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Committee Agenda

Title:	**Adults & Health Policy & Scrutiny Committee**
Meeting Date:	**Wednesday 31st January, 2018**
Time:	**7.00 pm**
Venue:	**Room 3.1, 3rd Floor, 5 Strand, London, WC2 5HR**
Members:	**Councillors:** Jonathan Glanz Barbara Arzymanow Susie Burbridge Patricia McAllister Gotz Mohindra Jan Prendergast Glenys Roberts 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. If you have a disability and require any special assistance please contact the Committee Officer (details listed below) in advance of the meeting.

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

Tel: 020 7641 2802; Email: apalmer@westminster.gov.uk
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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 Committee and Governance Services in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1. MEMBERSHIP

To note any changes to the membership.

2. DECLARATIONS OF INTEREST

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

3. MINUTES **(Pages 1 - 12)**

I)To approve the Minutes of the meeting held on 22 November 2017.

II) To receive and endorse the Minutes of the meeting of the Health Policy & Scrutiny Urgency Sub-Committee held on 30 November 2017.

4. CABINET MEMBER UPDATE **(Pages 13 - 28)**

To receive an update on current and forthcoming issues within the portfolio of the Cabinet Member for Adult Social Services & Public Health. The briefing also includes responses to any written questions raised by Members in advance of the Committee meeting.

5. STANDING UPDATES **(Pages 29 - 40)**

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

- **Community Independence Service Single Member Study**
- **Joint Health Overview & Scrutiny Committee**

II) WESTMINSTER HEALTHWATCH
To receive an update on recent work undertaken in Westminster.

III) CHANGES TO SHARED SERVICES
To receive an update on progress in moving from a tri-borough to bi-borough structure in Adult Social Care and Public Health.

6. HEALTH & WELLBEING CENTRES TASK GROUP **(Pages 41 - 70)**

To consider the findings and recommendations of the Health & Wellbeing Centres Task Group.

7. DRUG & ALCOHOL WELLBEING SERVICE (DAWS) **(Pages 71 - 76)**

To provide the Committee with an overview on the performance of the substance misuse services in Westminster following the implementation of the redesigned and re-procured Drug & Alcohol Wellbeing Service (DAWS).

8. WESTMINSTER CLINICAL COMMISSIONING GROUPS - UPDATE **(Pages 77 - 90)**

1) Urgent Care Centre – St. Mary's Hospital
To consider service provision and the delivery of urgent care at St. Mary's Hospital.

2) Soho Square General Practice
To receive an overview of the Soho Square General Practice, together with its management and future patient involvement.

9. CARE HOME QUALITY IN WESTMINSTER **(Pages 91 - 96)**

To receive an update on the quality of care homes in Westminster.

10. COMMITTEE WORK PROGRAMME AND ACTION TRACKER **(Pages 97 - 112)**

To consider the Committee's Work Programme for the remainder of the current municipal year, and to note progress in the Committee's Action Tracker.

11. ANY OTHER BUSINESS

To consider any other business which the Chairman considers urgent.

Stuart Love
Chief Executive
22 January 2018

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DRAFT MINUTES

CITY OF WESTMINSTER

Adults & Health Policy & Scrutiny Committee

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Adults & Health Policy & Scrutiny Committee** held on **Wednesday 22 November 2017** in Room 3.1, 3rd Floor, 5 Strand, London WC2 5HR

Members Present: Councillors Jonathan Glanz (Chairman), Barbara Arzymanow, Patricia McAllister, Guthrie McKie and Robert Rigby.

Also Present: Councillor Heather Acton.

1. CHANGES TO THE COMMITTEE

1.1 The Committee noted that following recent changes to the Cabinet, responsibilities for Public Protection & Licensing had been allocated to other Cabinet Member portfolios and Scrutiny Committees. The Committee would accordingly now focus on Adult Social Care and Health, and would review its work programme later in the meeting.

2. MEMBERSHIP

2.1 Apologies for absence were received from Councillors Gotz Mohindra and Barrie Taylor. Councillors Robert Rigby and Guthrie McKie attended as their replacements. Apologies had also been received from Councillors Susie Burbridge, Jan Prendergast and Glenys Roberts.

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 made.

3.2 Councillor Patricia McAllister declared that she attended St Mary's Hospital. No further declarations were made.

4. MINUTES

4.1 RESOLVED that the Minutes of the meeting held on 20 September 2017 be approved.

5. CABINET MEMBER UPDATE

5.1 Councillor Heather Acton (Cabinet Member for Adult Social Services & Public Health) provided a briefing on key issues relating to her portfolio, which included Adult Social Care; Public Health; the Westminster Health & Wellbeing Board (HWB); and the Health & Care Transformation Group. The Committee also heard from Bernie Flaherty (Bi-Borough Executive Director for Adult Social Care & Health) and Rachel Wigley (Deputy Executive Director of Finance & Resources, Adult Social Care & Health).

5.2 Councillor Acton informed the Committee that the Membership of the HWB now included service providers. The Cabinet Member highlighted the need for providers to work together, and with Westminster's Clinical Commissioning Groups and the City Council, to implement the Health & Wellbeing Strategy which in turn aligned with the Sustainability & Transformation Plan. A proactive Westminster Provider Board had also been established, in which providers had agreed to share staffing resources to help ensure that acute and primary care was integrated as much as possible.

5.3 The Committee noted that a recent inspection by the Care Quality Commission of care homes in South Westminster that were operated by Vincentian Care Plus had resulted in an overall rating of 'inadequate'. The Cabinet Member confirmed that problems had related mainly to the recording of prescription drugs and missed appointments, and that there were no issues with the quality of care which had been highly regarded by service users. The City Council had been working closely with Vincentian Care to address the issues that had been raised, and the provider had been given 6 weeks in which to make operational improvements. Committee Members sought clarification on whether a different provider could be sought if the problems were not resolved, and noted that any change could affect an already fragile market. A further update would be given at the next meeting in January.

5.4 Committee Members commented on proposed changes to services at the Soho Square General Practice by LivingCare Medical Services, which could have implications for other practices across Westminster. The Cabinet Member had written to the Chief Executive of NHS England to express concern over the lack of communication and consultation with the local community and City Council; and it was noted that the proposals and engagement would be discussed at a meeting of the Health Policy & Scrutiny Urgency Sub-Committee on 30 November.

5.5 Louise Proctor (West London Clinical Commissioning Group) confirmed that it was the CCG's responsibility to work with General Practices and local authorities to

ensure that there was sufficient and adequate capacity planning for GP services in Westminster. The Committee agreed that consideration should be given to including capacity planning as an item for the future work programme.

5.6 The Committee discussed Mental Health Day Care Services and the use of the facilities that were being provided at the Safe Spaces at the Beethoven and Abbey Centres. Councillor Acton commented that although the number of people that were making use of the service was limited, an excellent support system was available for those that did attend.

5.7 Committee Members also commented on the role of voluntary Community Champions; and on the decommissioning of Health Trainers and the development of a more integrated Adult Healthy Living service, that would enable people to help themselves. Other issues discussed included the role of pharmacies and the need for them to be included in partnership working; the availability of a needle exchange in Westminster; and Delayed Transfers of Care.

5.8 The Committee requested updates prior to the next meeting on what the increased budget funding for the Sustainability and Transformation Plan for North West London would mean for Westminster; and on progress in the proposals for London devolution.

6. STANDING UPDATES

6.1 Committee Task Groups

6.1.1 The Committee received updates on work undertaken by its Task Groups.

6.1.2 Councillor McAllister and Susan Ryan (Executive Assistant) presented the final report and recommendations of the Community Independence Service (CIS) Single Member Study. It was acknowledged that there would always be people who needed to be in hospital, and was suggested that there could be better engagement with GPs to encourage them to support the CIS. Further support could also be gained from more integrated working with Westminster's befriending services.

6.1.3 The Task Group had highlighted the need for targets to be jointly agreed by the provider and commissioner, and for there to be meaningful key performance indicators that could measure outcomes. Compatibility between IT systems also needed to be reviewed, and it was suggested that the models that were in place in RB Kensington & Chelsea and LB Hammersmith & Fulham be compared to see what each had to offer.

6.1.4 Councillor Heather Acton (Cabinet Member for Adult Social Services & Public Health confirmed that the findings of the Study would be taken forward through the

Health & Wellbeing Board and integrated health care, and suggested that the report be forwarded to providers before the next meeting of the Providers Board. Committee Members agreed that the recommendations could be taken forward by registered housing providers such as City West Homes, as many service users of the CIS would be residents of their properties; and suggested that registered landlords could similarly work with the NHS and City Council in supporting home care. The Committee agreed that the findings of the Study should be reviewed in a year's time, to see how the outcomes were progressing.

6.1.5 Artemis Kassi (Policy & Scrutiny Officer) updated the Committee on progress in the work of the Health & Wellbeing Centre Task Group, which had recently undertaken a successful visit to the Healthy Living Centre in Bow. A further meeting was scheduled to consider the initiatives and projects that were currently being done in Westminster to support Health & Wellbeing, and it was noted that the Task Group aimed to submit its final report to the Committee at its next meeting on 31 January 2018**.**

6.1.6 Following the recent changes to the Cabinet, the Evening & Night Time Economy Joint Task Group would now report solely to the Business, Planning and Transport Policy & Scrutiny Committee.

6.1.7 Councillor Barbara Arzymanow agreed to provide Committee Members with copies of the Budget & Performance Task Group's Summary Report on 2018/19 Budget Scrutiny.

6.2 Westminster Healthwatch

6.2.1 Carena Rogers **(**Engagement Lead, Healthwatch CW London) updated the Committee on recent work undertaken by Healthwatch in Westminster. The review of planned changes to mental health day provision had continued, and a full report on care co-ordination for people with long-term health conditions was anticipated by the end of December.

6.2.2 Although Healthwatch had commended the range of activities that were offered at the Beethoven and Abbey Centres, Healthwatch considered that ongoing relationships with staff which could support the recovery of service users were missing, and that the strategy for mental health day provision should be reappraised.

6.2.3 Healthwatch also reported difficulties in booking emergency weekend appointments at the Marven GP Practice in Pimlico, which was one of the village Practices commissioned to be open at the weekend to relieve A&E pressure. Under the current system patients were only able to make advance bookings through 111 during the week, which did not take emergency needs into account. The Committee asked to be kept informed of progress in resolving the problems of compatibility between the 111 service and GP's booking system.

6.2.4 The Committee discussed the response by Healthwatch to the paper on developing further collaborative working, which had been issued by the Governing Body of the North West London Collaboration of CCG's. Committee Members commended the comments and questions that had been submitted by Healthwatch, which had highlighted the need for clear lines of accountability that would enable local people to challenge and influence decisions.

7. AGREEMENT OF BI-BOROUGH SERVICES IN ADULT SOCIAL CARE AND PUBLIC HEALTH

7.1 Siobhan Coldwell (Chief of Staff) updated the Committee on progress in the steps being taken to establish a bi-borough agreement with RB Kensington & Chelsea for the delivery of Adult Social Care and Public Health. Staff consultation on the new service structures had now been completed, and it was noted that only a small number of people would be affected, with approximately 15 staff in Westminster being displaced. The proposals were to be submitted to Cabinet for approval in December.

7.2 While it was anticipated that the majority of the changes would 'go live' by 1 April 2018, it had been agreed with LB Hammersmith & Fulham that a number of services in Adult Social Care would be disaggregated over the next 12-18 months.

7.3 The Committee discussed the comparative savings that would be achieved under the new arrangement, together with the financial implications of the restructure of services in which costs would now be shared between two boroughs rather than three. It was noted that the additional costs arising from the restructure would be £74,000 for Public Health, which had been ring-fenced from the Public Health grant; and £300,000 for Adult Services, that had already been budgeted for in extra costs. The Chief of Staff confirmed that each of the bi-boroughs had their own savings plans, and that the savings target for Westminster for the next year would be £7million.

8. PUBLIC HEALTH – CURRENT ISSUES AND PRIORITIES

8.1 Mike Robinson (Director of Public Health) provided the Committee with an overview of Public Health priorities and strategies, and of the new operating model that would follow the transition to a bi-borough service in the New Year.

8.2 The priorities for improving people's lives in Westminster were determined by a combination of current outcomes, and by the potential to make an impact in priority areas. Business partners involved in Public Health were being brought together, and joint work programmes were being developed with other Council departments and with Westminster's Clinical Commissioning Groups. The programme for the transformation and re-design of commissioned services that sought to achieve

savings through new ways of working and efficiencies was continuing, and it was noted that no reductions in service were anticipated. The Director of Public Health acknowledged that commissioning could cause problems if not done well, and confirmed that the City Council's Commissioners took into account outcomes as well as outputs. The Director also considered that every contact that the City Council made with residents presented an opportunity to promote Public Health.

8.3 The Committee highlighted the importance of air quality, and noted that the evidence that had been obtained by the Air Quality Task Group was informing Council policy at all levels. Mike Robinson confirmed that the City Council would be looking to invest more in air quality in the future, and recognised that there were cost implications and consequences in people's health of not making improvements.

8.4 The Committee noted that mental wellbeing remained a priority, particularly relating to children and young people, and similarly noted that the new School Health Service was being delivered in a more holistic way. Committee Members expressed concern that the budget for children's healthy weight had been reduced, and the Director confirmed that the available funding was being used for individual projects which could be more effective.

8.5 The Committee welcomed the reduction in smoking and use of drugs in Westminster, particularly among young people.

9. SAFEGUARDING ADULTS EXECUTIVE BOARD ANNUAL REPORT 2016-17

9.1 Mike Howard (Independent Chair of the Safeguarding Adults Executive Board) and Helen Banham (Strategic Lead Professional Standards & Safeguarding) presented the Annual Report of the Safeguarding Adults Executive Board for 2016-17. The Report included details of what the Board had achieved over the past year; how the work was making a difference to Westminster's residents; and the emerging themes and priorities for the forthcoming year. Mike Howard commended the collaborative working between the agencies involved in safeguarding adults, which included Adult Social Care and the Fire Brigade.

9.2 Over the past year the Board had been working on:

- Making Safeguarding Personal - which had included self-neglect and hoarding.
- Creating a safe and healthy community – including dealing with abuse, and recognising the impact of scammers on vulnerable people.
- Leading, listening and learning – from safeguarding enquiries and Safeguarding Adult Reviews.

9.3 The Committee discussed the health implications of hoarding and self-neglect, and noted that a range of leaflets were available that provided details of how to report

abuse. Mike Howard confirmed that information was also distributed at appropriate events.

9.4 Committee Members commented that the Annual Report had not included reference to human trafficking and sexual exploitation. The Independent Chair commented that although these issues were recognised, areas of focus for 2016/17 had been selected on the basis of where the Safeguarding Board could have most impact. Helen Banham confirmed that the Executive Board was currently closely involved in Community Safety, and in work relating to Violence Against Women and Girls.

9.5 The Committee commended the Annual Report, and endorsed the strategic direction and priorities adopted for 2017-18.

9.6 The Committee noted that Helen Banham would be retiring, and wished to record its thanks on behalf of the City Council for the work she had undertaken on behalf of Westminster's residents.

10. COMMITTEE WORK PROGRAMME

10.1 Artemis Kassi (Policy & Scrutiny Officer) presented the Committee's Work Programme and Action Tracker. The Work Programme was to be reviewed following the changes to the Committee's remit.

10.2 The Committee agreed that the next meeting on 31 January 2018 would focus on:

- the report of the Health & Wellbeing Centre Task Group;
- an update on service provision and the delivery of urgent care at St. Mary's Hospital – with the Chief Executive of Imperial Hospital NHS Trust being invited to attend.
- The links between substance abuse, mental health and the criminal justice system - if the report was available in time for the January meeting.

10.3 Issues to be considered for the future Work Programme included the Drug and Alcohol Wellbeing Service (DAWS); and the links between substance abuse, health, and poor housing conditions.

10.4 The Committee noted that a meeting of the Health Policy & Scrutiny Urgency Sub-Committee had been arranged for 30 November, to discuss proposed service changes at the Soho Square General Practice. Members also noted that the visits to the London Ambulance Service discussed at the last meeting would probably now take place in the New Year.

11. ANY OTHER BUSINESS

11.1 No further business was reported.

The Meeting ended at 9.06pm.

CHAIRMAN:_____ DATE:_____

CITY OF WESTMINSTER

DRAFT MINUTES

Health Policy & Scrutiny Urgency Sub-Committee

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health Policy & Scrutiny Urgency Sub-Committee** held on **Thursday 30th November 2017**, at 5.00pm in Rooms 3.6 & 3.7, 3rd Floor, 5 Strand, London WC2 5HR

Members Present: Councillors Jonathan Glanz (Chairman), Susie Burbridge and Barrie Taylor.

Also in attendance: Councillors Patricia McAllister and Glenys Roberts.

1 MEMBERSHIP

1.1 There were no changes to membership.

2 DECLARATIONS OF INTEREST

2.1 The Chairman sought any personal or prejudicial interests in respect of the items to be discussed from Members and officers, in addition to the standing declarations previously tabled by the Adults & Health Policy & Scrutiny Committee.

2.2 Councillors Jonathan Glanz and Glenys Roberts declared that they were Members for the West End Ward in which the Soho Square practice was situated, but were not patients.

3 SOHO SQUARE GENERAL PRACTICE

3.1 In response to concerns raised regarding proposed changes to the service provided by Soho Square General Practice, LivingCare Medical Services had agreed to meet with the City Council to discuss the proposals and to also hear the views of the local Patients Participation Group (PPG). As LivingCare had been unable to provide a report in time for the Adults & Health Policy & Scrutiny Committee on 22 November, and as a response would be needed before the next scheduled meeting on 31 January, it had been agreed that the proposals would be discussed at a meeting of the Health Policy & Scrutiny Urgency Sub-Committee.

3.2 The Sub-Committee sought to better understand the proposed changes, and how they could potentially affect the various communities that used the surgery.

The Sub-Committee also wanted to understand how the proposals had been consulted on and discussed, and to be reassured that the changes would be positive and acceptable in improving patient care.

3.3 The Sub-Committee heard from Dr Stephen Feldman (Medical Director, LivingCare); Chris Garner (Mobilisation & Transformation Director, Livingcare); Wendy Hardcastle (patient of the practice, and member of the PPG) and Peter Chadwick (Patient of the practice, and member of the PPG). Dylan Champion (Head of Health Partnerships, Adult Social Care) and Godwyns Onwuchekwa (Westminster Engagement Lead, Healthwatch) also contributed to the discussion. The Central London Clinical Commissioning Group (CCG) had been unable to attend.

3.4 LivingCare provided the Sub-Committee with a summary of the proposed operational changes, which sought to improve the delivery of safe, high quality multi-disciplinary healthcare through a more appropriate skill-mix; and to achieve efficiencies of scale in improved triage services and administration. The changes would also seek to make the Soho Square practice more resilient and cost effective, reducing high agency costs and avoiding them wherever possible. LivingCare Medical Services currently operated five GP practices across London, and had begun to manage the Soho practice in August 2016.

3.5 The Sub-Committee noted that that the Soho practice comprised of two full-time doctors and two part-time Practice Nurses, who provided GP primary medical services to approximately 5,000 patients predominantly living in Westminster. The practice offered a mix of pre-booked and drop-in appointments; with patients being allocated 10 minutes for an attended appointment and 5 minutes for a telephone consultation. The Patients served by the practice included a prevalence from Chinese ethnic backgrounds; and a cross-section of socio-economic groups which included the LGBT community and homeless people.

3.6 The practice had been commissioned as an appointment-based service, and it was proposed that calls would be dealt with by a qualified & trained nurse who would undertake a centralised triage and assessment of patients' needs. The Sub-Committee noted that patients would still be able to make appointments in person if they preferred, and obtain a response from a nurse in person. Patients would also be able to obtain support and information from a 'Care Navigator' at the practice reception, who would be trained in wider knowledge of health, charities, community care, social care and mental health pathways.

3.7 Other changes included the introduction of a trained Healthcare Assistant, who would increase efficiency by allowing Nurses to focus on appropriate tasks; improving the skills of the Practice Nurses and increasing their working hours; and the introduction of Advanced Nurse Practitioners who would also be prescribers.

3.8 The PPG commented on the proposals and engagement that had taken place, and expressed concern that the changes would have a detrimental impact on what they considered to be a good service. A public meeting between LivingCare and the PPG to discuss patients' concerns had not been successful,

and residents had only subsequently received written details of the proposals when they had been published in the Sub-Committee Agenda. The PPG highlighted the strength of feeling within the community when the future of the practice had previously been in question.

3.9 Patients had expressed concern over the proposed reduction in GP hours; and over the centralised telephone hub which they felt would operate similarly to the out of hours NHS 111 service and aim to resolve problems over the telephone. LivingCare highlighted the need to take into account the greater use of GP skills made in the time available, rather than the number of hours that were being worked; and confirmed that they had no intention to make any GPs or reception staff redundant, or for patients to have to go out of borough to see a clinician. LivingCare also confirmed that the current drop-in service would continue to be available for patients who preferred not to telephone; and that staff at the centralised telephone system would be able to refer to the patient's notes and medical history before deciding on the appropriate level of response. The PPG noted that the cost of calls to the centralised service would be the same as the local rate.

3.10 The Sub-Committee commented on the need for translation services, and noted that the practice would be able to fast-dial the standard NHS LanguageLine. Other issues discussed included the benefits of healthcare assistants being upskilled; and the importance of a good IT platform for the new system.

3.11 Godwyns Onwuchekwa (Westminster Engagement Lead, Healthwatch), highlighted the need for a framework for consultation and implementation to have been in place, and considered that the breakdown in communication had arisen from the lack of clear information. Healthwatch also highlighted the need for an Equalities Impact Assessment, which would determine how the proposals would impact on the people who used the service. The issue of possible costs to patients also needed to be clarified, together with the number of available phone slots that would be available to avoid queues. Details of the proposed numbers of staff and hours worked similarly needed to show an improvement on the current system.

3.12 Healthwatch acknowledged that there were good and acceptable arguments for the proposed changes, and commented that LivingCare had a duty to engage and consult with patients and provide them with enough time to comment and make choices. In order to work closely with patients, and to enable them to understand the changes that were being made and impact they would have on services, LivingCare needed to have established a framework for the consultation process and implementation, and to have set out the details of the proposals in writing.

3.13 LivingCare acknowledged that misunderstandings could have been avoided if the proposals had been clarified at an earlier stage, and apologised to the PPG, Healthwatch and the City Council for the breakdown in communication. LivingCare similarly acknowledged that written details of the changes would have provided a framework for discussion at the public meeting, and that they had underestimated the groundswell of feeling among service users. LivingCare confirmed that a number of lessons in good practice for taking the

proposed changes forward had been learned, but believed that the model for working for the Soho practice would become common across Westminster.

3.14 The Sub-Committee considered the exchange of views that had been given and agreed a number of guidelines that could improve the process in future:

- a clear and effective communication plan should be agreed between LivingCare (or their equivalent) and all groups involved; which included the Patients Participation Group, the local authority, the Clinical Commissioning Group and Healthwatch.

- a clear, agreed framework and workable timescale was needed for both communication and the consultation process; with any cost implications for patients arising from the proposals being clear throughout the process. Enough time would need to be provided for people to have a real opportunity to make an informed contribution to the consultation, and for the consultation to be reviewed and changed where appropriate.

- an Equality Impact Assessment that could look at the needs and concerns of individual groups was essential, and should be carried out at an early stage.

3.15 The Sub-Committee noted that LivingCare had applied for Soho Square to join the Foundation of General Practices but had not been successful. Members agreed to consider whether the City Council could offer support for the application.

3.16 The Sub-Committee thanked the representatives from LivingCare, the Patients' Participation Group, Adult Social Care and Healthwatch Westminster for attending the meeting, and for their useful and informative contributions.

4. ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS URGENT

4.1 There was no urgent business to raise.

The Meeting ended at 6:57 pm.

CHAIRMAN: _____ **DATE** _____

City of Westminster

Adults & Health Policy & Scrutiny Committee

Date:	**Wednesday 31 January 2018**
Briefing of:	**Councillor Heather Acton, Cabinet Member for Adult Social Services and Public Health**
Briefing Author and Contact Details:	**Charlie Hawken** chawken@westminster.gov.uk **0207 641 2621**

1. Adults

1.1 Extra Care Housing

- The two Extra Care Housing schemes - 60 Penfold Street provided by Notting Hill Housing and Leonora House provided by Octavia, continue to provide a good service for Westminster residents. Both have a 'Good' rating with CQC and customer satisfaction is good.

- The Dynamic Purchasing System (DPS) for WCC is the approved model to be used for procuring Care and Support Providers for the two schemes in the future, and the opportunity to apply for admission was publicised on 16th October. Those providers admitted to the DPS will be able to respond to the mini competition exercises for all Westminster schemes.

1.2 Home Care

- Further to CQC inspection activity in November, both Healthvision and Sage Care have been informally advised that they have achieved an overall rating of 'Good', having achieved 'Good' for each of the five essential standards of care (safe, caring, effective, responsive, well led). This is an improvement for both organisations since their last inspection.

- London Care and Vincentian Care Plus are expected to be re-inspected in the forthcoming months. It has been made clear to both organisations that there is an expectation that both organisations will improve upon the standards reached in their last inspection and officers have worked with them on their improvement plans. It should be noted that customers did write in complimenting some VCP carers.

1.3 **Care Homes (Older People Residential and Nursing Care)**

- A Care Homes Improvement Plan has been developed with Health and ASC commissioners, Healthwatch Central West London and Safeguarding leads. This includes a performance management framework setting quality standards and outcome measurements to assess provider performance throughout the programme. Performance measurements have been aligned to the "My Home Life" strategic themes of Personalisation, Navigation and Transformation and include;

    - Evidencing person-centred care planning and achievement of personal outcomes in line with expressed wishes.
    - Creating Communities – evidencing resident engagement with the wider community and in the care home setting.
    - Supporting good health through access to community health services.
    - Supporting good End of Life Care.
    - Workforce development and training; including staff training, turnover and absence.

- Funding for the programme has been secured through the Better Care Fund (BCF) for Care homes improvement in Westminster. The programme will be launched to provider partners in January 2018 and delivered by two recognised care home improvement organisations. "My Home Life" will support every care home manager through a Leadership programme and "Ladder to the Moon" adopts a whole care home and relative engagement approach in delivering outstanding activities.

- This jointly funded programme is open to all Older Person's Care Homes in Phase 1 over the first 9-12 month period. Phase 2 will prioritise care homes assessed as 'Requiring Improvement' by CQC. Providers will have to commit to 20% part funding in Phase 2.

- Care homes improvement has been agreed as one of four strategic priorities by the Joint Executive Team (JET). The plan has been linked to the work of the North West London Sustainability and Transformation Plan (STP) Delivery Area 3 which is focused on the needs of older people.

- Along with the performance management framework for the care home improvement programme, ASC and Health Commissioners are working towards revising key performance indicators (KPI's) across all services in Westminster. London Association of Directors of Adult Social Services (ADASS) quality measures, Any Qualified Provider (AQP) quality indicators and existing Care UK and Sanctuary Care KPIs will also inform this new set of performance indicators.

- North West London (NWL) Clinical Commissioning Groups are commissioning a similar care home leadership programme. Westminster makes a number of placements out of borough, with some in the NWL area, so should benefit from quality improvements in these too.

- Garside House (operated by Sanctuary Care on behalf of the Central London CCG) has re-designated 8 block-contracted care beds to provide interim care beds in the last quarter of 2017. Together with the 10 transitional beds at Norton House, these intermediate care beds are critical in supporting the whole health and social care system, particularly relieving pressure on acute hospital beds during the Winter period.

- Westmead Residential Care Home, operated and managed by Sanctuary Care, received an improved CQC rating following an inspection on 24th and 28th October 2017. The service is now rated **Good** overall. Westmead was assessed as Good in the Safe, Effective, Responsive and Caring domains, with a requires improvement in the Well-led domain. Sanctuary are planning a series of workshops with staff, to raise awareness of behaviour and interaction. The sessions will be aimed at all staff and specifically the behaviours around talking over residents, lack of inclusion and improving interaction and engagement, including the 'What do you see?' DVD which sends a powerful message to staff from the perspective of residents. They will start training February, and Westmead had been completed they will commence training for Carlton Dene staff.

1.4 **Mental Health Day Services**

Safe spaces provision is offered at both the Abbey and Beethoven centres and are operated by Single Homeless Project (SHP). The Abbey Centre offers mental health recovery activities which are co-designed with service users and an on-site mental health recovery worker.

- A number of service users who used the previous services such as RSS (Recovery Support Service) decided to access other services with their personal budgets, such as ART4SPACE and Thrive.

- A number of new users have started accessing the new model of provision – very few accessed the previous day service.

- Health professionals comment that it is easier to make referrals to the new service.

- The SMART service is used by sufficient service users with personal budgets to continue delivering the service on this basis.

- Partnership working between the key stakeholders SHP, SMART, the two service centres, and the Clinical Commissioning Group continues to be positive.

- The intention is to establish a co-production group to enable service users to co-design future service provision, and this will start in 2018. Healthwatch volunteers have been working with residents and have now identified a group of users who wish to be involved.

1.5 **Accommodation-based care and support for residents with a learning disability**

- The Council commissions a range of services to support residents with a learning disability to live a fulfilling life. A draft commissioning strategy and an outline procurement plan set out how accommodation-based care and support will be continued, without disruption to residents, while a more personalised model of care and support is developed. This model supports independence, with all residents using Personal Budgets, with Individual Service Funds as appropriate.

- The services in scope range from low-level to highly complex needs – including some residents with a mental health diagnosis and or challenging behaviour as well as their learning disability.

- The Council will be working with partners, with the people who use the services, and their families to transform services by developing diversity, choice and sustainability amongst the organisations involved, in line with residents' needs, aspirations and desired outcomes.

- The changes will enable people who chose to do so to deploy their Personal Budgets as Individual Services Funds – with real choice, flexibility, accountability and a focus on outcomes. Customers are helped to operate their Individual Service Fund by a 'Personal Assistant' who will support their choices both of the range of support available and from which organisation they might purchase it. Those customers who do not choose an Individual Service Fund approach will be able to opt instead for the Council to manage their personal budget on their behalf or for direct payments. The development of the

Individual Service Fund model requires providers to develop partnerships with organisations and community groups to promote inclusion and choice for residents.

- A programme of market development activity is underway to attract new providers to the borough, support our existing providers' resilience, ensure increased quality standards, and work with mainstream services and facilities. There has also been training for social workers, events for providers, information sessions for residents to support personalisation.

1.6 **Arrangements for the provision of Mental Health services in the community**

- The Council and the Central and North West London NHS Foundation Trust (CNWL) have signed the Section 75 Agreement which details the arrangements for working in partnership to deliver a range of integrated services for mental health and dual diagnosis. The new agreement runs to the 31st March 2022.

- The Agreement aims to improve the services for people with mental health and dual diagnosis through close working between the NHS and the Council. The services include the community mental health teams, specialist support through forensic services, home treatment and crisis service, and services to support individuals with dual diagnosis. Social Workers, Adult Mental Health Practitioners, Clinical Practitioners and Service Managers ensure the outcomes in the contract are met and arrangements are in place to ensure performance is both managed and supported.

- There are robust governance and monitoring arrangements across the partnership to deliver to the agreements, ambition and aims. A quarterly partnership meeting takes place which provides the scrutiny, discussion, review and forward planning, reflecting on issues such as staffing, service outcomes monitoring, safeguarding, finance and an opportunity to look at the care and support pathways for service users.

- A separate working group has been established to tackle the issues across partners, involving social work team managers, commissioners, CNWL to support the move on from hospital and support packages to a range of adults with mental health needs.

- A strategic partnership board for mental health is being set up to increase awareness of the range of services and partners that support mental health provision across the borough and develop a strategic action plan to prioritise areas of need over the next two years. This board will link to the statutory boards already in place. As well as raising awareness of mental health and cross cutting issues that can be supported, it will provide a clear governance process for all partners.

1.7 **BCF Update and progress in meeting delayed transfer of care targets**

- The Council continues to monitor progress in delivering the objectives set out in the Better Care Fund Plan and this work remains on track.

- Part of this process involves monitoring progress against the Social Care Delayed Transfer of Care (DTOC) target which has been set for Westminster. Performance in Westminster has historically, and continues to be, very good in helping people to leave hospital safely and quickly and therefore a very demanding target has been set for the borough. The target is to achieve less than 1.1 days delayed discharge, attributable to social care, per 100,000 population. This compares to an equivalent target in Hammersmith & Fulham and Kensington & Chelsea of 2.6 days. Since April 2017, WCC has dipped below target twice, in August 17 and again in November 17 (which is the last period data is available for). In November the DTOC rate achieved in WCC was 1.4 days. During the month the delays were primarily attributable to challenges with acute hospital discharge. However steps have been put in place to improve performance and an update will be provided to the next meeting.

1.8 **Community Independence Service**

Throughout 2017/18 there has been considerable focus on the Community Independence Service, which is provided by CNWL across the Tri Borough and works closely with the Hospital Social Work Service and Reablement Team. The existing contract, which has been let by Central London CCG, on behalf of the 3 CCGs and in partnership with the Tri Borough Councils is due to expire in July. The CIS works closely with the Council, is valued by its users and plays a key part in achieving the very high levels of service in managing the hospital discharge service. While further discussions are ongoing it is now likely the contract will be extended until March 2018 but there may be variations in how the service is provided within each CCG catchment in order to reflect local requirements.

2. Public Health

2.1 **Health Visiting Service – Update on the implementation of the new model**

The service continues to deliver with performance on most contracts above target. There have been some delays in implementing the new model which was effective from 1 July 2017. Commissioners are working with Central London Community Healthcare (CLCH) NHS Trust to implement a six-month action plan. The action plan will include agreed timelines for the full implementation of the new model, as well as to address data quality and performance issues. Overall there has been good progress on implementing the transformation programme which is now near-

completion, including changes to the staff-skill mix. Health visiting vacancies rates have reduced from 4.57 FTE to 1.17 FTE since the last report and 2 out of 4 appointed nursery nurses are now in place.

2.2 Performance update to November 2017-mandated contacts

- Antenatal contact: Activity for the antenatal vulnerable face-to-face home contact significantly increased from 13 in October to 31 in November.

- New Birth Visits: Performance for the 14-day contact showed a 1% increase from the previous month to 91% but remains below the 95% target. By contrast, there was over-achievement for the 30-day contact; 98% (this figure is inclusive of 14 day activity). It is anticipated that, due to a reduction in Health Visitor vacancies, performance will continue to show an upward trend.

- 6 to 8 week reviews, including maternal mood assessment: The service continues to meet the 80% target with November activity at 88%; representing a 1% increase from October.

- % of infants being fully or partially breastfed at 6-8 weeks: Uptake was 78.8% against the 80% target. However, this was based on 81.4% of recorded infant feeding status. The service has reported that it is providing ongoing monitoring and training to improve recording.

- 12, 15 and 24-30 month developmental reviews**:** All the three developmental reviews continued to exceed the 75% target with November performance for the three reviews at 82.6%, 82.8% and 77.3% respectively. The 2-year 'Ages and Stages Social Emotional' questionnaire was used for 76% of this review. Implementation of the Ages and Stages Social Emotional questionnaire is scheduled for those with suspected special needs.

- Performance Against New KPIs to November 2017
  There has been a delay in reporting against most of the new KPIs, which form part of the new service model. CLCH attributes this to the delay in implementing the transformation programme, difficulties in developing data codes and scripts on the SystmOne; the service database and the new reporting system. Dates to fully deliver the transformation programme and provide effective reporting on the new KPIs will form part of the action plan between CLCH and public health commissioners. The delivery of this plan is being closely monitored by the commissioners.

2.3 Mental Health

A draft Suicide Prevention Strategy was presented to the Westminster Health and Wellbeing Board on Thursday 18th January 2018. The document has been produced by a multi-agency suicide steering group and is a refresh of the existing suicide prevention strategy that expires this year. The document is underpinned

by new national guidance published by Public Health England (PHE). It is still a work in progress, but has been provided to all key stakeholders to give the opportunity refine the strategy prior to sign off by the Health and Wellbeing Board at its next meeting in March 2018.

2.4 **Shisha Event - London Metropole Hotel, Edgware Road**

The City Operations 24/7 team of City Inspectors in conjunction with Marble Arch BID organised an educational event, supported by Public Health, for shisha businesses within Westminster. The event was held on November 30th 2017 at the London Metropole Hotel on Edgware Road. The event was designed so that business that sell shisha to the general public could come and ask questions of all the teams within WCC that deal with enforcement and regulation. It was also an opportunity to promote compliance. There were representatives from Trading Standards, Health & Safety, Planning Enforcement and 24/7 City Inspector team who were able to guide premises on what they needed to do to be compliant with the relevant legislation. Public Health were also represented to explain why some of the regulation was needed to assist with health and wellbeing. The week prior to the event City Inspector Teams visited all of the shisha premises in WCC and gave them an invitation. Westminster teams had prepared educational leaflets and a screen presentation was continually being played while business representatives went to each of the teams with their questions. The event was a great success with over 25 businesses attending. We also had attendees from property landlords such as Portman estates and the Church commissioners who were keen to understand the issues and their responsibilities around the sale of shisha. Brent Council enforcement team also attended and we will be working together in the future to share best practices.

2.5 **Stoptober**

Stoptober, the 28-day stop smoking campaign from Public Health England, ran throughout the month of October, encouraging and supporting smokers to attempt to quit for good.

In Westminster, we promoted Stoptober to residents through social media and within Libraries, encouraging residents to visit either the national One You Stoptober page or Kick It's website. We are expecting to receive a full evaluation from PHE in the coming weeks, showing the number of page views from Westminster residents.

We have received the following top line statistics from Kick It's Stoptober activity:

- Kick It activity focused primarily around an evening telecampaign, conducted by staff as an overtime opportunity. This process of calling ex-clients led to 156 Westminster referrals.

- October saw particularly strong performance with more than 300 quit dates set in Westminster.

Internally, we offered carbon monoxide testing sessions to show the impact of smoking. The sessions were very well received with a number of referrals being made. Unfortunately, the event at 5 Strand had to be postponed but was rescheduled for Wednesday 24 January to tie in with PHE's Health Harms campaign.

2.6 **Winter Flu Programme**

In accordance with national ambitions, the Public Health Directorate is working with a number of stakeholders including, NHS England, Public Health England and the Central London Clinical Commissioning Group to increase flu vaccine uptake rates and to implement the 2017/18 flu programme. The Tri-borough Flu Group meets every two weeks to coordinate.

Vaccination Coverage

a) Vaccination coverage rates will not be published by NHS England until the end of the season. Data is being collected on:

<u>Child Nasal Flu</u>

- 2-3 year olds vaccination by GPs
- 4 to 8 year olds vaccination by school immunisation service

<u>Adults</u>

- Pregnant women
- Under 65s at increased risk
- Over 65s

b) The 2017/18 targets are to achieve 55% coverage in adults and 40% coverage in children aged 2 to 8 years. Internal NHS England provisional reports indicate that uptake is up on all cohorts compared to last year, however immunisation rates for pregnant women and 2-3 year olds continue to be below target. In concert with CCG colleagues, LA Comms teams, Community Champions and health visiting services have been requested to do one last push to promote uptake in these groups during January.

Vaccination of Social Care Staff

c) The local authority has been actively promoting uptake of flu vaccinations for their frontline social care staff.

d) The occupational health unit for H&F and RBKC report that uptake is significantly up on last year. Figures they have compiled show that of for RBKC 80 out of 198 frontline staff were vaccinated and for H&F employed staff 84 out of 96 were vaccinated. WCC employed staff receive their vaccination from local pharmacies, not their occupational health department and so there is no central record of the numbers vaccinated.

Child Nasal Flu Vaccinations

e) The Public Health Department has been working closely with the school immunisation provider to improve participation in the programme in both state and private schools.

Communications

f) The local authority has been actively promoting flu vaccinations through their external and internal communication channels.

g) The community champions have been promoting flu vaccinations to the community as part of their Keeping Well This Winter campaign.

2.7 Sexual Health

Sexual Health Profile in Westminster

The latest verified data for WCC summary below shows that we are improving in reducing some Sexually Transmitted Infections (STIs) but compared to the rest of England we continue to have a very high number of positive diagnoses.

- Overall 4,604 new sexually transmitted infections (STIs) were diagnosed in residents of Westminster, a rate of 1,900.1 per 100,000 residents (compared to 750 per 100,000 in England).

- Westminster has the 6th highest rate (out of 326 local authorities in England) of new STIs excluding chlamydia diagnoses in 15-24 year olds; with a rate of 2,269.5 per 100,000 residents (compared to 795 per 100,000 in England).

- 27% of diagnoses of new STIs in Westminster were in young people aged 15-24 years (compared to 51% in England).

- For cases in men where sexual orientation was known, 53.7% of new STIs in Westminster were among gay, bisexual and other men who have sex with men (MSM) (Sexual health services [SHS]).

- The chlamydia detection rate per 100,000 young people aged 15-24 years in Westminster was 1,959 (compared to 1,882 per 100,000 in England).

- Westminster has the 7th highest rate (out of 326 local authorities in England) for gonorrhoea, which is a marker of high levels of risky sexual activity. The rate of gonorrhoea diagnoses per 100,000 in this local authority was 318.2 (compared to 64.9 per 100,000 in England). The trend is downwards but there is a need to get the harm reduction and health promotion messaging more impactful and targeted.

- In Westminster, an estimated 9.2% of women and 15.8% of men presenting with a new STI at a Sexual Health Service (SHS) during the 5 year period from 2011 to 2016 were re-infected with a new STI within 12 months.

- Among SHS patients from Westminster who were eligible to be tested for HIV, 76.8% were tested (compared to 67.7% in England) (HIV testing coverage).

- There were 90 new HIV diagnoses in individuals aged 15 years and above in Westminster. The diagnosed HIV prevalence was 8.5 per 1,000 population aged 15-59 years (compared to 2.3 per 1,000 in England).

- In Westminster, between 2014 and 2016, 25.9% (95% confidence interval [CI] 20.9-31.9) of HIV diagnoses were made at a late stage of infection (CD4 count =<350 cells/mm^3 within 3 months of diagnosis) compared to 40.1% (95% CI 39.0-41.2) in England. This shows local effectiveness in attracting people to the comprehensive screening and testing provision.

- The total rate of long-acting reversible contraception (LARC) excluding injections prescribed in primary care, specialist SHSs and non-specialist SHSs was 24.2 per 1,000 women aged 15-44 years in Westminster, and 46.4 per 1,000 women in England. The rate prescribed in primary care was 6.9 in Westminster and 28.8 in England. The rate prescribed in the other settings was 17.3 in Westminster and 17.6 in England. This is being addressed through our work with primary care and our recently procured community based clinical service to improve on the uptake of LARC.

- In Westminster upper tier local authority, the total abortion rate per 1,000 female population aged 15-44 years was 16.4, while in England the rate was 16.7 per 1,000. Of those women under 25 years who had an abortion in that year, the proportion who had had a previous abortion

was 30.1%, while in England the proportion was 26.7%. The commissioned services need to understand better why we have a third of women having repeat abortions and the profile of this group.

- In 2015, the conception rate for under-18s in Westminster was 12.0 per 1,000 females aged 15-17 years, while in England the rate was 20.8.

Table 1. Rates per 100,000 population of new STIs in Westminster and England: 2015-2016

Diagnoses	*Rate 2015*	*Rate 2016*	*% change* 2015 to 2016*	Rank within England 2016**	Rate in England residents 2016
New STIs	1,970.7	1,900.1	-3.6	-	749.7
New STIs (excl. those with Chlamydia aged 15-24	2,311.2	2,269.5	-1.8	6	
Chlamydia	608.3	636.4	4.6	-	364.2
Gonorrhoea	390.8	318.2	-18.6***	7	64.9
Syphilis	75.9	78.8	3.8	5	10.6
Genital Warts	165.1	177.5	7.5	17	112.5
Genital Herpes	120.5	120.9	0.3	12	57.2

Rates are calculated using 2015 ONS population estimates
* % change not provided where rate per 100,000 population in 2015 was 0.0
** Out of 326 local authorities, 1st rank has the highest rates. Rank within England has been based on alphabetical order of local authority name where rate for local authority was 0.0 per 100,000 population ^ Population is restricted to those aged 15-64 years
***even with increased use of highly sensitive Nucleic Acid Amplification Tests (NAATs) and additional screening of extra-genital sites in MSM Westminster positive diagnoses has fallen.
Data Source: Data from routine specialist and non-specialist sexual health services' returns to the GUMCAD STI Surveillance System and routine non-specialist sexual health services' returns to the CTAD Chlamydia Surveillance system (CTAD)

We are on track to implement the new GUM contract from 1st April 2018 and will also start the e-based home screening services at the same time.

We are working with the community based clinical service offered through CNWL to improve their coverage across Westminster as services currently are not delivered in South Westminster at present. Whilst this is the first year of the new service contract and it is not unusual that performance, dips the numbers engaging are lower than expected and unlikely to reach their targets. We have implemented an action plan to improve outputs and outcomes of this service.

2.8 **Oral Health Campaign**

Tooth decay is the top cause of non-emergency hospital visits for children in Westminster, despite efforts to encourage better brushing and trips to the dentist.

In Westminster 35 per cent of five year-old children have at least one decayed, missing or filled tooth, compared with 27% in London and just under 25% across England.

The figures have been improving. The 2012 five year olds in the borough had on average 1.72 decayed missing or filled tooth, in 2015 this had fallen to 1.17. However, it is still concerning given tooth decay is almost entirely preventable.

In response to this, on 11 January, Public Health and Policy, Performance and Communications jointly launched a campaign to tackle poor oral health.

The campaign brings together 'The Tale of Triumph over Terrible Teeth' animation alongside fun, interactive activities and resources for children aged between 3 and 7, to ensure they know how to look after their teeth from a young age.

The campaign was well received when it launched to 83 Pimlico Primary pupils at Pimlico Library. At the launch, pupils were also able to take part in the quiz and other oral health activities such as reading, colouring and dressing up, put on by the oral health promotion team.

The animation will be shown on screens at Dentist and GP Surgeries, has been promoted to Schools and within Libraries and features across Council channels including The Westminster Reporter, social media, My Westminster, Families First and Children's First. Public Health is also investigating having the animation shown in school assemblies and holding similar Library events with local school children.

Alongside 'The Tale of Triumph over Terrible Teeth', Chelsea and Westminster Hospital NHS Foundation Trust launched a three year health promotional campaign and cross-sectional research study, jointly sponsored by RBKC, WCC and ChelWest, with the aim of improving children's dental health on 12 January. The two campaigns fall under the broader "giving children, young people and

families the best possible start in life" – one of the council's major health and wellbeing priorities. 'The Tale of Triumph over Terrible Teeth' was screened at the ChelWest launch and has strong support from the Trust, we will continue to work closely together to promote both campaigns.

Visit westminstertoothfairy.com to view the animation and ask your children to take the quiz on oral health.

3. Health and Wellbeing Board

The Health and Wellbeing Board met on Thursday 18 January. It reviewed progress with the development of the Integrated and Accountable Care Strategies which were presented to the Board in November for agreement. The Board noted that:

- CLCGG have progressed work to develop a joint Outcomes Framework which will be adopted by both CCGs and be applicable for all residents across Westminster and Kensington and Chelsea. The Framework is structured around five outcome domains and these are presented below
    - People have an overall quality of life;
    - Care is safe, effective and people have a good experience;
    - Professionals experience an effective integrated environment;
    - Care is financially sustainable; and
    - Care team is efficient, process defined and personalised.
- Good progress has been made with work led by WL CCG in developing proposals to establish Integrated Community Teams. This work has incorporated over 30 co design events and the involvement of over 100 different stakeholders from a range of provider, patient and community organisations. A key part of this work has involved officers looking at how the Council might also support Integrated Community Teams. This work is continuing and it is anticipated that initial proposals will be developed for consideration in March 2018
- All parties continue to work towards developing a common approach to integrated health and social care which will apply to all of Westminster, and Kensington and Chelsea.

The Board also considered its work programme for 2018/19 and agreed that a workshop should be facilitated in March to identify key priorities and targets for the following year.

4. Green Paper on Care and Support

The Government announced in November that it will publish a green paper on care and support for older people by Summer 2018. Once the green paper is published, it will be subject to a full public consultation which the Council will respond to.

If you have any queries about this report or wish to inspect any of the background papers please contact Charlie Hawken: chawken@westminster.gov.uk / 020 7641 2621

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City of Westminster	**Adults & Health Policy & Scrutiny Committee**
Date:	31 January 2018
Classification:	General Release
Title:	**Update Report from Healthwatch Westminster**
Report of:	Christine Vigars - Chair of Healthwatch CWL
Cabinet Member Portfolio:	Cabinet Member for Adults Social Services & Health
Wards Involved:	All
Policy Context:	City for Choice
Report Author and Contact Details:	Carena Rogers - Healthwatch Carena.Rogers@healthwatchcentralwestlondon.org

1. Executive Summary

1.1 This report is to provide an update on recent work undertaken by Healthwatch in Westminster and also to notify the Committee about health and care matters and concerns that we have heard from talking to patients and the public.

2. Update on Healthwatch Central West London (Healthwatch CWL) work activity in Westminster

2.1 Healthwatch CWL has two focused projects in Westminster, identified through consultation with local people – how well care coordination is working for people with long-term health conditions in the borough, including how user experience is informing evaluation of the service; and ensuring that service users are fully included in planned changes to mental health day provision in Westminster.

2.2. Care coordination for people with long-term health conditions

2.2.1 Recommendations following this work are currently being looked at by the project group and will be made available in January 2018.

3.3 Mental health day provision

3.3.1 Healthwatch CWL has shared learning from the process of changing mental health day opportunities with commissioners looking at day opportunities for people with dementia and with mental health needs in Kensington and Chelsea and Hammersmith and Fulham.

3.4 Projects for 2018-2019

3.4.1 Healthwatch CWL is currently in the process of planning project focus for the coming year.

4. North West London CCGs governance structure

4.1 At the North West London CCGs' Governing Body meeting in public, 28th September 2017 a paper was presented that set out further developments in collaborative working for the eight CCGs in North West London. Following this, H&F CCG asked for comments on whether there would be an impact for local people and how well the developments would support local engagement. Healthwatch CWL provided a written response, which has been sent to Hammersmith and Fulham CCG; Central London CCG; and West London CCG.

4.2 The implication of the changes and the structure of the governance of the NWL CCG affects all CCGs in North West London, including Central London CCG, West London CCG and H&F CCG.

4.3 Healthwatch CWL believes more clarity is needed on what processes are being put in place to ensure that local people in all communities across the eight CCG areas are properly consulted about proposed changes in a timely manner and with appropriate time to respond. In addition, each local area needs information on how the joint committee of the NWL CCG will ensure that local people from all areas across the eight CCGs are aware of at what level decisions are being made regarding each proposed change and therefore know how, and to whom, to express any concerns.

4.4 In response to our questions about routes for local people to influence commissioning intentions at NW London level, and how local people will be able to scrutinise and hold commissioners and providers to account at the collaborative level, NWL CCG have brought together a task and finish group to examine and advise on local and STP level engagement. This group includes Healthwatch. An initial meeting to discuss objectives and timeframes for the group was held on 4th January 2018.

4.5 NWL CCG have drafted a response to the questions submitted by Healthwatch; this is currently waiting sign off by Clare Parker.

5. Issues arising locally

5.1 Soho Square GP Practice

5.1.1 Healthwatch CWL continues to raise concerns about the process in which the proposed changes by LivingCare Medical Services (LCMS) in regard to Soho Square GP Practice have been presented implemented and generally communicated.

5.1.2 Particular concerns include:

- LCMS has not engaged with patients in a clear or timely manner and this has resulted in misunderstandings and confusion about what will be changing. There has been a lack of details regarding the impending changes; i.e. while the provider has said that a telephone triage will be brought in, no details of the cost of implications to patients has been provided or clarified.

- The provider has not followed the stipulation of sections 14Z2 of the Health and Social Care Act 2012 which stipulates that CCGs "must make arrangements to secure that individuals to whom the services are being or may be provided are involved... b) in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them".

- The provider had not carried out any Impact Assessment – Equality or Quality – and therefore does not have any evidence on how these changes would be beneficial to patients who have different levels of vulnerability.

- The provider has not offered an analysis of existing service and system, and how the proposal for change will improve on this.

- The provider has not given detailed assurance that the changes, especially the telephony system, will work for the varying level of ability that exists amongst the patients, including the frail, elderly and those unable to use new technologies as well as those that are able to.

- The provider has not provided evidences that choice and personal care will remain vital components in the new system.

- The provider has offered to install Language Line (LL) and this is welcomed. However, this has not been explained in detail to patients, the majority of whom do not know what it is, means and how it can impact on their confidentiality.

- Patients want the choice of having access to face-to-face appointments with their GP and want a reassurance that this will remain so.

- The provider has not been clear on whether the entire booking system and consultation will be handled through the telephone triage, although this seems to be the proposal. If so, this raises a question as to whether this Surgery is actually local or Virtual. More clarity is needed on this aspect.

- The provider has given detail of how many doctors' hours for face-to-face consultation there will be in the new system.

5.1.3 LCMS have been asked by the CCG to provide a Practice Plan outlining the changes. This was due on the 21st December and Healthwatch expects this to be made available to both ourselves and the PPG at Soho Square Practice.

5.1.4 Healthwatch CWL is in the process of preparing a list of recommendations for improved patient engagement around the changes and how information can be shared with patients and the wider community.

6. Half Penny Steps NHS GP practice

6.1 West London CCG commissioned a piece of work from Healthwatch regarding 'Walk in' provision at Half Penny Steps NHS GP practice on Harrow Road. The project concluded in December 2017; a full report will be available. The summary findings of this engagement questionnaire are as follows. A total of 315 people were engaged over a 2-month period from 1st October 2017 – 30th November 2017.

- The HPS Walk in Service provides services primarily to those from working age population (57% were 34 years old or younger), single people (54%), young families (29%), and those who are not registered with a GP /not residents in Kensington & Chelsea and Queen's Park and Paddington (30%).

- There were more women engaged (67%) than men, perhaps due to high proportion of young families.

- There was a reduction in walk in appointments with the new providers implementing organizational changes over the 2-month period.

- 39% of participants were referred to the Service by their GP practice or NHS 111.

- The majority of participants visited the walk-in centre with urgent issues.

- The most popular reasons cited for using this rather than another service, was non-availability of GP appointment, not being registered with GP locally or being a visitor, and convenience.

- Only 22% supported the proposal. Reasons cited were efficiency of new services, better waiting times, GP access and availability of more GPs, and patient record access at the GP Extended Hours hubs.

- The main reasons for not supporting (53%) or being unsure about the relocation (23%) were convenience, i.e. local services and accessibility, satisfaction with and importance of the HPS Walk in Service, difficulties of disadvantaged or fragile people. There was also criticism of other services, i.e. organizational or transport issues at St Charles.

- Many people were familiar with Accident & Emergency and NHS 111, even before the briefing and provision of information from the team. These were also the services that most people used within the last 12 months, followed by Urgent Care Centres.

- Many people said that they would use many alternative services in the future, depending on the circumstances and the situation. The highest proportions of people, having gained an understanding of the alternative services would use the Urgent Care Centres and the Extended Hours GP Hubs or practices.

- Interesting socio-demographic and illness differences were identified between weekend and weekday visitors, these may affect the development and usage of other urgent care services.

6.2.1 Conclusions and suggestions from this engagement work needs to bear in mind that participants were much younger than the general population of the area; there were also more females than males. People from all ethnic groups, sometimes with interpreting being offered by their siblings, relatives and friends, were engaged; however, nobody filled the questionnaire in other than English language. Although, there were very few responses from the engagement outside the HPS Health Centre, people with various conditions and circumstances, including learning difficulties and mental health issues were engaged.

6.2.2 Who will be affected by this work?

- Patients/carers visiting Half Penny Steps Walk in Centre (this includes all those from disadvantage groups)

- Those users who are not registered with a GP locally /not residents in the area.

- GP Practices in the QPP area – who will no longer be able to refer to the Walk in Centre, but instead can support patients to access out of hours services.

- The Extended Hours GP Hubs or practices.

- The Urgent Care Centres in acute providers – will be able to redirect patients, when appropriate, to primary care with the availability of weekend and early and late appointments.

6.2.3 During the past 12 months, very few people used the extended hours hubs and practices (6%) or GP out of hours (8%). However, following the provision of information from the Healthwatch volunteers, more people would use the GP Extended Hours Hub or practices services (23%). Main reasons for supporting the proposal was the availability of GP appointments, improved efficiency of services and access to patient records.

6.2.4 Lack of information about alternative services to the Walk-In Service, affected the responses. Thus respondents were unclear how the Extended Hours GP Hubs or practices will improve health outcomes and patient experience (EQIA Goals/Outcomes). Indeed there were criticisms for St Charles, including provision (e.g. X-ray service) and clarity of the different services (e.g. Extended Hours Hubs vs Urgent Care Centre) that were provided from participants of this engagement.

6.2.5 Further consideration should also be given to the availability of the Extended Hours GP Hub Appointments and referrals from NHS 111, especially taking into account the low number of referrals to the Walk-In Service from NHS 111.

6.2.6 Several suggestions were highlighted for existing urgent care services and the development of new ones. Some of these suggestions are for services in general, other are about GP services and others about Walk in, Extended Hours GP Hubs / Spokes and other new services.

7. Charing Cross Hospital

7.1 Healthwatch CWL conducted outreach survey work to collect people's experiences of using Charing Cross Hospital and their views on its future. In total, 218 surveys were collected over four days: Friday 17th, Tuesday 21st, Wednesday 22nd and Thursday 23rd November 2017. Surveys found that people want more information and involvement in the future of Charing Cross Hospital. The full report is currently being compiled.

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City of Westminster

Adults & Health Policy & Scrutiny Committee

Date:	Wednesday 31 January 2018
Classification:	General Release
Title:	**Tri-Borough to Bi-Borough Programme: ASC & Public Health Update**
Report of:	Bernie Flaherty
Wards Involved:	All
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1. Executive Summary

1.1. This report updates the committee on progress in establishing a Bi-Borough agreement with the Royal Borough of Kensington and Chelsea for the delivery of Adult Social Care and Public Health. These proposals are being put forward as a result of the decision (made by Cabinet on 27 March 2017) to serve notice on London Borough of Hammersmith & Fulham to terminate the Tri-Borough s113 agreements currently in place to deliver these services

1.2. A plan is in place to ensure a smooth transition to minimise any risk to on-going service delivery. The majority of changes will 'go live' by 1 April 2018. Where this is not the case, there are sound business reasons and agreement has been reached with LBHF in respect of timings.

1.3. The new structures have sought to retain the principles that underpinned the original Tri-Borough agreement. These have been agreed with the relevant Cabinet Members and were approved by Cabinet in December 2017.

1.4. The structures were subject to consultation with staff. Considerable effort has been spent mitigating the potential financial impact of the move to a Bi-Borough service, as well as ensuring that current service provision does not suffer as a result of the uncertainty being experienced by staff.

1.5. The Committee last received a detailed update on the new structures and a general update on the Programme's progress on 22 November 2017.

1.6. Since the final structures were shared with staff, officers have been working closely with staff to inform them of the changes and affected staff received a personal letter confirming their individual position in November 2017.

1.7. This paper provides an update on the one-to-one meetings that took place after the consultation outcome was shared with staff, as well as any interviews / assessments (where required) that took place in December with affected staff in ASC and Public Health.

2. Recommendations

2.1. That the Committee notes the progress being made in moving from a Tri-Borough to Bi-Borough structure in Adult Social Care & Public Health

3. Background

3.1 In March 2017, Cabinet endorsed a recommendation to service notice to London Borough of Hammersmith and Fulham (LBHF) to terminate the s113 agreements that have been in place since 2012 to share Children's Services, Adult Social Care & Public Health. LBHF had signalled their intent to withdraw but with no indication of when they would serve notice. In order to reduce the uncertainty for staff and the potential impact this might have on service delivery, Westminster City Council (WCC) and the Royal Borough of Kensington and Chelsea (RBKC) agreed to issue termination notices. Both Councils were keen to ensure that new arrangements were in place by April 2018.

3.2 Since that time, officers have worked to develop alternative structures that maintain the principles of the original Tri-Borough proposition of collaborative working and delivering efficiencies through scale whilst retaining sovereignty. New agreements must be established with RBKC, setting out the new sharing arrangements. A small number of services in both Adult Social Care and Children's Services will continue to be shared with both RBKC and LBHF.

3.3 Significant and sustained cuts in local authority funding have posed unprecedented challenges for local government. In response to this, in 2010, LBHF, RBKC and WCC initiated the Tri-Borough arrangement and agreed to share certain services. The three councils entered into agreements to share staff under s113 of the Local Government Act 1972. This was supported by a comprehensive legal agreement for the sharing arrangements based on a high-trust model.

3.4 The model for collaborative working provided maximum flexibility for the three Councils to maintain sovereignty. The aim was to enable the three Councils to do more with less, sharing resources and management, and reducing costs whilst improving services. Both WCC and RBKC consider these arrangements to have been an outstanding success based on the significant financial savings the three Councils have achieved as well as non-cashable efficiencies and improvements to the quality of services.

3.5 Since entering into sharing arrangements, each council generates an estimated gross average of £14m in annual ongoing savings across the shared services. In addition, working at scale the Tri-Borough services have been able to innovate and transform at scale to improve efficiency and quality of services. It is acknowledged that sharing services has not always worked well, but where

problems have occurred, the shared service concept has generally not been at the root of the problem and there has been significant learning as a result of these experiences.

4 Programme Update

4.1 The following paragraphs provide an update on the programme to implement changes in response to the need to withdraw from the partnership with LBHF. This programme is being led by the Bi-Borough Director of Adult Social Care.

4.1.1. HR Update – ASC & Public Health

The move to a Bi-Borough service represents a significant restructure of resources across ASC, Public Health and Children's Services. However, in practice, the majority of staff (83% in WCC) will be unaffected. Their employing borough will remain the same as will their job description.

Staff in scope of change – next steps:

4.1.2 All staff affected have had an opportunity to have a one to one with their manager (22 Nov - 1 Dec) to discuss how the proposals impact them, along with their next steps. Where requested, HR officers attended this meeting. Interview skills training workshops were arranged to support staff before the interviews took place between 4 – 15 December.

4.1.3 Following completion of competitive assimilation and ring-fenced interview, work is on-going to explore alternative roles that could be suitable within the Directorate for any displaced Members of Staff

4.1.4 Recruitment to vacant senior posts

4.1.5 Recruitment for vacant senior posts within Adult Social Care is on-going. These were advertised before the Christmas period with a closing date in early 2018.

Directorate	Post
Adult Social Care	Director of Integrated Commissioning
	Director of Health Partnerships
	Head of Service Learning Disabilities

4.1.6 All Senior Public Health Positions have been recruited to.

4.2 Integrated Commissioning

4.2.1 Recruitment for the Head of the Integrated Commissioning Service is on-going and should complete in early 2018.

4.3 LBHF Consultation

4.3.1 The LBHF Consultation ran from 8 November – 22 December. Their proposals have been developed based upon their own priorities and requirements for service delivery. However, joint-working has taken place to look at the

continuation of some shared services. LBHF continues to work to the same overall March 2018 completion date for the transition as the Bi-borough and there remains an important dependency between the service and the outcomes of the LBHF consultation, particularly pertaining to the available opportunities for staff across the boroughs.

4.4 **Contracts**

4.4.1 Members will be aware from the detailed outline of the risks and issues surrounding multi-borough contracts included in the previous update that current WCC practice is to let sovereign contracts continue. However, there are a number of legacy contracts that were let by one authority on behalf of all three Councils.

4.4.2 A Tri- to Bi-Borough Contracts Working Group (chaired by the Chief Procurement Officer) has been established to mitigate the risks around contracts governing multi-borough services. The Working Group has completed an analysis of contracts in the Councils Contract Register on capitalEsourcing. All services have reviewed all contract data in capitalEsourcing and made significant updates to the data in order to understand the impact of the move to Bi-Borough. There is now a significant improvement in the quality of data and a focus on understanding the risks and issues.

4.4.3 At the end of 2017, there is only one contract in each Service that needs action so that sovereign contracts are put in place. Subject to Cabinet Member agreement, Officers will move to sovereign contracts in the New Year.

5. Financial and Resources Implications

5.1. In agreeing to serve notice on the s113 agreement with LBHF, WCC agreed to set aside a small budget to resource the restructure of the services.

5.2. At the pre-consultation stage the budget impact of moving from Tri-borough to Bi-borough structures in financial terms for ASC amounted to £464k increase in cost. After consultation, the revised financial impact is £440k, split £299k to Westminster and £141K to RBKC. The financial costs are largely associated with the increased senior management costs that come with the loss of the tri-borough economy of scale and the need to better assure management capacity in adult social care operations.

5.3. Pre-consultation, the budgetary impact for PH was an increase of £110k. After consultation, the revised financial impact is £159k (split £74k to Westminster and £85k to RBKC). The financial costs for PH are largely associated with increased senior management costs that come with the loss of the tri-borough economy of scale and the cost of an additional support role.

6. Legal Update

6.1. The Cooperative Agreement, which will provide the legal framework for the new Bi-Borough services and structures, is being finalised ahead of the launch of the new Bi-Borough Services in April 2018. There is provision for third

parties to join the agreement, including any continued shared services with LBHF. Officers are liaising with LBHF to agree the legal arrangement for these continued shared services.

7. Next Steps

7.1. The substantive HR aspect of the programme has largely been completed, with formal 1-2-1s having taken place in November and any competitive interviews having taken place prior to Christmas.

7.2. In January 2018, the programme will start preparing for completing transition by March 2018.

7.3. A launch event for the new services is being organised and will take place in the new year, as well as a series of workshops to develop further the vision for each service.

7.4. Q4 will also focus on staff moves, logistical management of Tri to Bi-Borough services (including updating Agresso) and recruitment to any remaining vacancies within the new structures.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact Anne Pollock x2757
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City of Westminster

Adults & Health Policy & Scrutiny Committee

Date:	31 January 2018
Classification:	General Release
Title:	**Health & Wellbeing Centres Task Group**
Report of:	Julia Corkey, Director of Policy, Partnerships & Communications
Cabinet Member Portfolio	Cabinet Member for Adult Social Services & Public Health
Wards Involved:	All
Policy Context:	All
Report Author and Contact Details:	**Artemis Kassi - Policy and Scrutiny Officer x3451** **akassi@westminster.gov.uk**

1. Executive Summary

1.1 This report presents the draft report by the Health and Wellbeing Centres Task Group.

2. Key Matters for the Committee's Consideration

2.1 The Committee is asked to:

- Review, approve and comment on the draft report; and
- Note the recommendations.

3. Background

3.1 This draft report represents the work by the Committee's Health and Wellbeing Centres Task Group.

3.2 The draft report is currently still undergoing internal review and will follow as soon as this has been completed.

3.3 The draft report will be finalised subsequent to the Committee's review and comments at the meeting on 31 January 2018. The draft report makes a number of recommendations concerning adolescent health, collaborative working and the health and wellbeing centre being planned as part of the Church Street Regeneration.

3.4 The ambition for the report is that it will assist in the continuing development and shaping of integrated health care in Westminster and will be the beginning of this process, starting round table discussions and further ongoing conversations.

If you have any queries about this Report or wish to inspect any of the Background Papers, please contact Artemis Kassi x3451

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APPENDICES:

Appendix 1- Draft Health and Wellbeing Centres Task Group Report.

HEALTH AND WELLBEING CENTRES TASK GROUP REPORT - DRAFT

Chair's Foreword

Executive Summary

INTRODUCTION

Challenging times can provide opportunity to re-assess and re-invigorate how we think about health. The NHS is undergoing dramatic change at national and local levels, with increasing focus on integrated care. Such an integrated approach to health care offers a local community as well as the service providers a number of opportunities. Westminster City Council embraces these challenges and opportunities in health care provision for its residents. Health and Wellbeing Centres (HWBCs) can offer a range of NHS services with a commitment to delivering care that goes beyond simply treating medical conditions, but also addresses physical, mental and social wellbeing in a way that does not compromise universal access to a broad range of services. The **current challenge** is to be specific about what integrated services, such as HWBCs, look like in different settings and how integration can contribute to the intended aim of people in a local community maintaining their health or getting the care they need. It is also a challenge to make the business case to secure funds and establish the necessary coalition between a local community and funding partners for a health and wellbeing centre to prosper.

Integration in the health care context is not entirely an original, modern concept nor is the understanding of a wider definition of health beyond the clinical. In ancient philosophy, Thales of Miletus (Νοῦς ὑγιὴς ἐν σώματι ὑγιεῖ) and Juvenal (mens sana in corpore sano)[1] advocated the benefits of a healthy mind in a healthy body, the link between mind and body inextricable. In the 20th century, the World Health Organization (WHO) defined health in its broader sense in its 1948 constitution to be "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

In the UK, since the publication of "A Joint Framework for Social Policies" (Central Policy Review Staff) in 1975, governments have consistently encouraged inter-disciplinary and inter-agency collaboration to meet the needs of individuals and communities more effectively and efficiently. More recently, this drive towards integration has also seen the creation of Health and Wellbeing Boards following the Health and Social Care Act 2012. There have even been precursor bodies to these boards whose aims were similarly "integrated localism" (e.g. Local Strategic Partnerships, and partnership boards for Local Area Agreements, Total Place and Community Budgets). National policy is for there to be more integration between the NHS and local government.

Here within Westminster City Council itself, there has increasingly been a trend towards using an integrated approach as a way of tackling issues faced by residents and across council departments. As will be seen in this Report, these hubs can be physical or virtual centres. Health and Wellbeing Centres, and what goes into those centres in the Westminster context, are the logical progression of such integration.

Recently, society has looked to the health sector and often local government to deal with its concerns about health and illness. Here in Westminster, it was recognised that, not least due to financial constraints, new approaches were needed. The Adults, Health and Public Protection Policy and Scrutiny Committee (the Committee) established a task group to examine health and wellbeing

[1] Thales of Miletus (624 – c. 546 BC) and Juvenal (active 1st and 2nd centuries AD). Both phrases translate as "a healthy mind in a healthy body".

centres, and gather examples of best practice in order to inform future commissioning intentions in Westminster. As the Task Group began its research, the All-Party Parliamentary Group on Arts, Health and Wellbeing published its Inquiry Report, "*Creative Health: The Arts for Health and Wellbeing*" (Creative Health), the culmination of two years of work (19 July 2017).[2] Creative Health emphasised, amongst other things, the rôle which the arts can play in keeping us well, aiding our recovery and supporting longer lives better lived. The Inquiry comprehensively explored the evidence demonstrating that the arts can help local government to meet major challenges facing health and social care: ageing, long-term conditions, loneliness and mental health, whilst saving money in the health service and social care. As the Task Group proceeded on its fact-finding mission, it became clear that Health and Wellbeing Centres offer the potential to improve the management of ill health, the more traditional focus of clinical medicine, as well as to harness sport, culture and the arts in the promotion and maintenance of good health, building resilient Westminster communities.

Whilst reviewing health and wellbeing, the Task Group found that adolescent and youth health in Westminster and nationally is a lacuna in health provision. Adolescent health presents challenges, as adolescence is a very formative phase of life, with complex interweaving web of influences, including family, education, social networks, personal beliefs, increased responsibility and confidence, and more rights, such as driving and access to alcohol. Adult health can be determined by health in adolescence, including mental health. The Task Group therefore recommends that the council and its partners in Westminster should actively seek opportunities to increase the health and wellbeing provision for adolescents in the City. This has the potential to improve current levels of adolescent health and the future health of those young people in adulthood. The Task Group visited Church Street and recognised that the Church Street Regeneration and Master Plan presents a unique opportunity to improve health for this and future generations of Westminster residents by addressing the lack of integrated adolescent health care.

Methodology

The Adults, Health and Public Protection Policy and Scrutiny Committee decided to investigate models of best practice for Health and Wellbeing Centres, creating the Health and Wellbeing Centres Task Group in March 2017. The Task Group began its scoping in July 2017; conducted preliminary research in August; and held meetings between September 2017 and January 2018.

The Task Group held its meetings in a variety of locations. The first meeting was held in the Church Street Library and was followed by a visit to 99 Church Street, to see the Church Street plans, including those for the Health and Wellbeing Centre. The Task Group also visited the Bromley by Bow Centre and the St Charles Centre for Health and Wellbeing. The Task Group heard evidence directly from the Well Centre, including John Poyton, Drs Stephanie Lamb and Katherine Malbon.[3]

WHAT IS HEALTH AND WELLBEING, AND WHY IS IT IMPORTANT?

What does it mean to be healthy and enjoy wellbeing? As mentioned in the introduction, health and wellbeing are interconnected and sickness, according to the "well worn"[4] World Health Organization definition, is more than simply an absence of health. As the All-Party Parliamentary Group on Arts, Health and Wellbeing noted, this definition from 1948 "embraces a positive and holistic understanding of what it means to be healthy in body, mind and community" whilst also noting that modern medicine

[2] The All-Party Parliamentary Group on Arts, Health and Wellbeing. (2017). *Creative Health: The Arts for Health and Wellbeing*. [ONLINE] Available at: http://www.artshealthandwellbeing.org.uk/appg-inquiry/. [Accessed 19 July 2017].
[3] Dr Asif Rahman, Lead Consultant in Adult and Paediatric Emergency Medicine at St Mary's Hospital, Imperial NHS Trust, had been scheduled to present to the Task Group.
[4] John Appleby, BMJ 2016; 354:i3951.

focuses more on illness and infirmity.[5] Historically, healthcare in the UK has concentrated on managing the acute occurrences of compromised health. Only more recently has there been a recognition of the large proportion of people suffering from long-term conditions. This was a theme which ran through various strands of the work of the Task Group. A change of focus towards health, healing and recovery, where it is recognised that health and well-being are essential for economic and social development and of vital concern to the lives of every person, family and community, means a focus on assets, rather than deficits. Health and wellbeing are individual and collective assets.[6] In its Health 2020 strategy, the WHO has expanded the earlier definition:

> "Good health for communities is a resource and capacity that can contribute to achieving strong, dynamic and creative societies... Health and wellbeing include physical, cognitive, emotional and social dimensions. They are influenced by a range of biomedical, psychological, social, economic and environmental factors that interconnect across people in differing ways and at different times across the life-course." [7]

This change in focus necessitates engagement with the promotion and maintenance of health. As our understanding and definition of health and health policy expand to encompass long-term health conditions and prevention as well as acute illness and cure, this presents challenges to health care providers. Whilst funding remains the pre-eminent challenge to the health and social care systems, those systems increasingly have to deal with non-acute, non-communicable diseases due to ageing populations living with cardio-vascular disease, cancer, dementia, diabetes, obesity and respiratory diseases. Where two or more medical conditions exist simultaneously, as is the case for most people over the age of 65, the costs of treatment increase approximately six-fold.[8] Many individuals with chronic physical conditions also have long term mental health conditions.[9]

Shirley Cramer recently stated that public health and prevention are the key to the survival of the NHS. Investment in population health and disease prevention is highly cost-effective:

"…by reducing future demand on NHS services, preventive measures have the potential to save the NHS billions of pounds. The ban on smoking in public places is just one example, having been estimated to save the NHS more than £380m a year. Indeed, £1 of investment in public health interventions is found to have a £14 return in savings to the public purse. In the 21st century, most of the big killers, such as lung cancer and heart disease, are preventable. Diabetes alone costs the NHS £10bn a year – money that could be saved by investing in tackling obesity now."[10]

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[5] APPGAHW, Creative Health, at page 16. http://www.artshealthandwellbeing.org.uk/appg-inquiry/

[6] Work by the Centre for Economic Research (London School of Economics and Political Science), using large surveys from four major advanced countries, argues that central to the definition of wellbeing is life satisfaction: "Overall how satisfied are you with your life, these days?" and allowing people, rather than policymakers, to evaluate their own wellbeing. Clark et al (forthcoming 2018). Origins of happiness: Evidence and policy implications. Princeton University Press. Thanks to Harriet Ogborn, Assistant to Professor Lord Layard, Wellbeing Programme at the Centre for Economic Performance, London School of Economics and Political Science for kindly providing a draft copy for research purposes.

[7] World Health Organisation Regional Office for Europe (2013). *Health 2020: A European Policy Framework and Strategy for the 21st Century*. Copenhagen: World Health Organisation regional Office for Europe, at page 39. This is also the direction of The Health Foundation's healthy lives strategy. The Health Foundation (2017). *Healthy Lives for People in the UK*. [ONLINE] Available at: http://www.health.org.uk/publication/healthy-lives-people-uk [Accessed: 8 September 2017].

[8] APPGAHW, Creative Health, at page 16. Also, Rupert A. Payne, Gary A. Abel, Bruce Guthrie and Stewart W. Mercer CMAJ March 19, 2013 185 (5) E221-E228 and Kasteridis et.al., 2014, The importance of multi-morbidity in explaining utilisation and costs across health and social care settings: evidence from South Somerset's Symphony Project.

[9] NHS England's The Long Term Conditions Year of Care Commissioning Programme Implementation Handbook (2017) at page 31.

[10] Shirley Cramer, chief executive of the Royal Society for Public Health in *The Guardian*, How to save the NHS: experts offer their big ideas. 5 January 2018.

Health is a barometer of more than the individual's state. As Professor Sir Michael Marmot found in both his international and subsequent national reviews, health is an indicator of society, a nation's economic conditions, the resilience of a community, and interwoven through the individual's experiences of childhood, adulthood and later life.

Wellbeing is central to resilience and is one of the reasons why wellbeing has been at the core of health campaigns within Westminster, in particular as part of "The Roads to Wellbeing" Campaign which uses the Five Ways to Wellbeing. [11] The Public Health Vision for Westminster (2016-2020) is for all people in Westminster to be able to be well, stay well and live well supported by the health care system and this vision is supported by City for All.[12]

HEALTH INEQUALITIES

Underpinning the work of the Task Group was the endeavour to contribute to improved outcomes for the health and wellbeing of Westminster's residents and reduce health inequalities experienced by some residents. This was influenced and informed by the research of the United Nations, primarily the WHO Commission on Social Determinants of Health (2005-2008), the national work led by Professor Sir Michael Marmot ('Fair Society, Healthy Lives'; 2010), and the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPGAHW) (Creative Health; 2017). The Task Group was also interested in examining the local authority context and reflecting the current Westminster approach to integrated care whilst investigating opportunities for new approaches.

The World Health Organization Commission on Social Determinants of Health

Research into health inequalities was undertaken comprehensively at the international level in March 2005 when the World Health Organization (WHO) established its Commission on Social Determinants of Health (CSDH) to support countries and global health partners in addressing the social factors which contribute to ill health and health inequities. This was in response to the growing concern about equity issues and their implications for overall development, exploring social aspects to and human rights arguments for health investment. The Commission, led by Professor Sir Michael Marmot,[13] examined dramatic differences in health that are closely linked with degrees of social disadvantage within and between countries. In conducting this examination, the Commission aimed to draw the attention of governments and society to the social determinants of health and how creating better social conditions for health, particularly amongst the most vulnerable people, would lead to improved outcomes. The CSDH delivered its report to the WHO in July 2008 and subsequently ended its functions.[14]

As the Commission found, these inequities in health, avoidable health inequalities, arise because of the circumstances in which people grow, live, work, and age, and the systems which have been put in

[11] The Five Ways to Wellbeing originated from work by the New Economics Foundation on behalf of Foresight in October 2008. This work sets out the five actions to improve personal wellbeing, including mindfulness and volunteering. https://issuu.com/neweconomicsfoundation/docs/five_ways_to_well-being?viewMode=presentation

[12] https://www.westminster.gov.uk/public-health-vision-and-policies#annual-report-and-policies. See also City for All: file:///Q:/city_for_all_2017_18%20(5).pdf.

[13] For more information about Professor Sir Michael Marmot, please see: http://www.instituteofhealthequity.org/about-us/about-professor-sir-michael-marmot. Professor Sir Michael Marmot speaks more about the work of the CSDH in Michael Marmot, Harveian Oration: Health in an unequal world. Lancet 2006; 368: 2081–94.

[14] CSDH (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization. [ONLINE] World Health Organization. Available at: http://www.who.int/social_determinants/final_report/csdh_finalreport_2008.pdf [Accessed 10 July 2017]

place to deal with illness. The conditions in which people live and die are and can be shaped by political, social, and economic forces. In particular, the Commission stated that:

> "In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health."[15]

Professor Sir Michael Marmot and the Marmot Review

Professor Sir Michael Marmot's international work on the social determinants of health resulted in the British government asking him to conduct the Strategic Review of Health Inequalities in England post-2010. The outcome of this review was the report, "Fair Society, Healthy Lives", known as the Marmot Review.[16] Although Marmot was correct when he stated that "inequalities in health are not a new concern",[17] his work has put the terms, "health inequalities" and the "social gradient" at the forefront of current health policy. These inequalities had been under scrutiny in the UK in a variety of forms during the 19th and 20th centuries, predominantly through the work of philanthropic Victorians, some of whom had Westminster connections. As mentioned above, Marmot had chaired the WHO's Commission on Social Determinants of Health, which highlighted huge differences in health linked to social disadvantage at the international level. At a local level, these differences can be seen within and between wards.[18]

The Marmot Review contained six policy objectives, accompanied by a raft of recommendations and a delivery framework. The six recommendations were to:

- Give every child the best start in life;
- Enable all children, young people and adults to maximise their capabilities and have control over their lives;
- Create fair employment and good work for all;
- Ensure a healthy standard of living for all;
- Create and develop healthy and sustainable places and communities; and
- Strengthen the role and impact of ill health prevention.

All-Party Parliamentary Group on Arts, Health and Wellbeing

The All-Party Parliamentary Group on Arts, Health and Wellbeing was formed in 2014 to improve awareness of the benefits which the arts can bring to health and wellbeing. During 2015–17, the APPGAHW conducted an Inquiry into practice and research in the arts in health and social care, with a view to making recommendations to improve policy and practice. The Inquiry Report, *Creative Health*, containing these recommendations was published on 19 July 2017. The key messages of this APPG to government and its agencies, the professions and the public are that the arts can help to:

- keep us well, aid our recovery from illness and support longer lives better lived;

[15] CSDH, at page 8.
[16] Michael Marmot et al. (2010). Fair Society, Healthy Lives (The Marmot Review). UCL Institute of Health Equity. [ONLINE] Available at: http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review [Accessed 10 July 2017].
[17] The Marmot Review, at page 3.
[18] In the 1990s, work on health inequalities gathered pace. B. Jacobson and J. Fitzpatrick observed in their work for the London Health Observatory that London boroughs a few miles apart geographically had discrepancies in life expectancy spans of several years, stating that, "…there are six tube stops between Westminster and Canning Town on the Jubilee Line – as one travels east, each [stop] can be seen as marking a year of shortened lifespan". *Mapping Health Inequalities Across London*. (October 2001).

- meet major challenges facing health and social care, such as ageing, long-term conditions, loneliness and mental health; and

- save money in the health service and social care.

The APPG Inquiry held a number of round tables, involving some 300 participants, to examine the role of the arts and culture in health and wellbeing. Within the context of the Creative Health Report, 'arts' means the visual and performing arts, including crafts, dance, film, literature, music and singing, as well as the culinary arts and gardening. The locations for participation in and engagement with the arts are varied: concert halls, galleries, heritage sites, libraries, museums and theatres as well as health and social care environments, and community settings.

Themes which the APPG explored included: music and health; museums and health; the arts and post-traumatic stress; the arts and the criminal justice system; the arts and healthcare environments; the arts and public health; place, environment and community; young people, mental health and the arts; the arts and dementia; the arts and palliative care, dying and bereavement; the arts and commissioning; the arts, health and devolution; arts on prescription; and funding for arts, health and wellbeing. The Inquiry findings may be useful to inform the strategy behind the Health and Wellbeing Centre proposed as part of the Church Street Regeneration, and potentially any other future commissioning decisions.

Councils are the biggest public-sector investors in culture, spending over £1 billion per year and are therefore in pole position to be able to forge the partnerships necessary to realise the health and wellbeing benefits of the arts and culture. Two councils are already pioneers in this approach: Kent County Council (with health-orientated cultural commissioning) and the Greater Manchester Combined Authority (through integration of the arts into its population health plan).

According to evidence examined in the Creative Health Report, incorporating the arts into health could produce savings in a time of austerity with the additional benefit of increasing population wellbeing and good health. One figure cited in the Report is that an estimated one in five GP visits is made for non-medical reasons, such as loneliness.[19] Cultural engagement reduces work-related stress and leads to longer, happier lives. Within the NHS, some 10 million working days are lost to sick leave every year, costing £2.4 billion annually.[20] Arts therapies, which have been found to alleviate anxiety, depression and stress, can be used to address such issues, and also increase resilience and wellbeing. Taking an integrated, holistic approach to health and wellbeing would see more social prescribing, which aims to address the broader causes of ill health by seeking solutions to psychosocial problems in the community beyond the clinical environment. It also helps in the management of long-term health conditions.

Part of social prescribing, 'arts on prescription' involves people experiencing psychological or physical distress being referred (or referring themselves) to engage with the arts in the community (including galleries, museums and libraries). One arts-on-prescription project discussed in the Report has shown a 37% drop in GP consultation rates and a 27% reduction in hospital admissions.[21] This represents a saving of £216 per patient. A social return on investment in arts on prescription of between £4 and £11 has been calculated for every £1 invested. Arts on prescription, such as music therapy, have also been shown to reduce agitation and the need for medication in people with dementia.

[19] APPGAHW: Creative Health, at page 72. Expressed differently, this equates to equates to the cost of 3,750 GPs' salaries; ibid.
[20] APPGAHW: Creative Health, at page 115.
[21] APPGAHW: Creative Health, at page 8.

The APPG Inquiry makes ten recommendations in the Creative Health Report, on the basis of having demonstrated that the arts can make an invaluable contribution to a healthy and health-creating society as well as offering a "potential resource that should be embraced in health and social care systems which are under great pressure and in need of fresh thinking and cost-effective methods." The Report further encourages policy to work towards creative activity being part of all our lives. Of the ten, the following recommendations have specific applicability to or impact upon the local government context. The APPG Inquiry recommends that:

1) leaders from within the arts, health and social care sectors, together with service users and academics, establish a strategic centre, at national level, to support the advance of good practice, promote collaboration, coordinate and disseminate research and inform policy and delivery. This recommendation includes an appeal to philanthropic funders as well as the Arts Council England (ACE), NHS England, the Local Government Association, Public Health England and other representative bodies;

2) the Secretaries of State for Culture, Media and Sport, Health, Education and Communities and Local Government develop and lead a cross-governmental strategy to support the delivery of health and wellbeing through the arts and culture;

3) at board or strategic level, in NHS England, Public Health England and each clinical commissioning group, NHS trust, local authority and health and wellbeing board, an individual is designated to take responsibility for the pursuit of institutional policy for arts, health and wellbeing;

4) those responsible for NHS New Models of Care and Sustainability and Transformation Partnerships ensure that arts and cultural organisations are involved in the delivery of health and wellbeing at regional and local level;

5) NHS England and the Social Prescribing Network support clinical commissioning groups, NHS provider trusts and local authorities to incorporate arts on prescription into their commissioning plans and to redesign care pathways where appropriate; and

6) Healthwatch, the Patients Association and other representative organisations, along with arts and cultural providers, work with patients and service users to advocate the health and wellbeing benefits of arts engagement to health and social care professionals and the wider public.

The Local Authority Context

The local authority context, particularly where health provision is concerned, has changed considerably in the last few years. Whilst this Report is examining models of best practice, including which components to consider for inclusion in health and wellbeing centres, the reality is dictated by budget and available estate. As mentioned above, within Westminster, a new health and wellbeing centre is planned as part of the regeneration of the Church Street area. But, in the current economic climate, the likelihood of the council having both the opportunity and resources to build new health and wellbeing centres is small.

MODELS OF BEST PRACTICE

The objective of this Task Group was to identify models of best practice. The ambition is that this will inform future commissioning intentions within Westminster. This involved scoping work, research and

fact-finding visits. Due to the constraints of time, the Task Group visited a selection of the models, namely the Bromley by Bow Centre, the Well Centre and the St Charles Centre.[22]

Pioneer Health Centre, Peckham

Also known as "The Peckham Experiment" which ran between 1926 and 1950, the Pioneer Health Centre is considered the historic model for the overlap between preventative social medicine and wellbeing. It was founded in a house in Queen's Road, Peckham in 1926 by two doctors, George Scott Williamson, a pathologist, and Innes Hope Pearse, a general practitioner, in an area of south east London, chosen because the population there was considered to roughly represent a cross-section of the total national population but "with as widely differing a cultural admixture as it is possible to find in any circumscribed metropolitan area".[23] Doctors Scott Williamson and Pearse aimed to study health as a medical condition in a manner comparable to studies of the natural history of disease. The first phase of the Peckham Experiment closed in 1929. The findings were disseminated, and funding was sought to build a larger, purpose-designed centre, which then opened in 1935.

The new building, designed by Sir Owen Williams[24], moved away from the traditional lines dominating medical buildings. Williams created a large open space using the latest structural techniques allowing the Centre's doctors to observe the members. At the middle of the Centre, a large swimming pool was covered by a glazed roof, which, along with large areas of windows, allowed natural light into the building. These windows could be fully opened to circulate fresh air into the building. The cork floors allowed people to move about barefoot.

Doctors Scott Williamson and Pearse recruited 950 local Peckham families to be part of "The Peckham Experiment". Paying one shilling (equivalent to five pence today) a week, members had access to a range of facilities and activities, including fresh farm produce brought from Kent, physical exercise, swimming, games and workshops. Members underwent a medical examination once a year, and they were monitored throughout the year as they participated in the Centre's events. Central to Scott Williamson's philosophy was the belief that left to themselves people would spontaneously begin to organise in a creative way, and this did happen, with the members initiating a wide range of sporting, social and cultural activities, using the facilities offered by the Centre.

The Centre (and Experiment) went into abeyance during the Second World War, but was restored to a condition fit for re-opening by the members themselves. In 1950, despite some high profile support[25], it finally closed, since its innovative approach did not fit well with the new National Health Service, and it proved impossible to obtain adequate funding from other sources to keep it going as an independent concern.

The Bromley by Bow Centre, Tower Hamlets

In 1984, the Bromley by Bow Centre (BBBC) came about because Andrew and Susan Mawson arrived at the Bromley by Bow United Reform Church in Tower Hamlets. Andrew (now Lord Mawson) came as the Minister of the Church at a point when it had only a handful of members and an expectation that it would soon close or merge with another congregation. He found a group of elderly members

[22] The Scrutiny Officer visited the Well Centre, with the Task Group receiving presentations at 5 Strand from Redthread and the Well Centre.
[23] Martin Rathfelder, "Peckham and Architecture: a drama of building and people". The Bulletin of the Pioneer Health Centre. 3 (5). September 1949 https://www.sochealth.co.uk/1949/09/21/peckham/
[24] Sir Owen Williams (1890-1969) was an engineer who was also the architect of the Gravelly Hill Interchange (known popularly as Spaghetti Junction) as well as a number of key modernist buildings, including the Express Building in Manchester and Boots D10 Building in Nottingham.
[25] Edwina Mountbatten was a governor of the Peckham Pioneer Centre in 1949.

with a sense that it was time for the Church to be generous with its assets and open the buildings up for the community to use. His key driver was the assumption that people were the future and that waiting for the State to provide the much-needed services in a poor community would be futile. This dynamic approach led to a number of new initiatives, leading very quickly to the establishment of a children's nursery, a dance school, a community café, and a series of art studios and workshops.

Following from these initiatives, the BBBC expanded, with the opening of the Healthy Living Centre (HLC) in 1997. The challenges of persuading the NHS to allow the Bromley by Bow Centre as a small, independent charity to build an innovative health centre with an holistic approach and owned by the patients, quickly developed into a creative partnership with enlightened and ambitious leaders of health in east London, including local clergy and doctors. As time has gone on, the work of two other individuals has informed the work of the Bromley by Bow Centre: Charles Booth and Michael Marmot. The influential work of Michael Marmot has been discussed above. Charles Booth was a Victorian businessman with international interests in the leather industry and a steam shipping line, and who was profoundly concerned by contemporary social problems. He recognised the limitations of philanthropy and charity in addressing poverty and deprivation then prevalent in British society. In the absence of a comprehensive commission to investigate poverty in Victorian London and unsatisfied with the information from the census, Charles Booth devised, organised, and funded one of the most comprehensive and scientific social surveys of London life to have been undertaken at that time, the Inquiry into Life and Labour in London, running from 1886 to 1903. One of the most striking products of his work were the poverty maps of London, coloured street by street to indicate relative levels of poverty and wealth.[26] Areas in Tower Hamlets which were deprived in Booth's time are still deprived today.

The mission of the Bromley by Bow Centre is to enable people to be well and live life to the full in a vibrant community. This is achieved through focus at the BBBC on supporting vulnerable young people, adults and families, who can be hard to reach through conventional statutory service support. The approach is therefore based on three key principles of accessibility, integrated services and long journeys. 'Accessibility' means making it easy for people to access support by bringing services together, and delivering a friendly and sensitive service in high quality buildings. 'Integrated Services' means offering a broad, holistic range of services so people can find help for immediate problems as well as longer term, deep-seated issues. 'Long Journeys' means providing resources which encourage people to build up the skills and confidence needed to progress in life and build a positive future for their families. Currently, each month, the BBBC supports over 2,000 people to improve their health and wellbeing, learn new skills, find employment and develop the confidence to achieve their goals. The services available stretch from healthcare for local residents to entrepreneurial opportunities to set up a business; from support with tackling credit card debts to becoming a stained glass artist; from learning to read and write to getting a job for the first time or a helping hand up the career ladder.

Tower Hamlets has a population with high levels of deprivation and historically poor outcomes, a simple commissioning footprint for care outside the hospital but a complicated acute landscape with a huge provider facing very large financial pressure and multiple CCGs that need to be involved to address it. Westminster faces some of the same challenges. Primary care in Tower Hamlets had, for many years, struggled to meet local population needs. Its integrated care programme focused on integration, driven by primary care transformation.

[26] The maps can be accessed via the Booth archive at the LSE Library: https://booth.lse.ac.uk/learn-more/what-were-the-poverty-maps.

In the tradition of The Peckham Experiment, the charity is focused on transforming the lives of local residents and the community as a whole. Whilst it is primarily based in Tower Hamlets, the BBBC operates using some twenty venues across East London. The current model delivers a programme of services broadly grouped under six headings centred around the needs of the local community:

1) Community Connections – this responds to the needs of people who are on a longer, or less specified journey with the BBBC, or who are perhaps engaging with services for the first time. The programme integrates people into the BBBC and its associated services. It is designed to increase knowledge and confidence as well as creating involvement in networking and volunteering programmes that assist with community cohesion and integration. Projects include: language classes, digital inclusion, the arts, family learning, time bank and horticultural therapy.
2) My Life – this is the BBBC's health and wellbeing programme. The numerous projects of this programme have strong links across other service areas and with primary care partners. There is a broad range of clients with a range of abilities and needs. There are a significant number of services for people who are defined as vulnerable and this includes those with physical, mental, sensory, learning and complex disabilities and health conditions. Projects have a broad range of focus and include social prescribing, social care day-care provision, elders work, weight management, health advocacy and paralympic sport.
3) Advice Centre – this provides a broad range of services which meet the practical and financial needs of people living in the community in amenable, aesthetic surroundings. This encompasses the familiar and ever-present demand for welfare benefits support through to increasing pressure for help with debt and the associated issues. Indeed, debt advice and associated issues have become one of the most frequent issue for which local people seek help. Consequently, this has increased the amount of work which the BBBC does concerning household budget management. The issues on which the Advice Centre focuses include welfare benefits, debt, immigration, housing, rent arrears, utility bills and associated issues, and energy efficiency.
4) Local People, Local Jobs – this is a responsive employment service which offers a range of intervention and support programmes. The projects support local people to overcome barriers to work, find jobs and access training. The accredited advisor team deliver careers information, advice and guidance using a range of venues both within the BBBC and across Tower Hamlets. The strongest focus is on young people, through the flagship 'Capital Talent' programme which has gained a growing reputation for its innovative and dynamic approach and excellent results.[27] The employment service is a regular referral point for other services across the Bromley by Bow Centre. Projects include: careers service, youth employability, job brokerage, employer engagement, women into work and enterprise.
5) Capital Skills – this programme is focused on building capacity and skills within the local community through providing excellent accredited vocational training and apprenticeship opportunities. This includes apprenticeships across a range of disciplines, such as health and social care, business administration, and customer service. The service has a strong focus on being flexible and meeting the needs of local employers of all shapes and sizes, including the significant growth in the retail, leisure and hospitality industries in East London.
6) Beyond Business – this is an award-winning programme that launches and nurtures new social enterprises across Tower Hamlets, Newham and Hackney. It provides practical support and

[27] https://www.facebook.com/Capital.Talent.bbbc/

advice to ensure their success in the crucial early years of trading and, critically, start-up capital.

The model has been likened to the "John Lewis of healthcare", with patients as members, and includes a café, vibrant flower, vegetable and roof gardens, art classes, social prescribing and social enterprise, as discussed. Registration with the GPs at the Bromley by Bow Centre is a portal to the local community and access to support within that community.

The Well Centre, Streatham

The Well Centre (TWC)[28] is a partnership project, founded in 2011 by John Poyton of Redthread,[29] a Westminster-based charity, and Dr Stephanie Lamb of the Herne Hill Practice Group.[30] The idea was for a "one stop shop", holistic approach towards adolescent health which also provides education for its patients in health literacy: how to manage their health and use health services. This one point of access to health services also reduces the numbers of missed appointments, manages health conditions and cuts the number of unplanned hospital admissions.

Young people do not de-register from their home GP practice; instead TWC complements existing health service provision in a way which is easier for this age group to use. Patients have access to GPs, a Child and Adolescent Mental Health Services (CAMHS) nurse and youth workers. The CAMHS nurse can take referrals from the rest of the Well Centre team or external agencies, whilst also liaising with schools and CAMHS. The nurse will also engage the young person in mental health based group activities. The youth worker facilitates engagement, whilst providing advocacy, counselling, advice and mentoring. This role also includes links to training and employment opportunities. Redthread youth workers, who also work at the Well Centre, are embedded in the Accident and Emergency departments of St George's and King's College Hospitals as well as at St Mary's Hospital in Westminster. TWC also has wider reach, through its pop-up clinics held at the Lambeth Youth Offending Service and involvement in youth activities, such as Girls in Gangs, Hands Up For Health and Voice Collective. In addition, the Well Centre was involved in a transition pilot in partnership with the Diabetes Team at King's College Hospital and St Thomas's Hospital. Redthread is recruiting a youth worker to work with the King's Adolescent Outreach Service (KAOS) at King's College Hospital, working to support young people on adult wards across the hospital.

It is a partnership working between the statutory and voluntary sectors, including primary care, youth health charity and CAMHS. The model was developed through co-production with young people. An active Young Persons' Panel had input into service design, the decoration and use of the space, registration design and proto-typing of the journey through the service provided by TWC. The Well Centre model also includes a further educational aspect, this time aimed not at its patients but at practitioners of adolescent health: there are educational placements for youth workers, nurses and GPs at the Well Centre.

Young people come to TWC for a number of reasons but confidentiality is one of them. The site in Wellfield Road, Streatham was chosen as being somewhere easy to reach via public transport without being too visible. Although patients can and primarily do self-refer, 31% of referrals are from GPs. The staff at TWC deal with young people from all over Lambeth, Southwark and Croydon. The Well Centre is currently thinking about expansion and a lesson learned would be choosing a bigger building, due to demand.

[28] http://www.thewellcentre.org/. For more about the Well Centre, please see BBC Children in Need
[29] http://www.redthread.org.uk/. For more about Redthread, please see BBC News – The teachable moment.
[30] http://hernehillgp.nhs.uk/practice-information/about/

The model is that a young person arriving at the Well Centre will be greeted by a youth worker at reception, which does not resemble a conventional GP practice reception. A first-time visitor will have a chat with a youth worker typically lasting at least 20 minutes, so that the youth worker can explain what TWC does as well as get to know the young person. On a first visit, the young person would also see a GP for an adolescent health screening/needs assessment devised by Dr Lamb. This leads to the development of an action plan. The approach is of a case-finding type, which aims to identify physical and mental issues. TWC also uses the Child Outcome Rating Scale (CORS) and the Cantril self-anchoring scale, two recognised methods for measuring well-being. There is (in some respects) no end point to the service. Young people are asked to fill in a review form afterwards so that TWC can see that needs are being met.

Although the Well Centre is aimed at 13-20 year olds, TWC will see 11 and 12 year olds on a case-by-case basis, for example where early intervention is required but they may not meet the threshold for CAMHS. The Well Centre practice has an embedded psychiatric nurse who is on secondment from South London and Maudsley NHS CAMHS. Tier 3 and 4 needs are referred to CAMHS. In terms of lessons learned, the presence of a CAMHS nurse within the practice makes referrals into CAMHS smoother, which has been a useful level of integration.

Youth workers from the Well Centre also go out to schools to deliver Personal, Social, Health and Economic (PSHE) lessons. This means that a familiar face can introduce the young person to the service offered at TWC. The youth workers in the schools can then also offer a drop-in service at the school during the lunch break. The schools with which TWC works have tended to be dictated by historic selection that came about due to Redthread being a church-based organisation. Now when looking at new schools with which to work, TWC tends to look at under-represented groups. TWC is keen to do more work with state primary schools. The Well Centre also works with a number of private schools (e.g. Dulwich, Alleyns, James Allen's Girls). TWC tries to link into Lambeth's PSHE programme and to fill any gaps. As mentioned earlier, Redthread youth workers, who work at the Well Centre, are also embedded in three hospital A&E departments. Young people are referred to them by clinicians in A&E but also through the youth worker's own observations (e.g. a young person sitting alone). There is a flier which they can give to the young person at A&E: one side has Redthread information, the other side provides information about the Well Centre.

In the beginning, the model of TWC was all drop-in. Now, as demand has grown, there are both timed appointments and drop-in sessions. Last year 530 young people attended, of whom 357 were new patients. Two-thirds of young people attending TWC are female, one-third are male. There can sometimes be a wait in the waiting room but, usually during the waiting time to see e.g. a GP, the young person will see a youth worker.

The Well Centre receives 90% of its funding from Lambeth CCG. For its counselling component, TWC receives 90% of its funding from BBC Children in Need. In 2014, an initial Cost Benefit Analysis (CBA) was carried out. This identified that for every £450 spent per patient, this saved £713 in avoided A&E visits and other interventions. This CBA did not consider savings to other services, such as the Probation Service, for example.

As TWC offers a multi-agency, holistic approach, it is hard to unpick what precisely makes the difference to a young person's journey. TWC is constrained by funding on their opening hours and other work: they would like to be open more hours, do more outreach and offer more drop-in sessions (currently Mondays, Wednesdays and Thursdays from 3.30 – 7.00 pm).

There are four main youth workers. The main issues seen at TWC currently are anxiety, depression, stress and anger management. Other issues include smoking, safer sex and substance misuse. Trends of issues can be cyclical for various reasons (for a while there was a prevalence of Sexual Health issues). This can fluctuate and can also depend upon the time of year e.g. around the summer, exam period. Another TWC project for long term conditions concerns transition patients in hospital in the Liver Transplant Service. Also Redthread youth workers and the Well Centre are working to support age appropriate care, such as through the KAOS across the hospital trusts, particularly supporting adolescent patients over 16 who are placed on adult wards and often feel somewhat isolated. TWC is also looking to do some work on obesity.

Often patients will come to the Well Centre for support. But another reason for choosing TWC over the GP's surgery is confidentiality and convenience. It is much easier to get an appointment at TWC than with a GP, and appointments are longer. Social prescribing is done on a case-by-case basis, depending upon a number of factors including where the young person is based. There is no preferred provider for activities.

The Well Centre aims to educate young people in health literacy and how to use health services. One of the other objectives of TWC is to support the young person in terms of transition (independence).[31] Sometimes family will accompany a young person to TWC. Youth workers will explain to both parent and child the service offered by TWC where the young person is at the centre of the service. If a parent calls, for example to cancel an appointment, TWC will always check with the young person concerned.

St Charles Centre for Health and Wellbeing

Central London Community Healthcare NHS Trust (CLCH) provides a wide range of services from the St Charles Centre for Health and Wellbeing (the St Charles Centre), including urgent care, dental care, district and rapid response nursing, health visiting, renal dialysis,[32] neurological rehabilitation, psychological health, social prescribing, diabetes services, and speech and language therapy.[33] The St Charles Centre was founded in 2010, within the site of pre-existing hospital facilities dating back to 1881. The Central and North West London (CNWL) NHS Foundation Trust provides mental health services in St Charles' Hospital.

The St Charles Centre also offers two GP practices on site and out of hours GP services as well as hosting a hub for 25 GP practices. This integrated GP care hub is the "My Care, My Way" (MCMW) service, which has been running since 2015 and currently sees approximately 5,000 patients per year. The MCMW service integrates health and social care through a single point of contact. It caters predominantly for patients aged 65+ and takes into consideration issues such as frailty indicators (on a scale of 0-3, where 3 covers the most complex and most severe cases). Patients in tiers 2 and 3 will be seen by GPs from their own practice holding a clinic at the St Charles Centre. The advantage is that

[31] For example, the Well Centre previously ran a Diabetes Transition Project, which was set up with the aim of establishing a strategic role for youth work in supporting 14-21 year olds with Type 1 Diabetes. The core aims were to improve engagement and navigation of health services by this demographic, as well as providing long-term, community-based support as young people transitioned from paediatric to adult health services. The project had good results as can be seen in the Youth and Key Work Evaluation and Feedback Report 2014 – 2015.

[32] The renal unit at the St Charles Centre is run by Imperial NHS Trust and is one of the largest renal dialysis units in Europe.

[33] The services offered at the St Charles Centre are: the Barlby and Exmoor GP Surgeries; Diabetes; Dental; Urgent Care Centre; Out of Hours GP services; Musculoskeletal Service; Imaging; Phlebotomy; Dietetics; Specialist Weight Management; Renal Dialysis; Podiatry; Community Cardiology and Respiratory Service; Pharmacy; My Care, My Way; Talking Therapies and Community Living Well Primary Care Mental Health; Pembridge Unit- End of Life Service; Sexual Health; Community Gardens; Open Age (including Second Half of Life Centre); West African; Living Well; The Gay Men's Project; Dress for Success; District Nursing Teams; Health Visitors and School Nurses; Tissue Viability; Community Ophthalmology; Wheelchair Service; and Hybrid Wellbeing Gym.

appointments can last up to one hour and, due to location at the St Charles Centre, the GP is able to refer the patient to other services all located on site, including, for example, the geriatrician, pharmacist, social worker, and the Memory Service.[34] Integrated health care centres like the St Charles Centre (and indeed others examined within this Task Group Report) allow patients with more complex needs to benefit from seeing a multi-disciplinary team. This model allows work across teams with interoperable, live, shared clinical records so that each patient only has to "tell the story once".

Mental health is part of the model at the St Charles Centre, including the Talking Therapies, Living Well and Jobs in Mind services. The service is aimed at people in secondary care but who may need support, where the focus is not solely on clinical services but also on developing social networks, stable housing and meaningful occupation. Annually, 8,000 people will be referred into this service, resulting in 6,000 users. The GP is also at the heart of this model of care. The mental health services at the St Charles Centre were involved in the response to the fire at Grenfell Tower in June 2017, assisting with mental health support.

The Task Group noted that healthcare provision at the St Charles Centre was excellent. Primary care doctors are an expensive way to care for patients. Changes to the NHS model of care were embraced at the St Charles Centre, with enormous potential for working differently. During the visit, practitioners referred to lower rates of hospital admission for patients in the St Charles Centre area and other examples of how integrated health care can reduce hospital admissions.[35] It did highlight that there was no holistic health and wellbeing provision aimed at adolescents. The majority of services on site target health provision for residents aged 50 and over, with the exception of Talking Therapies or the Urgent Care Centre. Discussions with the various practitioners during the Task Group visit demonstrated that colocation is key for value as the CCG has to make smart use of existing assets, but also for users. Colocation of staff starts multi-faceted dialogue about a patient's needs and users, especially older users, are able to access facilities more easily.

Brighton Health and Wellbeing Centre

Brighton Health and Wellbeing Centre (BHWC) was one of the first NHS GP practices in the UK to integrate complementary therapies and healing arts with its medical practice. It was founded in 2013 as a response to the increasing pressures on the NHS, and in recognition of the fact that conventional medicine does not always hold all the solutions to a person's health concerns. The philosophy of the BHWC is that conventional medicine combined with other therapies and approaches can work together to support individuals into good health and wellbeing.

Earl's Court Health and Wellbeing Centre

The Earl's Court Health and Wellbeing Centre (ECHWC) offers a range of NHS services including a GP practice, walk-in service and a dental practice. The EHWC also offers a selection of wellbeing services including wellbeing coaching in addition to community resources and rooms for community use. This care is available under one roof in a recently renovated state-of-the-art building at the heart of the Earls Court community in central London.

[34] See footnote [33] for a list of services offered.

[35] In particular the "Canterbury Experiment" which revealed that there was a sudden and persisting decrease in emergency department admissions after an earthquake in Canterbury. This decrease was found to have resulted from integrating the health care system in response to the earthquake. Schluter PJ, Hamilton GJ, Deely JM, et al Impact of integrated health system changes, accelerated due to an earthquake, on emergency department attendances and acute admissions: a Bayesian change-point analysis BMJ Open 2016;6:e010709. doi: 10.1136/bmjopen-2015-010709.

The ethos of the centre is about taking a more holistic approach to health. The ECHWC website states that it is committed to addressing people's health problems rather than just treating symptoms and aims to help patients to navigate the range of services available to them at the centre and elsewhere.

The ECHWC is funded by the NHS and operated by Turning Point, Greenbrook Healthcare and NHS Dentist, offering services provided by health and social care organisations both locally and in the UK. Although an NHS health and wellbeing centre within the Royal Borough of Kensington and Chelsea, it should be noted that Greenbrook Healthcare, which runs the ECHWC, is a private company which operates GP practices and urgent care centres across west and south London.

Poplar & Limehouse Health and Wellbeing Network CIC, Tower Hamlets

The Poplar and Limehouse Health and Wellbeing Network CIC (PLHWN) is a network of general practice surgeries, community primary care teams and local third sector providers, that have come together to share responsibility for developing high quality, patient-focused services for their local community. The PLHWN is a registered Community Interest Company. The aim of the PLHWN is to pioneer the development of a dynamic partnership of health and social care across the Poplar and Limehouse area.

It further aims to build on the strength of current local NHS general practice, social care and third sector provision to access and manage resources effectively; to initiate new and innovative models of service delivery as a way to address health inequalities across the geographic area; and to improve patients' and public experience of the services. The objective is to promote independence, choice and control by users of services by offering membership of the PLHWN to individuals and organisations in the Poplar and Limehouse area through seamless and integrated care to individuals, wherever their first point of contact. The PLHWN offers a range of activities available on prescription. The manager of the PLHWN highlighted that libraries have a role to play in delivering arts and well-being. In Tower Hamlets, the Library Service has been revitalised and transformed into Idea Stores.[36] This has increased footfall to the libraries whilst the libraries themselves are part of the wellbeing cycle.

SOCIAL PRESCRIBING

What is Social Prescribing

Social prescribing (also known as 'community referral') is a means to enable GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services. Social prescribing recognises that health can be determined primarily by a range of social, economic and environmental factors, and thus seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health and promote empowered self-care.

Social prescribing schemes involve a variety of activities which are typically provided by voluntary and community sector organisations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports. There are many different models for social prescribing, but most involve a link worker or navigator who works with people in face-to-face conversations to access local sources of support.

The APPGAHW Inquiry examined social prescribing in a depth not previously seen, providing a useful body of evidence and case studies. During the two-year inquiry period, the APPGAHW heard evidence

[36] Judith St John, Head of Idea Store, spoke in 2012 about this transformation as a TEDx talk. This saw the transformation of the Tower Hamlets Library Service from one of the worst performing library services in London to seeing two million visits per year.

from the Social Prescribing Network, which was launched in 2016, under the auspices of the University of Westminster.[37] The Social Prescribing Network noted in its evidence to the APPGAHW that up to a fifth of patients see a GP for a problem that requires a social, not a medical or pharmaceutical, solution.[38] Some clinical commissioning groups (CCGs) are already supporting arts on prescription. NHS England has called for much greater staff, patient and community involvement in the design and delivery of services ("co-production") whilst also working collaboratively with the voluntary sector and primary care to design a systematic and equitable approach to self-care and social prescribing.

As mentioned earlier, the Bromley by Bow Centre is one of the oldest and best-known social prescribing projects. Staff at the BBBC work with patients, often over several sessions, to facilitate the patient's involvement in more than 30 local services, ranging from pottery, swimming lessons, carpentry, language lessons to legal advice. Social prescribing is at the heart of the work at the BBBC and this work is vibrant, with three programmes operational. The projects focus on prescribing patients with a vast range of non-clinical and non-medicinal support through the BBBC and its partners. The locally funded CCG programme is the mainstay of the BBBC social prescribing and now serves a patient list of 42,000 patients. In the past year, this has been supplemented through the Morgan Stanley "Healthy Cities" initiative and this provides three years of funding for a social prescribing manager, with a particular focus on children and families. In 2017, the BBBC launched its third social prescribing programme, working with Macmillan Cancer Support. This is an extensive and highly innovative project working across four London boroughs. It provides direct and practical social support to cancer patients, both through and beyond treatment and works collaboratively with Macmillan nursing teams, GPs and oncologists.

The social prescribing work is considered an exemplar of good practice, as was notable in citations in the APPGAHW Inquiry Report, "*Creative Health*" and as the Task Group discovered through its own research. Whilst having conversations with different organisations, the Bromley by Bow Centre was frequently referenced as a paradigm of excellence. The BBBC social prescribing team is collaborating on a number of national initiatives and is regularly invited to present on the BBBC model at conferences and contribute to strategic thinking on the topic, by policy makers and think-tanks.

Lambeth GP Food Co-operative

Lambeth has a population of 325,000 people, of whom 14,000 have more than one long-term health condition, such as arthritis, heart disease or persistent pain. The Lambeth GP Food Co-operative[39] came about in 2013 through the Expert Patients Programme, a project in Lambeth which had focused on providing support to patients with long-term conditions.[40] For example, in Lambeth this usually means older patients in their 50s/60s with chronic health issues such as diabetes, asthma, and heart conditions. There were conversations with GPs and patients about how to make the programme more community-facing. From those conversations, gardening came up and hence the Lambeth GP Food Co-operative was created.

[37] https://www.westminster.ac.uk/patient-outcomes-in-health-research-group/projects/social-prescribing-network
[38] APPGAHW, *Creative Health*, p. 7.
[39] http://lgpfc.co.uk/. For the role of co-operatives within the NHS, see the written evidence of the Rt Hon Frank Field MP to the Lords Select Committee on the Long-Term Sustainability of the NHS – Written evidence (NHS0182). https://www.parliament.uk/documents/lords-committees/NHS-Sustainability/Collated-Written-Evidence.pdf
[40] https://www.guysandstthomas.nhs.uk/resources/patient-information/community/expert-patients-programme.pdf. See also Healthy London Partnership (NHS), "Social Prescribing and Expert Patient Programme Modelling" (London; all CCGs) (31 August 2016).

The Lambeth GP Food Co-operative is a community-led co-operative of patients, doctors, nurses and Lambeth residents who grow food together in and for the NHS. This initiative supports capacity and does this in a number of ways:

1) It is a borough-wide project, which is networked across the borough's 45 GP surgeries, though it currently works with 30 of those;

2) It builds gardens inside GP surgeries – it is that simple. The project uses any unused space (an alleyway, a side of car park or garden) for gardening;

3) It recruits through peer support, word of mouth from patient to patient. The Co-operative also does patient engagement in surgeries and there are some GP referrals (a form of social prescribing). Publicity is also gained from patient participation groups; and

4) It grows fruit and vegetables. The aim is to grow fruit and vegetables locally which are then sold. The project is close to achieving that by selling its produce to the NHS at King's College Hospital.

As the name indicates, it functions as a co-operative. Participants are issued with a share certificate for which they pay £1. It is an activity which benefits the patient and the community. Participants report improved wellbeing, a sense of community and connectedness and a decrease in social isolation. The activity of gardening is also therapeutic and contributes to better health. Recently, the King's Fund was commissioned by the National Gardens Scheme to examine and write an independent report on the benefits of gardens and gardening on health across the life-course.[41] The report, "Gardens and Health: Implications for policy and practice", had three aims:

- to collate and summarise the evidence on the impact of gardens on wellbeing from childhood into older age;
- to demonstrate the important place gardening interventions have in the wider health and care system with a focus on four specific areas: social prescribing; community gardens; dementia care; and end-of-life care; and
- to make the case for the further integration of gardens and health into mainstream health policy and practice.

Rotherham Social Prescribing Service

Voluntary Action Rotherham (VAR)[42] delivers one of the largest social prescribing schemes in the UK. The Rotherham Social Prescribing Service (RSPS) is delivered by VAR in partnership with more than 20 local voluntary and community organisations. Launched as a pilot in 2012, in 2015 it was re-contracted for another three years and is funded through the Better Care Fund.

The Rotherham Social Prescribing Service is commissioned by NHS Rotherham Clinical Commissioning Group as part of a wider approach to GP-led integrated case management. At its core, a team of Voluntary and Community Sector (VCS) advisors provide a single gateway to voluntary and community support for GPs and service users.

The RSPS is primarily aimed at people with complex long-term conditions as this group tends to be the most intensive users of primary care resources. The majority of patients in this group are over 50 years of age. The RSPS uses a case-management approach led by GPs to reduce unplanned hospital and A&E

[41] David Buck. "Gardens and Health: Implications for policy and practice". The King's Fund. May 2016. The report mentions the Lambeth GP Food Co-operative at page 7.
[42] http://www.varotherham.org.uk/

admissions. The service receives referrals from GPs of eligible patients and their carers, and assesses their support needs before referring on to appropriate voluntary and community sector services. The RSPS also administers a grant funding pot, through which a package of voluntary and community sector activities is commissioned to meet the needs of people who use services.

The benefits of the RSPS are demonstrable.[43] Non-elective inpatient episodes have reduced by 7 per cent (this rises to 19 per cent when service users aged over 80 are excluded). A&E attendances have reduced by 17 per cent (again, this rises to 23 per cent when service users over 80 are excluded). After three to four months, 82 per cent of service users with long-term conditions had experienced positive change in at least one wellbeing outcome area. Cost benefit analysis has indicated an initial return on investment of 43 pence for each pound invested in terms of avoided costs to the NHS, and greater returns in the region of £0.83–£1.22 if benefits were sustained. The well-being outcomes of service users were estimated using financial proxies and techniques associated with social return on investment (SROI) analysis. The estimated value of these benefits was between £570,000 and £620,000 in the first year following engagement with social prescribing: greater than the costs of delivering the service.

In Rotherham, a number of elements contribute to the success of the scheme. Social prescription needs to be integrated. Monthly meetings at the GP surgeries to determine who might be suitable for voluntary prescription include the VCS advisors. People may not access social prescription through one building and the activities may not involve a physical building at all (for example, befriending and walking). In recognition of the fact that the voluntary sector cannot take up all the slack, not all activities are free. A nominal charge is made to ensure that the activity is valued. The ethos of the scheme is about ensuring that all patients are included sensitively and intelligently.

Community Champions in Westminster

Across the Royal Borough of Kensington and Chelsea and Westminster, the link worker or navigator role in health and wellbeing is often taken at a community level through the Community Champions programme.[44] The Task Group received evidence concerning this programme from John Forde, Deputy Director of Public Health. The programme uses dynamic community engagement to bring people together, thereby building connected, strong communities and local services. With support from Westminster, the Community Champions develop effective solutions for local areas, by giving fellow residents and their own communities the tools and resources to identify local issues and problems before arriving at their own solutions. This grass-roots navigator approach builds the capacity of local estates, neighbourhoods and individuals to work together with local providers and commissioners so that services are designed and commissioned to meet local health and social care needs.

Community Champions can take on a multiplicity of health and wellbeing roles. Champions can be trained or specialise in maternity health (including breastfeeding support and support for expectant/new parents), understanding health improvement, mental health first aid, financial scam awareness, sexual health services, diabetes awareness and ways to wellbeing. They will be individuals embedded in the communities which they are helping and as such trusted by those communities. As part of their role, the Community Champions will also run and promote community health and well-

[43] Thanks to Shafiq Hussain, Deputy Chief Executive of Voluntary Action Rotherham, for kindly sharing these documents: http://www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/rotherham-social-prescribing-annual-eval-report-2016_7.pdf http://www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/eval-rotherham-mental-health-social-prescribing-key-findings.pdf.

[44] http://www.communitychampionsuk.org/teams/westminster/

being activities, transfer their knowledge about health, best practice and equality of access to services, and provide sign-posting and health advice.

Westminster Sports Facilities

One of the Five Ways to Wellbeing is being active. Within Westminster, there are opportunities for activity within the council's eight leisure centres, managed by Everyone Active.[45] The council has begun £9 million of investment in improvements at the centres, and new classes and activities are also available.[46] There is a smartphone app which allows the booking and viewing of classes online.

Sports and Leisure Management (SLM) will also offer 130 hours of free sport and physical activity programmes every week in community locations outside of sports centres. New gymnastic, badminton, netball, football and trampolining programmes and intensive swimming courses will be launched as part of the improvements. Young Westminster athletes will also benefit from additional financial support and mentoring through the council's Champions of the Future scheme[47] and there will be ten new apprenticeships for local residents.

In its research, the Task Group found that Westminster residents with disabilities were not always able to access facilities which would promote greater health and improved wellbeing. This includes having poolside access to swimming facilities or a lift for accessibility of all floors. This will be addressed to an extent with the construction of new facilities such as the Moberly Leisure Centre, due for completion in summer 2018.

SERVICE AREAS

Young Children and Families

The City of Westminster is home to approximately 42,600 children and young people. Between birth to five years of age, Westminster City Council provides Early Years care and guidance to Westminster children and their families, delivering free parenting support and information through three main children's centres and additional partner sites.[48] Staff at the children's centres can help Westminster families with young children by offering support and advice on child development and school readiness, parenting skills, child and family health. A healthy start for all children is best served by an integrated approach and policy framework for early childhood development, designed to reach all children. Particularly since the Marmot Review, there has been focus on improving life outcomes through investment in early years services as early intervention is most effective. Within provision of those services is included a focus on the council's responsibilities to provide information and guidance to parents and families about Westminster's children's services and access to children's centres to families across Westminster. The council also endeavours to raise service quality across the provision of its Early Years Service and to ensure implementation of the Early Years foundation stage, including initiatives to improve outcomes of children at age five. Westminster also provides the statutory health visiting service, transferred from the NHS, with public health.

Families can receive help in other ways within Westminster. Cooperation between local authorities, the police and schools will help families facing a multiplicity of issues. Early Help is a community of

[45] Everyone Active is the consumer brand of Sports and Leisure Management (SLM), the longest established leisure contractor in the UK. SLM currently manages over 140 leisure and cultural facilities across the UK, including partnership contracts with 40 councils.
[46] http://activewestminster.org/
[47] https://www.westminster.gov.uk/champions-of-the-future
[48] The three main Westminster Children's Centres are the Bessborough, Portman Early Childhood and Queen's Park Children's Centres. For more information, please see: https://www.westminster.gov.uk/childrens-centres-0.

services supporting families to build resilience and improve lives. The vision is to ensure that every child and family is happy and healthy, and has the opportunity to flourish in a cohesive community. As emphasised by Marmot, when a young person is developing and growing up, this is a crucial opportunity to provide them with the skills and support they need. It is much more difficult if they have dropped out of school, become involved with youth crime or developed a serious mental health problem. Early intervention and prevention is key. Early intervention involves identifying children and families that may be at risk of running into difficulties, and providing timely and effective support. This can then develop an cycle of positive parenting between generations, relationships and behaviour. Within Westminster, this Early Help consists of developing three Family Hubs to support families with children across the age spectrum from 0 to 19. As well as a physical building, the hubs will be a network of providers working across a given area. The Early Help partnership is formed of organisations in a local area committed to developing a shared approach through joint sharing of information, assessments, meeting processes and importantly their resources.

Adolescent Health

On a global level, there is now the largest generation of adolescents and young people in human history: 1.8 billion people between the ages of 10 and 24 years.[49] The assumption about youth, particularly adolescents aged between 10 and 19 years, is that this is a healthy group. Nevertheless, many adolescents do die prematurely due to accidents, suicide, violence, substance misuse, pregnancy-related complications, and other illnesses that are either preventable or treatable. Many more do suffer ill-health, which is often chronic, and disability. A finding by the Task Group is that ill-health in adulthood, particularly serious diseases and mental health issues, has its roots in adolescence. Evidence from Dr Malbon showed that most chronic lifetime illness presents in adolescence.[50] This is reflective of the findings in the wider health community at international, national and local levels, where adolescent tobacco use, sexually transmitted diseases (including HIV), poor eating and exercise habits lead to illness or premature death later in life.

The importance of adolescent health is recognised internationally and nationally. The UN has made adolescent health a focus, given the numeric significance of this group. For example, investment in adolescent health is considered crucial to the success of the UN Sustainable Development Goals, in particular SDGs 1-12 and 16, and these include adolescent health and wellbeing. According to the UNFPA, young people everywhere face a variety of obstacles to their growth and achieving their potential.[51] They encounter social, economic and legal obstacles that impede their transition from adolescence to adulthood, and from school into the labour force. Health is crucial to those transitions.

At the national level, the Marmot Review in 2010 told us that the foundations for "virtually every aspect of human development – physical, intellectual and emotional" are laid in early childhood. But Marmot also advocated maintaining the reduction in health inequalities with "sustained commitment to children and young people to improve the health, well-being and resilience of children and young people".

The Children and Young People's Health Outcomes Forum, established by the Secretary of State for Health in 2012, found that "more children and young people under 14 years of age are dying in this country than in other countries in northern and western Europe." Research indicates that half of all

[49] UNFPA, The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future. The State of World Population 2014. https://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP14-Report_FINAL-web.pdf
[50] Dr Katherine Malbon, presentation to the Task Group (7 December 2017).
[51] UNFPA, p. 32. Also see Building the Future: Children and the Sustainable Development Goals in Rich Countries, Innocenti Report Card no. 14 (2017). UNICEF Office of Research - Innocenti, Florence.

lifetime cases of psychiatric disorders start by age 14 and three-quarters start by age 24. Around a quarter of mental health problems are preventable through early intervention during childhood and adolescence, which represents both a considerable saving in financial terms and significant difference to health and outcomes in future life.[52] Yet the health needs of this group have not been met with the level of care and strategic planning afforded to other age groups.

More recently, The Lancet Commission on adolescent health and wellbeing in 2016 recommended increased investments to transform health, education, family, and legal systems to support the acquisition of the physical, cognitive, social, and emotional capabilities that underpin wellbeing across the life-course. The Commission found that such investments can yield "a triple dividend of benefits" around essential capabilities during adolescence, future adult-health trajectories, and the welfare of the next generation of children.

At the local level, 29% of Westminster's population is under 25, with 17% of Westminster's population aged between 11-25. Integrating adolescent health into the model of health and wellbeing centres in Westminster will achieve better mental and physical health for this group. It will also have a positive impact through earlier intervention and prevention, reducing avoidable demand on health services and establishing an improved quality of life. The work of the Well Centre reduces demand by adolescent patients upon the health service by avoiding A&E admissions, and catching health issues early, before they become embedded and chronic. A report by The Nuffield Trust in December found that, whilst there had been progress in reducing the rate of emergency admissions for the most deprived children, a stubborn gap remains between rich and poor.[53] The evidence demonstrates that children and young people from the most deprived areas are consistently more likely both to go to A&E and to need emergency hospital treatment than children from the least deprived areas. This will include the emergency hospitalisation of those children and young people for manageable conditions, such as asthma and diabetes.

The Nuffield Trust report calculated that, apart from the inevitable human cost, these inequalities also have a significant financial cost to the NHS. If unplanned admissions among the whole population were brought down to the level of the least deprived, this would result in a decrease of around 244,690 paediatric emergency hospital admissions in 2015/16, a potential saving of almost £245 million per year. Hospital admissions for dental caries are a particular example of this, with relevance to Westminster. This aligns with recent observations by Chris Ham, CEO of The King's Fund:

> "Pressure on hospitals will only be relieved if they are working as part of well-functioning local systems of care. Silos must be broken down, and health and social care joined up around the populations served. This means integrating care to enable patients to be admitted to hospital quickly and discharged appropriately. It also means investing in prevention to tackle people's needs before they become crises." [54]

Older People

Pressure for a more integrated health and social care system has been increasing in recent years as a result of Britain's ageing population. According to the UK Office for National Statistics, in 2014-2016, life expectancy in the UK for males is 79.2 years, whilst for females, it is 82.9 years. As highlighted in

[52] APPGAHW: Creative Health, at page 94.
[53] Kossarova L, Cheung R, Hargreaves D and Keeble E (2017). Admissions of inequality: emergency hospital use for children and young people. Briefing, Nuffield Trust. www.nuffieldtrust.org.uk/research/admissions-of-inequality-emergency-hospital-use-for-children-and-young-people.
[54] Chris Ham in *The Guardian*, How to save the NHS: experts offer their big ideas. 5 January 2018.

the chapter dealing with the social gradient and the Marmot Review, life expectancy varies within cities. Westminster is no different, with there being a variation in life expectancies between wards.[55]

At the St Charles Centre, the advantage of integrated healthcare centres, particularly in the context of older people, was clear as the integrated approach allows a more holistic approach, where complex patients can benefit from seeing a multi-disciplinary team. As increased longevity puts pressure on health and social resources, the importance of the Roads to Wellbeing becomes obvious in the context of social isolation. The potentially harmful effects of loneliness on health and longevity, especially amongst older adults, are well established. Loneliness can raise levels of stress hormones and inflammation, which in turn can increase the risk of heart disease, arthritis, Type 2 diabetes, dementia and even suicide attempts. There are 380 weekly activities offered through Open Age over the tri-borough during term-time to people aged between 50 and (currently) 106. 4,000 people are supported annually, of whom approximately 30% are Westminster residents. These can be users of other services at the St Charles Centre or carers. There is a nominal fee charged for using the facilities, to ensure that the offering is respected yet accessible and affordable for all. The Open Age area was decorated with art work created by members.

Create Church Street

In 2016, Improbable Theatre started working with older residents, putting on Impro For Elders in The Cockpit Theatre on Gateforth Street. The activity was advertised through posters (including in the Church Street Library), local GPs and at the theatre itself. The average attendance was 20 participants, aged over 70. Three of the participants subsequently volunteered at the Church Street Library to assist Westminster school children who were taking part in the Summer Reading Challenge.

MENTAL HEALTH

Over the course of any year, one in four people will experience poor mental health; for some, this may be part of a recurring issue or need longer term treatment. As mentioned above in the context of adolescent health, research by Dr Ronald Kessler in 2005 showed that half of all lifetime cases of psychiatric disorders start by age 14 and three-quarters start by age 24.[56] According to Professor Lord Layard of the London School of Economics and Political Science, the biggest single cause in Britain of low wellbeing is mental illness.[57]

At its first meeting, the Task Group received evidence from a Westminster primary school concerning measures which it has taken to promote positive mental health and wellbeing amongst its pupils. At Queen's Park Primary School (QPPS), which is also home to Westminster Children's University,[58] the school has a hub unit within the school which includes a school counselling service, mentoring, group therapy and mindfulness activities. QPPS has also been named as the lead school in a new tri-borough network focusing on mental health and wellbeing and as such will be hosting a wellbeing conference

[55] Sources: London Datastore: https://data.london.gov.uk/dataset/ward-profiles-and-atlas; see pdf document at pp. 606-625. For further reporting, please see https://www.standard.co.uk/news/london/rich-londoners-live-25-years-longer-than-people-from-poorer-parts-of-the-capital-9058039.html.

[56] Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE, Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry. 2005 Jun;62(6):593-602. Dr Kessler is the McNeil Family Professor of Health Care Policy at Harvard Medical School.

[57] Professor Lord Richard Layard of the CEPR at the LSE, "Let's Make Mental Health a Priority". [ONLINE] Available at: http://voxeu.org/article/origins-happiness Accessed on: 19 July 2017.

[58] http://www.queensparkprimaryschool.co.uk/. For information about the Westminster Children's University, which is partnered with the University of Westminster, please see http://www.westminsterchildrensuniversity.co.uk/.

to promote this aspect of the school's work.[59] The Head, Ben Commins, is a fully trained youth mental health first aid trainer and QPPS plans to have full training for all staff over the coming year. The school takes wellbeing seriously and is in the process of completing its accreditation as a wellbeing-focused school. Staff wellbeing is also important at QPPS and, to promote this, school staff participate in "Share Soup Tuesdays", quizzes, sports competitions and the employee assistance programme. In November 2017, the school received an award from the Mayor of London, celebrating Queen's Park Primary's commitment to staff wellbeing and recognising that it is one of 195 organisations to have met the London Healthy Workplace Charter[60] standards to date.

At the meeting in December, John Forde, Deputy Director for Public Health set out the vision for mental health and wellbeing, using 'The Roads to Wellbeing', the Director of Public Health's Annual Report published in October 2017.[61] John Forde explained that the data showed higher than London and national averages of mental health problems. One of the recommendations of the Annual Report for 2017 is to develop a mental well-being campaign that would promote awareness of the Five Ways to Wellbeing to the population: connect, be active, take notice, keep learning and give.[62] To understand these further they can be explained as follows:

- connect means to talk and listen, be there, feel connected;
- be active means to do what you can, enjoy what you do, move your mood;
- take notice means to remember the simple things that give you joy;
- keep learning means to embrace new experiences; and
- give means to give time, words and presence. [63]

Westminster Time Credits

Westminster has a Time Credits scheme as a way of recognising the valuable contributions people make to their communities and to others. The scheme offers Westminster volunteers, like the Community Champions, access to new and interesting opportunities. It also encourages new people to volunteer and increases involvement in shaping and delivering local activities. Time Credits promotes a virtuous circle of wellbeing (through activity, learning and connectedness), reinforces community relationships and can be a tool for co-production of services. Time Credits are earned for activities such as volunteer driving, skill sharing, advocacy, sitting on committees or helping to maintain or improve the local environment. These credits can then be spent on social activities, like dances or film nights, classes, theatres and museums, and visits to London attractions.

Mental Health of Young People

The Task Group investigated how mental health, which is important for wellbeing, is treated in young people. This group, both at the national as well as at the local level, faces more challenges to its mental

[59] QPPS will be leading the Mental Health and Wellbeing in Education conference on 23 January 2018 at Paddington Central.

[60] The London Healthy Workplace Charter, backed by the Mayor of London, is the first pan-London framework that supports and recognises investment in staff health and wellbeing, partnering local public health resources with employers. https://www.london.gov.uk/what-we-do/health/healthy-workplace-charter. Westminster City Council is both an accredited member and promoter of the London Healthy Workplace Charter: https://www.westminster.gov.uk/healthy-workplace-charter.

[61] Mike Robinson, "The Roads to Wellbeing: the Director of Public Health's Annual Report". October 2017 https://www.westminster.gov.uk/sites/www.westminster.gov.uk/files/public_health_annual_report.pdf

[62] Robinson, The Roads to Wellbeing at page 17.

[63] The Five Ways to Wellbeing originated from work by the New Economics Foundation on behalf of Foresight in October 2008. This work sets out the five actions to improve personal wellbeing, including mindfulness and volunteering. https://issuu.com/neweconomicsfoundation/docs/five_ways_to_well-being?viewMode=presentation

health than previous generations with the relentless 24/7 nature, addictiveness and ubiquity of social media.[64] Use of technology by young people can lead to the development of dangerous virtual relationships with strangers or becoming victims of cyberbullying, extreme video-gaming, compulsive texting and overuse of smartphones. These behaviours can have serious cognitive and psychological consequences. In addition, long periods of screen use can lead to less physical activity, interrupted sleeping patterns, obesity, "tech addiction" and depression.[65] National organisations, such as the NSPCC, have reported that the number of children receiving counselling for cyberbullying has more than doubled in five years, with 12,000 children being counselled by Childline for online-related issues.[66] This prompted the NSPCC to call on ministers to put pressure on social media sites to do more to protect children from online abuse.

Within Westminster, there are a number of resources and models available for promoting good mental health. As mentioned, at QPPS, teaching staff are trained Mental Health First Aiders. Young Westminster residents also have access to direct support through Westminster Child and Adolescent Mental Health Services (CAMHS).[67] CAMHS is used as a term for all services which work with children and young people who have difficulties with their emotional or behavioural wellbeing. Parents, carers and families can also receive support, help and advice to deal with behavioural or other problems their child is experiencing. As the Task Group discovered, an embedded CAMHS practitioner is part of the team at the Well Centre to help young people with mental and emotional health and wellbeing.

CONCLUSION AND RECOMMENDATIONS

The Task Group set out to examine and collate paradigms of excellence in the area of health and wellbeing centres to inform commissioning decisions within Westminster. Not all components mentioned within this Task Group Report will be necessary for inclusion in every health and wellbeing centre: a centre has to meet the needs of the population local to that centre. The objective of this Report is, therefore, to provide a menu of these components and guidance into considerations for commissioners to bear in mind when designing or planning integrated health care. The ambition for this research and this Report is to provide a tool to facilitate more integrated health care, identifying gaps or opportunities for greater integration. The model of the health and wellbeing centres can offer a range of NHS services to Westminster residents of all ages with an additional commitment to delivering care that goes beyond simply treating medical conditions, but also addresses physical, mental and social wellbeing at any point during and for the entirety of the life course. Health and wellbeing centres are not predicated upon having physical locations to deliver integrated care, though, as the Task Group has found, having services physically co-located did provide synergy, connection and ease of access for users of the services and clinicians.

The Task Group recognises that the economic and social environment (including austerity) has changed in the last ten years. We do not have the "luxury" of 20 years in which to grow and develop a Bromley by Bow Centre. However, there are numerous resources available, including knowledge sharing by organisations such as the Bromley by Bow and Well Centres, which would allow Westminster City Council to work collaboratively to provide re-imaginings of the health and wellbeing centre in a Westminster context. As is already the case in many services provided by Westminster,

[64] UN Children's Fund (UNICEF), The State of the World's Children 2017 Children in a Digital World. (Geneva) 2017. [ONLINE] Available at: https://www.unicef.org/publications/files/SOWC_2017_ENG_WEB.pdf [Accessed 23 January 2018].
[65] Excessive use of the internet can also prevent young people from forming stronger relationships offline.
[66] Bentley, H. et al (2017). How safe are our children? The most comprehensive overview of child protection in the UK 2017. London: NSPCC. [ONLINE] Available at: https://www.nspcc.org.uk/services-and-resources/research-and-resources/2017/how-safe-are-our-children-2017/ [Accessed 1 December 2017].
[67] More information about Westminster CAMHS can be accessed at http://camhs.cnwl.nhs.uk/.

and ever-increasingly, the focus must be on the prevention of sickness and the promotion of wellness. Acute or chronic ill-health has predominantly been the main focus of the health services provided. As much a part of the model, arguably more so, are wellness, health and wellbeing.

RECOMMENDATIONS

This Report will be presented to the Cabinet Members responsible for taking forward the recommendations within it. The Task Group hopes that they will accept as many of the recommendations as possible, both for action within the council and partner organisations. The Task Group identified a specific gap in healthcare provision, in addition to opportunities for increased integration.

Adolescent health

It was evident from the research and site visits as well as presentations to the Task Group by NHS clinicians working within Westminster that there is a need for a "Westminster Well Centre" and we recommend that this should be addressed. Adolescent health is a lacuna in both the national and Westminster health landscapes and a failure to address this lacuna represents a missed opportunity to improve present and future health of Westminster residents. As stated, 17% of Westminster residents are aged between 11 and 25. The Task Group recommends that the Council and its partners in Westminster should actively seek opportunities to increase the health and wellbeing provision for adolescents in the City.

Church Street Regeneration

A Westminster Well Centre could be a component part of the health and wellbeing centre planned in Lilestone Street as part of the Church Street Regeneration, or established within another suitable location elsewhere in Westminster. It is noteworthy that in the Church Street ward, which has high levels of deprivation, the population is young, with a much higher proportion of under-16s than the Westminster average (22% compared with 15%).

The Church Street Regeneration and Master Plan presents a unique opportunity to improve health for this and future generations of Westminster residents. We recommend that, as part of the City for All Plan, Westminster continue to demonstrate leadership and innovation by addressing the lack of integrated adolescent health care.

Collaborative working

The Task Group recognises that whilst there is much collaborative working within Westminster, there is still more which can be done, using all of the City's assets, including its location as the site of national and local arts organisations, libraries, and sports facilities. The Task Group recommends that the Council and its partners should work together to make the most of existing assets to deliver health and wellbeing in the City. Partners should coordinate activity and development opportunities to ensure the best use of resources. The Task Group further recommends that the Adults, Health and Public Protection Policy and Scrutiny Committee lead further discussion about health and wellbeing both within and without Westminster, for example through round table discussions to promote health and wellbeing conversations between residents/stakeholders and providers, and by learning from examples of best practice such as the Bromley by Bow Centre, the Well Centre, and the St Charles Centre, so that Westminster may become a greater, more integrated nexus of current and future health and wellbeing.

GLOSSARY and LIST OF ABBREVIATIONS

APPG	All-Party Parliamentary Group
APPGAHW	All-Party Parliamentary Group on Arts, Health and Wellbeing. The APPGAHW published its Inquiry Report on 19 July 2017
BBBC	The Bromley by Bow Centre, Tower Hamlets
BHWC	Brighton Health and Wellbeing Centre
CAMHS	Child and Adolescent Mental Health Services
CEPR	Centre for Economic Performance, London School of Economics and Political Science
CSDH	Commission on Social Determinants of Health, established by the World Health Organization in 2005
ECHWC	Earl's Court Health and Wellbeing Centre
HWBC	Health and Wellbeing Centre
LSE	London School of Economics and Political Science
Marmot	Professor Sir Michael Marmot, Chair of The Marmot Review
MCMW	My Care, My Way
NHS	National Health Service
PLHWN	Poplar and Limehouse Health and Wellbeing Network
RSPS	Rotherham Social Prescribing Service
SDG	Sustainable Development Goal
St Charles Centre	St Charles Centre for Health and Wellbeing
Tri-borough	A project between three councils to combine service provision. The councils are Westminster City Council; Hammersmith and Fulham London Borough Council; and the Kensington and Chelsea London Borough Council. It launched in June 2011 and is due to come to an end in April 2018.
TWC	The Well Centre, Streatham
UNICEF	United Nations Children's Fund (originally United Nations International Children's Emergency Fund
UNPFA	United Nations Population Fund
VAR	Voluntary Action Rotherham
VCS	Voluntary and Community Sector
WCC	Westminster City Council. Also referred to as the council
WHO	World Health Organization

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Adults & Health Policy & Scrutiny Committee

Date:	31 January 2018
Classification:	Public Report – with confidential appendices
Title:	**The Drug and Alcohol Wellbeing Service (DAWS)**
Report of:	Public Health Commissioning
Cabinet Member Portfolio	Adult Social Services & Public Health
Wards Involved:	All
Policy Context:	Public Health
Report Author and Contact Details:	Gaynor.Driscoll@rbkc.gov.uk 07967347800

1. Executive Summary

1.1 This report is intended as a discussion document for scrutiny members to consider the performance of substance misuse services focusing on the main substance misuse contracted service (DAWS).

1.2 The report is to provide the committee with an overview on the performance of the substance misuse services in Westminster following the implementation of the redesigned and re-procured Drug and Alcohol Wellbeing Service (DAWS).

1.3 This redesigned asset based service model contract was implemented in April 2016 for three years with an option to extend for a further two years. The committee has not received an update on the progress of the substance misuse system since the contract was awarded.

1.4 The report makes reference to the specialist Alcohol Service provided through Change Grow Live (CGL) which forms a key part of the whole system approach. Further information can be provided on request and verbally at the scrutiny committee.

2. Key Matters for the Committee's Consideration

The committee is asked to consider the content of the report and members take the opportunity to pose questions that clarify the benefits of the current model, scrutinise the performance of DAWS and raise issues of concern that the committee would want to be addressed in the planned review of service in 18/19.

3. Background

3.1 Specialist treatment services offer a wide range of interventions to support people to recover from drug and alcohol dependence. These include detoxification, rehabilitation; talking therapies; opiate substitution treatment; ETE (employment education and training) support; peer mentoring; peer led and mutual aid services such as AA; safeguarding interventions.

3.2 It is estimated that people dependent on opiates and or crack are responsible for 45% of acquisitive crime and around 40% of all violent crimes are alcohol related. Drug and alcohol misuse are related to issues such as child protection, anti-social behaviour and domestic abuse.

3.3 The evidence shows that being in treatment itself reduces levels of offending and the Modern Crime Prevention Strategy focuses on the need for treatment, prevention and enforcement to be deployed to mitigate the impact of drug-related crime. The evidenced based drug and alcohol treatment service also supports improvements in health, reduced drug and alcohol related deaths, reductions in blood borne virus transmission and infections; improved relationships and reduced wider social harms. The Drugs Strategy (2017) echoes this, setting out the need to support people to address their dependence on substances to make the improvements necessary to reduce harms, improve health and wellbeing and to be able to re-establish healthy relationships and lifestyles.

3.4 During 2015 /16 a full review of the substance misuse treatment system followed by procurement was completed. This review resulted in a comprehensive redesign of substance misuse services from a clinically driven treatment system to an asset based whole system model. This shifted the emphasis towards building on an individual's strengths rather than their deficits as a result of dependency on substances. The new model delivers through site based hubs based in Queen Street, Wardour Street and Harrow Road with flexible, responsive and outward facing services going to where a service user's needs are best met and that equality of access can be assured.

3.5 The previous model had postcode restricted access which resulted in different services being offered through services based in North Westminster and Central South Westminster. The old model also relied on alcohol specific services being delivered through the drug treatment services. The current model has a "no wrong door" approach for all substance misuse services across the three boroughs and a standardised set of tools to measure quality and performance against expected outcomes (see appx 1). The model is

delivered through two main contracts one for substance misuse and a specific alcohol service. The system is supported by the specialist care management service.

3.6 The Alcohol service (TAS) is delivered through CGL and is focused on delivering specialised alcohol harm reduction and treatment services to residents who are in the early stages of problem drinking, have linked health problems, or who are in need of formal treatment to resolve their addiction. Often those who are in the early stages of developing problems as a result of alcohol use are amongst the working population and often unaware of the impact their alcohol use is having. This service aims to engage with these individuals early ensuring the harm reduction interventions mitigate the need for the costly interventions later on. The Alcohol services are structured to be outward facing, responsive and flexible to meet the needs of the individual.

3.7 TAS works closely with health providers in the community and through the acute hospital trusts. One of the main ambitions of the service is to reduce the repeat and emergency admissions to hospital as a consequence of alcohol misuse. The service also links with housing partners, domestic abuse initiatives and with issues raised in terms of alcohol related crime. CGL and DAWs work in partnership to ensure that individuals get the appropriate specialist intervention to meet the identified needs. Through the no wrong door approach individuals can be assessed once and supported into the correct service seamlessly.

3.8 Pathways into services are streamlined with each service carrying out the shared assessment process which is then transferred to the service most appropriate to meet the individual's needs without the user having to repeat the assessment process. A specific asset based plan is then co-designed with the service user. The allocated worker supports the user in achieving their personal goals ensuring that the individual is able to access the resources available to attain their desired outcomes

3.9 A road to wellbeing asset map has been developed and is available to access digitally (https://roadstowellbeing.com/). This links to all the specialist substance misuse services websites and informs on community based local activities to support an individual seeking to access wellbeing initiatives and make contact with services. This website will continue to be improved as more feedback is received.

3.10 The current commissioned core substance misuse services and alcohol service operate 7 days per week with some evening provision. The weekend and evening provision is supported by peer led services, mutual aid organisations and volunteers. The evening services offered are mainly group focused with some individual work whilst the weekend services have a more social focus with some workshops including art therapy and music workshops. Outreach services include work with housing partners to engage people in services from hostels and those on the street.

3.11 Since the start of the contract CQC has carried out two inspections of DAWS site based services. The first took place in the first six months of the contract start. The outcome of this was positive with very few areas identified for improvement. The second was an unannounced visit for a week in December 2017. We are awaiting the outcome of this inspection however indications from CQC is that the result will be positive.

4. Return on Investment

4.1 Public Health England (PHE) produce an annual report for Police and Crime Commissioners that summarises, for each local authority, performance against specific measures. These include estimated numbers in the population overall; numbers in treatment; age profiles of those in treatment, waiting times, referral sources, successful completions and estimate of crimes saved. The key figures for Westminster in the 2016/17 report shows that during the first year of the new model Westminster were as follows:

- The estimated levels of opiate users in Westminster population overall has dropped by 27% against an overall trend down over a number of years.
- The majority of users accessing treatment were between 30 and 55. (63%)
- Proportion of adults in treatment for opiate misuse is lower than National average by 13% for all other substances we are higher than the national averages by 5%.
- The percentage of adults entering treatment in 2016/17 are 10% less than national average for opiates but higher by 4% for all other substances.
- Alcohol is the most commonly used secondary substance used (61%).
- Waiting times less than 3 weeks for Westminster residents is 99% with 0.1% waiting over 6 weeks.

4.2 Investment in our treatment system is shown in the PHE social return on investment report to have social and economic benefits of £10,225,555 per year for Westminster. When alcohol clients are taken out of the data, drug clients in treatment demonstrate social and economic benefits of £9,923,433 with estimated reduction in criminal activity of 31% following entry into treatment. This is significantly more than the total allocated £5,531,000 to all commissioned substance misuse treatment services in Westminster. The core drug and alcohol service DAWS receives approx. 55% of the total annual allocation. Therefore, the value for money is clearly evident in benefits to the residents and visitors to Westminster including reduced crime, improved health, improved community relationships.

5. Performance

5.1 In newly redesigned treatment systems, particularly where there is significant transformation, there is an expected dip in performance. We implemented our asset based model in April 2016 and 18 months into the contract Westminster service system overall has improved in some areas and dipped in others. The most significant concerns are with our overall performance in engaging new people in services who are non-opiate users and particularly alcohol users and our successful completions for alcohol users is particularly low in comparison to other areas.

5.2 The overall system verified data provided through PHE shows that we achieved 22.3% successful completions for alcohol clients and national averages are 39%. This is a key Public Health Outcome Framework indicator 2.15 and identified as a key performance indicator within contracts. The opiate successful completions are slightly higher than the national and the non-opiate 5% lower than national averages.

5.3 Local quarter 2, 2017/18 report monitored by commissioners from our main provider of substance misuse services, DAWS, is contained in Appendix 1. This has been edited to specified Westminster performance leaving in some three borough information. This is a comprehensive document that shows the performance against the contract with additional qualitative information.

5.4 There is an action plan in place to improve performance in Westminster in relation to attracting new people into treatment and ensuring that those with additional alcohol concerns are better supported through treatment. The work being done with key stakeholders is likely to generate more referrals and with the focus on an individual's assets from first contact we should increase the positive outcomes. The employment, training and education elements within the service are improved significantly and the numbers attaining paid employment from within this complex client group are significantly improved.

5.5 Additional information from the start of the contract in April 2016 to October 2017 shows that the total number in treatment in Westminster is 894. During the same period the key performance indicator required by PHE shows the total number of successful completions of those receiving treatment from DAWS in Westminster is 254.

6. Final Comment

6.1 The re-design and re-procurement of the WCC substance misuse service which went live in April 2016 has led to improvements in outcomes in particular those entering education, training and employment. However, the numbers attracted into treatment remain relatively low with only 36% of the estimated overall numbers of opiate users in the resident population accessing treatment as opposed to a national average of 43%.

6.2 An action plan to improve performance against KPI's has been agreed with the provider and is attached in appendix 2. The impact of this will be formally assessed in Q1 18/19, in preparation for consideration of continuing with the contract extension or to progress with a further procurement exercise in 2018/19.

6.3 A report on the specialist alcohol service can be made available to the committee on request.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact gaynor.driscoll@rbkc.gov.uk 07967347800

APPENDICES: These documents are confidential as they contain restricted information not in the public domain.

Appendix 1

2017/18 Quarter 2 Report - Drug and Alcohol Wellbeing Service
(Confidential Appendix – circulated to Committee Members separately)

Appendix 2

Improvement Action Plan
(Confidential Appendix – circulated to Committee Members separately)

Background Papers

PCC Support Pack 2018-19: Key drug and Alcohol Data – PHE publications (restricted data)

Diagnostic Outcomes Monitoring Executive Summary Quarter 2 2017/18 PHE National Treatment Drug Monitoring System (NTDMS- restricted Data)

City of Westminster

Adults & Health Policy & Scrutiny Committee

Date:	31 January 2018
Classification:	Public
Title:	**Urgent Care Centre, St Mary's Hospital - Update**
Report of:	Jules Martin, Managing Director, Central London CCG
Cabinet Member Portfolio	Adult Social Care & Public Health
Wards Involved:	All
Policy Context:	All
Report Author	Keir Mann, Programme Lead, Central London CCG

1. Executive Summary

1.1 The CQC inspected the Urgent Care Centre at St Mary Hospital on 13 July 2017 and rated the provider with an overall rating of inadequate. The provider was placed into special measures. The CQC carried out an announced focused inspection of St Mary's Urgent Care Centre (Vocare Limited) on 22 August 2017.

1.2 Prior to the July inspection, Central London CCG had initiated and developed a service improvement plan with Vocare. This was a result of a quality assurance update on the service provided to the CCG's Quality and Safety Committee in April 2017, which outlined a range of concerns on quality and patient experience. These were akin to those reported by the CQC. Therefore, the CQC reported areas of improvement were areas where both the CCG and Vocare had already initiated targeted work.

2. Key Matters for the Committee's Consideration

2.1 Committee is asked to note and comment on the information provided in the report

3. Background:

3.1 St Mary's Urgent Care Centre, which is provided by Vocare Limited, was given a rating of inadequate for being safe, effective and well-led. It was also rated as requires improvement for being caring and good for being responsive to

people's needs, after the inspection in July 2017. The summary of these ratings are below:

Safe	**Inadequate**
Effective	**Inadequate**
Caring	**Requires improvement**
Responsive	**Good**
Well – Led	**Inadequate**

3.2 This results in an overall rating of inadequate with the provider being put into Special Measures. There are four ratings that are given to health and social care services: outstanding, good, requires improvement and inadequate.

Outstanding

Outstanding
The service is performing exceptionally well.

Good

Good
The service is performing well and meeting our expectations.

Requires improvement

Requires improvement
The service isn't performing as well as it should and we have told the service how it must improve.

Inadequate

Inadequate
The service is performing badly and we've taken action against the person or organisation that runs it.

3.3 When the CQC place a provider in special measures, they closely supervise the quality of care while working with the organisation to help them improve the service within a set timescale.

3.4 Vocare limited is a nationally recognised company for delivery urgent care and provides care services to approximately nine million patients across England, through urgent care centres, GP out of hour's services and NHS 111 services.

3.5 The service is located within St Mary's Hospital footprint, in Paddington. The hospital is run by Imperial College Healthcare NHS Trust. The urgent care centre premises are owned by the NHS Trust. The St Mary's urgent care centre is commissioned by Central London Clinical Commissioning Group (CL CCG) on behalf of its associate commissioners.

3.6 Service improvement plans were initiated by the CCG in April 2017, following a quality assurance update. The areas that were highlighted by the CQC were areas of improvement, where both the CCG and Vocare had already initiated remedial actions and made improvements.

4. **Response to the CQC's report on St Mary's Urgent Care Centre'** "

4.1 The provider had insufficient assurances in place to demonstrate that people received effective care. Areas where inspectors found Vocare **must** make improvements in were as follows:

<u>Ensure care and treatment is provided in a safe way to patients.</u>

- The concern within this area was the lack of double checking of x ray results. It became apparent that due to vacancies in key clinical lead posts, the checking of X-rays for missed fractures procedure had not been followed from April to June 2017. The CCG issued a contractual breech notice in July 2017 in relation to the 'second check procedure' for X-rays and a remedial action plan was agreed with Vocare, which was managed through the normal contractual process in place. Vocare also appointed a Director of Nursing to take responsibility for managing this aspect of improvement.

  This clinical concern was also picked up by CQC during their inspection in July, resulting in the CQC issuing an Enforcement Notice on 20 July 2017, with a required timeline of 28 days for improvement. CQC re-inspected in August and were satisfied that there are safe processes and skills in place to review X-Rays to check for missed fractures.

  Patients who were linked to the backlog were contacted and of the 1,500 patients, only four required a review by Vocare and there no evidenced of clinical harm as a result of the delay. The process followed here is a standard NHS process (duty of candour) for these situations.

4.2 Introduce effective methods to achieve good governance - in accordance with the requirements of the fundamental standards of care.

Considerable improvements have already been made in these areas and they are summarised below:

- The redeployment of some of Vocare's more experienced clinical leadership and operational managers into the SMH site from elsewhere in their organisation

- A corporate executive post of Director of Nursing and Quality was created and appointed to in May 2017. The Director has overhauled the governance structures and introduced a revised governance process and new team to support quality assurance and improvement.

- Vocare have also deployed from within the organisation an experienced GP Clinical Lead working at Clinical Director level and an experience Nursing Lead. These posts have made a positive impact on clinical skills, competencies, rota management and clinical relationships with the A&E Dept.

Ensuring sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.

- Vocare have been successful in recruiting staff into substantive posts –

Ensure staff receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

- Data received in December 2017 demonstrates significant progress has been made around Statutory & Mandatory Training with the achievement of the Core Skills subjects of 94% against a target of 90%. Safeguarding Adults Level 1 -100%; Level 2 – 90%; Children's Level 1 & 2 100%. Safeguarding Leads have been identified and are operating local policy and arrangements well.

4.8.1 The CQC highlights areas where the provider **should** make improvements include:

Reviewing the fire evacuation procedure to ensure all staff understand what to do in the event of a fire.

- Fire exits have been fixed, regular checks led by Imperial with fire evacuation test and procedures clearly marked. The fire extinguishers secured to wall are regularly checked.

Review auditory privacy at all points of patient access to the service.

- As part of the streaming progress there was time when there was no privacy for patients this has now been corrected by the introduction of a consulting room.

Review how patients with a hearing impairment would access the service.

- A hearing loop is installed –

Consider providing patient literature in languages aligned to people using the service.

- Information leaflets have been designed for patients to provide information on what to expect from the pathway between the Emergency Department (Streaming) & the Urgent Care Centre and within what time frame i.e. four Hours. The leaflets have been produced in different languages.

General performance improvement

- SMH Urgent Care Centre have met their 'streaming' performance target - for 95% of patients to receive their initial assessment within 20 minutes - for the past three months (Oct 96%, Nov 97.8%, Dec 96%), during a time of increased pressure in Urgent Care and Emergency Care.

- The Service consistently meets its performance indicator to assess, treat and discharge 95% of patients within 4 hours.

- The Urgent Care Centre is now the highest performing UCC in NWL.

4.7 There has been considerable improvement in the waiting area; the seating arrangements have been improved, together with new covering for the seats. There has also been a television installed for patients to watch. Adequate refreshments are now available and there is an electronic sign that displays the estimate waiting times to be seen.

4.8 Work has being undertaken to review the operating model around 'booking' patients into the department, which has been the subject of patient complaint. A pilot is being planned to monitor the impact of not operating a booking system, for patients being seen in order of clinical priority.

5. Commissioner Actions:

5.1 Areas for concern identified during the CQC inspection largely mirrored the areas that the CCG had previously identified. The service improvement plan and approach between the CCG and Vocare includes:

- Progress **monitoring meetings with Vocare** are held on weekly bases to monitor and progress against their remedial action plan.

- **Monthly Clinical Quality visits** have occurred with specific focus for each visit. The visits have focused on leadership, clinical supervision, staffing, Medicine's Management, Escalation plans, Infection Control and Safeguarding.

- **Patient Experience:** there has been concerted effort to engage with patients and to elicit Patient Experience and improve the response rate for FFT, which is increasing. The UCC Team have installed a 'You said, We did' to demonstrate learning and action based on patient feedback. Vocare have been in contact with Health Watch to look at working with Health Watch. The improvement plan and improvements have been based on complaints from patients and lay members on the CCG's Quality & Safety Committee, which have included concerns around:
  - The length of time to be seen, including not know what to expect.
  - The waiting times being longer due to lack of sufficient clinical skill set such as minor injuries or doctors with significant experience of children.
  - The poor and limited environment in the UCC.
  - The attitude and communications skills of staff.
  - The cleanliness of the environment.

- **Partnership Working**: Both Imperial Trust and Vocare are now working well to manage patient capacity across the two pathways and organisations, with Vocare attending 'Site Management Meetings'

6.0 **Conclusion:**

6.1 There is currently substantial pressure and increasing demand on Urgent Care and Emergency Care services across London. We have seen this become more acute during the winter period, particularly due to flu and other seasonal conditions. We have confidence that providers of urgent care and emergency care across the capital are working hard to provide the best care possible to patients. However, commissioners are working very closely with providers to support them in these challenging times.

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

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APPENDICES/ Links:

Full report on the Inspection of July 2017 can be found here.

http://www.cqc.org.uk/sites/default/files/new_reports/AAAG7828.pdf

The CQC report of re-inspection linked to this enforcement notice can be found here

http://www.cqc.org.uk/location/1-2448861541/reports

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City of Westminster

Adults & Health Policy & Scrutiny Committee

Date:	31st January 2018
Classification:	General Release
Title:	Soho Square General Practice
Report of:	Julie Sands, Head of Primary Care, NHS England
Cabinet Member Portfolio	Cabinet Member for Adult Social Services and Public Health
Wards Involved:	All
Policy Context:	All
Report Author and Contact Details:	Michael Nelson, Assistant Head of Primary Care Commissioning, NHS England mikenelson@nhs.net

1. Executive Summary

1.1 This report is to provide a brief overview of an Alternative Medical Services GP contract as used with the Soho Square General Practice. It further provides an update on how the provider is being managed and future patient involvement.

2. Key Matters for the Committee's Consideration

2.1 The committee are asked to note the report.

3. Alternative Provider Medical Services (APMS)

3.1 Alternative Provider Medical Services (APMS) is a contracting route available to enable NHS England and CCGs (primary care organisations PCOs) to commission or provide primary medical services within their area to the extent that they consider it necessary to meet all reasonable requirements of patients.

3.2 The other contractual routes are General Medical Services (GMS) and Personal Medical Services (PMS) contracts.

3.3 When any contract terminates or the current provider retires and there is no succession planning in place a new provider will be sought through a procurement process. The contracting route used in this case will always be an APMS contract.

3.4 APMS contracts are now in a standard London wide format and are for a period of 5 years, with the option to extend by 5 years, giving a possible maximum of 10 years.

3.5 APMS contracts are provided under Directions of the Secretary of State for Health and provide the opportunity for locally negotiated contracts. They allow PCOs to contract with non-NHS bodies, such as voluntary or commercial sector providers, (or with GMS/PMS practices) to supply enhanced and additional primary medical services. PCOs can enter into APMS contracts with any individual or organisation to meet local needs, as long as core NHS values are fully protected and secured.

3.6 What services can be provided under APMS?
In common with GMS and PMS, APMS can be used to provide:

- Essential services
- Additional services where GMS/PMS practices opt-out
- Enhanced services
- Out of Hours services
- A combination of any of the above

3.7 In addition an APMS contract may also require the provider to deliver other services commissioned by the CCG such as out of hospital services; it is this which gives an APMS contract its local flavour.

3.8 One of the key differences between an APMS contract and the more traditional GMS and PMS forms is the use of Key Performance Indicators (KPIs). These are used to incentivise key areas within the contract using a model of financial reward and penalty. In the case of the London wide contract there is a set of 15 KPIs which cover the following areas:

- Screening Uptake
- Vaccination & Immunisations
- Number of patient consultations provided by a GP, Nurse Practitioner, Practice Nurse or Health Care Assistant
- Patient Voice

3.9 In the case of the Soho Square General Practice, it is the bullet point above that relates to the number of consultations that is particularly key to the current situation. The provider has significant scope under the contract in how it may use the different clinicians listed. The contract does specify the percentage of total consultations that may be carried out by each type of clinician and this is monitored contractually each quarter.

3.10 NHS England and CLCCG met with the provider (LivingCare) on Monday the 22nd January to discuss the current and proposed arrangements at the surgery and they have until 5pm on Friday 26th January 2018 to provide us with a full written response to our questions around service delivery.

3.11 The provider has also agreed to put together a presentation for the patients of the practice to clarify what is actually being proposed for the surgery. Representatives from NHS England and the CCG will also be present at this meeting.

3.12 It is hoped that such a meeting will go some way towards settling the large number of rumours that are circulating at present and focus on the reality of what is actually being proposed.

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

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APPENDICES:

Copy of standard set of London wide KPIs used with APMS contracts

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No.	Description of Key Performance Indicator		Source of Data	Reporting Frequency	Band A - Optimal Performance level	Band B- Acceptable Performance Level	Band C- Minimum Performance Level	Band D- KPI Failure	KPI Weighting
LONDON STANDARD KPIS									
1	**Screening Uptake**	**Bowel Cancer Screening** percentage of patients in relevant age cohort during reporting period registered with the practice that have been screened for Bowel Cancer	Information Bowel Screening Provider has submitted to Commissioner on Exeter, six months in arrears	Quarterly	Greater than or equal to 60% of eligible patients have been screened	Greater than or equal to 55% and less than 60% of eligible patients have been screened	Greater than or equal to 45% and less than 55% of eligible patients have been screened	Less than 45% of eligible patients have been screened	6.25%
2		**Breast Screening** percentage of females in relevant age cohort during reporting period registered with the practice that have responded to invitation to screening	Information Breast Screening Provider has submitted to Commissioner on Exeter, six months in arrears	Quarterly	Greater than or equal to 75% of eligible patients have been screened	Greater than or equal to 70% and less than 75% of eligible patients have been screened	Greater than or equal to 65% and less than 70% of eligible patients have been immunised	Less than 65% of eligible patients have been screened	6.25%
3		**Cervical Screening** percentage of females in relevant age cohort during reporting period registered with the practice that have had cervical screening	Information Contractor has submitted to Commissioner on Exeter	Quarterly	Greater than or equal to the National Screening Programme Threshold (80%)	Greater than or equal to 70% and less than 80% of eligible patients have been screened	Greater than or equal to 60% and less than 70% of eligible patients have been screened	Less than 60% of eligible patients have been screened	6.25%
4	**Vaccination & Immunisations**	Childhood Imms Part 1: Percentage of patients in its area— (i) who have attained the age of 2 years but who are not yet 3 years are able to benefit from the recommended immunisation courses (that is those that have been recommended in England and by the World Health Organisation for protection against—(aa) diphtheria, tetanus, poliomyelitis, pertussis and Haemophilus influenza type B (HiB), (bb) measles/mumps/rubella, and (cc) Meningitis C	Information Contractor has submitted to Commissioner on Exeter	Quarterly	Greater than or equal to 95% of eligible patients have been immunised	Greater than or equal to 80% and less than 95% of eligible patients have been immunised	Greater than or equal to 70% and less than 80% of eligible patients have been immunised	Less than 70% of eligible patients have been screened	6.25%
5		Childhood Imms Part 2:Percentage of patients in its area— who have attained the age of 5 years but who are not yet 6 years are able to benefit from the recommended reinforcing doses (that is those that have been recommended in England and by the World Health Organisation) for protection against diphtheria, tetanus, pertussis and poliomyelitis	Information Contractor has submitted to Commissioner on Exeter	Quarterly	Greater than or equal to 95% of eligible patients have been immunised	Greater than or equal to 80% and less than 95% of eligible patients have been immunised	Greater than or equal to 70% and less than 80% of eligible patients have been immunised	Less than 70% of eligible patients have been screened	6.25%
6		**Flu Immunisation 65+** Percentage of patients aged 65 and over whose notes record that the influenza immunisation has been given	Information Contractor has submitted to Commissioner on Exeter	Annually	Greater than or equal to 75% of eligible patients have been immunised	Greater than or equal to 70% and less than 75% of eligible patients have been immunised	Greater than or equal to 60% and less than 70% of eligible patients have been immunised	OBJ Less than 60% of eligibligable patients have been immunised	6.25%
7		**Flu Immunisation Under 65 at risk** Percentage of patients aged under 65, with clinical conditions placing them in the 'At Risk' category whose notes record that the influenza immunisation has been given	Information Contractor has submitted to Commissioner on Exeter	Annually	Greater than or equal to 75% of eligible patients have been immunised	Greater than or equal to 70% and less than 75% of eligible patients have been immunised	Greater than or equal to 60% and less than 70% of eligible patients have been immunised	OBJ Less than 60% of eligibligable patients have been immunised	6.25%
8		**Pneumococcal Immunisation 65+** Percentage of patients over 65 and 'At Risk' groups aged two years or over whose notes record that pneumococcal immunisation has been given	Information Contractor has submitted to Commissioner on Exeter	Annually	Greater than or equal to 75% of eligible patients have been immunised	Greater than or equal to 70% and less than 75% of eligible patients have been immunised	Greater than or equal to 60% and less than 70% of eligible patients have been immunised	OBJ Less than 60% of eligibligable patients have been immunised	6.25%
	Sub Total Section Weighting								**50%**
9	For indicators 9 and 10 the provisions set out in the Service Specification in Schedule 2, Part 2, Paragraph 2.9 shall apply for the purposes of measuring this KPI except where specifically indicated for Band A and Band B	Number of patient consultations provided by a GP or Nurse Practitioner (Or other suitably qualified Medical Practitioner with the express consent of the Commissioner) per 1000 Carr-Hill weighted patients per week	Contractor	Quarterly	A minimum of 80 Consultations (for the purposes of the additional consultations required for the achievement of this KPI, over and above Band C, the limitations in skill mix in Schedule 2, Part 2, Paragraph 2.9.1 and in the consultation method in Schedule 2, Part 2, Paragraph 2.9.5 shall not apply)	A minimum of 75 Consultations but below Band A (for the purposes of the additional consultations required for the achievement of this KPI, over and above Band C, the limitations in skill mix in Schedule 2, Part 2, Paragraph 2.9.1 and in the consultation method in Schedule 2, Part 2, Paragraph 2.9.5 shall not apply)	A minimum of 72 Consultations but below Band B	Less than 72 Consultations	12.50%
10		Number of patient consultations provided by a Nurse or Health Care Assistant (Or other suitably qualified Clinician with the express consent of the Commissioner) per 1000 Carr-Hill weighted patients per week	Contractor	Quarterly	A minimum of 32 Consultations (for the purposes of the additional consultations required for the achievement of this KPI, over and above Band C, the limitations in skill mix in Schedule 2, Part 2, Paragraph 2.9.1 and in the consultation method in Schedule 2, Part 2, Paragraph 2.9.5 shall not apply)	A minimum of 28 Consultations but below Band A (for the purposes of the additional consultations required for the achievement of this KPI, over and above Band C, the limitations in skill mix in Schedule 2, Part 2, Paragraph 2.9.1 and in the consultation method in Schedule 2, Part 2, Paragraph 2.9.5 shall not apply)	A minimum of25 Consultations but below Band B	Less than 25 Consultations	12.55%
	Sub Total Section Weighting								**25%**
11	**Patient Voice**	**Overall Experience** Percentage of patients responding within the 'good' range to the question "Overall, how would you recommend your experience of your GP Surgery?"	National GP Patient Survey (locally administered in year 1)	Annually	Equal to or exceeding the upper quartile value established for all the GP Practices located in the London Region for the previous year	Equal to or exceeding the median value established for all the GP Practices located in the London Region for the previous year - but below Band A	Equal to or exceeding the median value established for all the GP Practices located in the local CCG Area for the previous year - but below Band B	Below the median value established for all the GP Practices located in the local CCG area for the previous year	5.00%
12		**Recommendation** Percentage of patients who would definitely or probably recommend their GP Surgery	National GP Patient Survey (locally administered in year 1)	Annually	Equal to or exceeding the upper quartile value established for all the GP Practices located in the London Region for the previous year	Equal to or exceeding the median value established for all the GP Practices located in the London Region for the previous year - but below Band A	Equal to or exceeding the median value established for all the GP Practices located in the local CCG Area for the previous year but - below Band B	Below the median value established for all the GP Practices located in the local CCG area for the previous year	5.00%
13		**Receptionists** Percentage of patients responding within the 'helpful' range to the question "How helpful do you find the receptionists at your GP Surgery?"	National GP Patient Survey (locally administered in year 1)	Annually	Equal to or exceeding the upper quartile value established for all the GP Practices located in the London Region for the previous year	Equal to or exceeding the median value established for all the GP Practices located in the London Region for the previous year - but below Band A	Equal to or exceeding the median value established for all the GP Practices located in the local CCG Area for the previous year - but below Band B	Below the median value established for all the GP Practices located in the local CCG area for the previous year	5.00%
14		**Telephone** Percentage of patients responding within the 'easy' range to the question "Generally, how easy is it to get through to someone at your GP Surgery on the phone?"	National GP Patient Survey (locally administered in year 1)	Annually	Equal to or exceeding the upper quartile value established for all the GP Practices located in the London Region for the previous year	Equal to or exceeding the median value established for all the GP Practices located in the London Region for the previous year - but below Band A	Equal to or exceeding the median value established for all the GP Practices located in the local CCG Area for the previous year but - below Band B	Below the median value established for all the GP Practices located in the local CCG area for the previous year	5.00%
15		**Waiting Time** Percentage of patients that "don't have to wait too long" to be seen for their appointment	National GP Patient Survey (locally administered in year 1)	Annually	Equal to or exceeding the upper quartile value established for all the GP Practices located in the London Region for the previous year	Equal to or exceeding the median value established for all the GP Practices located in the London Region for the previous year - but below Band A	Equal to or exceeding the median value established for all the GP Practices located in the local CCG Area for the previous year - but below Band B	Below the median value established for all the GP Practices located in the local CCG area for the previous year	5.00%
	Sub Total Section Weighting								**25%**

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Adults & Health Policy & Scrutiny Committee

Date:	31 January 2018
Classification:	General Release
Title:	**Care Home Quality in Westminster**
Report of:	Bernie Flaherty, Executive Director of Adult Social Care, and Public Health
Cabinet Member Portfolio	Adult Social Services & Public Health
Wards Involved:	All
Report Author and Contact Details:	**Mike Boyle, Director of Commissioning and Enterprise,** mike.boyle@lbhf.gov.uk

1. Executive Summary

1.1 Following a request from the Westminster Scrutiny Commission in November 2017 this report, is to update the Committee on the status of care home quality in Westminster and includes details of a recently commissioned care home improvement programme as well as other initiatives designed to enhance the quality of life for care home residents and for staff working in care homes.

1.2 A recent report on care homes by Which? focused on an analysis of Care Quality Commission (CQC) data in the London area, and this report sets out the position regarding the current state of the care home market in Westminster and the CQC outcomes for each home.

2. Key Matters for the Committee's Consideration

2.1 The Care Quality Commission (CQC) regulates all care homes in England and Wales. The inspection framework results in one of four overall ratings for each care home; Outstanding, Good, Requires Improvement or Inadequate. This overall rating is comprised of ratings against five key tests; Is it Safe? Is it Caring? Is it Well Led? Is it Responsive? Is it Effective? All inspection reports are published with these ratings and the home must display the rating on the premises. A summary of the current CQC ratings for Westminster care homes is included in Appendix 1 to this report.

2.2 In 7 November 2017, the consumer organisation Which? provided an update on the situation in regards to CQC care home ratings which updated on a previous Independent Age research report (April 2017). Both reports reveal a considerable variation in quality ratings by Local Authority area based on the published ratings as at January 2018. London was found to be one of the best performing areas of the country, with 27% of care homes performing poorly (with Ratings of either 'Requires Improvement' and Inadequate').

2.3 The current status for Westminster care homes, 38% (5) homes are rated as 'Requires Improvement' and the remaining 62% (8) homes are rated as 'Good'. Details of the position of all CQC registered care homes in Westminster together with the number of residents placed by ASC as at 1 January 2018 are included in Appendix 1 of this report.

3. Background

3.1 Quality of care provision within the care home market is increasingly variable. The market is not static, with both a high turnover of staff and users. This often means that a care home provider previously considered stable and of 'Good' or 'Outstanding' quality by CQC, ASC or Health can very quickly see quality standards dip. Often, a change in a single key staff member e.g. the Registered Manager can impact the running of a home or a provider. Similarly, a single inappropriate placement can affect the entire home or centre.

3.2 Providers are monitored in both a formal and informal manner and on a continuous basis. Information is shared between the brokerage, placement review, safeguarding, contract monitoring and operational teams daily, and often information is shared between our Health (CCG) colleagues, other local authorities and the CQC as well.

3.3 Poor homes are constantly monitored, and where issues are suspected, a combination of methods are employed at the earliest opportunity to support the care home. This can include reviews of individual service users by the placements review team, contract monitoring visits from the contracts team, safeguarding visits from both the local authority safeguarding team or from the CCG safeguarding and quality team. ASC can also ask Healthwatch or one of our advocacy providers to visit the home and make an independent assessment.

3.4 In cases where ASC has serious concerns, an Establishment of Concerns meeting is convened so that a multi-disciplinary view can be taken and an action plan produced to support the provider to improve. The CQC and/or CCG are sometimes involved or informed in these cases and usually a view is taken on whether to pursue a formal or informal placement suspension or possibly a formal embargo. A Safeguarding Information Panel (SIP) is well established and meets regularly with representation from ASC, Health, Safeguarding and CQC. A Quality Surveillance Group (QSG) led by NHS England (London region) to share high level concerns across health and social care meets regularly and has representation from ASC, Health, CQC and Healthwatch.

3.5 A Care Home Provider Forum has been initiated to encourage homes to improve their practice, learn from each other, develop good practice models, and identify way we can do this, such as shadowing other homes, particularly homes that offer good dementia care.

3.6 A Registered Managers network supported by Skills for Care and the London Care and Support Forum (LCAS) meets regularly to exchange good practice and support managers in their challenging role.

3.7 A 'Caring for Care Homes' programme led by the Kings Fund, hosted by the GP Federation in Hammersmith and Fulham and funded by Health Education North West London is currently supporting care homes in Westminster to create a more compassionate and supportive working environment for care home workers

3.8 A Joint Health and Social Care Dementia Programme Board provides oversight for the delivery of new sustainable workforce development models to improve the quality of care for people with complex dementia. The Board has oversight of a delivery implementation plan which is taking forward the recommendations in the Joint Strategic Needs Assessment for Dementia.

4. Care Home Improvement Programme

4.1 A care home improvement programme has been jointly commissioned by both Adult Social Care and Health with funding from the integrated Better Care Fund (BCF).

4.2 The programme will be delivered by two recognised care home improvement organisations; 'My Home Life' (City University) and Ladder to the Moon. Both have a long track record of successful delivery and are recognised by CQC in helping care homes to achieve 'Good' and 'Outstanding' ratings.

4.3 The delivery of this programme will enable those care homes in Westminster City Council currently rated as "Requires Improvement" by the Care Quality Commission (CQC) to achieve at least a "Good "rating. Both providers have a proven track record of delivery and have been recognised by the CQC and many other Local Authorities as enabling managers in care homes and the wider staff team to create a person centred, high quality service for care home residents and staff alike.

4.4 Ladder to the Moon and My Home Life are working together to deliver a two-phase programme over an 18-month period commencing in March 2018 across care homes in Westminster. The two organisations complement each other, with My Home Life focusing on the developing the skills and capability of the Registered Managers and their Deputies within a care home and Ladder to the Moon working with the whole staff team to create a creative and innovative working environment to enhance the quality of life for care home residents and the quality of the working life for staff.

4.5 'My Home Life' is a leadership support programme offering care home managers a space to reflect, to develop and undertake a journey of self-development, so that they can be inspired to lead cultural change in care homes that makes care for older people more relational, personalised, dignified, and compassionate. Their emphasis is on encouraging sustainable transformational change where staff are supported to *do things differently* rather than simply *doing different things.*

4.6 The My Home Life programme of work has supported 1000 care home managers to date. Evaluation from participating managers shows that their approach is completely different from anything else that they have experienced. Following completion of the programme, managers say that they are demonstrating greater leadership and transformational skills leading to positive outcomes for residents, relatives, and staff and a greater understanding of how their own management style can enable culture change in relation to voice, choice, and control for their residents.

4.7 Ladder to the Moon is a company focused on delivering creativity and innovation in care settings. They have a track record of delivery in care homes and many other care settings in organisations across London and South East of England and have been formally recognised by the CQC in their "Guide to achieving Good and Outstanding" as being a contributory factor in providers achieving these Ratings at inspection. The work programme is delivered with participation of residents working with all staff working in the care home, not only care delivery staff, to ensure that there is buy in and transformation of the culture throughout the home environment.

4.8 The programme was launched at an event held on 22 January 2018 with excellent attendance from an audience of care home managers, Regional Managers, and Activities Coordinators from care homes across the City.

4.9 Several homes have already registered their interest and they will be expected to sign a Learning Agreement to commit to attending the programme and to completing ongoing evaluation using Key Performance Indicators (KPIs) that will measure the difference in staff and resident satisfaction and track sickness and retention rates throughout the life of this programme.

4.10 Both organisations are happy to present on the outcomes of the programme to a future meeting of this Committee should this be desired.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact Mike Boyle mike.boyle@lbhf.gov.uk

APPENDICES:

Appendix 1: Latest Care Quality Commission Inspection Data for Care Homes- Westminster City Council as at January 2018)

Care Home Name	Primary Client Type	Inspection Report Publication Date	Number of clients placed 1.01.18	Overall Rating	Group Name
1-2 Elmfield Way	Learning Disability	02/09/2015	3	Good	Yarrow Housing
Alison House	Learning Disability	16/02/2016	Respite up to 5	Good	Westminster Society for People with Learning Disabilities
Athlone House Nursing Home	Continuing Care	29/09/2016	23	Good	Sanctuary Care Ltd
Carlton Dene Elderly Resource Centre	Older People	24/12/2016	41	Requires Improvement	Sanctuary Care Ltd
Carlton Gate	Learning Disability	05/04/2016	3	Good	Westminster Society for People with Learning Disabilities
Flat A, 291 Harrow Road	Learning Disability	09/06/2017	4	Good	Westminster Society for People with Learning Disabilities
Flat B, 291 Harrow Road	Learning Disability	09/07/2015	4	Good	Westminster Society for People with Learning Disabilities
Flat C, 291 Harrow Road	Learning Disability	27/07/2015	5	Requires Improvement	Westminster Society for People with Learning Disabilities
Forrester Court	Older People	22/02/2017	74	Requires Improvement	Care UK
Garside House Nursing Home	Continuing Care	17/04/2017	40	Good	Sanctuary Care Ltd
Haven Bell Care Home	Mental Health	07/02/2017	1		
Norton House	Older People	28/02/2017	25	Good	Anchor
St George's Nursing Home	Older People	06/02/2015	6	Requires Improvement	
Westmead Residential Care Home	Older People	27/09/2016	36	Good	Sanctuary Care Ltd
Total			265		

BACKGROUND PAPERS

Independent Age report on care home quality in England- 31 March 2017 at https://www.independentage.org/policy-research/research-reports/care-home-performance-across-england

City of Westminster

Adults & Health Policy & Scrutiny Committee

Date:	31 January 2018
Classification:	General Release
Title:	**Work Programme and Action Tracker**
Report of:	Julia Corkey, Director of Policy, Partnerships & Communications
Cabinet Member Portfolio	Cabinet Member for Adult Social Services & Public Health
Wards Involved:	All
Policy Context:	All
Report Author and Contact Details:	**Artemis Kassi - Policy and Scrutiny Officer x3451** **akassi@westminster.gov.uk**

1. Executive Summary

1.1 This report presents the current Work Programme for approval based on discussions at the last meeting and with senior officers. It also provides an update on the Action Tracker.

2. Key Matters for the Committee's Consideration

2.1 The Committee is asked to:

- Review, approve and, where required, prioritise the draft list of suggested Work Programme items at Appendix 1; and
- Note the Action Tracker at Appendix 2.

3. Background

3.1 This Work Programme takes from the Work Programme agreed at the Committee's last meeting on 22 November 2017. It is presented here for the Committee to review and amend as appropriate.

3.2 There have been two key changes to the Work Programme for the Committee's January meeting. The first arose from the meeting of the Westminster Scrutiny Commission on 30 November 2017. At that meeting, Commission Members commented on concerns that had been raised over the delivery of care in Westminster's care homes, and it was agreed that care homes would be added to the agenda of the next meeting of the Adults & Health Policy & Scrutiny Committee on 31 January 2018. The second arose from the meeting of the Health and Wellbeing Centres Task Group on 12 January 2018, where it was agreed to add a review of the Westminster Child and Adolescent Mental Health Services (CAMHS) to the Work Programme.

If you have any queries about this Report or wish to inspect any of the Background Papers, please contact Artemis Kassi x3451

akassi@westminster.gov.uk

APPENDICES:

Appendix 1- Work Programme

Appendix 2 - Action Tracker

ROUND ONE 19 JUN 2017		
Agenda Item	**Reasons & objective for item**	**Represented by**
Policing Plan Implementation including the BCU	To consider implementation of the MOPAC Policing & Crime Plan; and to receive an update on Borough Command Unit (BCU) mergers and any proposed changes to Neighbourhood Policing.	Peter Ayling Sara Sutton
Safer Westminster Plan	To consider objectives and plans for the year ahead and a progress report on performance	Sara Sutton Mick Smith
MOPAC Funding	To consider the prospectus for co-commissioned funding and influence the expression of interest	Stuart Love Sara Sutton

Health Urgency Sub-Committee 29 JUNE 2017		
Local plans, priorities and key issues for service development and improvement	To outline to Committee the key priorities and plans for the CCGs	Jules Martin
New Primary Care Strategy	To consult Committee on the draft new Strategy	Jules Martin Chris Neill

ROUND TWO 20 SEPTEMBER 2017		
Agenda Item	**Reasons & objective for item**	**Represented by**
Cabinet Member Q&A	To receive an update	Councillor Heather Acton - Cabinet Member for Adult Social Care and Public Health

London Ambulance Service	To receive an overview of current key issues and levels of performance	London Ambulance Service (Ian Johns, Catherine Wilson)
CCG Quality Improvements Programme	To receive an update on Westminster CCGs' intended quality improvements for 2017/19	CCGs (Philippa Mardon, Emma Playford, Louise Proctor)
Work Programme		

ROUND THREE **22 NOVEMBER 2017**		
Agenda Item	**Reasons & objective for item**	**Represented by**
Cabinet Member Q&A	To receive an update	Councillor Heather Acton – Cabinet Member for Adult Social Care and Public Health
Tri-borough/Bi-borough	To receive an update on the outcome of the consultation on new operating models being proposed	Siobhan Coldwell
Adults Safeguarding	To receive the Annual Report of the Adults Safeguarding Executive Board	Mike Howard and Helen Banham
Public Health	To receive an update on priorities, budget and operating models	Mike Robinson
Work Programme		

Health Urgency Sub-Committee **30 NOVEMBER 2017**		
Soho Square General Practice	To receive updates on proposed changes to the services at Soho Square Surgery	Living Care (Provider), CCGs

ROUND FOUR 31 JANUARY 2018 Agenda Item	Reasons & objective for item	Represented by
Report of the Health & Wellbeing Centres Task Group	To receive the report from the Committee's Task Group, and to consider recommendations in the context of corporate work on hubs/Church Street	Councillor Barrie Taylor
St. Mary's Hospital – Urgent Care Service	To consider the provision of urgent care at St. Mary's Hospital	Chris Neill, Emma Playford (CCG) Mike Nelson (NHS England) Vocare (Provider)
The Drug and Alcohol Wellbeing Service	To examine the work and effectiveness of the Drug and Alcohol Wellbeing Service (DAWS) in Westminster	[Gaynor Driscoll] Mark Dronfield and Michael Huck (DAWS/Turning Point) Bernie Casey (CGL)
The Delivery of Care in Westminster's Care Homes	To review the delivery of care in Westminster's care homes, in response to concerns that had been noted by the Westminster Scrutiny Commission at its meeting on 30 November	tbd
Work Programme		

ROUND FIVE 9 APRIL 2017 Agenda Item	Reasons & objective for item	Represented by
N.B this meeting will take place during purdah		

UNALLOCATED ITEMS Agenda Item	Reasons & objective for item	Represented by
Mental Health	Briefing on Mental Health, including the mental health of young people and the move from a medical model to early intervention and prevention	

Community Services Transformation Programme	Update on the Babylon Health Service: trial success and utilisation rates To consider arrangements for service monitoring, with representatives from Healthshare being invited to attend.	
St Mary's Hospital	Update on level of use of services by non-Westminster residents who may come from abroad to receive treatment	
NHS Provider Complaints	To assess complaints from local Provider Trusts as a result of the Francis Inquiry and new Health Scrutiny Powers	
Planning for adequate GP services in Westminster.	Review of arrangements for ensuring adequate provision.	

TASK GROUPS and STUDIES		
Subject	**Reason**	**Type**
Community Independence Service	Councillor McAllister has picked up this Single Member Study from Councillor Rowley. Report finalised (October 2017)	SMS – Cllr Patricia McAllister
Supporting the development of health and well-being centres	Committee has agreed to establish this task group. This will run from September 2017 to January 2018 with background work/research/preliminary fact-finding visits taking place during August – November 2017. Report in January 2018	Report – Cllr Barrie Taylor
Air Quality Task Group	This task group has concluded its work and the report was launched on 14 June 2017	Report – Cllr Jonathan Glanz

22 NOVEMBER 2017		
Agenda Item	Action	Status
Item 4 **Cabinet Member Updates: Adult Social Services & Public Health**	- The Committee to receive an update at its next meeting on progress in improvements at Vincentian Care Plus, following the recent inspection by the Care Quality Commission. - Consideration to be given to including planning for adequate GP services in Westminster being included in the future Committee Work Programme. - The Committee to receive an update prior to the next meeting on what the increased budget funding for the Sustainability and Transformation Plan for North West London would mean for Westminster. - The Committee to receive an update on progress in the proposals for London devolution, so it can be discussed at the next meeting.	Completed. Added to the future Work Programme. Completed. Completed.
Item 5 **Standing Updates**	<u>Community Independence Service (CIS) Single Member Study.</u> - The findings of the Study to be forwarded to providers before the next meeting of the Providers Board. - The Single Member Study to be reviewed in a year's time, to see how the outcomes were progressing.	Completed Added to the future Work Programme.

Item 8: **Work Programme**	- A meeting of the Health Policy & Scrutiny Urgency Sub-Committee to take place on 30 November, to discuss proposed service changes at the Soho Square General Practice.	Completed.

20 SEPTEMBER 2017		
Agenda Item	Action	Status
Item 4 **Cabinet Member Updates: Adult Social Services & Public Health**	-The Committee repeated its request to receive the Minutes from North West London STP meetings. -Public Health requested to provide a written briefing on potential Health Visiting savings of £680k, and on how Health Visiting services will be affected. -The Cabinet Member to update/ report back on her forthcoming visit to Gordon Hospital. -Consideration be given to undertaking a Health & Wellbeing Survey of Westminster's residents -The Committee requested a briefing on Mental Health, including the mental health of young people and the move from a medical model to early intervention and prevention.	Completed Completed (04.10.2017) Completed (04.10.2017) Scrutiny Commission. Approved by Leader. Received
Item 5 **Standing Updates**	<u>Health & Wellbeing Task Group</u> •A summary of the report of the all-party Parliamentary Committee on Health & Art to be circulated to Members. <u>Changes to Shared Services</u> •The Chief of Staff to be invited to attend the next meeting on 22 November, to report on progress in the establishment of bi-borough services and on the results of consultation.	Completed (04.10.2017) Siobhan Coldwell invited to present on 22.11.2017

Item 6: **London Ambulance Service (LAS) Review of Performance**	-The Committee to receive details of the LAS Patient Response Programme. -LAS to provide details of its public engagement policies, and of how the LAS was monitored.	Completed (04.10.2017) Completed (04.10.2017)
Item 7: **Community Services Transformation Programme**	-The Committee to receive an update on the trial of the Babylon Health Service being undertaken in Westminster; together with an update on the success of the trial and utilisation rates. -Details of service monitoring to be submitted to a future meeting of the Committee, with representatives from Healthshare being invited to attend	Added to future Work Programme Added to future Work Programme
Item 8: **Work Programme**	-Consideration to be given to inviting the new Chief Executive of Imperial NHS Trust to the meeting in January 2018, to report on how Imperial had performed in A&E and to inform the Committee of his vision going forward. -The Committee requested a written update on the level of use of services at St. Mary's Hospital by non-Westminster residents.	An initial meeting has been scheduled. Added to future Work Programme.

19 JUNE 2017		
Agenda Item	Action	Status
Item 4 **Cabinet Member Updates: Adult Social Services & Public Health**	The Committee repeated its request to receive the Minutes from the North West London STP meetings.	Completed
Item 6 **Metropolitan Police Service Update and Mayor's Policing and Crime Plan 2017 - 2021**	-The Borough Commander to provide Committee Members with details of the siting and coverage of CCTV in Westminster -The Borough Commander to provide an overview of drugs and vulnerability as one of the	Completed Completed (BPT)

	priorities set out in the Control Strategy for 2017; together with details of what the Police were trying to achieve and on the resulting outcomes -The Committee to receive details of gun crime in Westminster -The Committee requested a future update on progress in Police engagement in schools	 Completed (BPT) Completed (BPT)
Item 8 **Safer Westminster Partnership**	The Committee to receive contact details of the organisations that offered support in connection with domestic violence and Violence Against Women and Girls	Completed
Item 9 **Committee Work Programme**	The Committee to receive details of the CCGs' forward plan, in order that it could be taken into account in the Committee's own Work Programme -The London Ambulance Service to be invited to present their vision of the future of the service; and to provide their perspective on the proposed redevelopment of the St Mary's Hospital site, and on any impact that may have arisen from the cycle super-highway -Following recent events at Grenfell Tower, the Committee agreed that it should review the City Council's ability to co-ordinate services if a similar issue were to arise in Westminster, and ensure that it has an effective Emergency Plan -Closer consideration to be given to the PREVENT initiative and to the CONTEST sub-group of the Safer Westminster Partnership -Consideration to be given to the level of use of services at St	Completed. CCG presentation on Quality Improvement Programme 2017 - 2019 Completed BPT Committee BPT Committee Addition to the Work Programme

	Mary's Hospital by non-Westminster residents	

8 MAY 2017		
Agenda Item	Action	Status
Item 3 **Minutes** <u>St. Mary's Urgent Care Centre - Minute 6.6</u>	The wording to be expanded to include reference to Members' comments that patients who were ready to be discharged should have the opportunity to be assessed formally, and that this should form the basis of any necessary care plan.	Completed
Item 4 **Cabinet Member Updates: Adult Social Services & Public Health** <u>Homecare</u>	Members requested details of the IT that was available for Homecare; and asked that the next Cabinet Member update include information on the Homecare contract, with details of hourly rates and whether an allowance was made for travel time. Details of the outcomes and recommendations that may have followed Care Quality Commission inspections of Homecare and care homes in Westminster were also requested.	Completed via briefing note of 9.6.17 Completed. Sent to Committee on 12.6.17
Item 4 **Cabinet Member Updates: Adult Social Services & Public Health** <u>Smoking</u>	To investigate whether other local authorities have extended the places where smoking is not permitted to include Council housing. John Forde (Deputy Director of Public Health) to provide the Committee with a link to the video being offered by the 'Kick-it' campaign.	Completed via briefing note as above.
Item 4 **Cabinet Member Updates: Adult Social Services & Public Health** <u>Sustainability & Transformation Plan (STP)</u>	Details of the feedback received from NHS England to the submission made by North West London; together with the minutes from North West London STP meetings were requested.	Completed (see above)

Item 4 **Cabinet Member Updates: Adult Social Services & Public Health** Air Quality and Planning	Clarification sought of the influence that the City Council could have through planning decisions which improved public health by reducing the pollution caused by buildings.	Completed via briefing note as above.
Item 4 **Cabinet Member Updates: Adult Social Services & Public Health** Mental Health Day Services	An update requested on the effectiveness of Mental Health Day Services and Safe Spaces	Completed.
Item 4 **Cabinet Member Updates: Adult Social Services & Public Health** Mental Health Day Services	Clarification sought on whether Westminster's Troubled Families were linked with the Family Information Service and Employment Support.	Completed via briefing note sent out 09.06.17
Item 4 **Cabinet Member Updates: Public Protection** Anti-Social Behaviour	Sara Sutton (Director Public Protection & Licensing) to provide the Committee with details of the work of Street Based Anti-Social Behaviour Task & Finish Group.	Completed (06.09.2017)
Item 4 **Cabinet Member Updates: Public Protection** Moped Crime	A joint letter would be sent to the Borough Commander from the Committee and Cabinet Member highlighting their concerns regarding the rise in moped enabled robbery.	Completed
Item 7 **Committee Work Programme**	The agenda for the next meeting in June to focus on implementation of the Policing Plan and Borough Command Units; MOPAC Funding; and the Safer Westminster Partnership.	Completed
Item 7 **Committee Work Programme**	The presentation by Westminster's CCG's on local plans, priorities and key issues for service development and improvement, to be received at a meeting of the Health Urgency Sub-Committee, to be arranged as soon as possible after the General Election on 8 June. The presentation to also look at the Primary Care Strategy over the forthcoming year.	Completed

1 FEBRUARY 2017		
Agenda Item	Action	Status
Item 4 **Cabinet Member Updates: Public Protection & Licensing**	The City Council's response to the draft London Police & Crime Plan to be signed by the Cabinet Member and the Chairman of the Committee	Signed by the Leader, Cabinet Member and Chairman of the Committee and submitted on 01.03.2017. Circulated to Committee on 01.03.2017.
Item 4 **Cabinet Member Updates: Public Protection & Licensing**	The Committee to be provided with statistical details of the regular street counts of rough sleepers in Westminster.	Completed and circulated to Committee on 15.02.2017.
Item 4 **Cabinet Member Updates: Public Protection**	The Committee to be provided with a substantive update on the Westminster Rough Sleeping Strategy, prior to the re-commissioning of outreach services.	Completed and circulated to Committee on 15.02.2017
Item 4 **Cabinet Member Updates: Adult Social Services & Public Health**	The draft Health and Wellbeing Strategy Implementation Plan to be referred to Committee for comment.	The draft Plan is being finalised. Expected in early 2018 and will be shared with Committee once completed.
Item 5 **Standing Updates: Air Quality Task Group**	A Member of the Committee is sought as a deputy for Councillor Glanz.	No one has been identified. However the Task Group completes its work in March.
Item 5 **Standing Updates: Community Independence Task Group**	A Member of the Task Group is sought to take forward the work begun by Cllr. Rowley	Councillor McAllister has taken on this work and the first meeting with officers takes place on 28.03.2017.

Item 6 **MOPAC Funding & Proposals for Metropolitan Police Basic Command Unit Changes**	That MOPAC provide Committee Members with copies of the draft Performance Framework and the London Formula	The draft Performance Framework was circulated to Committee on 15.02.2017. The London Formula was circulated to Committee (09.2017)

23 NOVEMBER 2016		
Agenda Item	Action	Status
Item 4 **Cabinet Member Updates: Public Protection**	The potential role of Scrutiny in establishing a bidding strategy for MOPAC to be included in the discussion on future funding at the forthcoming meeting in February.	Main item on February Agenda
Item 4 **Cabinet Member Updates: Public Protection**	Clarification of the outcome of the discussion on future funding for Westminster's Integrated Gangs Unit by the Children, Sports & Leisure Policy & Scrutiny Committee to be obtained.	Email to Committee on 23.01.2017
Item 4 **Cabinet Member Updates: Public Protection**	The concerns of the Human Trafficking Foundation over a recent raid on sex work premises by the police that had been conducted in violation of the Association of Chief Police Officers rules to be raised with the Police.	Letter sent from the Chairman. Response received from Borough Commander-to be sent with Committee papers on 4.01.2017
Item 4 **Cabinet Member Updates: Public Protection**	The concerns of the Human Trafficking Foundation over child trafficking in Westminster to be raised with the Interim Tri-Borough Director of Children's Services.	Letter sent from the Chairman
Item 4 **Cabinet Member Updates: Public Protection**	Consideration be given to convening a cross-portfolio scrutiny examination of public safety concerns arising from the forthcoming 50th anniversary of the Notting Hill Carnival, which would include representation from the police and the community.	Short brief to be sent with Committee papers on 24.01.2017

Item 9 Committee Work Programme 2016-17	The Borough Commander to be invited to attend the meeting in February 2017 to participate in the discussion on MOPAC funding. Consideration to also be given to inviting a representative from the Home Office.	The Borough Commander and MOPAC are attending.
Item 9 Committee Work Programme 2016-17	The report on End of Life Care to be rescheduled to the meeting in March 2017.	Completed
Item 9 Committee Work Programme 2016-17	The review of the Better Care Fund to be dealt with by way of a separate briefing.	Completed. Sent to Committee 30.1.17

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