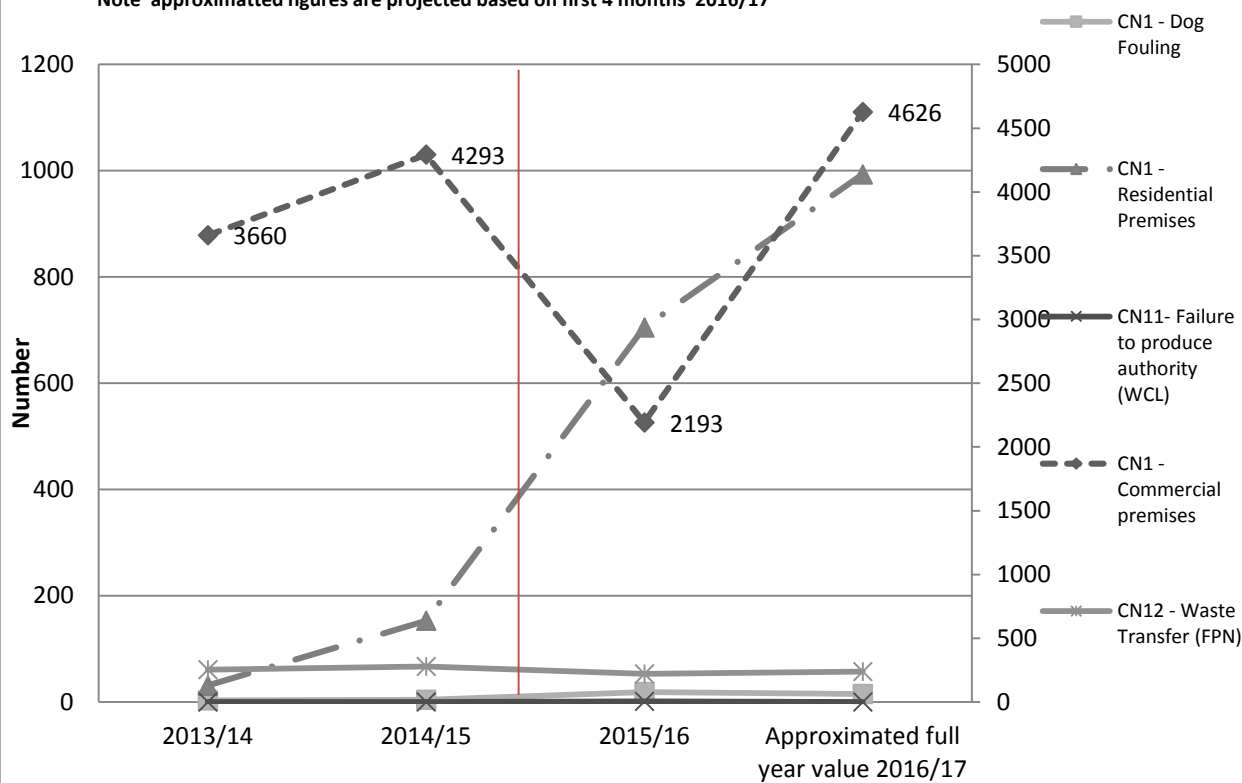


7 Integrated waste management

7.1 The chart below shows the numbers of fixed penalty notices issued by officers, by financial year and by type. The levels of notices issued by the new city inspector service has increased or remained stable since the restructure took place. The levels of commercial notices decreased during the first year of the service. A decision was taken to prioritise the training of City Operations City Inspectors on their licensing powers, which took time away from commercial waste enforcement. This is now complete and projected figures for commercial notices for 2015/16 are higher than the previous levels undertaken in 2014/15.

FPN issued by type shown by financial year 2013/14 - 2016/17*

Note approximated figures are projected based on first 4 months 2016/17



7.2 The City Inspector Service is also taking a proactive approach to waste management, alongside more traditional methods of enforcement, and the following case study outlines the success of this approach.

Case Study: Clean Streets & Don't Dump Campaign

A priority for the service in April 2015 was tackling the issues of regarding waste being persistently dumped around the BBB and surrounding streets.

7.2.1 A review across 3 wards in the north of the City in November 2015 found that only 13% of businesses had appropriate regimes in place to dispose of their waste correctly

Targeted project, focused on hotspot areas delivering education, enforcement and prosecution.

7.2.2 The campaign included targeted education using signage, leaflet dropping and talking to local residents and businesses

7.2.3 City Inspectors issued 82 WTN requesting to see businesses waste disposal arrangements, 41 commercial FPN issued to businesses and over 300 warnings and FPNs to residents found littering. The most serious offenders were brought in for pace interviews for prosecution

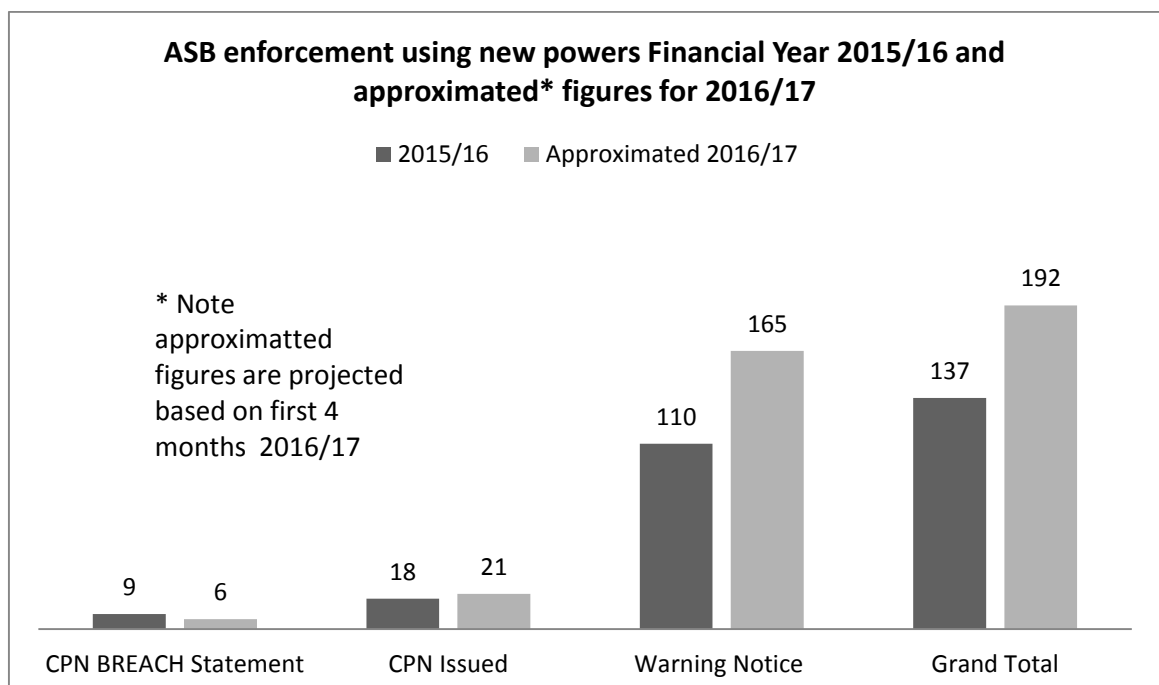
7.2.4 A business audit was put in place and through education and enforcement of waste transfer we now have a compliance rate of 72% and it is rising.

7.2.5 Compliance target area currently up by over 50 percentage points since work started.



8 Effective service able to tackle anti-social behaviour

- 8.1 The directorate as a whole has benefited from a new case management system, Ecins, that allows for a more effective and intelligent management of anti-social behaviour cases and victims. This system enables us to log and track anti-social behaviour, allowing a up-to-date history from a victims perspective.
- 8.2 The implementation of the Anti-social Behaviour (ASB), Crime and Policing Act in 2014 gave additional powers to local authorities to deal with anti-social behaviour. Prior to this, on street officers had little powers over such behaviour and often were operating only as eyes and ears for the police.
- 8.3 The act now allows for officers to issue a Community Protection Notice (CPN) against individuals or businesses which are negatively affect the community's quality of life.
- 8.4 The chart below clearly shows the increasing use of this power by City Inspectors, and that this is an area where prior to the creation of the service officers would have had little or no powers to tackle issues in this area.
- 8.5 These powers have been primarily used for anti-social behaviour associated with rough sleeping (11%), begging (85%). Other issues dealt with by way of a CPN have included street trading, street urination, busking and waste issues.



- 8.6 Given the vast array of issues that the service is dealing with it is a difficult task to outline easily the overall outputs of the service, as listing enforcement and inspection does not outline the outcomes to residents on the streets. The case studies below show more clearly the impact the service is having on the ground.

Case Study: Operation Unite 16



The PPL Directorate have been working closely with the Metropolitan Police (MPS) over the last 6 months on a number of strands of work particularly in relation to foreign national offenders, under the operational name of Unite 16.

These areas include:

- Gambling on Westminster Bridge:
- Vice in Sussex Gardens and the surrounding area
- ASB associated with rough sleeping (including begging)
- Street performance issues

Westminster Bridge - Since November 2015 there have been frequent operations resulting in 100s of arrests and numerous deportations regarding illegal gambling and ASB. These operations have included police from both sides of the river and City Inspectors. The police have been following the money trail to identify who is benefiting from this activity. As a result of the persistent issue the Council is now consulting on a Public Space Protection Order (PSPO) that can be used to regulate activities in particular public places that can have a detrimental effect on the local community. They can help by giving local councils and local police additional powers to tackle anti-social behaviour in specific locations. They specify an area where activities are taking place that are likely to be detrimental to the local community's quality of life, and impose conditions or restrictions on people using that area. Failure to comply with the order is a criminal offence and a fixed penalty fine of up to £100 could be issued, or on prosecution, a fine of up to £1,000.

Vice in Sussex Gardens – the Neighbourhood Problem solver from the Residential Service is working with the police to focus on those organising and handling the women and how best to support the women involved. They have been working with Community Safety to map the links between those involved and other criminal activity.

ASB associated with rough sleeping

The directorate has been working jointly with the Rough Sleeping Teams, MPS and Home Office Immigration Enforcement Service (HOIE).

A bespoke training scheme has been rolled out to City Inspectors on how to identify, engage and refer individuals found rough sleeping.

An officer from the Rough Sleeping team has been seconded into Public Protection & Licensing in the residential team, working closely and undertaking joint patrols with Local City Inspectors, bridging the gap between social care and enforcement.

New ways of working have enabled the Home Office to remove those not exercising their treaty rights. There have been a number of large scale operations taking place between June and November 2016 with further. Everyone who is found rough sleeping is offered a route away from the streets and if people choose not to engage with the support available or to make use of their treaty rights, they are then given 30 days to make changes. Rough sleeping is harmful and dangerous to an individual and we reinforce the responsibility to come to London with a plan for how they will live.

Since June, 151 individuals have been issued with removal papers. Of those identified two thirds have left voluntarily and the remaining third who stay beyond the 30 day period will be liable for arrest. To date 3 arrests have been undertaken.

This work has resulted in a 5% reduction in number of EEA nationals found bedding down comparing Quarter 1 with Quarter 4. More specifically the number of Romanian rough sleepers found bedded down were reduced by 27% in the same time period.

Street Performers - Officers continue to work with the GLA and the BIDs to support the Busk in London scheme. In recent weeks meetings have improved links and methods for sharing information. Two dedicated City Inspectors have been seconded to the Noise Team to patrol and respond to issues concerning street performers in the Leicester Square area and a member of the Noise Team has been deployed to the Oxford Street area. They are proactively engaging with buskers and encouraging them to comply with the voluntary busker code. Enforcement is seen as a last resort where buskers have repeatedly failed to follow the scheme guidelines. Since April we have engaged with buskers on more than 150 occasions. In addition residents raised concerns that the unknown masked performers in Trafalgar Square may have involvement in criminal activity. Working with the police and Immigration officers, an operation took place which resulted in 4 floating statues being served notice papers giving them 30 days to leave the country

Summary

City Inspectors formed part of a large partnership response to these issues. City Inspectors have been trained to issue CPNs against persistent anti-social behaviour. To date the service has issued 135 warning notices, 20 community protection notices, and 6 statements issued for individuals breaching these notices.

MPS reported the following outcomes between 8th Feb and 14th June 2016.

331 Arrests for "Op Unite offences" as follows:

- 3 x Money Laundering
- 10 x Proceeds of Crime Act Offences
- 93 x Street Gambling
- 78 x Theft, Theft person and other related
- 146 x Begging and other offences (e.g. breach of CPN)

263 x Written Warnings

49 x Community Protection Notices

40 x immigration notices served approximately per month.

The MPS also report that there has been clear impact upon violence with injury offences within Westminster due to the criminality and ASB that has been tackled by Op Unite. They reported that Violence with Injury offences within the entire Met had increased by 4.8% and in comparison Violence with Injury offences within the City of Westminster had reduced by 4.3% (122 fewer offences/victims). This is in comparison to the neighbouring boroughs of Lambeth and Camden that have seen increases in Violence with Injury offences increase by 8% and 16.4% respectively.

9 Utilities works management

- 9.1 City Inspectors are responsible for auditing the agreed finish times on all permitted street works in Westminster. This is an important role that is undertaken in conjunction with the Roads Management service to ensure that all Westminster streets are free from unnecessary congestion. Actual fees chargeable for every overrun are set by Regulations.

9.2 The City Inspector service last year audited all Permits on the first chargeable day after their end date and found 96 sites operating beyond their Permit time; this resulted in £117,550 being paid in fines to the City Council. In the first four months this financial year City Inspectors have found 18 sites outside of agreed permit durations. The levels of compliance by utility companies has increased significantly, due to improved auditing of permits, the projected figures for 2016/17 is below half those found in 2015/16.

10 A better integrated out of hours service

10.1 Prior to the restructure the out of hours service comprised of a small team ten wardens working a permanent night shift, meaning that with annual leave commitments and rest days, an average Saturday night would be resourced by a limited cadre of officers.

10.2 The new operational coordination service put in place five teams of, eight City Inspectors working a pattern of early, late and night shifts. This has provided 24/7 coverage across the City, ensuring that there is enough resource to manage a 24 hour City. The larger out of hours coverage in the new model also allow for City Wide coverage, rather than as a previously a purely West End focus.

10.3 One of the key changes to the out of hours' service is that every shift has a team manager on duty to manage and direct the resources available. This has also provided a permanent managerial Local Authority Liaison Officer on duty 24/7.

10.4 A shift pattern where City Inspectors are rotating through weeks of daytime and night time deployments has meant that they are much more integrated with other services, able to touch base with other departments and partner agencies about issues occurring out of hours. Previously a permanent night duty team found it difficult to interact with daytime services.

10.5 The larger pool of officers on a shift pattern has meant that the impact of absences for leave and training is less on weekend and night time resources, than in the previous model.

11 Introduction of thematic services and blended teams

11.1 The new structure created thematic services, with teams with similar demands hoping to create synergies between teams that could empower collaborative working and yield an improved service and efficiencies.

11.2 Thematic services have undoubtedly improved the service delivered by previously autonomous teams. This has been seen across the service, examples include increased intelligence sharing leading to joint visits to problematic premises, streamlined policy and procedures and a greater capacity to operate in high periods of demand, where resources can be directed across a service. The creation of a head of service for thematic services has also enabled a more accountable structure.

11.3 The case study below clearly shows the impact that a thematic service, where the joined up powers of a number of premises related disciplines working together can achieve.

This ability to coordinate activity across disciplines is much easier in the current structure.

Case Study: Operation VANADIUM

A Police led multi-agency operation to detect, deter and disrupt criminal activity within three commercial premises on the Edgware Road under the UNITE 16 umbrella in April 2016. This focused on addressing the supply of drugs, prostitution, human trafficking, terrorism, child exploitation, VAT and tax revenue evasion and breaches of local authority legislations in two shisha cafes in Westminster.

The MPS serious crime unit in conjunction with Home Office Immigration Enforcement (HOIE), Her Majesty's Revenue and Customs (HMRC), Westminster City Council (WCC) and London Fire Brigade (LFB) executed two Police and two Immigration warrants on two shisha cafes. The Commercial Service took the lead for Westminster and combined its resources and powers to support the operation, using resources from Food, Health and Safety, City Inspectors and Trading Standards.

The outcomes from joint inspections are as follows:

Public Protection and Licensing

- Investigation on-going by the food team into hygiene and food safety
- City Inspectors seized 500 shisha pipes and shisha tobacco under the Health Act 2006 for prosecution purposes
- Trading Standards seized 42,000 cigarettes for labelling offences/counterfeit items
- City Inspectors served a summons on the manager regarding a breach of the Health Act 2006
- Summons served on the manager regarding giving false details to an authorised officer

Police

- 3 arrests under the Proceeds of Crime Act
- Approximately £10,000 in cash seized
- CCTV Hard drives seized
- 3 Boxes of fake identity documents relating to immigration status. Suspected links to Human Trafficking pending investigations

Home Office Immigration Enforcement

- 6 arrests of which 4 were to be immediately deported, 2 detained pending further investigation
- Service of a £120,000 fine to the owners of the premises for the employment of illegal immigrants

Her Majesty's Revenue and Customs

- Seizures of computer hard drives and associated documents relating to income generation and VAT

- 11.4 The creation of the new directorate is transforming the traditional model of operational delivery, with the Residential service now comprising of five area based, blended teams of Neighbourhood Problem Solving Coordinators, City Inspectors and Environmental Health Officers. The ability to focus and manage a team of officers on a neighbourhood has worked well, enabling priorities to be set for different areas depending on need. The teams have shown clear benefits in breaking silo working, developing a better understanding of different roles, and maximising the impact of joined up on street

resource. The service has embraced partnership work and innovative problem solving, as evidenced by the case studies and outcomes shown in Appendix A.

- 11.5 Under the area based structure Managers, Neighbourhood Problem Solving Co-ordinators and Local City Inspectors and Environmental Health Officers are allocated on a ward and/or area basis across the City. Please see maps in **Appendix B, C and D**.
- 11.6 This approach has also facilitated improved relationships with key stakeholders and communities; area based teams attend regular stakeholder and partnership meetings as well as Ward Panels. Additionally, where a Business Improvement District is in place frequent meetings with take place with co-location of resources, where possible.
- 11.7 The case study below shows the benefits of collaboration between officers with different skills and powers, improving the service we deliver. The traditional methods managing rouge landlord with environmental health powers were unable to bring compliance. As a result of blended teams, colleagues highlighted that the new anti-social behaviour legislation could be used to tackle this issue, with tougher penalties.

Case Study: Rogue Landlord

A badly managed privately rented flat in North Westminster, the tenant had no hot water and flat was in disrepair.

Premises was being managed by Environmental Health

- Housing Act 2004 Improvement notice was served
- Owner appealed notice which was upheld by court
- Landlord refused entry to EH and evicted the tenant who had complained
- Landlord had not complied with notice
- Analysis of the UK Rogue Landlord Database landlord was the most prosecuted landlord in the UK with seven convictions for Housing Act offences.

Traditional methods managing rouge landlord struggling to bring compliance. As a result of blended teams, colleagues highlighted that the new anti-social behaviour legislation could be used to tackle this issue, with tougher penalties.

- Applied for a Criminal Behaviour Order against landlord under the ASB , crime and policing act 2014
- The penalty of breaching a CBO is a custodial sentence

12 Change in culture & excellent staff

- 12.1 In order to ensure that the City Inspector roles are omni-competent in the wide variety of legislation they are responsible we have developed and delivered a number of in-house Operational Skills Training courses. These have covered Licensing Act 2004, Gambling Act 2005 and Rough Sleeping and further courses are planned for the next period. We have also developed and delivered legal skills training covering law, evidence and procedure best practice and case file preparation and disclosure. This was provided for all City Inspectors and other enforcement officers and delivered in partnership with the tri-borough legal services. Conflict Management training and Awareness & Handling of

Discarded Needles & other Drug Related Waste full day and refresher training has also been delivered for all staff requiring this.

12.2 In line with ensuring our services are being delivered in line with our PACE (Productive, Ambitious, Collaborative & Enterprising) values all managers and senior practitioners in the department have successfully completed the Leading the Westminster Way Programme and all staff at every level are scheduled to attend the Working the Westminster Way programme by end of March 2017.

12.3 Staff survey results since the reorganisation also demonstrate positive improvement with an increased proportion feeling they are serving our public rising from 70% in 2014 to 77% in 2015. In addition officers feel that the most positive areas of working in PP&L include the fact that line managers trust staff to do a good job (92.9% agree) and that staff feel they have the freedom to act on their own initiative in their role (87.5% agree).

13 **Delivering continuous improvement**

13.1 Supported by the transformation and digital teams street based officers within PPL are working towards a more mobile and agile working model. We have successfully rolled 80 mobile devices to all City Inspectors, enabling officers to report problems and record activity without returning to the office. We are now working towards commissioning a digital inspection tool which will allow all street based officers to record inspections on the street.

13.2 The directorate has been working towards becoming a more digitally enabled service. One of the key areas we are working on is the implementation of new online application forms for licensing regimes. These forms will have the benefit of automatically completing the Council's database and reducing the need for significant data entry.

13.3 The creation of a business and performance team moved local service support and technical administration previously delivered in 12 teams into one. The levels of support have been reduced by approximately 40% in PPL, compared to levels in March 2015. This has been achieved by streamlining processing, cutting out unnecessary support and through efficiencies realised through combining functions.

13.4 In the first quarter of this year, 847 premises licence applications were received and processed by the Licensing Team compared to 695 premises licence applications received in the same period last year. More significantly, the performance of the team has increased as 794 licences have been issued compared to 280 licences issued in the same period last year with. This includes an improvement from 10% of licences issued within 28 days of determination in June 2015 to 100% in June 2016. The improvement in performance is attributable to more efficient processes, better management information and a focus on performance

13.5 For a number of years, Public Protection and Licensing Services have been delivery training for business and other local authorities in food safety, health and safety and licensing through a Westminster City Training (WCT) programme. Recently, a new online

booking system has been introduced, where delegates can view and book courses and make payments online.

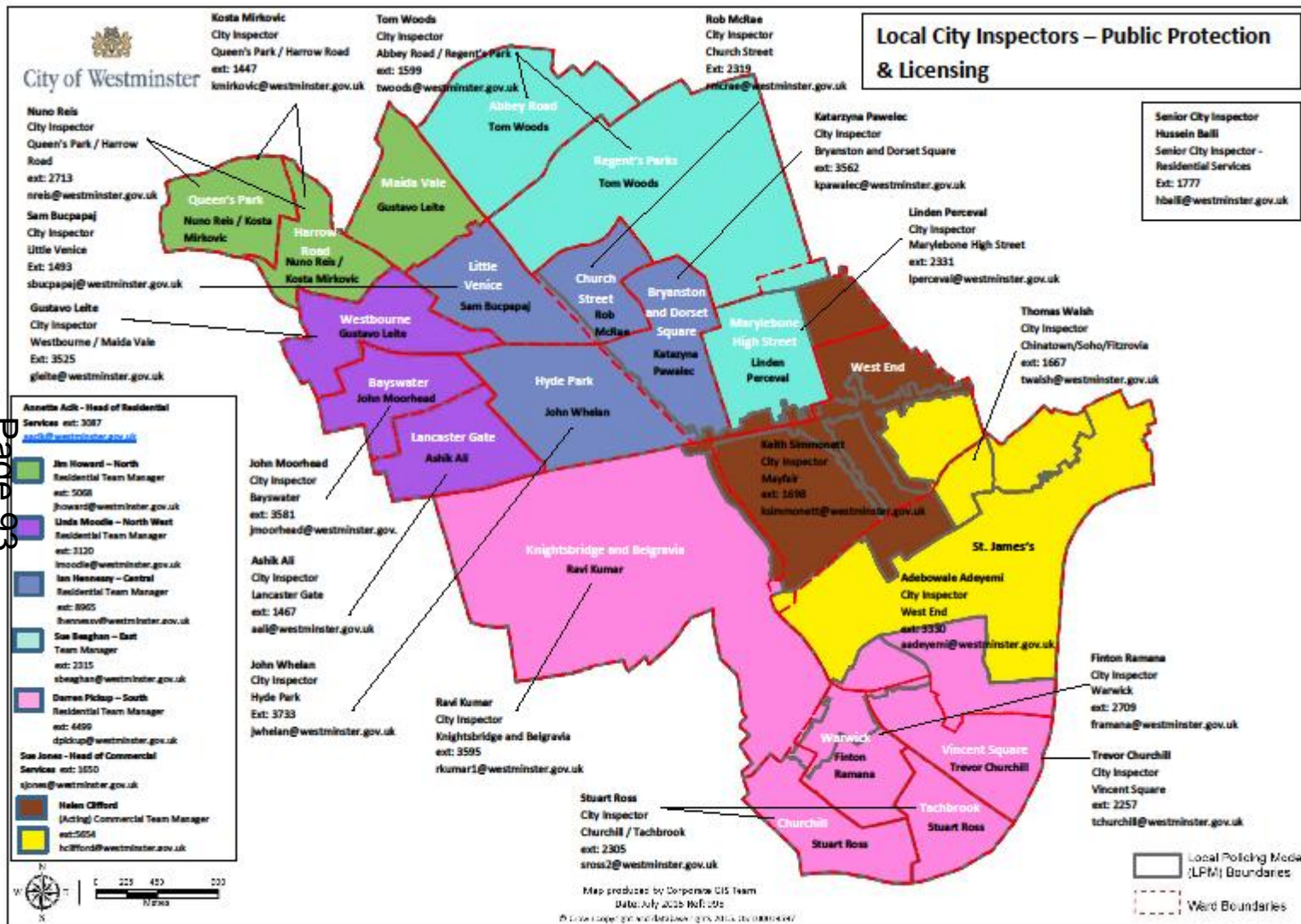


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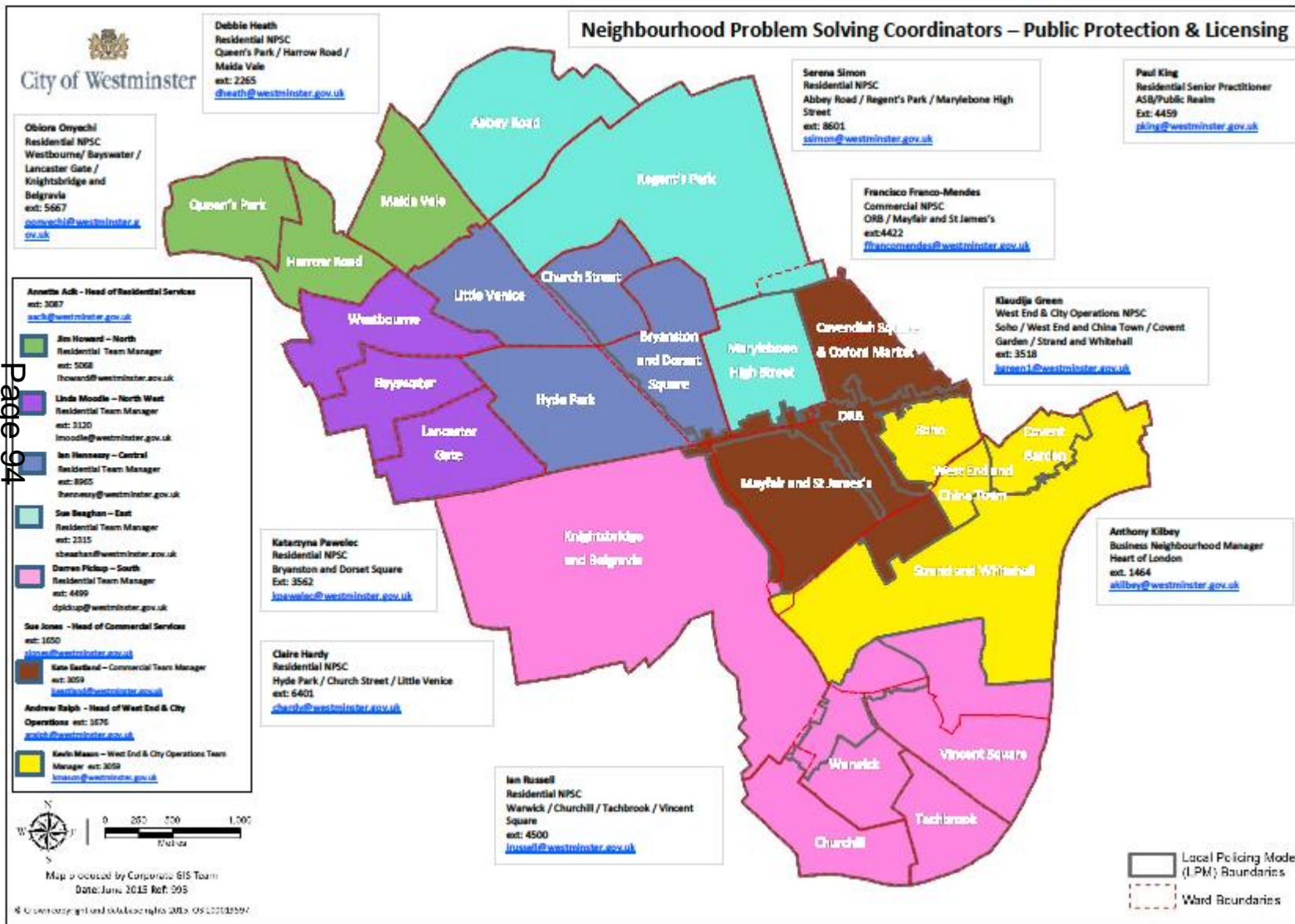
Appendix A – Service Outcomes 2016/17

Commercial	West End and City Operations	Residential	Community Safety	Licensing
<ul style="list-style-type: none"> • 3,500 service requests responded to • 39 successful prosecutions • 1961 food inspections undertaken • 36 premises closed using emergency prohibition powers • 127 hygiene improvement notices • 127 accidents investigated • 20 safety improvement notices served, 14 prohibition notices served • 179 intervention visits to reduce H&S risks • Pizza Express Limited prosecuted for H&S failures and given fine totalling £200,000 and costs awarded £58k • Successfully secured over £500K Public Health funding for H&S and Food project work • 26 victims of scams assisted to avoid further financial loss • 73 seizures of counterfeit goods • £53K recouped from criminals under Proceeds of Crime Act • 40 Primary authority businesses • 300 post mortems carried out including 27 high risk • Mortuary assisted H&F with storage and post mortem examinations to free up capacity for victims of Tunisia terrorist attack • Participation in DVI Unified Response exercise, leading police DVI teams within temporary mortuary 	<ul style="list-style-type: none"> • 696 programmed inspections of high and medium risk alcohol licensed premises • More than 1200 compliance visits to licensed premises across the city, under LA03 • 253 visits to Massage and Special Treatment premises to ensure compliance • Over 2500 visits to premises with Table and Chairs licences to ensure conditions are being met. • 89 visits to gambling premises • 86 visits to licensed sex shops • 77 visits to premises under the Health Act 2006 • 863 investigations into Illegal Street Trading and Highway Obstruction, including specific operations in relation to Notting Hill Carnival, New Year's Eve, Chinese New Year, Pride and many other events • More than 3200 FPNs served for waste offences • Multiple operations with the police to remove illegal tents from the public highway • Successfully worked with the ECB and the MCC to provide fully funded illegal street trading patrols at Lord's Test matches, generating over £5000 for the service. • Provided multiple training sessions for all City Inspectors across the range of work undertaken by the new service including, Licensing Act 2003, Gambling Act 2005, Health Act 2006, City of Westminster Act 1999, Environmental Protection Act 1990 thus maximising the potential of the City Inspector role. • The Noise Team deal with 18020 complaints broken down as follows: <ul style="list-style-type: none"> • Residential Premises: 7468 • Street (including Busking): 4665 • Commercial Premises: 2252 • Building Sites: 2010 • Property Alarms: 906 • Non Noise Complaints (45 min) dust & light): 318 • Non Noise Complaints (4 day) pests & drainage: 261 • Animals: 140 	<ul style="list-style-type: none"> • 2112 Service Requests received for Residential EH • 225 cases raised for HMO licensing cases • 83 houses of multiple occupancy improved by inspection and enforcement • 593 category 1 hazards removed • 202 Legal Notices Served • 5 prosecutions undertaken – 1 outcome pending but a total of £28,500 in fines and £5,500 Costs from the other cases • 102 families supported to tackle overcrowding • 455 houses made decent by environmental health officers, 120 of these occupied by vulnerable residents • Provide advice and support to 281 households regarding energy efficiency and fuel poverty • Environmental health officers dealt with 287 referrals from health professionals • Local City Inspectors received 1845 Service Requests • 692 FPNs (commercial and residential properties) issued by local City Inspectors • 448 waste transfer notices issued by local City Inspectors • 196 FPNs for WTNs issued • Quarterly Clean and Safer Street Audit's undertaken by local CI's • Annual Business Audits undertaken in wards <ul style="list-style-type: none"> • 114 CPN Warnings • 22 CPNs / 10 CPN Breaches • 125 begging interactions • 5 tent removal notices • 1 premises closure • £947K spent on disabled facility grants supporting 127 vulnerable residents to stay independent in their own home. £108k spent to make homes decent and £131k spent on safe and secure/sanctuary grants supporting 185 vulnerable residents. • Provided a handyperson service to support 655 vulnerable households • Business audits across 3 wards linked to the No Dumping Campaign uncovered a compliance rate of 13% for business waste removal – we now have 80% compliance - from 119 businesses. • On-street support for over 30 joint Home Office Immigration Enforcement (HOIE) operations. Fortnightly joint operations to continue into late 2016. • 20 joint day-time operations with St. Mungo's outreach targeting day-time rough sleeping and begging hotspots. 	<ul style="list-style-type: none"> • 209 taskings allocated requiring resources resulting in 442 enforcement actions (FPNs, CPNs etc) • A reduction in serious youth offences to 159 (rolling 12 months) against a target of 250 • Continued reduction in concern around gang violence and violence amongst young people (Based on City Survey - 83 and 71% respectively, *figures equal % residents not concerned about these issues) • Referrals of young people to IGU had a 94% (n=100/106) successful engagement rate • Faster resolution of ASB cases for victims. Length of cases being open has halved from 62 to 31.3 days (2015/16 v 2016/17) • 30 ASB enforcement actions (18 so far in 2016/17) including premises closures, community behaviour orders and other enforcement actions • Workshop Raising Awareness of Prevent (WRAP) sessions delivered to 2511 front line workers across Westminster; this includes training delivered to 62 educational establishments • 320 new members of staff have received business continuity training as part of their inductions • Reoffending rates for referred individuals (short sentences) have reduced by 42% for males and 43.5% for females against a target of a 5% reduction • Supported over 580 survivors of domestic abuse through our newly commissioned integrated Violence Against Women Support service (Angelou), with 87% reporting reduced levels of abuse 	<ul style="list-style-type: none"> • Processed 6411 licensing applications in 2015/16 • 1552 temporary event licences (TEN's) proceed • There is an increasing trend in TENs and it is expected that we will receive in excess of 3200 notices in 2016 • Attended 68 Licensing Sub-Committee hearings and produced 176 Licensing Sub-Committee reports for applications • In September 2015 the Licensing Team took on the function of processing Road Managements applications for Temporary Traffic Orders and approvals for the siting of a crane on the Highway (approximately 2500 applications per financial year). • A comprehensive fee review was undertaken through June and August 2015 which resulted in a significant change to the fees. • Undertook the Council's first review of William Hill's betting shop in Harrow Roa, improved the management premises through stronger conditions • Formally published a new Gambling Policy for Westminster. • Significantly improved the time that it takes to validate and acknowledge application from 50% within the time in 2014/15 to 86% in 2016/17 (to date).

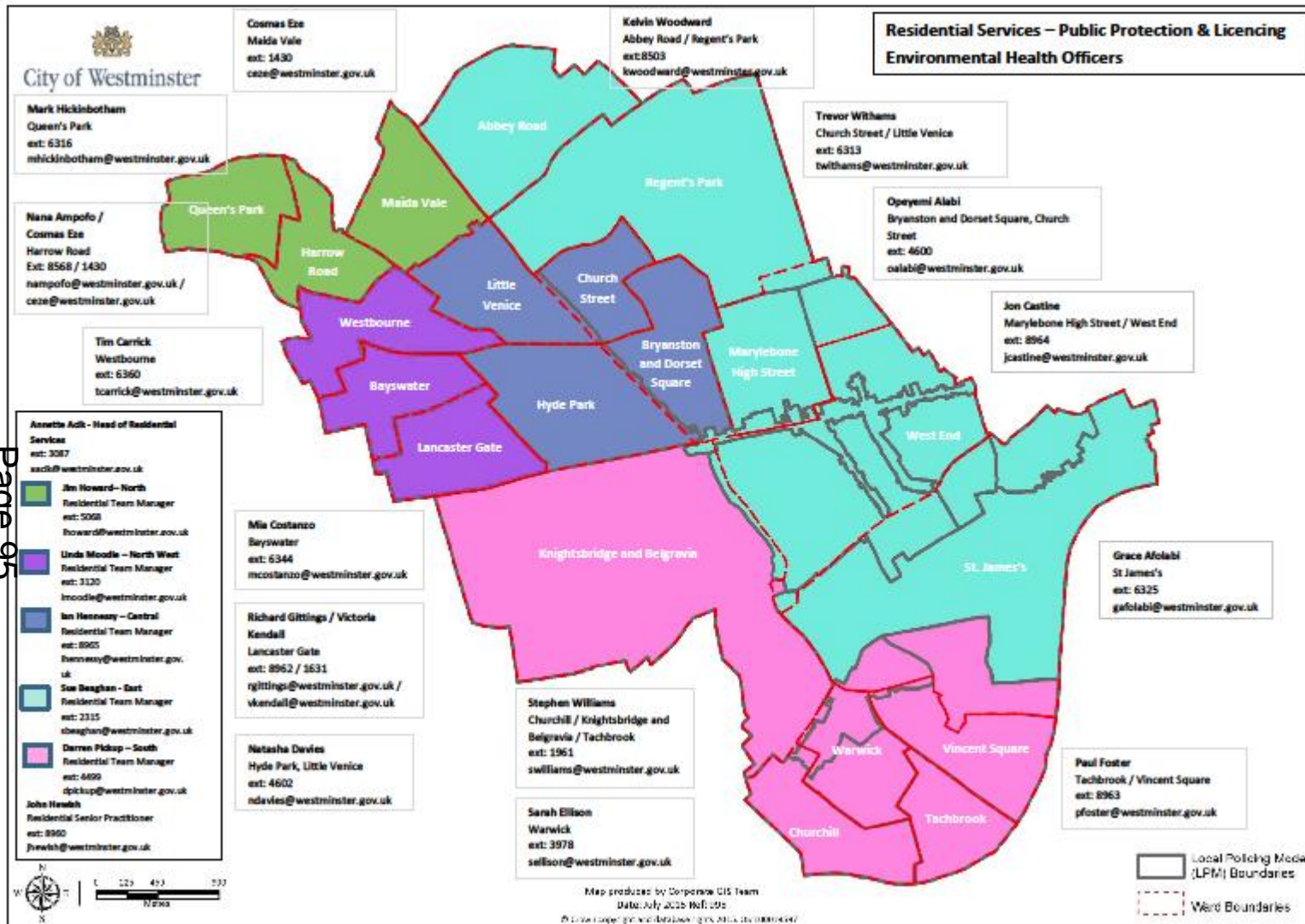
Appendix B Map Local City Inspectors



Appendix C – Map of Neighbourhood Problem Solving Coordinators



Appendix D – map of Residential EHOs



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Adults, Health & Public Protection Policy & Scrutiny Committee

Date:	21 September 2016
Classification:	General Release
Title:	Review of Statement of Licensing Policy
Report of:	Julia Corkey
Cabinet Member Portfolio	Public Protection
Wards Involved:	All
Policy Context:	City for All
Report Author and Contact Details:	Chris Wroe x5903 cwroe@westminster.gov.uk

1. Executive Summary

- 1.1 This report is intended to inform members of the timetable and progress to date in Stage 2 of the council's Review of its Statement of Licensing Policy, which relates to the assessment of areas of the city where special policies may apply.
- 1.2 Of particular interest is the assessment being undertaken in Mayfair following representations from residents and resident associations during the public consultation in Stage 1 of the Review.

2. Key Matters for the Committee's Consideration

- 2.1 At this stage the committee is asked to note the report, pending a further report in early 2017, detailing draft review proposals prior to public consultation.

3. Background

- 3.1 Under the Licensing Act 2003, (the Act), the council has a duty to licence premises which sell alcohol by retail, sell hot food and drink between 23.00 and 05.00, or provide regulated entertainment to the public. This typically includes all the pubs, bars, restaurants, night clubs, theatres, cinemas, hotels, off-licences, out-door concerts and late night fast-food take-aways in Westminster.
- 3.2 In carrying out its duties under the Act the council must promote the four licensing objectives. These objectives are: prevention of crime and disorder; public safety; prevention of public nuisance; and the protection of children from harm.
- 3.3 Under the Act the council also has a duty to publish, and from time to time review, a Statement of Licensing Policy for its area, which sets out how the council will carry out its duties under the Act.
- 3.4 During 2015 the council carried out a review of the Statement of Licensing Policy it had published in 2011. The review was in 2 stages. Stage 1 of the review sought to update and clarify the Statement and, following extensive discussion and public consultation, amending proposals were incorporated into a revised Statement of Licensing Policy which was published in January 2016.
- 3.5 Stage 2 of the review was to specifically examine whether it was appropriate to amend, or add to, the designated cumulative impact areas which have been identified in the policy as areas where special policies apply. These existing areas, in the West End, Bayswater, and Queensway, have been identified as being saturated with a high concentration of drink-led licensed premises and special policies in these areas create a presumption against the grant of any more such licenses in the area.
- 3.6 In response to the public consultation, residents in Mayfair expressed concern about the effect that the increase in the number of late night licensed premises in the area, over a number of years, was having on their quality of life, and made representation that the grant of further licenses in the area would not be consistent with the promotion of the licensing objectives.
- 3.7 Residents, and resident associations, provided evidence to support their request that parts of Mayfair be designated as a cumulative impact area, and that special policies restricting further growth in the numbers of late night licensed premises be adopted. The evidence related to the noise and nuisance caused by large crowds of customers from licensed premises on the street into the early hours of the morning, with related nuisance and congestion being caused by cars, licensed taxis and unlicensed private hire vehicles.
- 3.8 Following meetings with local residents, resident associations and Ward members, and to supplement the evidence submitted by residents, an independent behavioural study has been commissioned to examine the impact

of late night licensed premises in part of Mayfair. The study is scheduled to run between August and December 2016 and report by the end of the year.

- 3.9 Additional evidence is being collated over the coming months, from data relating to the impact on licensing objectives in the area, held by the council and its partners, e.g. the police, to give as full a picture as possible.
- 3.10 Analysis of the data is scheduled for early in 2017, and the conclusions of that analysis will inform proposals to revise the existing statement of licensing policy.
- 3.11 Proposals for the revision of the policy are then required to be open to public consultation for up to 12 weeks, and having considered the consultation responses, the Cabinet member for Public Protection will consider what revisions, if any, are appropriate to the policy.

**If you have any queries about this Report or wish to inspect any of the
Background Papers please contact Chris Wroe x5903
cwroe@westminster.gov.uk**

APPENDICES:

None

BACKGROUND PAPERS

Westminster Statement of Licensing Policy - January 2016

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Adults, Health & Public Protection Policy & Scrutiny Committee

Date:	21st September 2016
Classification:	General Release
Title:	Update on the North West London Sustainability and Transformation Plan (STP)
Report of:	Liz Bruce, Executive Director of Adult Social Care
Cabinet Member Portfolio	Cllr Rachael Robathan, Chair of the Health and Wellbeing Board, and Cabinet Member for Adults and Public Health
Wards Involved:	All
Policy Context:	City for Choice
Report Author and Contact Details:	Meenara Islam, ex. 8532 mislam@westminster.gov.uk

1. Executive Summary

- 1.1 This paper updates Committee on the development of the North West London sustainability and transformation plan (STP).

2. Key Matters for the Committee's Consideration

- 2.1 The Committee is requested to:

- Consider the check-point document (attached as appendix) and advise as to whether they agree with the overall approach and whether they have any additional recommendations;
- Consider the key deliverables for 2016/17 and the timescale for their delivery; and
- Advise from their experience as to whether there are any considerations for health and care in Westminster that are not reflected in the document.

3. Introduction

3.1 The NHS Five Year Forward¹ view set out a national requirement for all local health and care system to be integrated by 2020 in 2015. In December 2015 it was announced that local areas would need to deliver this vision through sub-regional Sustainability and Transformation Plans (STPs). The NHS North West London Alliance of Clinical Commissioning Groups (CCGs) decided to form a sub-regional plan for eight CCGS and corresponding local authorities: Brent, Ealing, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow, Kensington and Chelsea, and Westminster.

3.2 The North West London STP is a place-based plan developed collaboratively between the NHS and local government seeking to close the following 'gaps' by 2021:

- The health and wellbeing gap – by preventing people from getting ill and supporting people to stay healthy;
- The care and quality gap – by ensuring the delivery of consistently high-quality and person centred care; and
- The funding and efficiency gap – making sure services are structured and delivered as effectively and efficiently as possible.

3.3 In January 2016, the Westminster Health and Wellbeing Board, chaired by Cabinet Member for Adults & Public Health, agreed that Westminster's refreshed joint health and wellbeing strategy (JHWS) would both respond to local challenges and act as the local delivery plan for the North West London STP. As such, Cllr Robathan, Liz Bruce, Executive Director for Adult Social Care and Charlie Parker, Chief Executive have actively been working with the North West London leadership to ensure Westminster has and will continue to have a significant role in developing the STP and delivering it across the sub-region. As a result of the proactive approach by Westminster, the council has been allocated the lead role for Finance and Estates for the North West London alliance of 16 local authorities and CCGs.

4. STP development

4.1 A 'check-point' document (attached as Appendix 1) summarises the anticipated overall direction of the final STP was submitted to NHS England in late June 2016. It set out five delivery areas:

¹ NHS England (2015) *NHS Five Year Forward View*.
<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

- Radically upgrading prevention and wellbeing;
- Eliminating unwarranted variation and improving long term condition management;
- Achieving better outcomes and experiences for older people;
- Improving outcomes for children and adults with mental health needs; and
- Ensuring we have safe, high quality and sustainable acute services.

4.2 The Alliance is currently undertaking an online public consultation on the STP's themes. The JHWS consultation is running concurrently and messaging has been aligned.

4.3 As part of the development of the STP, a governance structure is being constructed to oversee the delivery of the STP over the next four years and maintaining the links with local health and wellbeing board. The new governance arrangements are expected to include NHS and local government (political and senior officer) representation.

4.4 The document attached and a subsequent near-final draft of the STP will be reviewed by the Health and Wellbeing Board throughout September and October respectively, ahead of the final submission on 21 October.

4.5 Westminster's joint health and wellbeing strategy will be the local delivery plan for the sub-regional STP, ensuring local applicability, from January 2017, pending public consultation findings and cabinet adoption.

4.6 The full version of the NW London Sustainability and Transformation Plan (Appendix 2) is attached to Members' copies of the Committee Agenda as a separate document, and is available on the City Council's website and upon request.

**If you have any queries about this report please contact Meenara Islam
mislam@westminster.gov.uk**

STP- Summary Document

Appendix1

**STP- Full Document
(circulated separately and available on line)**

Appendix 2

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NW London Sustainability and Transformation Plan

Our plan for North West
Londoners to be well
and live well

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DRAFT

V1.0

30 June 2016

Foreword

The National Health Service (NHS) is one of the greatest health systems in the world, guaranteeing services free at the point of need for everyone and saving thousands of lives each year. However, we know we can do much better. The NHS is primarily an illness service, helping people who are ill to recover – we want to move to a service that focuses on keeping people well, while providing even better care when people do become ill. The NHS is a maze of different services provided by different organisations, making it hard for users of services to know where to go when they have problems. We want to simplify this, ensuring that people have a clear point of contact and integrating services across health and between health and social care. We know that the quality of care varies across North West (NW) London and that where people live can influence the outcomes they experience. We want to eliminate unwarranted variation to give everyone access to the same, high quality services. We know that health is often determined by wider issues such as housing and employment – we want to work together across health and local government to address these wider challenges. We also know that as people live longer, they need more services which increases the pressures on the NHS at a time when the budget for the NHS is constrained.

NHS England has published the Five Year Forward View (FYFV), setting out a vision for the future of the NHS. Local areas have been asked to develop a Sustainability and Transformation Plan (STP) to help local organisations plan how to deliver a better health service that will address the FYFV 'Triple Aims' of improving people's health and well being, improving the quality of care that people receive and addressing the financial gap. This is a new approach across health and social care to ensure that health and care services are planned over the next five years and focus on the needs of people living in the STP area, rather than individual organisations.

Clinicians across NW London have been working together for several years to improve the quality of the care we provide and to make care more proactive, shifting resources into primary care and other local services to improve the management of care for people over 65 and people with long term conditions.

We recognise the importance of mental as well as physical health, and the NHS and local government have worked closely together to develop a mental health strategy to improve wellbeing and reduce the disparity in outcomes and life expectancy for people with serious and long term mental health conditions. The STP provides an opportunity for health and local government organisations in NW London to work in partnership to develop a NW London STP that addresses the Triple Aim and sets out our plans for the health and care system for the next five years whilst increasing local accountability. It is an opportunity to radically transform the way we provide health and social care for our population, maximise opportunities to keep the healthy majority healthy, help people to look after themselves and provide excellent quality care in the right place when it's needed. The STP process also provides the drivers to close the £1.3bn funding shortfall and develop a balanced, sustainable financial system which our plan addresses.

We can only achieve this if we work together in NW London working at scale and pace, not just to address health and care challenges but also the wider determinants of health including employment, education and housing. We know that good homes, good jobs and better health education all contribute towards healthier communities that stay healthy for longer. Our joint plan sets out how we will achieve this aim, improve care and quality and deliver a financially sustainable system. We have had successes so far but need to increase the pace and scale of what we do if we are going to be successful.

Concerns remain around the NHS's proposals developed through the Shaping a Healthier Future programme i.e. to reconfigure acute care in NW London. All STP partners will review the assumptions underpinning the changes to acute services and progress with the delivery of local services before making further changes and NHS partners will work jointly with local communities and councils to agree a model of acute provision that addresses clinical quality and safety concerns and expected demand pressures. We recognise that we don't agree on everything, however it is the shared view of the STP partners that this will not stop us working together to improve the health and well-being of our residents.



Dr Mohini Parmar

Chair, Ealing Clinical
Commissioning Group and
NW London STP System Leader



Carolyn Downs

Chief Executive of Brent
Council



Clare Parker

Chief Officer Central London, West
London, Hammersmith & Fulham,
Hounslow and Ealing CCGs



Tracey Batten

Chief Executive of
Imperial College
Healthcare NHS Trust



Rob Larkman

Chief Officer
Brent, Harrow and
Hillingdon CCGs

i. Executive Summary:

Health and social care in NW London is not sustainable

In NW London there is currently significant pressure on the whole system. Both the NHS and local government need to find ways of providing care for an ageing population and managing increasing demand with fewer resources. Over the next five years, the growth in volume and complexity of activity will out-strip funding increases. But this challenge also gives us an opportunity. We know that our services are siloed and don't treat people holistically. We have duplication and gaps; we have inefficiencies that mean patients often have poor experiences and that their time is not necessarily valued.

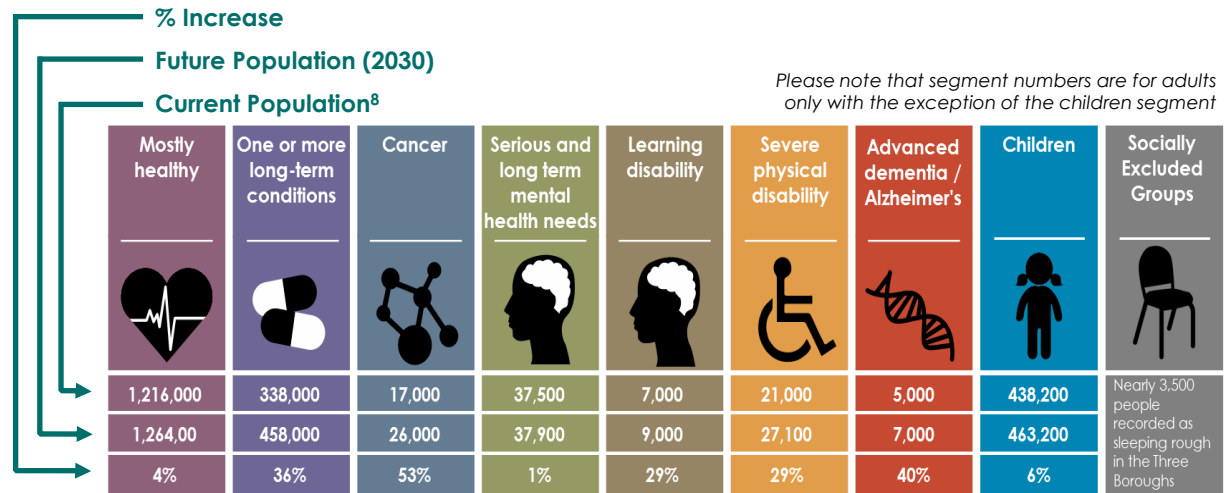
We are focused on helping to get people well, but do not spend enough time preventing them from becoming ill in the first place. The STP gives us the opportunity to do things much better.

The health and social care challenges we face are: building people centric services, doing more and better with less and meeting increased demand from people living longer with more long-term conditions. In common with the NHS FYFV, we face big challenges that align to the three gaps identified:

Health & Wellbeing	<ul style="list-style-type: none"> Adults are not making healthy choices Increased social isolation Poor children's health and wellbeing 	<ul style="list-style-type: none"> 20% of people have a long term condition¹ 50% of people over 65 live alone² 10 – 28% of children live in households with no adults in employment³ 1 in 5 children aged 4-5 are overweight⁴
Care & Quality	<ul style="list-style-type: none"> Unwarranted variation in clinical practise and outcomes Reduced life expectancy for those with mental health issues Lack of end of life care available at home 	<ul style="list-style-type: none"> Over 30% of patients in acute hospitals do not need to be in an acute setting and should be cared for in more appropriate places⁵ People with serious and long term mental health needs have a life expectancy 20 years less than the average⁶ Over 80% of patients indicated a preference to die at home but only 22% actually did⁷
Finance & Efficiency	<ul style="list-style-type: none"> Deficits in most NHS providers Increasing financial gap across health and large social care funding cuts Inefficiencies and duplication driven by organisational not patient focus 	<ul style="list-style-type: none"> If we do nothing, there will be a £1.3bn financial gap by 2021 in our health and social care system and potential market failure in some sectors Local authorities face substantial financial challenges with on-going Adult Social Care budget reductions between now and 2021

Segmenting our population helps us to better understand the residents we serve today and in the future, the types of services they will require and where we need to target our funding. Segmentation offers us a consistent approach to understanding our population across NW London. Population segmentation will also allow us to contract for outcomes in the future.

NW London's population faces a number of challenges as the segmentation below highlights. But we also have different needs in different boroughs, hence the importance of locally owned plans. We also need to be mindful of the wider determinants of health across all of these segments; specifically the importance of suitable housing, employment opportunities, education and skills, leisure and creative activities - which all contribute to improved emotional, social and personal wellbeing, and their associated health outcomes.



i. Executive Summary:

The NW London Vision – helping people to be well and live well

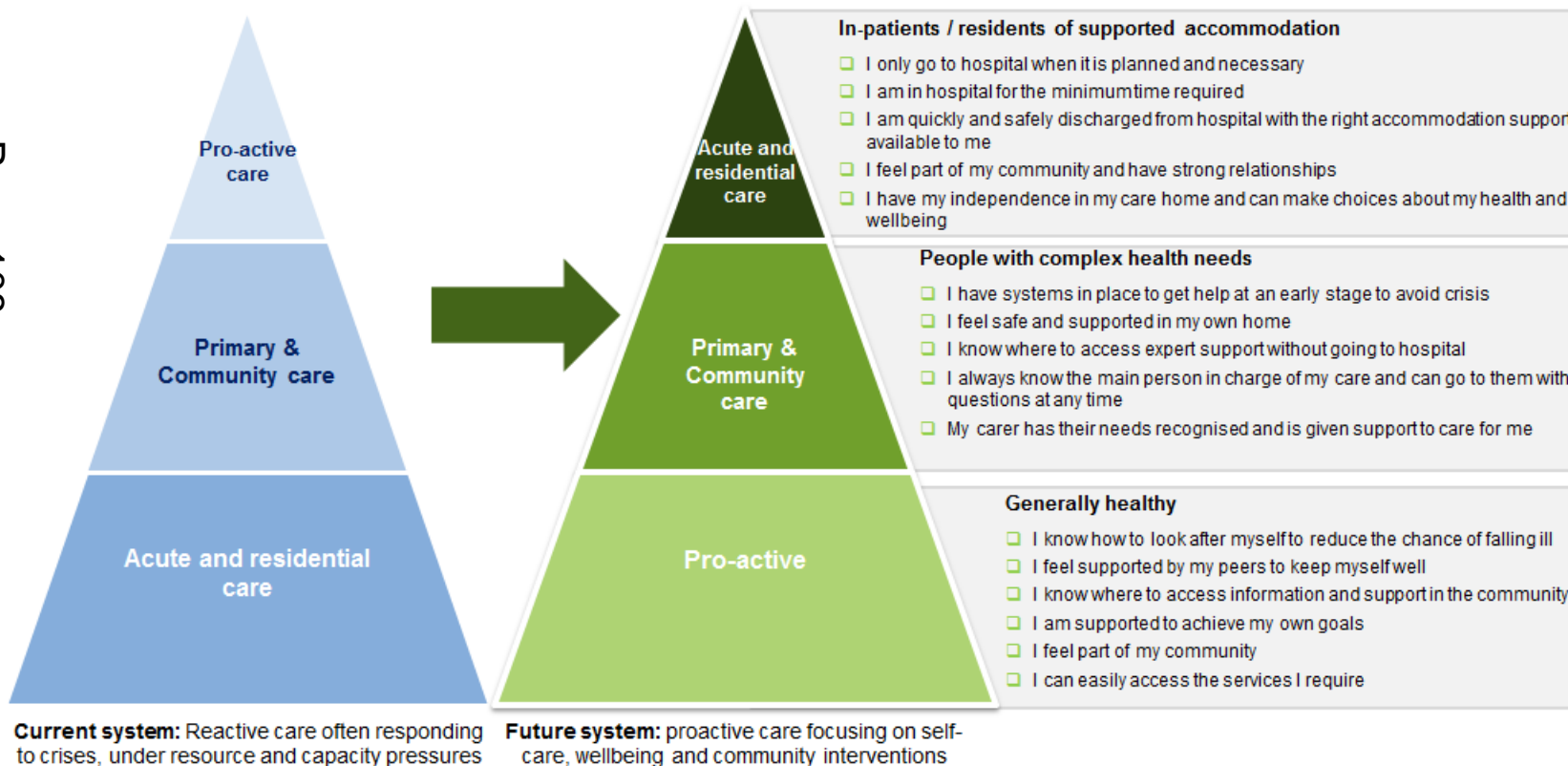
Our vision for NW London is that everyone living, working and visiting here has the opportunity to **be well and live well** – to make the very most of being part of our capital city and the cultural and economic benefits it provides to the country.

Our plan involves ‘flipping’ the historic approach to managing care. We will

turn a reactive, increasingly acute-based model on its head, to one where patients take more control, supported by an integrated system which proactively manages care with the default position being to provide this care in areas close to people’s homes, wherever possible. This will improve health & wellbeing and care & quality for patients.

Our vision of how the system will change and how patients will experience care by 2020/21

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Through better targeting of resources our transformation plans will improve the finances and efficiency of our system, with the more expensive hospital estate and skills used far more effectively. This will also allow more investment into the associated elements of social care and the wider

determinants of health such as housing and skills, which will improve the health & wellbeing of our residents.

i. Executive Summary:

How we will close the gaps

If we are to address the Triple Aim challenges, we must fundamentally transform our system. In order to achieve our vision we have developed a set of nine priorities which have drawn on local place based planning, sub-regional strategies and plans and the views of the sub-regional health and local government Strategic Planning Group. Having mapped existing local and NW London activity, we can see that existing planned activity goes a long way towards addressing the Triple Aim. But we must go further to completely close these gaps.

At a NW London level we have agreed five delivery areas that we need to focus on to deliver at scale and pace. The five areas are designed to reflect our vision with DA1 focusing on improving health and wellbeing and addressing the wider determinants of health; DA2 focusing on preventing the escalation of risk factors through better

management of long term conditions; and DA3 focusing on a better model of care for older people, keeping them out of hospital where appropriate and enabling them to die in the place of their choice. DA4 and DA5 focus on those people whose needs are most acute, whether mental or physical health needs. Throughout the plan we try to address physical and mental health issues holistically, treating the whole person not the individual illness and seeking to reduce the 20 year disparity in life expectancy for those people with serious and long term mental health needs. There is a clear need to invest significant additional resource in out of hospital care to create new models of care and support in community settings, including through joint commissioning with local government.

Triple Aim	Our priorities	Primary Alignment*	Delivery areas (DA)	Target Pop. (no. & pop. segment)	Net Saving (£m)	Plans
Improving health & wellbeing	1 Support people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthy choices and look after themselves	▶	DA 1 Radically upgrading prevention and wellbeing	All adults: 1,641,500 At risk mostly healthy adults: 121,680 Children: 438,200 Learning Disability: 7,000 Socially Excluded	11.6	a. Enabling and supporting healthier living b. Wider determinants of health interventions c. Helping children to get the best start in life d. Address social isolation
	2 Improve children's mental and physical health and well-being					
	3 Reduce health inequalities and disparity in outcomes for the top 3 killers: cancer, heart diseases and respiratory illness					
Improving care & quality	4 Reduce social isolation	▶	DA 2 Eliminating unwarranted variation and improving LTC management	LTC: 347,000 Cancer: 17,000 Severe Physical Disability: 21,000	13.1	a. Improve cancer screening to increase early diagnosis and faster treatment b. Better outcomes and support for people with common mental health needs, with a focus on people with long term physical health conditions c. Reducing variation by focusing on Right Care priority areas d. Improve self-management and 'patient activation'
	5 Reducing unwarranted variation in the management of long term conditions – diabetes, cardio vascular disease and respiratory disease					
	6 Ensure people access the right care in the right place at the right time					
Improving productivity & closing the financial gap	7 Improve the overall quality of care for people in their last phase of life and enabling them to die in their place of choice	▶	DA 3 Achieving better outcomes and experiences for older people	+65 adults: 311,500 Advanced Dementia/ Alzheimer's: 5,000	82.6	a. Improve market management and take a whole systems approach to commissioning b. Implement accountable care partnerships c. Implement new models of local services integrated care to consistent outcomes and standards d. Upgraded rapid response and intermediate care services e. Create a single discharge approach and process across NW London f. Improve care in the last phase of life
	8 Reduce the gap in life expectancy between adults with serious and long term mental health needs and the rest of the population					
	9 Improve consistency in patient outcomes and experience regardless of the day of the week that services are accessed					
			DA 4 Improving outcomes for children & adults with mental health needs	262,000 Serious & Long Term Mental Health, Common Mental Illnesses, Learning Disability	11.8	a. Implement the new model of care for people with serious and long term mental health needs, to improve physical and mental health and increase life expectancy b. Addressing wider determinants of health c. Crisis support services, including delivering the 'Crisis Care Concordat' d. Implementing 'Future in Mind' to improve children's mental health and wellbeing
			DA 5 Ensuring we have safe, high quality sustainable acute services	All: 2,079,700	208.9	a. Specialised commissioning to improve pathways from primary care & support consolidation of specialised services b. Deliver the 7 day services standards c. Reconfiguring acute services d. NW London Productivity Programme

* Many of our emerging priorities will map across to several delivery areas. But we have sought to highlight where the main focus of these Delivery Areas are in this diagram

i. Executive Summary:

How we will make it happen?

To deliver change at scale and pace requires the system to work differently, as both providers and commissioners. We are making four changes to the way that we work as a system in NW London to enable us to deliver and sustain the transformation from a reactive to proactive and preventative system:

1. Develop a joint NW London implementation plan for each of the five high impact delivery areas

We will establish jointly led NW London programmes for each delivery area, working across the system to agree the most effective model of delivery and accountable to a new model of partnership governance. We will build on previous successful system wide implementations within Health and Local Government to develop our improvement methodology, ensuring an appropriate balance between common standards, programme management, local priorities and implementation challenges. The standard methodology includes a clear SRO, CRO, programme director and programme manager, with clinical and operational leads within each affected provider, appropriate commissioning representation (clinical and managerial) and patient representatives. We have also developed a common project 'life cycle' with defined gateways. Models of care are developed jointly to create ownership and recognise local differences and governance includes clear gateways to enable projects to move from strategic planning, to implementation planning, to mobilisation and post implementation review. Examples of programmes that have been successfully managed through this process are maternity, seven day discharge and the mental health single point of access for urgent care.

2. Shift funding and resources to the delivery of the five delivery areas, recognising funding pressures across the system

We will ensure human and financial resources shift to focus on delivering the things that will make the biggest difference to closing our funding gaps:

We are reviewing the total improvement resources across all providers and commissioners, including the Academic Health Science Network (AHSN), to realign them around the delivery areas to increase effectiveness and reduce duplication

We have identified £118m of existing system funding and seek to secure £148m of transformation funding to support implementation of the five delivery areas.

We plan to use £34m to invest through joint commissioning with local government to support delivery of plans and to support closure of ASC funding gap.

We will undertake extensive system modelling of funding flows and savings through to 20/21 to inform future funding models and sustain the transformation.

3. Develop new joint governance to create joint accountability and enable rapid action to deliver STP priorities

NHS and Local Government STP partners are working together to develop a joint governance structure with the intention of establishing a joint board that would oversee delivery of the NW London STP. The joint governance arrangements would ensure there is strong political leadership over the STP, with joint accountability for the successful delivery of the plan, including the allocation of transformation resources and implementation of the out of hospital strategy.

We will also strengthen our existing governance structures and develop them where necessary to ensure that there is clear joint leadership for delivering the strategy across health and local government for each of the five delivery areas and three enablers.

Building on our ambitious STP plans, NW London will also develop options for a devolution proposition, to be agreed jointly across commissioners and providers. This could include local retention of capital receipts, greater local control over central NHS resources and greater flexibility over regulation to support delivery of long term plans.

4. Reshape our commissioning and delivery to ensure it sustains investment on the things that keep people healthy and out of hospital

We are moving towards primary care operating at scale with practices working together either in federation, supra-practices or as part of a multi-provider in order to ensure it responds to the needs of local communities, provides opportunities for sustainability and drives quality and consistency. Primary care, working jointly with social care and the wider community, is the heart of the new system.

By 17/18, we expect to see an expansion of local pooled budgets to ensure there is an enhanced joint approach locally to the delivery of care, within the new shared governance arrangements.

By 20/21 we will work jointly across Health and Local Government to implement Accountable Care Partnerships across the whole of NW London, utilising capitated budgets, population based outcomes and fully integrated joint commissioning to ensure that resources are used to deliver the best possible care for residents of NW London. Some ACPs are planned to go live from 2018/19. Initial focus areas for ACPs will be based on the delivery areas set out within the STP.

Partnership organisations with the NW London STP Footprint

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Adults, Health & Public Protection Policy and Scrutiny Committee

Date:	21 September 2016
Classification:	General Release
Title:	Work Programme and Action Tracker update report
Report of:	Director of Policy, Partnerships & Communications
Cabinet Member Portfolio	Cabinet Member for Adults & Public Health Cabinet Member for Public Protection Chairman of the Adults, Health & Public Protection Policy & Scrutiny Committee
Wards Involved:	All
Policy Context:	City for Choice / Aspiration
Report Author and Contact Details:	Muge Dindjer x2636 <u>mdindjer@westminster.gov.uk</u>

1. Executive Summary

- 1.1 This report presents to Committee the latest version of the work programme and action tracker for their consideration.

2. Key Matters for the Committee's Consideration

- 2.1 The Committee is asked to:

- Note the current version of the work programme and action tracker
- Consider the focus of the March 2017 meeting which will concentrate on public protection.
- Consider the scope of the items for the November meeting.

3. Background

3.1 Variations from the annual work programme agreed in June

The work programme is largely unchanged with two variations. The annual safeguarding report has moved to from September to November as it is not complete and will not yet have been considered by the safeguarding board. The September meeting has had an item on the Sustainability and Transformation Plan added to this agenda at the request of the Executive Director. This enables the committee to influence this key strategic document before submission in October. It is suggested that the Chairman review and comment on the final draft in October just prior to submission on 21st October.


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- Annual Work Programme

Appendix 2 - Action Tracker

		
Adults, Health & Public Protection Committee 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: <ul style="list-style-type: none"> Personalised budgets and relevant KPI's 	<ul style="list-style-type: none"> Imperial Chris Neill Anne Elgeti
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.	<ul style="list-style-type: none"> Liz Bruce CCG's Meenara Islam
3. Public Protection data requirements	For committee to agree the set of data they wish to receive regularly following consultation	<ul style="list-style-type: none"> Muge Dindjer
4. Work programme	To agree the annual work programme	<ul style="list-style-type: none"> Muge Dindjer
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.	<ul style="list-style-type: none"> Councillor Aiken Stuart Love
2. Cumulative Impact (Stress) Areas for Licensing	To receive a report on current cumulative impact areas and whether any new areas are being considered.	<ul style="list-style-type: none"> Chris Wroe
3. Update on the work of the Safer Westminster Partnership	Annual Review as per the committees statutory obligations	<ul style="list-style-type: none"> Councillor Aiken Mick Smith

4. Update on the Sustainability and Transformation Plan	To receive a report on the draft STP and identify any recommendations to the cabinet member.	<ul style="list-style-type: none"> • Liz Bruce • CCG's
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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.	<ul style="list-style-type: none"> • Imperial • CCGs?
2. Imperial- Planning Process and Strategic interests	To review and interrogate their plans.	<ul style="list-style-type: none"> • Imperial
3. Safeguarding Adults- Annual Review to include update on Safer Recruitment.	<p>The Committee needs to assure itself annually that the Adult's Safeguarding Review report is robust.</p> <p>To include safer recruitment.</p>	<ul style="list-style-type: none"> • Helen Banham

ROUND FOUR (1 FEBRUARY 2017)

Agenda Item	Reasons & objective for item	Represented by:
1. End of Life Care	To assess whether services in Westminster meets best practice standards and whether funding is being spent in the most effective way. Nationally 65% of healthcare spend occurs in the last 6 months of life	<ul style="list-style-type: none"> • CCG's
5. Better Care Fund	Review post Council Tax funding increase	<ul style="list-style-type: none"> • Rachel Wigley • Liz Bruce • CCGs

ROUND FIVE (29 MARCH 2017)

Agenda Item	Reasons & objective for item	Represented by:
1. A Public protection-subject to be determined.		<ul style="list-style-type: none"> •
2. Children's healthy weight Information item	To assess whether the Council and our partners are doing all we can to improve children's healthy weight in the light of the new JSNA.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • Mike Robinson • Liz Bruce • Stella Baillie
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

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

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Action Tracker

Adults, Health & Public Protection Committee



27 January 2016

Agenda Item	Action	Status
<p>Item 4 Chairman's Q&A</p>	<p>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.</p>	<p>Circulated with the Agenda papers for the meeting on 21 March.</p>
<p>Item 5 Cabinet Member Updates</p>	<p>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).</p>	<p>Briefing sent to Members on Friday 29 January.</p>
<p>Item 5 Cabinet Member Updates</p>	<p>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.</p>	<p>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.</p>
<p>Item 6 Committee Task Groups</p>	<p>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</p>	<p>Completed.</p>

Action Tracker



Adults, Health & Public Protection Committee

	investigation of the discharge 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.

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.

Action Tracker

Adults, Health & Public Protection Committee



Item 5 - Cabinet Member Updates	The Cabinet Member for Public Protection to comment on the recent stabbing incidents	Completed.
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19 April 2016

Agenda Item	Action	Status
Item 3 – Minutes: Issues Arising	The Scrutiny Manager to research existing services which sought to tackle isolation among older people	Completed.
Item 5 - Cabinet Member Updates	Committee Members to be provided with an update and analysis from Public Health on the impact of the new legislation relating to Club Drugs, and what was being done.	Details included in the Cabinet Member update given at the June meeting.
Item 5 - Cabinet Member Updates	Committee Members to be provided with the relevant papers regarding the Joint Health & Wellbeing Strategy refresh, which had been submitted to the meeting of the Westminster Health & Wellbeing Board in March.	Completed.
Item 6 - Standing Updates	Tamara Barnett to be invited to a future meeting, to brief the Committee on the work of the Human Trafficking Foundation.	Tamara Barnett to attend the June meeting.
Item 6 - Standing Updates	Committee Members to receive a briefing on the details and parameters of the new Healthwatch contract, together with information on the KPI's.	Briefing sent on 14 June.
Item 7 - Implementation of Shaping a Healthier Future	Committee to be provided with a briefing giving clarification of death rates and whether there was any gender or ethnic	Information requested.

Action Tracker

Adults, Health & Public Protection Committee



	disproportionality, and on the methodology that had been used in determining that the clinical benefits of SaHF had the potential to save more than 300 lives a year.	
Item 8 - Annual Work Programme 2016-17	Committee Members were asked to consider which KPI's they wished to receive data on regularly, regarding data that the City Council collected or had access to in terms of crime and community safety.	Completed.

22 June 2016

Agenda Item	Action	Status
Item 5 Cabinet Member Updates: Adults & Public Health	A paper on the proposed Prioritisation Framework being drawn up by the Westminster Health & Wellbeing Board to be submitted to the Committee for comment and input at its meeting in November.	Completed.
Item 5 Cabinet Member Updates: Adults & Public Health	Committee Members to receive a copy of Westminster's Better Care Fund application which had been submitted to the Department of Health	Completed.
Item 5 Cabinet Member Updates: Adults & Public Health	Suggested that Tamara Barnett met with Children's Services to make them aware of the training that was available for foster carers.	In progress. Correspondence has taken place but no firm decision as yet.
Item 6 Task Groups – Human Trafficking	Suggested that it would be useful to provide a briefing on Human Trafficking to elected Members in the north of the borough.	In progress. A date for a meeting has been agreed for January 2017.

Item 6
Task Groups – Human Trafficking

Agreed that the Committee would:

- i) Promote the free October Conference, on how local authorities can best tackle human trafficking in light of the Modern Day Slavery and Care Acts, to relevant Councillors and Officers related to Community Safety, Child and Adult Safeguarding, Housing and Violence Against Women & Girls.
- ii) Consider how the City Council could contribute to the agenda of this Conference and have broader input.
- (iii) Write to relevant Directors in Adult Social Care, Children’s Services and Public Protection, asking how they:
 - identify victims leaving safe houses to ensure that the ongoing support provided by the City Council was compliant with new legislation and represented best practice
 - improve access to intelligence
 - identify and protect child victims of trafficking
- (iv) Ask the Director of Adult Safeguarding and Director of Housing to provide a briefing on how the City Council supported adult victims of trafficking after they were recognised as trafficked; had

Letters have gone out to all relevant Directors addressing these actions.

The Scrutiny Manager and Tamara Barnett have been invited to GPH SMT to discuss.

Other responses awaited.

- i) This Conference has been postponed until next year. An alternative is available- details will be sent to Members under email cover.

Action Tracker



Adults, Health & Public Protection Committee

	leave to remain; and had left a safe house.	
Item 7 Westminster Health & Wellbeing Board	Committee to receive a briefing paper on NHS England's plans for pharmacy services and whether pharmacies would be asked to have a greater role.	In progress
Item 7 Westminster Health & Wellbeing Board	The City Council's Policy & Communications Department to be requested to draw up proposals for the publication and distribution of consultation on the draft joint Health & Wellbeing Strategy, and to share the consultation programme with Committee Members.	Completed
Item 10 Public Protection Data and Information	The paper on public protection data to be made available to the forthcoming meeting of the Westminster Scrutiny Commission as a background paper for the discussion on Committee Work Programmes.	Completed.
Item 11 Annual Work Programme 2016-17	The approved Committee Work Programme for 2016-17 to be published.	Completed.