Public Document Pack

City of Westminster

Committee Agenda

Title:	**Adults & Health Policy & Scrutiny Committee**
Meeting Date:	**Wednesday 22nd November, 2017**
Time:	**7.30 pm**
Venue:	**Room 3.1, 3rd Floor, 5 Strand, London, WC2 5HR**
Members:	**Councillors:** Jonathan Glanz (Chairman) Barbara Arzymanow Susie Burbridge Patricia McAllister Guthrie McKie Jan Prendergast Robert Rigby Glenys Roberts

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

Admission to the public gallery is by ticket, issued from the ground floor reception at 5 Strand from 6.30pm. If you have a disability and require any special assistance please contact the Committee Officer (details listed below) in advance of the meeting.

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

Tel: 020 7641 2802; Email: apalmer@westminster.gov.uk
Corporate Website: www.westminster.gov.uk

Note for Members: Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions they should contact the Director of Law 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 - 10)**

To approve the minutes of the meeting held on 20 September 2017.

4. CABINET MEMBER UPDATE **(Pages 11 - 18)**

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 and Officers in advance of the Committee meeting.

5. STANDING UPDATES **(Pages 19 - 42)**

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**
- **The Health & Wellbeing Centres Task Group**
- **The Evening and Night Time Economy Joint Task Group**
- **Joint Health Overview & Scrutiny Committee**

ii) Westminster Health Watch

To receive an update on recent work undertaken in Westminster

6. AGREEMENT OF BI-BOROUGH SERVICES IN ADULT SOCIAL CARE AND PUBLIC HEALTH **(Pages 43 - 52)**

To receive an update on progress in establishing a bi-borough agreement, together with a summary of the proposed new structures and key changes.

7. PUBLIC HEALTH - CURRENT ISSUES AND PRIORITIES

To receive a presentation on Public Health priorities, and on the new operating model following the transition to a bi-borough service in the New Year (VERBAL REPORT).

8. SAFEGUARDING ADULTS EXECUTIVE BOARD ANNUAL REPORT 2016-2017 **(Pages 53 - 86)**

The Committee needs to be assured that Adult Safeguarding over the past year has been robust.

9. COMMITTEE WORK PROGRAMME AND ACTION TRACKER **(Pages 87 - 100)**

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.

10. ITEMS ISSUES FOR INFORMATION

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

11. ANY OTHER BUSINESS

To consider any other business which the Chairman considers urgent.

Charlie Parker
Chief Executive
14 November 2017

This page is intentionally left blank

DRAFT MINUTES

CITY OF WESTMINSTER

Adults, Health & Public Protection Policy & Scrutiny Committee

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Adults, Health & Public Protection Policy & Scrutiny Committee** held on **Wednesday 20 September 2017**, Room 3.1, 3rd Floor, 5 Strand, London WC2 5HR

Members Present: Councillors Jonathan Glanz (Chairman), Barbara Arzymanow, Susie Burbridge Patricia McAllister, Gotz Mohindra, Jan Prendergast, Glenys Roberts and Barrie Taylor.

Also Present: Councillor Heather Acton.

1. MEMBERSHIP

1.1 No apologies were received. All Members were present.

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 made. No further declarations were made.

3. MINUTES

3.1 RESOLVED:

3.1.1 That the Minutes of the meeting held on 19 June 2017 be approved.

3.1.2 That the Minutes of the meeting of the Health Policy & Scrutiny Urgency Sub-Committee on 29 June 2017 also be approved.

4. CABINET MEMBER UPDATES

4.1 Cabinet Member for Adult Social Services & Public Health

4.1.1 Councillor Heather Acton provided a briefing on key issues relating to her portfolio, which included Adult Social Care, Public Health, and the Westminster

Health & Wellbeing Board. The Committee also heard from Rachel Wigley (Deputy Executive Director and Director of Finance & Resources - Adult Social Care & Health), and Gaynor Driscoll (Head of Public Health Commissioning - Adults).

4.1.2 The Committee commended the collaborative working between Clinical Commissioning Groups (CCGs) and health providers in Westminster and RB Kensington & Chelsea in responding to the Grenfell fire. The Cabinet Member similarly highlighted the closer joint working, and acknowledged that lessons would be learnt.

4.1.3 The Committee discussed mental health, and the need to give more emphasis on prevention and early intervention. The Cabinet Member acknowledged the need for change, and confirmed that the Director of Public Health would be publishing a 'Health for All' report in conjunction with the Westminster Health & Wellbeing Board, that would seek to move away from medicalisation and focus more on children and young people. Meetings were also being arranged with third sector stakeholders to consider how the City Council could help promote early intervention for mental health. The Committee commented on the Zumos emotional wellbeing service, which offered an online preventative service for primary and secondary schools; and also commented on the impact of social media such as Facebook and Twitter on young people's mental health. Although the number of young people who had mental health problems was difficult to assess, at present, over 200 school children were taking their lives each year. It was agreed that the Committee should take account of the recommendations that had been given in the annual survey of children and young people's mental health, which had been published by YoungMinds.

4.1.4 Members sought clarification of the reduction in service users for the Safe Space mental health day service provided by the Single Homeless Project. The Cabinet Member confirmed that although some service users had opted out of the scheme, she was happy with the progress of the day service in which people had been linking into specific programmes.

4.1.5 The Committee requested a briefing on mental health (including the mental health of young people), and on the move from a medical model to early intervention and prevention. It was agreed that consideration would be given to including these issues in the Committee Work Programme.

4.1.6 Committee Members discussed the proposed reconfiguration of the Health Visiting service, which sought to achieve savings of £680k through measures which included the deletion of 19.7% of senior roles and an increase of 8.4% in active Health Visitors. A written briefing on the proposals was requested from Public Health, and Members highlighted the need for the Committee to have been consulted on the substantial change to the Health Visiting service.

4.1.7 The Committee commented on the findings of the Kings Fund review of the Sustainability & Transformation Plan (STP). The Cabinet Member acknowledged the Committee's concerns that the STP for North West London could merge with other Plans to cover a much bigger area, which could bypass and potentially undermine what was being handled at a local level. The review was to be discussed by the NW London Transformation Group, and the Cabinet Member was confident that effective progress would continue to be made. The Committee repeated its request to receive the minutes of STP meetings, and the Cabinet Member agreed to take this forward and confirm whether there was any issue of confidentiality.

4.1.8 The Committee discussed inspections of Westminster's Care Homes by Adult Social Care, and noted that regular visits were undertaken by officers and by the Care Quality Commission (CQC). Councillor Acton confirmed that most of the Care Homes had improvement plans, and that none were failing.

4.1.9 The Committee discussed the value of an annual Health & Wellbeing Survey of Westminster's residents which could inform the City Council of current and emerging health issues, and agreed that Public Health should be requested to take the proposal forward. Members also sought clarification on future plans for the Gordon Hospital, and the Cabinet Member confirmed that there were currently no plans for bed closures. Councillor Acton would be visiting the hospital next week, and would report back.

4.1.10 Other issues discussed included the oral health campaign, and the efforts by Adult Social Care to encourage the NHS to stop the sale of sugary drinks in hospitals.

4.2 Cabinet Member for Public Protection & Licensing

4.2.1 The Committee received a written briefing on key issues within the Public Protection & Licensing portfolio, which included the Notting Hill Carnival; the Westminster Rough Sleeping Strategy; and the London Crime Prevention Fund.

4.2.2 The Committee were invited to raise any questions directly with the Cabinet Member, and noted that Councillor Cox would be attending the next meeting in November to provide an update on key issues and to take part in a Q&A session.

5. STANDING UPDATES

5.1 Committee Task Groups

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

5.1.2 Artemis Kassi (Scrutiny Officer) reported on progress in establishing the Evening & Night Time Economy Joint Task Group, which included Membership from the

Adults, Health & Public Protection and the Business, Planning & Transport Policy & Scrutiny Committees. The Committee endorsed the Terms of Reference for the Joint Task Group, which had held a preliminary meeting.

5.1.3 Councillor Taylor and Artemis Kassi outlined progress in the Health & Wellbeing Centre Task Group. Preliminary research undertaken during the summer had included the Marmot Review into health inequalities; and the recommendations of the all-party Parliamentary Committee on Health & Art, which had been published in July. A number of initial site visits to inform the work of the Task Group had taken place, which had included the Health & Wellbeing Centre at Bromley-by-Bow in Tower Hamlets; and the Well Centre in Streatham, which offered an integrated approach towards health care for 13-20 year olds with a focus on mental health. The Task Group would be holding its first meeting on 29 September to discuss objectives, receive a briefing presentation and agree a schedule of meetings. Councillor Taylor agreed to circulate a summary of the all-party Parliamentary Committee report on Health & Art, which he commended as a source of best practice.

5.1.4 Councillor McAllister updated the Committee on the work of the Community Independence Service Single Member Study, and on her visit to the virtual ward at LB Hammersmith & Fulham. Councillor McAllister commended the level of care which had been exhibited at the Virtual Ward, which served as an excellent model for supporting community independence.

5.1.5 No further meetings of the Joint Health Overview & Scrutiny Committee or Patient Transport Working Group had taken place since the last update in June.

5.1.6 The Chairman invited all Members to take an active role in supporting the work of the Committee's Task Groups

5.2 <u>Westminster Healthwatch</u>

5.2.1 Olivia Clymer (Chief Executive, Healthwatch Central West London) updated the Committee on recent work undertaken by Westminster Healthwatch. Activity had focused on care co-ordination for people with long-term health conditions; planned changes to mental health day care; and the Central London Clinical Commissioning Group's Engagement & Communications Strategy for 2017-21.

5.2.2 The Committee commented on the trial of the telephone based Babylon Health service that was being undertaken in Westminster by the CCG, which would be considered in more detail later in the agenda during the discussion on the Community Services Transformation Programme. Committee Members also highlighted the importance of podiatric services.

5.2.3 Olivia Clymer outlined the response from Healthwatch to the proposed Engagement & Communications Strategy. The Committee noted that although the CCG had arranged a number of workshops, the consultation period in which

people could participate and respond had been short. The Committee wished to record its support for the comments and suggestions made by Healthwatch in response to the proposed Strategy, and asked to receive details of the replies from the CCG when they were received.

5.3 Changes to Shared Services

5.3.1 The Committee received a written update on progress in work being undertaken to terminate the current arrangements for shared services, and to establish bi-borough arrangements between the City Council and RB Kensington & Chelsea.

5.3.2 As Members had been unable to fully respond due to the lateness of the report, it was agreed that the Chief of Staff would be invited to attend the next meeting in November, to present the outcome of consultation on the new operating models that were being proposed.

6. LONDON AMBULANCE SERVICE (LAS) – REVIEW OF PERFORMANCE

6.1 Ian Johns (Assistant Director of Operations - NW London Ambulance Service) and Catherine Wilson (Stakeholder Engagement Manager, NW London) provided an overview of current key issues and levels of performance. The LAS had been placed in special measures following a Care Quality Commission (CQC) inspection in 2015, and had subsequently published a Quality Improvement Plan in January 2016. A further inspection undertaken in June 2017 had found an overall upward trend with the LAS having improved in all areas, with performance having increased and the provision of care provided by staff being rated 'outstanding'. Frontline capacity had also increased through recruitment; leadership and governance had been strengthened; and vehicles and equipment improved.

6.2 The Committee noted that the LAS were currently responding to between 3,000 and 4,500 patients per day, with a 9.2% rise in demand for ambulance services in North London. The LAS were working with the Central London Clinical Commissioning Group (CCG) to reduce pressure on services and to review calls from hostels and the homeless population. The Service was also working with the Metropolitan Police Service to understand their rise in activity, which had been 37% over the past three years. A proactive approach had been taken to demand management through social media, which had included initiatives such as the #NotAnAmbulance campaign which sought to reduce the number of alcohol related calls.

6.3 The Committee sought clarification of Command Management and the different categories of response to emergency calls. Catherine Wilson commented that responses would be a re-categorised on 4 October 2017, when the new Ambulance Response Programme would come into operation. At present 1,800

calls were made per day across London, and there were several categories of response of which Category A was the most seriously life threatening. Under the new Programme, Category A would be re-determined as Category 1, which would be more targeted and would respond to between 300 and 400 calls a day. The greater focus would enable a much quicker response time with more appropriate resources, with a target of 7 minutes instead of the current 8 minutes for Category A calls. Prioritisation in responding to calls would continue to be identified through a structured process, and Catherine Wilson agreed to provide Committee Members with further information on the LAS Patient Response Programme.

6.4 The Committee asked if there was a correlation between the increase in frequent callers and the rise in the number of older people living alone. Ian John confirmed that frequent callers were monitored, and that the LAS worked closely with CCGs and Community Teams to assist people when needed. Callers were never denied an ambulance, but were assessed to differentiate between urgent and emergency care, and to determine whether another response would be appropriate.

6.5 The Cabinet Member congratulated the LAS on the CQC improvements, and commented on Westminster's #DontBeIdle campaign, which aimed to improve air quality by eliminating engines idling and running unnecessarily. Councillor Acton sought clarification of the type of vehicles that had been procured by the LAS to reduce pollution from emissions. Ian Johns confirmed that some vehicles needed to have engines running to power monitoring equipment that would otherwise drain batteries, and that new ambulances were Mercedes with diesel engines. The Committee noted that the new Chief Executive of the LAS was aiming to put together a more structured and robust fleet plan going forward. Members also commented on ambulances being parked in Soho Square, and noted that response times could be minimised and demand better managed by placing ambulances on standby at different locations within the borough.

6.6 The Committee discussed the recruitment of staff and opportunities to progress within the Service. Ian Johns confirmed that Ambulance Paramedic training was university based, with three of the universities which offered the course being based in London. The LAS had reintroduced in-house training for paramedics which was to a university standard; and offered a clear clinical career structure that would allow them to progress from the emergency crew, up to Paramedic, and then to Advanced Paramedic Practitioner.

6.7 Members discussed public engagement, and the public engagement policies and provisions for monitoring that were in place. Ian Johns confirmed that in addition to monitoring from the NHS and GLA, a robust and engaged group of London citizens met regularly at the LAS Headquarters in Waterloo to discuss the Service. Public engagement had also been facilitated on-line, with service users being able to respond electronically. Ian Johns agreed to provide the Committee

with more details on public engagement, and Committee Members were encouraged to attend and take part in the public meetings in Waterloo.

6.8 Other issues discussed included how callers were located; responding to recent terror attacks; the increase in alcohol-related calls; and the potential impact of Brexit.

6.9 The Committee wished to place on record the City Council's thanks and admiration for how the emergency services had responded to the Grenfell fire.

6.10 The LAS invited Committee Members to visit their Emergency Operations Centre, and to accompany an ambulance team during a shift.

7. COMMUNITY SERVICES TRANSFORMATION PROGRAMME

7.1 In response to a request in the Work Programme, Philippa Mardon (Deputy Managing Director, Central London CCG) and Emma Playford (Senior Engagement & Corporate Affairs Manager) provided the Committee with a general update on Central London's CCG's Community Services Transformation Programme, which set out the intended quality improvements for 2017-18. The Committee was invited to comment on the Programme, and to suggest how it could be further developed.

7.2 The Deputy Managing Director informed the Committee that the Programme sought to improve the quality and experience of services for the population of Westminster. In recent years, healthcare had developed along separate disciplines and specialities that worked in isolation rather than having a larger perspective of the whole health system. This had led to increased focus on acute care and not prevention, with systems being geared to offering the best treatment rather than investing in prevention. The Committee noted that efforts to improve the quality of service and achieve saving within different areas of related care could also create more costs, if they were not viewed from a whole system perspective.

7.3 The Committee discussed technological improvements, and requested an update on the trial of the telephone based Babylon Health service that was being undertaken by the CCG. Philippa Mardon acknowledged that patients increasingly wanted to make referrals by telephone, and confirmed that the Babylon service was currently being piloted in Westminster by two practices. The Deputy Managing Director agreed to provide an update on the success of the Babylon service during the trial, together with the utilisation rate.

7.4 The differing types and formats of advice that were available for the physiotherapy service were also discussed, and Philippa Mardon confirmed that the CCG had been working hard to establish self-referrals. Resources such as

iPhone holograms which demonstrated how exercises should be done were becoming increasingly available, and Members highlighted the need for innovations to provide an alternative and additional service rather than a replacement.

7.5 The Committee discussed the provision of follow-up healthcare and service monitoring, and the Deputy Managing Director agreed to provide details of the monitoring carried out by Healthshare. Philippa Mardon also confirmed that representatives from Healthshare would be invited to attend a future meeting.

7.6 Other issues discussed included the importance of podiatric services; the planned reduction to the Community Gynaecology Service; and the need to build on existing technology to enable patients to have greater access to their medical records.

8. COMMITTEE WORK PROGRAMME

8.1 Artemis Kassi (Policy & Scrutiny Officer) presented the Committee's Work Programme and Action Tracker.

8.2 The Committee discussed the agenda for the next meeting on 22 November, which was to focus mainly on issues relating to Community Protection and include items on:

- the PREVENT initiative and CONTEST Sub-Group of the Safer Westminster Partnership;
- the Annual Report of the Westminster Adult Safeguarding Board; and
- progress in the establishment of bi-borough services, and the outcome of consultation on the proposals for new operating models.

8.3 It was suggested that consideration be given to inviting the new Chief Executive of Imperial NHS Trust be invited to the meeting in January 2018, to report on how Imperial had performed in A&E, and to inform the Committee his vision going forward. The Committee also requested a written update on the level of use of services at St Mary's Hospital by non-Westminster residents, who may come from abroad to obtain treatment in London.

8.4 The Committee agreed that to enable effective scrutiny, responses to requests for further information should be sought within two weeks of the date of the meeting.

9. ANY OTHER BUSINESS

9.1 No further business was reported.

The Meeting ended at 9.06pm.

CHAIRMAN:_____ DATE:_____

This page is intentionally left blank

City of Westminster

Adults & Health Policy & Scrutiny Committee

Date:	**Wednesday, 22 November 2017**
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 Better Care Fund

1.1.1 Following the submission of the Better Care Fund Plan on Monday 11 September the Council received confirmation from NHSE on Friday 27 October that the plan had been fully accepted without conditions.

Now we must implement the proposals set out in the plan and in particular:

- Develop a whole systems approach to the delivery of health and social care services across the Borough. An Integrated and Accountable Care Strategy was presented at the Health and Wellbeing Board on Thursday 16 November;
- Develop options for the delivery of the Community Independence Service. It is anticipated that proposals will be presented to the January meeting of the Committee.

1.1.2 The Council continues to work with health providers to ensure that residents are discharged from hospital promptly and safely. Performance levels continue to be good compared to other areas of the country but plans to improve performance further are being developed and implemented. Note that in the first quarter of this year we are meeting our targets for delayed transfers of care.

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

1.3 Home Care

1.3.1 Vincentian Care Plus is a home care provider in South Westminster. On 13th October Vincentian Care Plus received an overall rating of 'Inadequate' from the Care Quality Commission (CQC).

1.3.2 The care of the residents is our top priority and we have already taken steps to address the CQC rating. Vincentian Care Plus is working closely with the Council, and has put a plan in place for staff members across the organisation to improve its service, recording and auditing processes.

The service development plan includes Vincentian Care Plus reviewing policies and procedures including:

- Updating staff training
- Working more closely with care team colleagues
- Redesigning the office staff structure
- Developing geographical areas for care staff
- Appointing a new Chief Executive, David Barnard.

1.4 Care Homes (Older People Residential and Nursing Care)

- A Care Homes Improvement Plan has been jointly developed with health and ASC commissioners, Healthwatch Central West London and Safeguarding leads. This 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.
- Care homes improvement has been agreed as one of four strategic priorities by the Joint Executive Team (JET) - a joint meeting of the Directors from ASC and the Managing Directors of the CCGs. As part of this plan there is a joint proposal from two recognised care home improvement organisations,

My Home Life and Ladder to the Moon to support every care home manager and the whole care home staff team in optimum performance improvements. This jointly funded programme will prioritise care homes judged to be 'Requiring Improvement' by CQC and then be widened to all care homes in Westminster.

- Funding has been secured through the Better Care Fund (BCF) for Care homes improvement in Westminster and is due to commence in January 2018.

1.5 Mental Health Day Services

- Safe spaces and drop in support at The Abbey Centre and the Beethoven Centre has been commissioned for a year from June 2017 to June 2018. The Single Homeless Project (SHP) continue to run the safe spaces at The Abbey Centre and the Beethoven Centre (as part of their wider housing contract) in partnership with SMART.
- Partnership working between SHP, SMART and The Abbey Centre is very positive and continues with other key stakeholders including the Clinical Commissioning Group (CCG), Health Watch and service user representatives. There is agreement with the CCG to fund a care navigation plus service to help navigate customers discharged from secondary care to primary care to access recovery focused community opportunities.

2. Public Health

2.1 0-5 Health Visiting and Family Nurse Partnership (FNP)

- Following the changes to the service model for Health Visiting in Westminster which commenced on 1st July 2017, performance has improved above target for the 30 day new birth visit contact, 6 to 8 weeks reported contacts and developmental reviews. The transformation programme has begun with the provider Central London Community Healthcare (CLCH). One of the key changes was a revised skill mix model in which Nursery Nurses were employed to complete the 12 and 2.5 year checks and Community Staff Nurses completing the 8 week check. Recruitment to this new model is nearly complete with only 4.57 FTE vacancies remaining.
- Antenatal contact: Activity continues to show an upward trend with Quarter 2 performance of 50 in contrast to 23 in Q1 for the antenatal vulnerable face to face home contact. The number of antenatal contacts is anticipated to continue to rise as the service commenced a universal joint Health Visitor Midwife universal group antenatal offer.

- New Birth Visit: Performance for the 14 day contact in Quarter 2 was 91%; 3% lower than Quarter 2 and below the 95% target. This was counteracted by over-achievement for the 30 day contact; 98% in Quarter 2 and 100% for Quarter 1 (is inclusive of 14 day activity) The 14 day contact under-achievement will continue to be monitored by officers through the monthly Contract and Performance monitoring meetings. Causal reasons for under-performance in Quarter 2 included 4 women who declined 4 visits by the service and 24 infants who remained in the Neonatal Intensive Care Unit.
- 6 to 8 week Maternal Mood: The service continues to meet the 80% target with Quarter 2 activity at 88%; 6% increase from the previous quarter.
- 12, 15 and 24-30 month developmental reviews**:** All the three developmental reviews have continued to exceed the 75% target with Q2 performance for the three reviews at 80.3%%, 88.5% and 80.4% respectively. The service remains 100% compliant with the use of the Ages and Stages questionnaire (ASQ-3) assessment tool. The Ages and Stages Social Emotional (ASQ-SE) questionnaire being used for those with special needs will be rolled out to those who score below the normal range on the ASQ-3

2.2 Mental Health

2.2.1 The Director of Public Health, Dr. Mike Robinson, used his annual report this year to highlight the important issue of mental wellbeing and how we can all improve our mental wellbeing. The report suggests five simple ways we can all protect our wellbeing: by being active, giving, learning, taking notice and connecting with each other. In response to the report, Westminster's Communications Department is currently planning a mental wellbeing campaign which will partner with the pan-London movement, backed by the Mayor of London, Thrive LDN.

2.3 Community Champions

2.3.1 In 2016/17 Westminster 100 Community Champion volunteers delivered 5834 hours of volunteering. 28 large events were held promoting health to 5,587 residents. 619 weekly activities were held, covering physical activity, healthy eating, and social activities, with 7,428 residents attending. in addition 44 public health campaigns were run, reaching 4,530 people. This is a successful scheme that we hope to roll out further following the results of an external evaluation.

2.4 Sexual Health

2.4.1 Two new sexual health services to support residents in the community began on 1 April 2017 and a service took place in July including an uplifting performance

from the "Joyful Noise" choir, a choir of people living with HIV. To ensure residents can access sexual health support 24/7, we have developed digital platforms, as well as maintaining a specific service for sex workers To ensure patient pathways to our services are improved, we have established partnerships with the CCGs and with NHS England. The Genito Urinary Medicine (GUM) services contract award has been made to Chelsea and Westminster Foundation Trust in collaboration with Imperial College Hospital NHS Trust. The contract will be implemented from April 1st 2018. Over the next few months we will be working with the providers to ensure a smooth transition to the new contract and the implementation of the additional London wide e-service.

2.5 Substance Misuse

2.5.1 The Alcohol service has established a broad range of networks with local health and social-care partners and within the local community. The proportion of residents identified as in need of structured alcohol treatment within local hospitals and commenced structured treatment in Westminster in 2016/17 was 92%. This is 32% above target. 57% of those leaving alcohol treatment in Westminster have achieved abstinence from alcohol. The national average is 50%. Of those still drinking when they leave alcohol treatment in Westminster, people are drinking on average 8 days less per month than when they started treatment. The average in Westminster when leaving treatment is 10.9 days per month, down from 18.9 days per month prior to treatment, with the national average when leaving treatment being 12 days per month.

2.5.2 The Drug and Alcohol Wellbeing Service (DAWS) has worked closely with outreach teams to assist the homeless population in the borough to address their substance misuse issues. They have delivered bespoke training to supported housing and hostel teams. Further work with the homeless services will be progressed as new drug trends and behaviours emerge. 206 Westminster residents who are in substance misuse treatment have accessed our specialist Education, Training & Employment support in 2016/17. 35 of those started paid employment, 45 started volunteering and 13 people gained a qualification in the last year.

2.6 Smoking and tobacco control

2.6.1 Smoking prevalence has fallen to a record low of 13% in Westminster (compared to 22% five years ago) and we remain among the lowest in the country for smoking in pregnancy. Westminster is not only the leading stop smoking service provider in London but also in England. (This is measured by number of 4 week

quits achieved per 100,000 smoking population (https://digital.nhs.uk/catalogue/PUB30058)) Of the 1,558 quits achieved, 72% were residents from the areas of highest deprivation in Westminster. 'Kick It's Youth Prevention arm, 'Ctrl Z' run a programme of events and workshops to raise awareness, prevent and reduce the uptake of smoking (including shisha) in young people in the borough. In 2016/17 **1,550** young people in Westminster received an intervention from 'Ctlz-Z'. An event is to be held later this month for premises offering shisha, explaining the health impact and also the new tobacco regulations, to help ensure they comply with existing legislation.

3. Health and Wellbeing Board

3.1 The Health and Wellbeing Board met on Thursday 14 September and received a detailed update on progress with the implementation of the Sustainability and Transformation Plan and in particular the Mental Health element of it.

3.2 It was noted that almost one year had passed since agreement of the plan and that substantial work was now underway. Key priorities for the next year include:

- Considering opportunities for the 8 Clinical Commissioning Groups (CCGs) to collaborate more closely at scale. In particular proposals have been developed to share a single Accountable Officer and Leadership Team across the eight and to establish a single NW London Joint Committee to commission acute and a range of other services. Consultation with GP members is now underway and it is anticipated that this will be concluded early in the new year.
- Local focus has shifted to developing and implementing Integrated and Accountable Care Strategies. The implications of these strategies for Westminster will be considered by the Health and Wellbeing Board on Thursday 16 November but it is anticipated that these could have a significant impact on health and social care in Westminster.

3.3 At the meeting on 14 September the Board also considered the Director of Public Health's Annual Report which focused on mental wellbeing. Opportunities to align the conclusions of the report with Like Minded Strategy were identified and the report was welcomed. Work is now taking place on developing a mental wellbeing awareness campaign in Westminster. The Health and Wellbeing Board Met again last week.

4. Health & Care Transformation Group

4.1 The North West London Group met on 28 September and will meet again tomorrow. The minutes are shared with this Committee.

1. Soho Square General Practice

5.1 On 20th September the provider that operates Soho Square General Practice (Living Care Medical Services Ltd) notified that the Patients' Participation Group (PPG) that it intended to make changes to the service. The changes would come into effect on 1st December 2017.

Living Care Medical Services Ltd, is seeking a variation in the contract which will result in:

- Telephone only triage
- Appointments with advanced nurse practitioners
- Very limited access to a GP
- Existing GPs made redundant and the GP provision for the practice considerable reduced

5.2 On 6 October 2017 I wrote to the Chief Executive of NHS England, Simon Stevens, and expressed concerns that the Council and the local community had not been consulted or communicated with on the proposed changes to services.

5.3 On 25 October I received a reply from Julie Sands, Head of Primary Care NW London, NHS England. The NHSE Primary Care Team has requested a business case including:

- Details of the proposals
- The reasons for the proposals and benefits to patients
- The service and wider system
- An impact assessment both on the services and the contract
- The patient and stakeholder consultation to date and the planned programme going forward.

5.4 The CCG and NHSE primary care met PPG representatives and representatives from Living Care on 19 October to discuss the proposals, identify the key areas of concern which require further review and consultation with patients and to agree a set of clear engagement steps. We shall be kept informed.

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

City of Westminster

Adults & Health Policy & Scrutiny Committee

Date:	22 November 2017
Classification:	General Release
Title:	**Standing Updates: Task Groups** **Community Independence Service (CIS)**
Report of:	Councillor Patricia McAllister
Cabinet Member Portfolio	Cabinet Member for Adult Social Services & Public Health
Wards Involved:	All
Policy Context:	All
Report Author and Contact Details:	**Artemis Kassi x3451** **akassi@westminster.gov.uk**

1. Executive Summary

1.1 Councillor Patricia McAllister continued the work begun by Councillor Ian Rowley on the Community Independence Service. Councillor McAllister has conducted this as a Single Member Study.

2. Key Matters for the Committee's Consideration

2.1 The Committee may wish to note the recommendations contained within the CIS Report.

3. Background

3.1 This Report and its recommendations may feed into the discussions of the Health and Wellbeing Board around integrated care in Westminster. The next meeting of the Health and Wellbeing Board will take place on 18 January 2018.

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

APPENDIX 1 – Community Independence Service Report (November 2017)

This page is intentionally left blank

City of Westminster

City for All

Community Independence Service (CIS)

November 2017

Foreword

Care which enables people to regain and maintain their independence in their own homes and to avoid preventable hospital admission is important for Westminster's residents. Ideally, integrating health and social care should also be seamless.

The Community Independence Service (CIS) was originally designed to provide such integrated community and social care through one multidisciplinary team in the boroughs of Westminster, Kensington & Chelsea and Hammersmith & Fulham. The service operates seven days a week, enabling people to receive care, regain their independence and remain in their own homes following illness and/or injury. The service also provides a patient-centric experience.

The service aims to avoid hospital admissions where clinically appropriate care can be provided in the community by:

- Facilitating early supported discharge from hospital;
- Maximising independence; and
- Reducing dependency on longer term services.

Services are delivered by a multidisciplinary team of community nurses, social workers, occupational therapists, GPs, geriatricians, mental health workers, reablement officers and others providing a range of functions.

The CIS team, as currently provided by the Central and North West London NHS Foundation Trust (CNWL), similarly includes nurses, physiotherapists, occupational therapists, social workers, mental health workers, rehabilitation assistants, assessors, healthcare assistants, carers, doctors, pharmacists and an administrative team.

The model reflects what one would expect as best practice.
The following report documents a series of meetings I have had with the Provider and the Commissioners, and hopefully reflects a balanced view of what the current service provides.

Cllr Patricia McAllister
Member of the Adults, Health and Public Protection Committee

Acknowledgements

We would like to thank the following organisations for their contributions to this report:

Central London CCG

Central and North West London NHS Foundation Trust

Hammersmith & Fulham CIS

London Borough of Hammersmith & Fulham

Royal Borough of Kensington & Chelsea

Westminster City Council

Contents

Introduction

According to The King's Fund, the greatest opportunity to reduce hospital admissions lies in the proactive management of people with long-term conditions, especially those with multiple, chronic conditions. Integrated working between health and social care can result in lower than expected emergency admissions and reduced use of beds.[1]

It is argued that care-at-home programmes tend to lead to greater patient satisfaction and reduced hospital visits in the short-term. However, it is unclear whether patient outcomes are improved in the longer-term. The benefits of avoiding hospital admissions still have to be fully evaluated. It is difficult to measure success and patients will need to be monitored periodically over a number of months or years to check clinical progress and any hospital admissions.

Context

Across the three Boroughs which provide the Adult Social Care (ASC) service, a case for change was put forward and agreed in 2014. Plans were developed using a phased approach to integrate health and social care. The first stage was to develop lead health and social care providers to shape the service during a transition year whilst a fully integrated model was designed and procured.

Following a restricted tender process, Imperial College Healthcare Trust was appointed as Lead Health Provider (LHP) from April 2015 to October 2016 and worked with ASC (led by Hammersmith & Fulham) to deliver the service. In February 2016, the CCG Governing Bodies approved the joint re-procurement of the CIS with Adult Social Care and the CNWL was successful in the procurement process. The CNWL service was launched in November 2016.

Continuity of the Better Care Fund (BCF) Programme into 2017/18 was confirmed earlier this year and the BCF will need to align with the Westminster Health and Wellbeing Strategy in addition to the wider Sustainability and Transformation Plan (STP) and to continue with the drive to reduce hospital admissions.

The focus of the CIS is to deliver care to patients via two pathways:

- **Rapid response:** for urgent help to support acute illness in the community when it is safe and appropriate to do so (response within two hours with input for up to five days).
- **Rehabilitation and reablement (offered for up to six weeks):** Rehabilitation provides physical and occupational therapies for housebound individuals to enable them to achieve functional goals and improve their independence. Reablement services are provided in the home to help a person gain confidence and re-learn the skills necessary for daily activities and practical tasks. The service may be extended beyond the initial six weeks if necessary.

The CIS also provides liaison with specific teams working within A&E departments, hospital wards and pre-admission units to determine if people can be better supported at home or by other non-emergency services, rather than through hospital admission.

1. The King's Fund (2010), Avoiding Hospital Admissions, p.3.

Analysis and Evaluation of the Community Independence Service (CIS)

The analysis and evaluation here is based on quality and performance reports[2] on the Tri-borough CIS service and attendance of the following meetings:

- Meeting with the Provider, CNWL (12 June 2017);
- Meeting with the Commissioner, NHS Central London CCG (25 July 2017); and
- Visit to the Virtual Ward in Hammersmith & Fulham (14 September 2017).

Focus

The CIS in Westminster and in Kensington & Chelsea is centred on rapid response teams which mainly consist of nurses, but also include other healthcare staff as required.[3] The aims of the CIS in the three boroughs are similar but they vary in approach. In Hammersmith & Fulham, the virtual ward setting is more medical and a geriatrician consultant is involved. Kensington & Chelsea works more with GP practices and hubs while the CIS in Westminster is more diffused in the community. The CIS teams in the three boroughs meet daily for handover/multi-disciplinary team meetings.

The key aims are to:

- Prevent avoidable hospital admissions.
- Assist patients during the period after hospital discharge.
- Enable people to live at home with the highest level of independence possible.

The main cohort of patients is older people. The Rapid Response Team is involved initially dealing with treatment, medication and hydration etc. for up to five days. The occupational therapist/ physiotherapist and other relevant services then assist patients who have issues with mobility and self-care for the 6 week period. Aids and adaptations support is provided as part of the aim to get patients back to the best level of strength, balance and mobility so that they can be independent.

Senel Arkut, Strategic Lead for the Tri-borough CIS, emphasises the focus on patients: "Our service is about enabling patients/users to become as independent as possible. Their involvement and cooperation with the planned clinical intervention is essential, therefore at each stage of our intervention, from referral to discharging from the service, users' views, wishes and aspirations are taken into account".

The CIS was described by the CCG as a good flexible service which is needed in the community.[4]

Referrals

Most referrals to the CIS are from GPs, Care Navigators, Care Manager (CLCH) and hospitals. There is a Single Point of Referral (SPOR) via telephone and email for the Triborough CIS.

There is an engagement programme with GPs. There are also CIS liaison staff based in A&E departments and hospital wards.

However it has been mentioned that referrals have not been as high as expected. Stakeholders are sent a newsletter which includes information on performance, pathways, feedback from new surveys and developments in the service.

On the benefits of CIS in Hammersmith & Fulham, Lucy Allen, Integrated Borough Lead in the Hammersmith & Fulham CIS advises:

"Staff enjoy the model of working and see a great benefit of six week close involvement with patients to support their needs in a more holistic approach".

2. CNWL Performance Management Reports from November 2016-July 2017 and 2016 Quality Reports 2016-17
3. CNWL http://www.cnwl.nhs.uk/service/cis-community-independence-service/
4. Meeting with the CCG on 25 July 2017

Communication

There is a three-way relationship between the CIS, hospital and ASC in the respective Local Authority. The Provider, CNWL, has regular meetings with the Commissioner. These include contracts meetings and review meetings. The CNWL also has a monthly Partnership Steering Group meeting with all partners.

Feedback on the service is recorded in the Datex system and via the Friends and Family Test (FFT). There is also a quarterly survey among GPs and acute services. The Provider takes comments on board and then advises GPs what they have done based on the feedback.

Home Environment

Housing issues were mentioned by the Provider, particularly in relation to mobility issues including stairs/toilets/bathing. The home environment needs to be assessed quickly and effectively. The Provider also mentioned that, although the initial assessment is quick, adaptations take time. Small adjustments can mean people can move back into their homes rather than staying in hospital or alternative accommodation. Any adaptation is a vital component in supporting older people and their independence, health and wellbeing and must be at the heart of integrated health and care strategies.

There are budgetary implications and a shortage of suitable properties. People are in residential and nursing homes for extended periods often waiting for suitable properties to become available.

GPs

The CNWL advised that GP engagement is more successful with NHS West London (Queen's Park and Paddington) where rapid response referrals from GPs are on target. In Central London (Westminster), more work is needed to encourage GPs to refer. The CCG has advised that the work convincing GPs to refer to the CIS continues with increased engagement with GPs and their staff.

Staff

Rapid Response nurses based in Lisson Grove are dedicated to the Westminster CIS. The Provider advised that there is a high staff turnover. There are still vacancies in occupational therapy due to the low pay scales and also general difficulties in attracting occupational therapists, particularly from abroad. The Occupational Therapist profession is not included in the Home Office Shortage Occupation List. As previously stated housing and adaptations are vital for the frail and elderly to remain independent - pressure should be put on the Home Office to include Occupational Therapists on the Shortage Occupation List.

IT

Apart from telephone delays, there have also been IT issues with systems not talking to each other. Hammersmith & Fulham are piloting a more integrated patient record. At the time of meeting with the Provider, systems were being upgraded; but funding is an issue in terms of providing an overall new system.

Future and Contracts/Funding

The CIS is funded through the BCF and ASC. The Provider advised that the CCG will decide how to model and improve the service going forward - the vision is likely to be an Accountable Care Partnership (ACP) organisation. They also advised that the CCG is considering extending the current contract, as a move to an ACP might take longer.

It was mentioned in the meeting with the CNWL that, in terms of funding, due to austerity measures, ASC has lost 26% of its budget. This has meant that £1.6m cuts were needed across the CIS project on a Tri-borough level.

The current contract is from November 2016 to July 2018 for the Tri-borough. There is no information yet on consequences in relation to the transition from a tri-borough to a bi-borough model.

The CIS is taking part in the National Intermediate Care Audit and there will be information on this in mid-autumn 2017.

Performance Monitoring

The key aims of the CIS are measured through Key Performance Indicators (KPIs). There was an indication in the meeting with the Provider that there are too many KPIs which were not clear enough or not fully appropriate to their targets.

According to Dr Aneesh Desai, Contracts Manager, Central London CCG, there are 26 KPIs which are monitored at various stages. The KPIs have been amended as the programme has progressed and as data quality issues have been identified.

The performance reports have evolved over the programme and provide useful statistics. When this CIS programme started in November 2016 across the three boroughs, statistics show that:

- There were 139 avoided hospital admissions in November 2016.
- 83% of rapid response patients and 72% of rehabilitation patients discharged had achieved the goals that were set for them at assessment stage.

Overall performance against KPIs was strong but performance against waiting time targets was lower than expected.

By July 2017, performance had improved with regards to the rehabilitation response times which increased to 66.4% overall for the 2-48 hour Rapid Response. Admission avoidance had increased slightly overall. Kensington & Chelsea and Hammersmith & Fulham are meeting their rapid response referral targets but Westminster is still below target. Approximately 80% of rapid response referrals resulted in avoided admission across the three boroughs.

However, admission avoidance had been low in the Rehabilitation service. The reasons given for this are caseload and it is often more about rehabilitation goals rather than pure admission avoidance. Across the Tri-borough, 84% of rehabilitation patients achieved their goals. In Westminster, this figure was higher at 94%. The amount of patients discharged to their usual place of residence remained high in Westminster at 76.8% for Rapid Response and 89% for Rehabilitation and response times are improving.

The quality reports provided indicate that Incident Reporting appears to be diligent and comprehensive. Common issues include referral delays, inadequate paperwork on discharge and discharge delays/ failures, communication failures, and IT issues. There was one unexpected death in April 2017.

The CCG advised that they are working to improve reporting. Both the Provider and the Commissioner acknowledge that IT systems can cause problems to the delivery of the CIS. There was a discussion about measuring success and the possibility of data checks on those that avoided hospital admission. During this discussion, comparison with a control group was also raised but there is no national gold standard.

Conclusion

The principal benefits appear to be:

- A high number of patients achieving targets set at assessment stage.
- A high number of patients discharged to their usual place of residence.
- A reduction in permanent admissions to residential and nursing homes.
- Hospital admission avoidance.
- Patient satisfaction.

The CIS service enables patients to receive care at home and avoid hospital admission.

The principal challenges relate to the below issues:

- Target setting and identification of outcomes.
- Communication.
- Referrals.
- Staffing and
- IT.

There was a perception on the Provider's part of a lack of clarity around the targets of the CIS which needs to be examined. Communication issues appear to be initial interface and teething issues between staff and GPs. It appears that there have been IT issues but they were partly addressed with upgrades.

Any new system and process is difficult and there has been a high staff turnover. Nevertheless in November 2016, the CNWL inherited a 75% vacancy rate in the service and this is now down to 38%.

There was a perception that boundary issues also have an impact on the service. This seems to relate to the Queen's Park and Paddington areas within the Westminster City Council boundary not being within the boundaries of the Central London CCG. This issue needs to be fully understood to try to mitigate any challenges this may present.

Overall, the CIS system of care provides a good service to residents. The service achieves results in terms of avoiding hospital admissions in the short term. Importantly, the service also seems to be popular with patients. However, in view of the importance of this service, further monitoring of the CIS is required and a further review should be undertaken in 12-18 months. The next section provides some recommendations based on performance and quality reports and also meetings with the Provider and the CCG.

Recommendations

This report recommends that the below suggestions should be considered:

GPs and Referrals

More engagement needs to be carried out to increase GPs' knowledge, cooperation and referral rates. Referral rates need to improve overall but particularly in Westminster. It will be useful to continue to engage with GPs and consider how to modify the procedures so that more GPs are encouraged to refer patients.

Of the 35 GP Practices in Central London CCG there are currently 28 GPs who refer to the CIS. Referrals from GPs do seem low when examined on the basis of per 1000 registered patients at a GP practice basis. For example, in June 2017, the best GP surgery figure for Westminster was approximately 4 per 1,000 patients. It is crucial to have agreement on targets before the CIS is rolled out for another contract.

Focus and Monitoring

The overall aims of the service are clear but targets/KPIs have caused problems and need to be re-examined.

It is recommended that, prior to future contracts, the Commissioner and Provider come together to discuss and agree the KPIs and the outcomes.

It is also recommended that the methods for setting targets for patients should be agreed between the Commissioner and the Provider as the percentage of patients who met their targets is a key indicator of success for the CIS.

The Provider and Commissioner should discuss the challenges experienced during this programme and agree on ways to address them particularly if the current Provider takes the CIS forward beyond July 2018. It would be helpful to compile a "Lessons Learned" document to inform future CIS programmes in London and beyond. This could be invaluable for new CIS-like programmes to forecast issues.

The CIS programme results in a large majority of patients avoiding hospital admission. It would be beneficial to understand whether this is a success in the short or longer-term.

Does the CIS prevent or merely delay hospital admission? There needs to be monitoring to establish if and when patients are admitted to hospital after their care/treatment within the CIS programme has ended.

It may also be helpful to carry out an extensive staff survey to identify issues for staff and try to avoid a high turnover in the future.

There is a problem with loneliness and isolation with the frail and elderly population. The Befriending scheme should be revisited in collaboration with the CIS Team.

The Scrutiny Committee needs to continue to monitor the CIS, perhaps in a further review after 12-18 months.

IT issues

The IT systems need to work together. Although new systems are expensive, it is possible that investment in this regard would offset lost time and staff frustration (which could influence high staff turnover). It is recommended that the IT situation is reviewed to check needs prior to a future contract.

Virtual Ward and Model Variations

This report recommends that the benefits and challenges of the three different models in Westminster, Kensington & Chelsea and Hammersmith & Fulham are analysed with a view to understanding what would work best for each borough going forward.

It would also be beneficial to understand what has and has not worked well, and what the CIS teams in each borough could learn from each other. For example, the boroughs with greater GP referrals and engagement could provide lessons. Would the virtual ward system (or a variation) work well in Westminster and/or Kensington & Chelsea?

Governance

It is recommended that the CCG should have detailed discussions with the Provider prior to the next CIS contract to ensure that there is clarity and agreement on the aims and targets of the Community Independence Service. More regular meetings to review the targets if necessary would facilitate this. Measuring the service against a set of outcomes rather than focusing on individual targets and KPIs could be considered.

It is also recommended that the financial data is examined to understand how much the CIS is costing per patient and how the costs compare to regular non-CIS treatment/care. The CIS costs £14.70 per Central London CCG GP registered patient in respect of healthcare funding only.

Future

The CCG needs to understand what the consequences of a transition from a tri-borough to a bi-borough model will be for the CIS. It also needs to understand what impact the Government's possible national requirement for assessment of care needs on hospital discharge may have on the CIS.

Appendix I

Acronyms

ASC: Adult Social Care

ACP: Accountable Care Partnership

BCF: Better Care Fund

CCG: Clinical Commissioning Group

CIS: Community Independence Service

CLCH: Central London Community Healthcare NHS Trust

CNWL: Central and North West London NHS Foundation Trust

FFT: Friends and Family Test

KPI: Key Performance Indicator

LHP: Lead Health Provider

QPP: Queen's Park and Paddington

SPOR: Single Point of Referral

Westminster City Council • City Hall, 5 Strand, London WC2N 4HG • westminster.gov.uk
City of Westminster

City of Westminster

Adults & Health Policy & Scrutiny Committee

Date:	22 November 2017
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 This work is being coproduced with through a project group established with members from the Advocacy Project's Older Adults Group. We meet every two weeks.

3.2.2 All evidence gathering has been completed and the Project Group is now looking at recommendations for the Health and Wellbeing Board, Central London Clinical Commissioning Group and Central London Healthcare. A full report will be produced by end of December.

3.3 Mental health day provision

3.3.1 Healthwatch CWL has worked with service users to design a workshop on coproduction for commissioners within the Council to assist them in working to these principles at all levels of service change or commissioning of services.

3.3.2 Healthwatch CWL has identified a group of service user and carer representatives who are interested in working with the Westminster Mental Health Day Opportunities Strategy Group to ensure that the principle of 'nothing about me, without me' underpins all the work of the group going forward. However, due to changes within the council there is not currently a commissioner to oversee this work and the Steering Group is on hold.

3.3.3 People currently using Westminster mental health day opportunities continue to report that not everyone has a care coordinator so do not have a direct person they can go to if they need support. There remains some confusion about personal budgets and how to manage these.

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. The full response in attached at Appendix 1.

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 Our examination of the governance structure and routes for local accountability was carried out with two overarching questions in mind:

- "Will this structure ensure that local people can play an active role in shaping health and care services available to them in their local area?" and

- “Are there clear lines of accountability within the governance structure that will enable local people to challenge and influence decisions made about what health and care services are available to them in their local area?”

4.4 The NWL CCGs intention is to form a joint committee that can speed up decision making for collaborative commissioning across NWL. It will be comprised of the eight CCG Chairs; minimum of two lay members; Accountable Officer; one Healthwatch representative; Public Health representative; Director of Quality and Nursing; CFO; independent clinician; other governing body members and an independent Chair.

4.5 Whilst the intention behind the creation of this additional committee is to support integration, improve clarity of pathway and to work at STP scale, it does not however, create clear routes for accountability at a local level. the paper does not set out how local people are able to hold decision makers in the joint committee, or NWL CCG to account for services that are provided locally but commissioned at scale. It also does not set out mechanisms for how the views, and experiences of local people can influence collaborative decision-making processes across NW London.

4.6 We have concerns about how local Health and Wellbeing Boards and Scrutiny Committees will be able to hold the joint committee, or NWL CCG to account for commissioned services delivered in their area.

4.7 As the recent Choosing Wisely consultation on changes to prescriptions demonstrated, where decisions are made at NWL Collaborative level, it is harder for local communities to influence change and be properly consulted. This was an example of changes being proposed at a speed that limited opportunity for local people to have their say. In addition, there was no clear line of responsibility for the decision made, which meant that local people across the three CCG areas Healthwatch CWL covers did not feel that their voices had been heard.

4.8 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.

5. Issues arising locally

5.1 <u>Soho Square GP Practice</u>

5.1.1 Healthwatch CWL has been supporting the Patient Participation Group (PPG) at Soho Square GP Practice, 1 Frith St, London W1D 3HZ, following proposals from the provider for significant change in provision. The provider is Living Care Medical Services Ltd who took over the contract August 2016.

5.1.2 The changes as outlined to the PPG on 20th September 2017 for implementation on 1st December 2017 involve setting up telephone triage and halving of GP provision:

- Patients will phone in, at any time of the day, and speak to a member of a triage team at a hub based in Hillingdon, which supports all Living Care Medical Services Ltd (the provider) London surgeries. Most of the triage team will be nurses, including Advance Nurse Practitioners.
- Patients turning up at the surgery will follow the same route to medical care, i.e. they will be put through to the triage team.
- It will not be possible to book an appointment with a GP without going through this route.
- The current system under which patients can arrive at the surgery each morning and will be seen by a doctor, unless there are already too many waiting, will cease.
- The patient will be informed of the most appropriate action for their medical needs based on the symptoms they report, including, if appropriate, an appointment with a GP or Advanced Nurse Practitioner at the practice.
- There will be one doctor and one or more Advanced Nurse Practitioner based at the surgery, supported by junior staff, instead of the current arrangement of two doctors with, recently, 1.5 days a week of ANP.

5.1.3 Concerns have been expressed at the halving of GP time for the practice and the reliance on telephone triage where many patients are non-English speakers. The area has a considerable Chinese speaking community. Healthwatch would consider these changes significant. The provider should be following NHS best practice in its engagement and given the significance of the changes in provision, formally taking this change, possibly through the CCG, to the local authority scrutiny committee.

5.1.4 The PPG have been endeavouring to maintain an engagement with the provider during what have been challenging meetings. The PPG has raised concerns regarding the changes as outlined to date by the provider. Healthwatch have raised this with Central London Clinical Commissioning Group (CLCCG) and Westminster City Council.

5.1.5 The initial response from CLCCG was that it was a contractual matter, with the provider varying the contract within acceptable parameters. They are now aware that the suggested changes are significant and that the approach taken by the provider has not reflected the guidance and requirements for patient engagement. It is Healthwatch CWLs understanding that of 13th November no formal business case for change has been received by CLCCG from the provider; however, redundancy notices have been issued to GPs and change is tking place, hence the continued concern.

5.1.6 Healthwatch attended the PPG meeting of 2nd October, and raised the matter at CLCCG quality and safety committee in October. Healthwatch will be attending the Soho Square PPG meeting 15th November.

5.2 Booking emergency weekend GP appointments at the Pimlico Health at the Marven GP Practice through 111

5.2.1 Difficulties in booking emergency weekend appointments at the Pimlico Health at the Marven GP Practice (PHM) have been reported to Healthwatch CWL. PHM is one of the village Practices commissioned to be open at the weekend, but they now have cancelled the walk-in weekend facility and patients can only book a weekend visit during the week. The 111 team should be able to book patients in as Practice weekend booking slots were especially designed for 111. However, the 111 team had said that this was not possible as they had no access the Practice booking software.

5.2.2 At a recent Patient Participation Group meeting, PHM stated that it has special time slots slots for 111 for weekend appointments in cases of emergency and showed their record of this. However, a 111 supervisor for Westminster has advised that 111 are unable to book weekend appointments at PHM.

5.2.3 The PHM's weekend opening was commissioned to relieve A&E pressure. However, until this problem with 111 is resolved patients are not able to make use of weekend emergency appointments as they have no way of accessing these directly themselves. Non-emergency weekend appointments are only available if a patient books during the week, by phone or at reception.

5.2.4 Advance booking does not take into account emergency needs. PHM state that the only way to a weekend appointment at the weekend, is through 111; yet 111 say they cannot book them through their current system. Patients are being advised by 111 to see their GP, ring back or go to A&E if their condition exacerbates, they are not being offered a weekend appointment.

Appendix 1

Healthwatch Central West London comments and questions on the North West London CCGs' Governing Body Paper: Developing further collaborative working across North West London CCGs

Healthwatch Central West London (Healthwatch CWL) welcomes the opportunity to comment on the progression of NW London Collaboration of Clinical Commissioning Groups (NWL CCG) governance as set out in 'Developing further collaborative working across North West London CCGs'

As a local Healthwatch our role is to ensure that local people are actively involved in shaping the health and care services that they use, and that they have a say on how decisions about what health and care services are available for them. We also monitor local provision and hold commissioners and service providers to account for the quality of local publicly funded health and care services.

We know from our work that people receive better services when they can directly influence what health and care provision is available in their local area. We also know that people are better able to challenge what services are available locally if there are clear lines of accountability and routes for raising concerns with decision makers or publicly funded agencies and providers. To ensure that both can happen with regard to services provided through local Clinical Commissioning Groups (CCGs), our examination of the governance structure and routes for local accountability set out in this paper has been carried out with two overarching questions in mind:

- "Will this structure ensure that local people can play an active role in shaping health and care services available to them in their local area?" and
- "Are there clear lines of accountability within the governance structure that will enable local people to challenge and influence decisions made about what health and care services are available to them in their local area?"

Comments and questions

Joint decision-making and local accountability

The 'Developing further collaborative working across the NWL CCGs' paper sets out that service users, carers and wider communities have consistently recommended a system wide approach and a commitment to more collaborative commissioning.

However, section 2.8 also states that while this approach needs to be co-ordinated across NW London, with consistent outcomes and standards for all, actual service delivery needs to be driven by requirements coming from local populations and communities to ensure that their needs are met. This suggests that responsibility for commissioning sits at NWL CCG level but responsibility for local delivery sits at local CCG level. This creates a situation where the governing body – or joint committee, that decided how resources were to be spent in each local area are not then the body that has responsibility for the quality of delivery of commissioned services.

Whilst the intention behind the creation of this additional committee is to support integration, improve clarity of pathway and to work at STP scale, it does not however, create clear routes for accountability at a local level.

Under current requirements, CCGs are locally accountable for provision planned and commissioned by them through local authority Health and Wellbeing Boards and Scrutiny Committees. Alongside this there are requirements under NHS principles for local CCGs to demonstrate participation of, and engagement with, patients and local people. Section 4.6 of this paper also sets out that whilst decisions are considered at the NW London scale, accountability still lies at the eight CCG governing body level - individual CCGs will 'remain accountable for meeting their statutory duties and remain accountable to the eight governing bodies'.

However, the paper does not set out how local people are able to hold decision makers in the joint committee, or NWL CCG to account for services that are provided locally but commissioned at scale. It also does not set out mechanisms for how the views, and experiences of local people can influence collaborative decision-making processes across NW London.

This means that where commissioning at NWL CCG level has resulted in poor local services, there is no route set out for local people to hold the joint committee or NWL CCG to account for the decisions made. It is currently unclear how local people can hold the NWL CCG to account for poor decision making and the addition of the proposed joint committee does not provide any clarity on this.

Question 1: How will people from each local CCG area be able to influence the commissioning intentions of the joint committee?

Question 2: How can local people hold the NWL CCG, or the joint committee to account for the services they commission and that are delivered in their local area?

Question 3: How can local Health and Wellbeing Boards and Scrutiny Committees hold the joint committee, or NWL CCG to account for commissioned services delivered in their area?

Furthermore, the STP objective to make more services available in the community and to keep a focus on preventative services, sits uncomfortably next to intentions to commission at a NW London level. Figure 1a gives an indication of who will be responsible for which services and states that decision-making for community services and primary care will be made locally but decisions about out-of-hours primary care services will be made at NWL CCG level. This seemingly arbitrary distinction means that local areas will not be able to commission and deliver a seamless preventative and primary care offer based on local need.

Question 4: How are people from each local area able to influence decisions about change to local provision taken through the joint committee at the NWL CCG Governing Body level?

Question 5: How will the NWL CCG ensure that local views inform NW London-wide decisions?

Meeting in public

Section 4.3 states that "when appropriate, this joint committee would meet in public".

Question 6: How will a decision be made about whether the joint committee will meet in public?

Question 7: Will agendas be publicly available before the joint committee meets?

Question 8: Will members of the public be able to submit questions to the joint committee?

Question 9: Will minutes be publicly available?

Pace of change

Section 1.5 states that one reason for increasing the level of decision-making powers of the NWL CCGs Governing Body is that taking decisions at each local CCG level across the eight Governing Bodies is limiting the pace of change. Whilst this may be true, by taking the time to do this, there is some surety for local people and patients that their needs, and those of their local community, have been fully considered in relation to each change proposed.

However, as the recent Choosing Wisely consultation on changes to prescriptions demonstrated, where decisions are made at NWL Collaborative level, it is harder for local communities to influence change and be properly consulted. This was an example of changes being proposed at a speed that limited opportunity for local people to have their say. In addition, there was no clear line of responsibility for the decision made, which meant that local people across the three CCG areas Healthwatch CWL covers did not feel that their voices had been heard.

Question 10: 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?

Question 11: How will the joint committee of the NWL CCG 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?

The role of local Healthwatch in the joint committee

The suggested membership of the NW London joint committee includes the eight local CCG chairs and one Healthwatch representative. Each local Healthwatch has a remit to ensure that local people have a say on what health and care services are available in their local area, and that the services available meet local need. Given the diversity of health needs and populations across the eight boroughs, inclusion of just one Healthwatch representative needs to be reconsidered. Healthwatch representatives have a place in each Health and Wellbeing Board and report directly to local Scrutiny Committees and can therefore help with the requirement to be accountable locally.

Healthwatch CWL considers that further work is needed on clarifying governance structures, accountability routes for people from local CCG areas, and representation of local views and experiences. As a trusted and independent voice of local people, Healthwatch CWL would be happy to support and assist the CCGs in the challenge of setting out how they remain locally accountable.

Carena Rogers

Programme Manager

Carena.rogers@healthwatchcentralwestlondon.org

November 2017

This page is intentionally left blank

City of Westminster

Adults & Health Policy & Scrutiny Committee

Date:	**22 November 2017**
Classification:	**Public**
Title:	**AGREEMENT OF BI-BOROUGH SERVICES IN ADULT SOCIAL CARE AND PUBLIC HEALTH**
Wards Affected:	**All**
Report of:	**Siobhan Coldwell, Chief of Staff**
Report author:	**Siobhan Coldwell, Chief of Staff** scoldwell@westminster.gov.uk

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 and Fulham to terminate the tri-borough s113 agreements currently in place to deliver these services.

1.2 Proposed new structures have sought to retain the principles that underpinned the original tri-borough agreement. A summary of the key changes are outlined in the body of this report. These have been agreed with relevant Cabinet Members and will be subject to Cabinet approval in December 2017. The structures have been 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.

1.3 A plan is in place to ensure a smoot transition so that minimise any risk to ongoing service delivery. The majority changes will 'go live' by 1st April 2018. Where this is not the case, there are sound business reasons for this and agreement has been reached with LBHF in respect of timings.

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 and 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 and 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 which maintain the principles of the original tri-borough proposition of collaborative working and delivering efficiencies through scale whilst retaining sovereignty. New s113 agreements must be established with RBKC, setting out the new sharing arrangements. It is proposed that a small number of services in both Adult Social Care and Children's Services will continue to be shared with both RBKC and LBHF. Endorsement is sought to continue those arrangements.

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 outline the key structural changes that will take place in response to the need to withdraw from the partnership with LBHF. This programme is being led by the new Bi-Borough Director of Adult Social Care, who joined in October 2017.

4.2 Integrated Commissioning

4.2.1 In a significant departure from current structures, an Integrated Commissioning function is being established. This will bring together commissioners from Adult Social Care, Children's and Public Health The new team will bring together a range of skills and experience to deliver against an ambitious change agenda to enhance tangible service outcomes and maximise value for money across the three functions.

4.2.2 Good commissioning is fundamental to achieving effective service outcomes for our residents and by integrating teams in this way, building on the professional disciplines in each of the departments, we will build a sustainable, innovative and efficient function that provides good career development opportunities for our staff.

4.3 Adult Social Care

4.3.1 The most significant changes within Adult Social Care are within the senior management team and within non-social work services such as commissioning and finance and operations. The majority of services are already operating on a sovereign basis.

4.3.2 There will be no changes to the following: care and assessment, learning disabilities, mental health services, hospital discharge, community independence services and all provided services (with the exception of the head of service role that will become bi-borough.

4.3.3 As with Children's services, a small number of services will remain tri-borough including the sensory services team and some aspects of the safeguarding function including mental capacity assessments and deprivation of liberty. Some finance and IT services will remain tri-borough in the short to medium term including client affairs and payments. It is likely these will become bi-borough over time, but the given the depth of integration in these areas, time and care will be needed manage the transition.

4.3.4 The remainder of the safeguarding and placements team will become bi-borough, along with a new bi-borough senior management team. The Home Care management team will also become bi-borough as will the transformation team.

4.3.5 Appendix 1 outlines the vision for the new department and appendix 2 contains a table summarising the impact of the move.

4.4 Public Health

4.4.1 Public Health will be restructured to become a fully bi-borough service, with its commissioning function integrated into new commissioning team outlined in paras 10-11.

4.4.2 Appendix 3 outlines the vision for the new department.

4.5 HR issues

4.5.1 As noted above, the move to a bi-borough service represents a significant restructure of resources across three 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. Across the two boroughs (RBKC and WCC) approximately 330 staff will impacted and it is likely that a very small number of those will be displaced.

4.6 Contracts

4.6.1 Current WCC practice is to let sovereign contracts. However, there are a number of legacy contracts that were let by one authority on behalf of all three Councils. Therefore, as a result of the decision to exit the Tri-borough arrangements, best practice would be to reissue contracts on a sovereign basis where we have one contract covering more than one participating Council. The aim would be for the terms and conditions to remain the same including obligations for all three Councils to mitigate any risk of a supplier making changes. The Public Contract Regulations 2015 would consider these new contracts and there is a risk that there could be a claim that the Councils are disaggregating spend. There are a number of options available to mitigate this risk and the committee will be updated in due course, once it has been agreed.

4.6.2 Therefore, a Tri-Bi-Borough Contracts Working Group chaired by the Chief Procurement Officer. The Work Group includes representatives from ACS, CHS, Public Health and Procurement Services which have been completing an analysis of contracts in the Councils Contract Register on capitalEsourcing. All three 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. This work will be complete by the end of November. In addition, all three Services are required to ensure that there is sufficient knowledge transfer in the event a Contracts Manager leaves the Council. The Head of Procurement, Hammersmith & Fulham has been fully briefed on the activity.

4.6.3 In total there are 34 live contracts per Contracting Authority where the contract covers more than one participating Council. Discussions are underway to

agree how to resolve any issues of concerns and whether a move to sovereign contracts is practical.

5 Consultation

5.1 Proposals for new service structures have been subject to extensive consultation with all staff affected by the changes. Consultation has led to a number of changes to structures and final structures were published on 15th November 2017. In Adult Social Care over a hundred responses were received, although the majority of these were either technical questions or about HR processes. Only a small number of changes were made as a result of the consultation. In Public Health, just under 100 responses were received and were more balanced between commenting on the structure and HR and technical responses. A number of changes were made to the final model as a result of the consultation.

6. Equality Implications

6.1 As with all reorganisations, consideration has been given to whether the changes being proposed might have a detrimental effect on any of the groups of people that are given protection under the Equality Act 2010, either as service users or as members of the workforce. If any detrimental issues have been identified, reasonable attempts must be made to mitigate them. Equality assessments were undertaken of each of the new departmental structures and can be provided on request.

7. Legal Implications

7.1 The Public Contracts Regulations 2015 provide that certain agreements between public authorities are exempt from those regulations and therefore the obligation in them to seek competitive tenders for the provision of services.

7.2 To qualify for the exemption, the arrangements must; establish cooperation between the public authorities, with the aim of ensuring that public services they have to perform are provided with a view to achieving objectives they have in common and which (cooperation) is governed solely by considerations relating to the public interest. It is also a requirement that each of the authorities perform less than 20% of the services on the open market.

7.3 To be lawful, cooperation agreements therefore comply and demonstrably so with the restrictions set out above.

7.4 The agreements have been structured so as to be bi-borough arrangements but with an option for Hammersmith to join them in due course. This approach allows WCC and RBKC to have agreements i in place in time to go live on 1 April 2018. It also allows LBHF to join the arrangements by signing a joining agreement with WCC and RBKC, under which LBHF will be able adopt the terms of the co-operation agreement.

8. Finanical and Resources Implications

8.1 In agreeing to service notice on the s113 agreement with LBHF, WCC agreed to set aside a small budget to resource the restructure of the services. It is forecast that expenditure will reach c£800k.

8.2 It is also forecast that there will be increased revenue costs for each of the boroughs as a result of the new arrangements. Now that final structures have been agreed, cost implications are being worked through.

Appendix 1

Adult Social Care Vision

Our ambition for bi-borough is to provide the best possible services to our residents, to not only meet people's needs, but help them make the most of their lives. We will work more closely with families and communities, constantly challenge ourselves to improve and innovate, and increase support for our most vulnerable.

We truly believe that shared services work. By building on our commitment to shared working, we will continue to make public money go further, as well as recognising that we are more effective when working together.

We will increase integration across departments, councils and communities, to more effectively tackle complex social issues – improving the lives of all our residents, and especially those who need it most.

We recognise that our most important asset is our committed, creative and highly skilled workforce. We will strengthen the support we give to staff, to enable you to achieve the most for your communities.

This is a starting point for what we want to achieve, but we think all our staff should help shape our vision for the future. Some of the key aims of the Adults/ PH Executive Management Team are outlined below, and we will work with you to build on these in the coming months.

- To provide early advice and information on health and care and on services and support options that are available – so as to promote and improve health and well being, particularly where this is at risk.
- To prevent deterioration and loss of independence by intervening early.
- To provide a personalised response to customers, their families / carers and communities - that suits their life, culture, and choices.
- To ensure joined up coordinated support where more than one agency is involved e.g. health and social care, housing and health, children's, and adults.
- To offer local support that uses the customer's networks and local community and provides support closest to their home / homelike setting e.g. Extra care, sheltered housing.
- To deliver better value for money and outcomes through our focus on the following top priorities; prevention, personalisation, localised and integrated services.

Appendix 2

Summary of ASC structures

Directorate	Service Areas
Services becoming Bi-B	
SMT structure Operations Finance & Resources	• Senior management and their support staff • Placements Team • Safeguarding and L&D/Professional development roles • Public Health Finance • Transformation • Social Care Training Services • Business Analysis • Home Care Management • Emergency & Contingency Post
Services being reprovided Corporately	• Organisational Development • Communications
No change - Shared Services and Post	
Operations Finance & Resources	remaining shared across three LA on transtional basis up to April 19 • Mental Capacity, Safeguarding Executive Board & DOLS • Financial Shared Services • IT Service • Finance -Client Affairs • Finance – Assessment & Charging • Finance -Direct Payments • Finance – Payments remaining shared across three LA • Hospital Teams • CIS (Head of Service Arrangement)
No change - (remain sovereign)	
Operations Finance & Resources	• Complex Team WCC • Complex Team RBKC • Learning Disabilities WCC • Learning Disabilities RBKC • Community Independence Service WCC • Community Independence Service RBKC • Sensory Impairment Services WCC • Sensory Impairment Services RBKC • Provided Services WCC • Provided Services RBKC • Mental Health WCC • Mental Health RBKC • WCC Accountancy • RBKC Accountancy

Appendix 3

Public Health Vision

Our ambition for bi-borough is to provide the best possible services to our residents, to not only meet people's needs, but help them make the most of their lives. We will work more closely with families and communities, constantly challenge ourselves to improve and innovate, and increase support for our most vulnerable.

We truly believe that shared services work. By building on our commitment to shared working, we will continue to make public money go further, as well as recognising that we are more effective when working together.

We will increase integration across departments, councils and communities, to more effectively tackle complex social issues – improving the lives of all our residents, and especially those who need it most.

We recognise that our most important asset is our committed, creative and highly skilled workforce. We will strengthen the support we give to staff, to enable you to achieve the most for your communities.

This is a starting point for what we want to achieve, but we think all our staff should help shape our vision for the future. Some of the key aims of the Public Health Executive Management Team are outlined below, and we will work with you to build on these in the coming month.

- To make the greatest possible impact on population health outcomes, in collaboration with others, using a public health approach, within available resources, and holding ourselves and others accountable for doing this
- To establish joined-up commissioning across Adult Social Care, Public Health and Children's Services, and look to closer working with NHS commissioners, to create a unified health and care system.

This page is intentionally left blank

City of Westminster

Adults & Health Policy & Scrutiny Committee

Date:	22 November 2017
Classification:	General Release
Title:	Safeguarding Adults Executive Board Annual Report 2016-17
Report of:	The Independent Chair of the Safeguarding Adults Executive Board
Cabinet Member Portfolio	Cllr Heather Acton - Cabinet Member for Adult Social Services & Public Health
Wards Involved:	All
Report Author and Contact Details:	**Helen Banham x4196** hbanham@westminster.gov.uk

1. Executive Summary

1.1 This is the fourth Annual Report of the Safeguarding Adult Executive Board (SAEB). The multi-agency Board provides leadership of adult safeguarding across the City of Westminster; the Royal Borough of Kensington & Chelsea; and the London Borough of Hammersmith & Fulham.

1.2 Under the provisions of the Care Act 2014, the Board is required to report on progress on its strategic priorities, and particularly, on work it has carried out reviewing deaths or serious harm of people with care and support needs which may have occurred as a result of abuse and neglect. The Report also considers where agencies may have worked better together to prevent harm or death.

1.3 In addition to setting out what the Board has been doing, the Report sets out details of the Adult Safeguarding Strategy for 2016-19; how the Board has made a difference; and what the Board will be working on in 2017–2018.

2. Key Matters for the Committee's Consideration

2.1 The Committee is invited to consider the Report and the arrangements that are in place to meet the requirements of the Care Act 2014, including discharging its S44 responsibility to review death and serious incidents.

2.2 The Committee is invited to reflect on the strategic direction adopted by the Board and its priorities for 2016-19.

2.3 The Committee is invited to suggest to the Board priority areas that it may wish the Safeguarding Adults Executive Board, or the member agencies of the Board, to consider for inclusion in its work plan.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact Helen Banham x4196

hbanham@westminster.gov.uk

APPENDICES:

Safeguarding Adults Executive Board Annual Report 2016-17

SAFEGUARDING ADULTS EXECUTIVE BOARD

ANNUAL REPORT 2016/17

mistreated?
bullied?
hit?
neglected?
hurt?
exploited?
silenced?

COURAGE
COMPASSION
ACCOUNTABILITY

METROPOLITAN POLICE
TOTAL POLICING

NHS

h&f
hammersmith & fulham

THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

City of Westminster

SAFEGUARDING ADULTS EXECUTIVE BOARD

ANNUAL REPORT 2016/17

CONTENTS

FOREWORD

I am pleased to present the fourth annual report of the Safeguarding Adults Executive Board for Westminster, Kensington and Chelsea, and Hammersmith & Fulham. This report explains the role, functions, and purpose of Safeguarding Adults Boards as they are prescribed by the Care Act 2014. It lists the organisations that are represented on the Board, as well as other groups and agencies who contribute to the Board's work-streams. Everyone, both jointly and independently, works to ensure the safety of those adult residents who are deemed to be most at risk of harm, through the actions of other people, and from self-neglect.

The report contains examples of this collaborative work. The highlight of this collaboration was the hoarding and self-neglect event in March 2017 that had over 180 applicants for 110 places! The report includes a hoarding case study as an example of all the considerations required to ensure that the final outcome meets the needs of the person concerned, whilst removing the risk of harm to others. The Board also considered the response to the harm caused to homeless people who take the drug, Spice. Whilst instigated by the Police, this work actively involved mental health practitioners, housing officers and workers from a number of voluntary organisations.

The Board embraces the concept of Making Safeguarding Personal - 'no decision about me without me'. The case studies show the application of this principle to the lives of four people, demonstrating the difference that safeguarding interventions have made to their lives. Whilst the emphasis of the report is about people, there are statistics about the safeguarding journey. These show the number of concerns, and enquiries resulting in some form of action. To provide context, the data shows the size of the eligible adult population living in the three boroughs, together with those adults who have care and support needs.

In my foreword last year, I mentioned that a major initiative for 2016 was to focus on the mental and emotional harm caused by financial abuse or 'scams'. I believe that we have made significant progress in the past year. The head of Trading Standards is now the Co-Chair of one of the Board's work-streams and by developing links with the Community Champions network, local people have been trained to become SCAMampions or Friends Against Scams. Community Champions are also trained, and play a vital role in spotting adult abuse and neglect, and domestic abuse. The Champions are helping people to understand what help may be available to them. We are also learning from them about how to work sensitively with people who may be reluctant to engage with statutory services.

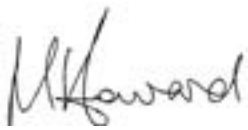
Last year, I also mentioned a high-profile case involving a death at a care home that led to the commissioning of a Safeguarding Adult Review in September 2015. Various delays involving the inquest and staff changes have prevented a full account being published in this year's report. However, a learning event focussing on the range of quality care home provision for dementia sufferers is scheduled to take place in late November. The quality and variety of care for people with Dementia will be one of the Board's themes for 2017/18.

Work will also continue on addressing the challenges posed to staff who work with people who hoard or neglect themselves, and also on increasing practitioners' confidence in applying the Mental Capacity Act 2005 to decision-making. Other themes are to ensure that all organisations work together to improve the physical health outcomes of people with mental health problems and learning disabilities; and finally, scrutinising the discharge pathways from hospital to residential or nursing care, or paid care at home to make sure people are not at risk of dying when they return home.

Whilst the annual report covers the year ending 31st March 2017, it would be remiss of me not to mention the Grenfell Tower fire. Many of the Board's member organisations were involved in the initial response to this tragedy. They continue to provide help, support, and counselling to people affected by the large-scale loss of life. At the July Board meeting, representatives reflected upon their experiences and it was agreed that the Board's role should be a supportive one to the various committees and working groups that have co-ordinated the response to the fire. This approach has been agreed with the Local Safeguarding Children's Board.

One of the key strengths of the Board is the range and the seniority of its members. I am gratified by the willingness of members to find time to attend Board meetings and chair the Board's work-streams. This diversity of experience and knowledge ensures that adult safeguarding is seen as not just the responsibility of the local authorities, but as everyone's responsibility.

Thank you to everyone for your contribution to the work of the Board over the past year.



Mike Howard
Independent Chair of the Safeguarding Adults Executive Board

WHAT IS THE SAFEGUARDING ADULTS EXECUTIVE BOARD?

The Care Act 2014 says that Local Authorities must have a Safeguarding Adults Board from 1st April 2015.

The Safeguarding Adults Executive Board has provided leadership of adult safeguarding across the London Borough of Hammersmith & Fulham, the Royal Borough of Kensington and Chelsea, and the City of Westminster since 2013.

The Board is a partnership of organisations working together to promote the right to live in safety, free from abuse or neglect. It's purpose is to both prevent abuse and neglect, and where someone experiences abuse or neglect, to respond in a way that supports their choices and promotes their well-being.

The Board believes that adult safeguarding takes **COURAGE** to acknowledge that abuse or neglect is occurring and to overcome our natural reluctance to face the consequences for all concerned of shining a light on it.

The Board promotes **COMPASSION** in our dealings with people who have experienced abuse and neglect, and in our dealings with one another, especially when we make mistakes. The Board promotes a culture of learning rather than blame.

At the same time, as members of the Board, we are clear that we are **ACCOUNTABLE** to each other, and to the people we serve in the three boroughs.

The Care Act says key members of the Board must be the Local Authority; the Clinical Commissioning Groups; and the Chief Officer of Police.

The three key members on the Safeguarding Adults Executive Board are:

- The Director of Integrated Care Adult Social Care and Health
- The Deputy Director of Quality, Nursing and Safeguarding, Central Westminster Hammersmith Hillingdon and Ealing Clinical Commissioning Groups Commissioning Collaborative
- the Borough Commander of the Metropolitan Police in the Royal Borough of Kensington and Chelsea

The Care Act says these key members must appoint a chairperson who has the required skills and experience

Mike Howard is the Independent Chair of the Safeguarding Adults Executive Board. He has over ten years experience of chairing children and adult safeguarding boards

The Care Act 2014 states that the Board can appoint other members it considers appropriate with the right skills and experience.

There are senior representatives on the Board, from the following organisations:

- Imperial College Healthcare NHS Trust
- Chelsea and Westminster Hospital Foundation NHS Trust
- The Royal Marsden NHS Foundation Trust
- Central London Community Healthcare Trust
- Central North West London NHS Foundation Trust
- West London Mental Health Trust
- London Ambulance Service
- Central West London London Fire Brigade
- London Probation Service
- Children's Services
- Local Councillors
- Community Safety
- Housing (Local Authority)
- Genesis Housing
- Trading Standards
- Public Health Community Champions Programme
- HM Prison, Wormwood Scrubs
- Royal Brompton and Harefield NHS Foundation Trust
- Healthwatch
- Adult Social Care
- NHS England

Board members are the senior 'go to' person in each of these organisations with responsibility for adult safeguarding. They bring their organisation's adult safeguarding issues to the attention of the Board, promote the Board's priorities, and disseminate lessons learned throughout their organisation.

The Board can use its statutory authority also to assist members in addressing barriers to effective safeguarding that may exist in their organisation, and between organisations.

An even wider group of people, including voluntary sector organisations; housing and homelessness agencies; advocacy and carers' groups; and members of the public all contribute to the Boards four work-streams:

- Community Engagement
- Developing Best Practice
- Measuring Effectiveness
- Safeguarding Adults Case Review

The Board meets four times a year and the work-streams meet more regularly.

The Board recognises that the challenging and complex work of preventing and responding to abuse and neglect is carried out by hard-working staff on the front line of all these organisations, every day of every year.

The Care Act 2014 says members may make payments for purposes connected with the Board.

Most of the funding for the Board comes from the Local Authorities and the Clinical Commissioning Groups.

For the second year running, the Mayor's Office for Policing and Crime has contributed £5,000 per borough to support the work of the Board.

SAFEGUARDING is our number one priority

Safeguarding training has been delivered to all staff in the Metropolitan Police Service. Being actively engaged in the Safeguarding Adult Executive Board and training staff is our number one priority. Metropolitan Police Officers now have a far greater awareness of vulnerability. We have introduced daily 'Pacesetter' meetings to review local risks and vulnerability across a range of situations. Safeguarding has changed the focus of police work from traditional crime fighting to a whole range of meetings and joint work with partners to ensure public safety.

The Borough Commander of Kensington and Chelsea

Also for the second year running, The London Fire Brigade have contributed £1,000 per borough, to be shared between the Safeguarding Adults Board and the Local Safeguarding Children Board.

The Board is using these contributions to fund the independent Chair and a Board Business Manager and administrator, to further improve its effectiveness and efficiency.

The Care Act says members may provide staff, goods, services, accommodation or other resources for purposes connected with the Board.

All member organisations free up staff with the right skills and experience to contribute to meetings and objectives of the four work-streams. Attendance is good and members are committed and work hard to progress the Board's priorities, and safeguard adults at risk of abuse and neglect.

Member organisations have provided venues for Board and work-stream meetings.

Protecting the lives of vulnerable people

Despite the London Fire Brigade's non-statutory status on local safeguarding adult boards, to demonstrate its commitment, the Brigade has made a £1,000 voluntary contribution to the Safeguarding Adult Board in all London boroughs.

Each borough is required to sign a Memorandum of Understanding agreeing:

- to improve the lives of vulnerable persons within the borough by making appropriate safeguarding referrals when a concern is raised by the Brigade in carrying out its fire safety function;
- to agree to consider arranging and holding case conferences on particular cases when a Brigade representative requests following a fatal fire; and
- agreeing to make referrals of vulnerable persons to the Brigade to carry out Home Fire Safety Visits.

Extract from the London Fire Brigade Safeguarding Adults at Risk Audit Tool 2016-2017

All fatal fires are reviewed at the Safeguarding Adults Case Review Group.

In 2016/17 509 referrals were made from the three boroughs to the London Fire Brigade to carry out Home Fire Safety visits.

In response to the learning from Reviews, the Fire Brigade co-hosted the Board Conference on Self-neglect and Hoarding in March 2017 and introduced delegates to the 'clutter rating'. They also demonstrated a range products such as sprinklers, smoke alarms, and fire retardant furnishings.

The Care Act included new categories of abuse, including domestic abuse and self-neglect.

The Board has representatives from the Children Services and Community Safety, and has joint-working protocols with the Violence Against Women and Girls Board and the Local Safeguarding Children Board. This is to make sure that work is joined-up where this is needed, and all the safeguarding requirements of the Care Act are discharged effectively across the three boroughs, making best use of scarce resources and avoiding duplication.

Tackling Domestic Abuse and Coercive Control

The Violence Against Women and Girls Board is committed to making the three boroughs safer for women and girls by preventing harm, reducing risk and increasing immediate and long-term safety for people living, studying, working and travelling to all three boroughs.

Through its coordinated community response, the Violence Against Women and Girl Partnership ensures that all relevant organisations, partners,

communities and residents work together and see it as everyone's responsibility to address violence against women and girls by identifying and supporting survivors and their children, and holding perpetrators accountable.

The Partnership prioritises on-going communication, prevention and awareness-raising activities, creating a menu of options for survivors and their children and continuing to strengthen the coordinated community response.

The success of the Partnership's work is evident through the range of referrals to the Angelou Partnership and to the Multi-Agency-Risk Assessment Conferences; and with joint working with the Metropolitan Central Police to address trafficking for sexual exploitation and prostitution.

"I am in contact with a group…. and they are literally saving my life. I just needed help with all the practical stuff that I don't have a clue about what to do.

But they do…..And if they don't know it, they will actually find it out for you….I really just need someone in one place, in one go. If you have children, you can't just run around. It's just impossible. If you're trying to work and you're trying to take care of your children, and do everything yourself, you just really need one person to call."

Extract from Shared Services Violence Against Women and Girls (VAWG) Strategy 2015-2018

The Care Act says the Board must review cases where a person with care and support needs has died, or experienced serious abuse or neglect, and there is cause for concern about how agencies worked together to safeguard the person.

This is the second year that the Board has carried out its duty to undertake Safeguarding Adults Reviews.

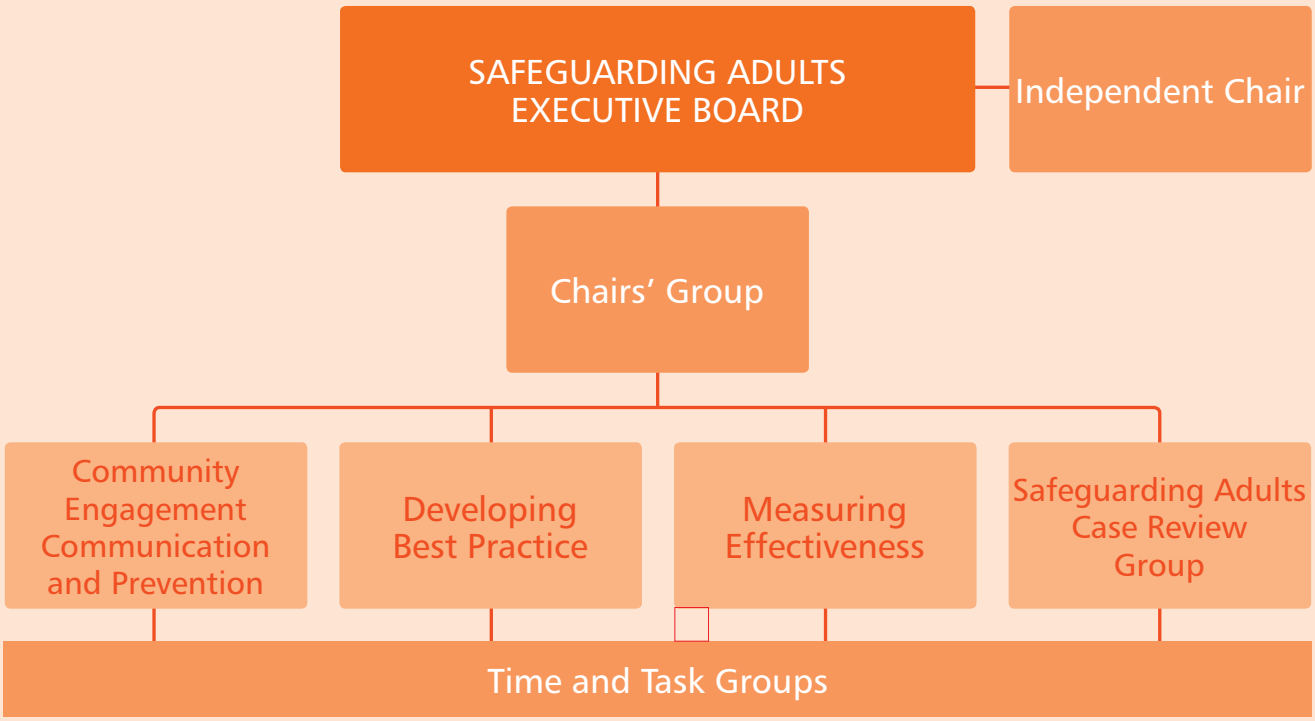
The Safeguarding Adults Case Review Group is made up of representatives of member organisations of the Board. The group recommends to the Chair of the Board the type of review that will provide a proportionate response to the concern, and the opportunity for most learning. This report includes some of the learning from these reviews and some of the changes that have been made to systems and practices as a result of what has been learnt.

What we have learned from Safeguarding Adults Reviews and Safeguarding Enquiries inform the themes that the Board works to address during the year.

The Care Act says the Board must publish a report of what it has done during that year to achieve its objectives, including findings of the reviews arranged by it under Section 44 of the Act.

This is the Annual Report of the Safeguarding Adults Executive Board. It is an account of what the Board has been doing in 2016/17 and examples of how its work has made a difference to people's lives.

The Safeguarding Adults Executive Board and work-streams



ADULT SAFEGUARDING STRATEGY 2015-19

The Care Act says the Board must publish its strategic plan and what members of the Board are doing to implement that plan.

In November 2015, we consulted with people living in the three boroughs, and with organisations working with people who have care and support needs, to develop the Board's four year plan.

From what people told us was important to them, we created the Adult Safeguarding Strategy 2015-2019 'house' below.

People said they do not want to be seen as victims, and said how important it is to be in control of the decisions they make about their life, even when they have experienced abuse or neglect.

Residents said they want to be healthy and safe. They want to know what to do when they themselves, or someone they know, is being neglected or abused, and they want to be listened to.

We said that we want to be leaders who listen and learn from what people are telling us.

This has led the Board to focus all its work this year around these three main themes:

- Making Safeguarding Personal
- Creating a Healthy Community
- Leading, Listening, and Learning

The things that people told us are most important to them at the consultation event on 24th November 2015 continue to shape the Board's priorities

Making Safeguarding Personal

I am able to make choices about my well-being

Creating a safe and healthy community

I am aware of what abuse looks like and feel listened to when it is reported

I am kept up-to-date and know what is happening

My choices are important

My recovery is important

You are willing to work with me

Leading, Listening and Learning

We are open to new ideas

We are a partnership of listeners

We give people a voice

We hold each other to account

We want to learn from you

WHAT HAS THE BOARD BEEN DOING?

MAKING SAFEGUARDING PERSONAL

YOU SAID:

I want to feel empowered to make choices about my own well-being. My choices are important.

WHAT WE DID:

Through staff training we are promoting the Care Act principle that each of us is the expert in our own life, and this applies equally when we are making choices about our health and well-being, and when we have experienced harm or abuse.

Staff in our organisations are being trained to always ask people who have experienced abuse or neglect, or where appropriate their representative, *'What is important to you?'* and *'What would you like to happen next?'* This is what is meant by **Making Safeguarding Personal**.

We are now recording whether or not each person has achieved what they hoped to achieve, as a result of safeguarding work.

Remaining in control

Adult Social Care have revised how safeguarding information is recorded in its Customer Information System, making sure that the person who has experienced neglect or abuse remains as much in control as possible of what happens next. Staff are prompted to ask what the person wants as an outcome of the safeguarding enquiry, and at the end of the enquiry, if this has been met.

Adult Social Care

'No decision about me, without me'

Emphasis is now placed on the approach to making safeguarding a personalised experience following the principle of 'no decision about me without me' and means that the adult, their families and carers are working together with agencies to find the right solutions to keep people safe and support them in making informed choices.

London Fire and Emergency Planning Authority

MAKING SAFEGUARDING PERSONAL

'Purple Pathway' for patients with a learning disability

In the last year, considerable activity has taken place to improve the care provided to patients with a learning disability. We have introduced the 'purple pathway' to ensure that patients are recognised as having a learning disability and appropriate adjustments are made for their care; for example being given earlier and longer out-patient appointments. Patients attending A&E will be taken to a specifically designed cubicle that is quiet and nicely furnished. They will also be 'fast tracked' through the department. We have been designated a 'Makaton-Friendly' organisation, and have developed a comprehensive suite of easy read documents.

Imperial Hospital NHS Trust

Changing hoarding behaviour and reducing isolation

Our aim is to empower persons experiencing hoarding behaviours to achieve spatial and personal change to reduce isolation and improve their health and well-being. We are a multi-service organisation, helping thousands of people each year through our National Helpline with support groups, information, one-to-one support. We also run a National Training Programme for professionals and organisations. We were pleased to be invited to be part of the Board's Self-Neglect and Hoarding Conference in March 2016.

Hoarding UK

Championing the wishes of vulnerable people

The Trust is rising to the challenge of seeking recording and championing the wishes and feelings of vulnerable people. It now has a Nurse-led Adult Safeguarding service in all three Boroughs, providing advice, support and safeguarding training and supervision to Trust staff.

In March 2017, recruitment was undertaken for additional Safeguarding Adult Advisor Posts. This has increased Adult Safeguarding resources and expertise, providing support to staff in responding appropriately to vulnerability in abusive situations, ensuring the safety and well-being of both children and adults.

Central London Community Healthcare Trust

Embedding Making Safeguarding Personal

During this reporting year the Trust has continued its commitment to raising awareness of safeguarding and related issues. This has been achieved through the provision of a range of training opportunities around safeguarding adults, the mental capacity act, deprivation of liberty safeguards, prevent, learning disabilities, dementia awareness and domestic violence and abuse. This has contributed to ensuring that as a Trust we embed the principle of making safeguarding personal and no decision about me without me.

The Royal Marsden NHS Foundation Trust

CREATING A SAFE AND HEALTHY COMMUNITY

Self-neglect and hoarding

The Clutter Image Rating (CIR)

LFB
LONDON FIRE BRIGADE

CREATING A SAFE AND HEALTHY COMMUNITY

Prompted by themes emerging from safeguarding enquiries and reviews, the Board held a **Hoarding and Self Neglect Conference on 2nd March 2017**.

Approaches to hoarding have often involved short-term crisis responses with little recognition of the individual support that each person affected needs.

The response to the event exceeded all expectations. 0ver 180 people applied for 110 places.

The Conference explored how partners need to work together to reduce the risk to the person who is hoarding or self-neglecting, and to reduce the risk to other people. The Conference also wanted to help delegates to think about why people hoard.

Conference speakers included:

- a person with lived experience of Hoarding
- a representative from Hoarding UK
- an Environmental Health officer
- a member of the London Fire Brigade
- a psychiatrist from an NHS Trust

Delegates watched a powerful video of 'Keith's Story': a man who had been helped to understand why he collected things, and how he was helped to stop.

The Conference promoted the Hoarding Protocol and documents for referring concerns to the Hoarding Panels, including 'clutter rating' and risk assessments. Underpinning this was a shared understanding of the importance of working with partners to share, manage and reduce the risks. The key partners are:

- The person who is hoarding
- Adult Social Care
- Mental Health
- Fire Brigade
- Environmental Health
- Housing

A partner who is increasingly valued, is Hoarding UK who work sensitively with the person to understand why they feel the need to collect things. This is a personalised approach to tackling Hoarding and Self-Neglect which has been shown to result in longer-term reductions in clutter, and happier outcomes for the person themselves

There may be other interested parties who can help such as family, friends and private landlords.

Learning from other Boards Safeguarding Adults Reviews

Conference delegates considered the case of Mr Thomas who was known to Reading Adult Social Care as a 'hoarder'.

Social Care started working with Mr Thomas in July 2012 but his case was transferred between various teams. This lack of continuity, coupled with Mr Thomas's distrust and unwillingness to engage with any service meant that up until his death in June 2015, there had been little meaningful progress in properly safeguarding Mr Thomas.

This case involved a number of different organisations; Adult Social Care, the Police, Mental Health, Care Agencies and the Risk Enablement Panel.

To maximise the learning, delegates were divided into groups and each was assigned a role in Mr Thomas' case and then asked to consider what they did and why. More importantly, what would they have done differently and what lessons can be applied for inter-agency co-operation when dealing with poeple in similar circumstances living in the three boroughs?

The Independent Chair of the Safeguarding Adults Executive Board

CREATING A SAFE AND HEALTHY COMMUNITY

Financial Abuse and Scams

Community Champions becoming 'SCAMchampions'

"I have a huge passion for helping the community, so becoming a Community Champion and then having the support of the project and the resources to really do something has been overwhelming. I love the way it has allowed me to improve things for local people"

Community Champions, End of Year Highlight Report 2016/17

CREATING A SAFE AND HEALTHY COMMUNITY

The growing concerns of 'scamming' and financial abuse of older people, has led the Board to put a renewed emphasis on tackling **financial abuse** together.

On 16th September 2016, the Board held a very successful **Community Engagement** event.

This event updated delegates on how they helped to shape the safeguarding strategy and the 'house'. The event was attended by 56 people, including members of housing, advocacy, voluntary organisations, and local residents.

The focus of the event was 'building safe communities' and the crucial role played by Community Champions.

During 2016/17 Community Champion co-ordinators have been trained to deliver Adult Safeguarding awareness training to 300 Community Champions .

Two Champions talked to delegates about their personal experiences of working with their neighbours to keep their community safe and healthy.

SCAMchampions

Community Champions also talked about their work as SCAMchampions. They help raise awareness of scams and notify the authorities of potential scams. This increases the number of people who can be reached and helped to protect themselves against this very personal type of theft and fraud.

The Board receives regular reports on the joint work being done to tackle financial abuse and scams. This work is led and informed by the expertise and practical help offered by the Trading Standards team, to the Community Champions as well as to residents and colleagues in a wide range of organisations.

Why do scams matter?

Elderly victims are **2.4 times more likely** to die or go into a care home than those who are not scammed.

The average victim loses about **£1,000** to scams but some have lost their homes, their life savings and many thousands of pounds.

Victims don't report being scammed because of shame or intimidation. It is estimated that only **5%** of scams are reported.

Trading Standards

Homelessness, hostels and Spice

The Safeguarding Adults Case Review Group have reviewed a number of deaths related to people who are homeless, or living in hostels, some of whom use substances or may have mental health needs, or both. These reviews have led to better joint work between the police, hostels, mental health and substance use services.

During the year, the police became seriously concerned by the growing number of vulnerable adults suffering serious harm due to taking a drug commonly known as 'Spice'.

Spice is highly addictive and in one weekend last autumn there were nine overdoses, causing major issues for statutory services.

At the Board meeting in October 2016, the Police assisted by housing and voluntary services working with this group of people, gave a presentation on impact of Spice on mental and physical health of homeless people and hostel dwellers.

CREATING A SAFE AND HEALTHY COMMUNITY

YOU SAID:

I want to be aware of what abuse looks like and feel listened to when it is reported.

WHAT WE DID:

The safeguarding information leaflets '**Say NO to abuse**' have been up-dated and a new leaflet, '**Keeping safe from abuse and neglect: what happens after you report abuse**' has been published this year.

Both of these and other information and advice about safeguarding adults are available on the **People First website**. Printed copies are also available on request.

Joined up action by agencies represented on the Board

Westminster Police arrested 18 dealers selling to vulnerable people. One individual dealer who purported to be homeless had a four-bedroom house in Havering and was clearly preying on people living in hostels and on the streets. The Police have successfully obtained a conviction awaiting sentence for Possession with Intent to Supply a Psychoactive Substance.

Through Operation Kaskara, a neighbourhood operation to reduce Anti-Social Behaviour and violence associated with Spice, the Police are supporting community behaviour orders to ban long term dealers from the 'hot spot' areas.

They have also been running outreach events with partners in the worst affected area and distributing support information and engaging the users with NHS and support workers.

The drug usage appears to be concentrated around the West End and Victoria area and work continues to identify 'hot spots'. Forty outreach staff go out daily and work closely with the Police and Substance Misuse Service.

There is a close relationship with eight commissioned providers who undertake regular training programmes.

Message in a bottle

WHAT IS IT?

The scheme is a simple idea designed to encourage people to keep their personal and medical details on a standard form and in a common location - the fridge.

HOW DOES IT WORK?

In the event of a sudden accident or illness while at home, the first emergency service on the scene will be alerted to the bottle by the labels on the inside of your front door and the outside of the fridge door.

WHO WILL BENEFIT?

Paramedics
Police
Fire fighters
Older people
People not in good health
People living alone
People with critical conditions/allergies
People with disabilities

WHERE DO I OBTAIN THE BOTTLE FROM?

Your local pharmacy
Your GP practice

WHO CAN HELP TO COMPLETE THE FORM?

Family, friends, carers, Social Services and the voluntary sector can help you to complete the form. For further advice please contact your GP practice or local pharmacy.

CREATING A SAFE AND HEALTHY COMMUNITY

LEADING, LISTENING AND LEARNING

Learning from Safeguarding Adult Reviews

This year the Board has worked on what safeguarding enquiries and Safeguarding Adult Reviews are telling us needs to change and improve.

Enquiries and Reviews give the Board concrete examples of where we are working well together to prevent abuse and neglect, and where systems or staff practice need to be strengthened and improved.

A Learning Culture

The Trust responds very robustly to lessons from enquiries, both internal and external. A major piece of work in the Trust has been developing a Sexual Safety Guidance document and service user and carer leaflet, accompanied by professional boundaries training for staff. This came out of a commissioned external report into a serious incident at one of our mental health in-patient sites.

West London Mental Health Trust

A key lesson learnt from this year's Safeguarding Adult Reviews is the increasingly important part general practitioners play in safeguarding people from abuse and neglect. This has led to focused work by the Clinical Commissioning Groups, and supported by NHS England, and the Royal College of General Practitioners, to train and support GPs to carry out their safeguarding responsibilities.

In 2016-17 11 cases were accepted by the Safeguarding Adults Case Review Group as meeting the Section 44 Safeguarding Adults Review criteria. A list of the emerging themes from the Reviews is attached as APPENDIX 1.

General Practitioners are key

The Clinical Commissioning Groups are working closely with general practitioners to develop a set of Quality Standards for Primary Care, including safeguarding indicators. Each GP practice has a safeguarding link person to ensure information and updates are cascaded effectively.

NHS England jointly delivered with The Royal College of GPs, a safeguarding event in London early in 2017. This event was a success with demand outstripping supply. The programme included the Learning Disability Mortality Review, the Mental Capacity Act 2005, and Self-Neglect.

The Royal College of GPs also rolled out a tool kit which GPs can use as part of their day-to-day practice.

Safeguarding training take-up is monitored quarterly by the GP Federations, in line with the NHS Standard Contract. Where practices are below target, GP Federations are supporting practices to access statutory training and improve performance.

Public Health funded 'Standing Together' to deliver Domestic Abuse training to Primary Care staff in their local surgeries. Sessions are underway to develop Domestic Abuse champions within Primary Care practices.

Clinical Commissioning Groups
Commissioning Collaborative

LEADING, LISTENING AND LEARNING

These are some of the changes that have happened as a direct result of these Reviews:

- A Joint Health and Social Care Dementia Programme Board is developing the range and variety of provision for people with dementia.
- The police, hostels, homelessness, and substance use services are working together to tackle Spice, and loss of life through substance use.
- A road show on Domestic Abuse and Adult Safeguarding is being developed for roll out to front-line staff.
- The Self-neglect and Hoarding Conference raised delegates awareness of the steps they can take to reduce the risk of fatal fires, and work better with people who are wary of statutory services.
- A high level conference in November 2017 will review how far the learning from the Safeguarding Adults Review in 2015 has changed things for the better with regard to Dementia Care.
- The Board asked members to review their arrangements for applying the Mental Capacity Act 2005 to decision-making. The self-audit showed that member agencies have designated staff, including Mental Capacity Act Champions, who are helping front-line staff to feel more confident in assessing capacity and best interest decision-making.
- The Board is seeking assurances from members that discharge from hospital is safe, particularly for people who have no family, or friends, and also during holiday periods when there may be staff shortages in care and support services.

YOU SAID:

I want to be listened to and for you to be willing to work with me.

WE said:

We are a partnership of listeners. We want to learn from you and we are open to new ideas.

HOW WE KNOW WE ARE MAKING A DIFFERENCE

Here are four examples of how the work of the Safeguarding Adults Executive Board is making a difference to residents.

BETTER PHYSICAL HEALTHCARE FOR MENTAL HEALTH PATIENTS

Mr Williams*

Mr Williams' community care team were concerned about his mental and physical health. His care worker asked Mr Williams about his physical health, but he did not want to talk to him about it. Mr Williams said his physical health needs were a matter for his GP alone. The care worker shared his concerns with Mr Williams GP, who also found it difficult to get Mr Willams to keep appointments and accept his help and advice.

Mr William's poor mental health was affecting his physical health and he was recalled to hospital under the community treatment order. On admission, it was noted his foot appeared infected and swollen. He was immediately taken to A&E for emergency treatment resulting in him having an amputation above the knee.

A safeguarding concern was raised for Mr Williams and enquiries made as to whether or not his physical health had been neglected. His situation was also considered by the Safeguarding Adults Case Review Group.

The learning from the safeguarding enquiry and review prompted the Trust to look for extra resources to ensure all staff are competent and confident in addressing the physical health care needs of patients with poor mental health.

In November 2016, the Trust recruited a Nurse Consultant in Physical Healthcare. They rolled out a training programme in January 2017 which concentrated on inpatient staff. A diabetes procedure was introduced and 90% of current inpatient staff have been trained on the management of diabetes and diabetes emergencies. This includes an escalation process when patients refuse essential medication including insulin and diabetic medication. The Trust has also introduced a 'physical healthcare portal' on the electronic patient data base.

Mr Williams is doing well both mentally and physically and has strengthened his links with family and friends.

West London Mental Health Trust

* Not his real name.

SAFEGUARDING PEOPLE DEPRIVED OF THEIR LIBERTY

Mr Smith*

In 2016, Mr Smith, a bachelor originally from Ireland who had lost touch with his family, was found confused and wandering in the streets by the police. He was admitted to hospital and diagnosed with dementia. He was also visually impaired and had a range of other medical conditions, including hypertension. Mr Smith was treated in hospital and found to be medically fit for discharge, but was still wandering around the ward and appeared confused. It was felt that further assessments were needed, so he was placed in residential care for the time being.

While in residential care, Mr Smith was very unhappy and attempted to end his life. He felt locked in as he was not able to go out when he wanted to. He said he felt "like a dog kept in a home." The care home applied for a Deprivation of Liberty Safeguards (DOLS) authorisation as he was clearly always supervised by staff, and not permitted to leave.

Mr Smith was assessed as not having capacity because he was not able to understand information about the care and treatment he needed to be safe and well.

Mr Smith was entitled to have someone representing him, and because he did not have friends and family, an Independent Mental Capacity Advocate was appointed to help him make decisions, or to ensure that all decisions made about him were in his best interest. This included whether or not Mr Smith should stay in the care home.

Mr Smith often found it difficult to find words to express himself and found it difficult to stay on topic, but having an advocate helped him to make his wishes known. Mr Smith's care plan now includes regular outings, with staff support.

A good outcome

Mr Smith was able to tell his advocate that he no longer feels trapped: he goes out regularly with a member of staff, mainly to the shops and to have a coffee. He has also been reunited with his sister and is enjoying getting to know her better through telephoning and Skype. Recently, Mr Smith told his advocate: "Maybe in the future, I may go to Ireland to see her one day."

Deprivation of Liberty Safeguards Service

* Not his real name.

DECLUTTERING AND REMOVING RISK

Mr Sayed*

Mr Sayed likes reading and has a large collection of CDs and sheet music. He gets very attached to his possessions and has difficulty managing the build-up of his belongings safely. He says that he keeps them as they could be of use later. Mr Sayed is also very keen on re-cycling and says that he will re-cycle things at a later stage.

Mr Sayed has been hoarding for many years. In the past, his flat had been completely cleared without his involvement. This caused him great anxiety and resulted in him being very distrustful of professionals who were trying to help him.

When we started to work with Mr Sayed, his flat was 9 ++ on the Clutter Image Rating scale, which is the highest level and indicated a very high risk to himself and to the other people who lived in his block of flats. He was adamant that he could clear his flat himself and initially refused practical help. By using a multi-agency approach and involving him in the clearance process, he eventually accepted the help he needed.

Through the use of the Self Neglect and Hoarding process, Mr Sayed has been supported both practically and emotionally to clear his accommodation, making it safe and habitable. He is also no longer in breach of his tenancy. Mr Sayed was helped throughout by a social worker from Adult Social Care; City West Homes, Residential Services; the London Fire Brigade; and a specialist hoarding agency called Clouds End.

After a full risk assessment, an injunction was eventually taken to clear the flat. It was agreed that the clearance of Mr Sayed's flat would be co-ordinated by Clouds End as he had established a trusting relationship with them. Unlike the previous clearance, Mr Sayed was fully involved in the process, and care was taken not to remove all of his books and CDs.

A major clearance was eventually completed and his hoard has been reduced from a level 9 on the clutter index scale to a level 3. There is no further risk to himself and his neighbours.

Mr Sayed continues to have weekly hour-long visits from Clouds End to help him maintain a safe and comfortable home.

Adult Social Care

* Not his real name.

ESCAPING DOMESTIC ABUSE

Mrs George*

Mrs George suffers from chronic depression as a result of her home life. She was a prisoner in her own home.

For almost 15 years she was regularly abused, living in a flat with her husband, his family, and their 6 children, all aged under 14. During a safeguarding enquiry, she disclosed years of physical and sexual violence by her husband, including rape in front of her young children. Her movements were tightly controlled by her husband's family, and she was only ever allowed out of the flat to take her children to and from school. She was made to do all of the cooking and cleaning. The family kept her documents locked away so she had no access to them, and she was not allowed any money of her own. She did not know if benefits were being claimed in her name. She was completely isolated, and this was compounded further by the fact that she spoke no English.

Working together, the Trust Safeguarding Manager, the local authority safeguarding lead, a Safeguarding Adults Manager, The Police and Children's Services, managed to help Mrs George to leave the flat with her four youngest children. They have been housed outside London in an area her husband is unlikely to find them. Children's Services are supporting her to maintain contact with her two oldest children, who, at the time, wanted to stay with their father. There was a risk that they might have disclosed their location to their father, if they had left with their mother.

Events unfolded quickly. Mrs George left nine days after concerns were first raised. There was uncertainty about whether her move could be achieved safely. There were concerns throughout that her husband and his family would realise something was going on and this might put her at risk of serious harm.

A good outcome

Mrs George and her younger children are doing as well as might be expected. She is still afraid that her husband may discover where she is and seriously harm her. She continues to receive help from mental health services for herself, and children's services for her children. She has not regretted her decision to flee from her husband and the violence he inflicted on her.

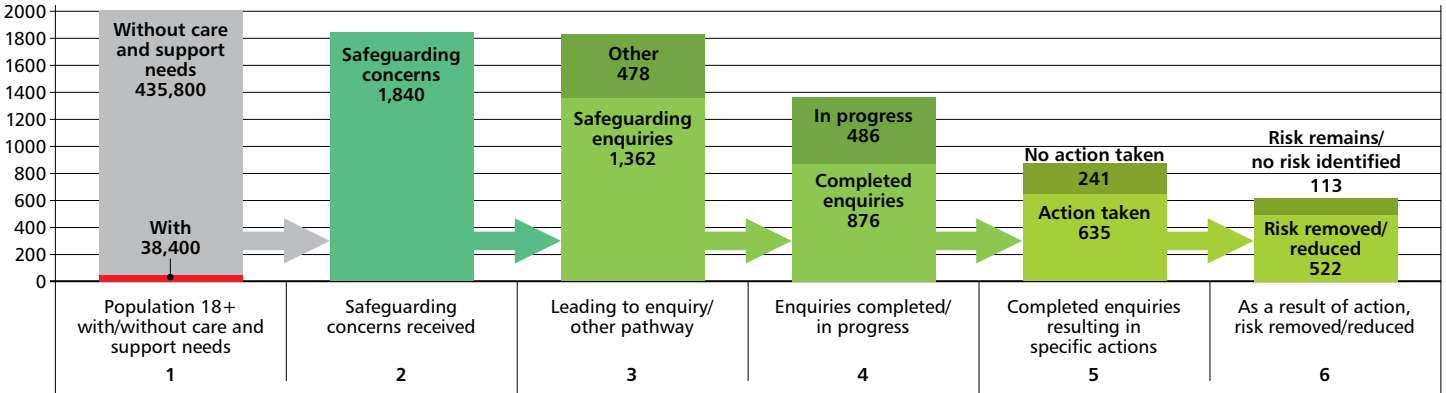
Central North West London NHS Trust

* Not her real name.

WHAT ARE THE NUMBERS TELLING US?

Chart 1

The safeguarding journey, from raising of safeguarding concern to outcome of safeguarding enquiry, 2016/17*



Raising of safeguarding concerns

- Safeguarding focuses on those who have needs for care and support. In national surveys about 8% of adults aged 18+ say that they are unable to manage at least one self-care activity, such as washing or dressing, on their own. If we use this measure as a proxy measure of need for care and support and apply this percentage to combined population of the three boroughs (about 474,200), we can say that at any one time across the three boroughs there are about 38,000 people who have care and support needs. This is nearly three-and-a-half times the number of adults who received on-going support from social services in 2016-17 (11,230).
- In 2016-17 the three boroughs received a total of 1,840 concerns about cases of potential or actual harm or abuse. This is equivalent to about four concerns for every 1,000 adults in the general population, or 48 for every 1,000 adults with care and support needs, or 164 for every 1,000 adults receiving on-going social care
- The majority of concerns (about 80%) were raised by health or social care staff; the remainder were raised mainly by relatives, friends or neighbours, housing agencies, and the police.

Resulting safeguarding enquiry process

- In 2016-17 adult social care made significant changes to the way they respond to safeguarding concerns and the way they record safeguarding information. This was to streamline procedures and ensure they met the requirements of the 2014 Care Act. As a result it is not possible to make comparisons with previous years.
- With this qualification nearly three-quarters (1,362) of the concerns received were assessed as requiring follow-up under safeguarding procedures.
- This is because the people involved were assessed as:
  (a) experiencing, or being at risk of, harm or abuse; and / or
  (b) having care and support needs which prevented them from protecting themselves.
- These concerns became the subject of a safeguarding enquiry to establish what the person wanted to happen in relation to the risk and what needed to be done to achieve this
- Those concerns (478) not followed up as safeguarding enquiries were followed up in other ways, notably referral to trading standards offices, domestic abuse support agencies, the police or the customer services team.

Outcome of enquiry process

- Safeguarding enquiries can take varying lengths of time to complete, depending on the issues and organisations involved. At 31 March 2017 nearly two-thirds (876) of the enquiries that had been started since 1 April 2016 had been completed. The remainder were still in progress.
- Of the safeguarding enquiries which were completed in 2016-17, the majority (635, or about 73%) resulted in specific actions being taken in relation to the risk, such as disciplinary action or removing staff from the situation
- The remaining cases (241) had not resulted in specific actions for a number of reasons, for example because the inquiry had found the risk to be unfounded, or because the adult did not wish any action to be taken
- Where specific actions had been taken, in the great majority of cases (522, or 82%) the risk of harm or abuse was judged by the social worker to have been removed or reduced as a result. In the remaining cases (113) the risk was judged to have remained, for example where the inquiry involved a family member and the adult was accepting of the risk, or no risk was identified.

* Information on safeguarding activity in local authority areas is published annually by NHS Digital and is available at: https://digital.nhs.uk/catalogue/PUB21917

WHAT THE BOARD WILL BE WORKING ON IN 2017/18

EMERGING THEMES AND BOARD PRIORITIES

Variety and Quality of Care Provision

Improving the range of health and care provision for people with different types of dementia.

Hoarding and Self Neglect

Working together to win the trust of people with capacity to make their own decisions and are reluctant to accept care from statutory services, with the result that their health and care needs are not being met.

Mental Capacity Act 2005

Increasing staff confidence with application of the Mental Capacity Act 2005; 'no decision about me, without me'.

Physical Health

Improving the physical health of people with mental health needs and learning disabilities.

Safe Discharge from Hospital

Looking at people's experiences of discharge from hospital to be sure that they are safe.

GLOSSARY OF TERMS

Safeguarding

Safeguarding means protecting our right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and reduce the risk of abuse and neglect. When people have experienced abuse or neglect, safeguarding is about taking actions that are informed by the person's views, wishes, feelings and beliefs.

Making Safeguarding Personal

Making Safeguarding Personal starts with the principle that we are experts in our own life. Things other than safety may be as, or more, important to us; for example, our relationship with our family, or our decisions about how we manage our money. So, our staff are being encouraged to always ask 'What is important to you?' and 'What would you like to happen next?'

An Outcome

An Outcome is what you hope to get out of the conversations we have, and the work we do with you. Measuring outcomes helps the Board to answer the question "what difference did we make?" rather than "what did we do?"

Deprivation of Liberty Safeguards (DoLS)

Deprivation of Liberty Safeguards is when a person in a care, or nursing home, or hospital, is subject to continuous supervision and control from staff, and is not free to leave, under the Supreme Court judgement known as 'Cheshire West', they are deprived of their liberty. Once identified, a deprivation of liberty must be authorised either by the Court of Protection order; or under the Deprivation of Liberty Safeguards in the Mental Capacity Act 2005; or under the Mental Health Act 1983. If it is not authorised, under the law, it is an illegal detention.

SPICE

SPICE is a generic term used to describe a substance which typically contains synthetic cannabinoids. The term synthetic cannabinoid is used to describe a whole raft of compounds which affect the cannabinoid receptors in the human body. Synthetic cannabinoids cause similar side effects to skunk, but these effects are multiplied and can last up to six hours. They are commonly sold in professional looking plastic bags with many different brands names.

Makaton

Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. With Makaton, children and adults can communicate straight away using signs and symbols.

Self-neglect

Self-neglect covers a wide range of behaviour including neglecting to care for one's personal hygiene, health, or surroundings, and behaviour such as hoarding. The term itself can be a barrier as some people do not identify with this term or description of their situation. It is important that practitioners find common ground and understand the person's own description of their lifestyle rather than making assumptions about how it can be defined.

Hoarding

Hoarding behaviour was previously seen as a symptom of Obsessive Compulsive Disorder but it has now received a separate clinical definition of 'hoarding disorder' and is defined as: 'A psychiatric disorder characterised by persistent difficulty discarding or parting with possessions, regardless of their actual value resulting in significant clutter that obstructs the person's living environment and produces considerable functional impairment.' (Greater Manchester Fire and Rescue Service: Hoarding, Prevention, and Protection)

Clutter Image Rating

Clutter Image Rating a series of pictures of rooms in various stages of clutter – from completely clutter-free to very severely cluttered. People can just pick out the picture in each sequence comes closest to the clutter in their own living room, kitchen, and bedroom. When clutter reaches the level of picture number four, or higher it begins to impact on people's lives and we would encourage the person to get help for their hoarding problem.

APPENDIX

Cases Accepted for Safeguarding Adults Review in 2016-17: emerging themes and changes made

	Date case to SACRG	Emerging themes from Safeguarding Adults Reviews
1	**6 May 2016**	This person did not die but the case raised the issue of police resources used to find a missing person. The Police submitted a breakdown of the cost to the police of missing persons and the value of joint work, such as closer work between hostels, mental health in-patient provision, and the police to reduce the incidence of people going missing. The SAEB made working with people in hostels, homelessness, and substance use (primarily SPICE) a priority this year, to reduce both the risk of loss of life, and policing costs.
2	**6 May 2016**	This was a complex situation of domestic abuse between two people, both with care and support needs, but able to make their own decisions. There is on-going risk of serious harm, and many agencies are involved. Although this case did not meet the criteria for a Review, two members of the SACRG used reflective practice, based on the SCIE Learning Together model, to help all practitioners involved to work together more effectively to manage the on-going risks.
3	**22 July 2016**	Fatal fires are reported to the SACRG. This death raised the continuing need to raise staff awareness of fire risks. The SACRG agreed that the Fire Brigade will alert social services in the event of an adult at risk declines a fire safety check on more than three occasions. A Fire Brigade alert now triggers a referral to the Self Neglect and Hoarding panel. A Hoarding and Self Neglect conference for staff was held on 02/03/2017. Delegates were reminded of the Fire Brigade offer of staff training, and assessment of fire risks in a person's home; and installation of fire alarms, sprinklers and fire retardant fabrics, to reduce risk and prevent serious harm or death.
4	**10 July 2015**	The death of this man was reviewed using information gathered in the Safeguarding enquiry. The review illustrated the need to be diligent in recording and sharing each person's information, especially when there are changes to key workers brought about by re-organisations, or change of contractors.
5	**7 October 2016**	The person in question did not die, but the review illustrated the increased risk to good decision-making when staff are working within tight financial constraints, and also experiencing major re-organisation of their working life. It illustrated the need for careful assessment of a person's needs, prior to placement in a care or nursing home. It also led to the development of a protocol for clarifying decision-making about health and social care funding.

	Date case to SACRG	Emerging themes from Safeguarding Adults Reviews
6	**7 October 2016**	The key learning from this death is the need for organisations to provide culturally appropriate support to staff going through the disciplinary procedures, particularly when a disciplinary is as a response to a safeguarding incident or enquiry, and so involves loss of reputation.
7	**10 March 2017**	This person did not die, but was very close to death. The safeguarding enquiry confirmed that too much weight given to European Court of Human Rights Article 8: The Right to Family Life, balanced against the ability of the family to properly care for the person. It identified the need for robust, multi-agency risk assessment; and risk and case management. It illustrated that not all staff are confident in application of the Mental Capacity Act 2005 when decision-making.
8	**10 March 2017**	This death has caused the Board to consider very carefully, and to challenge senior officers in member agencies, as to whether or not the learning from the formal Review, held between September and December 2015, has had any impact on decision-making around placing robust, active, and sometimes violent people with Dementia, to live alongside physically frail older people, also with Dementia. The Board has commissioned a high-level reflective practice session for senior officers to consider the matter further.
9	**10 March 2017**	The review of three people who died after being discharged from different hospitals over the Christmas and New Year holiday period has led the Board to gain assurances about safe discharge from hospital, particularly of people who may be have no family and be un-befriended, and during holiday periods when staff shortages in community services may occur.
10	**31 March 2017**	This review illustrated the value of working with a person's family at the time of the incident and death. The family were appreciative of the work done with their family member and the Trust's enquiries into the circumstances of the person's death.
11	**31 March 2017**	Two cases illustrated the absence of clarity between agencies about responding to a 'no reply'. The Board has commissioned a 'task and finish' group to work together and develop a multi-agency (social services, the police, mental health and home care providers) simple but effective response to ensuring a person is safe.

City of Westminster

Adults and Health Policy & Scrutiny Committee

Date:	22 November 2017
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:

- Note the changes to its terms of reference;
- 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 20 September 2017 and also incorporates changes based on the modified agenda for this meeting. 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 November meeting.

3.3 The first key change to the Work Programme is the result of changes in late October to Cabinet Member portfolios. As a result of these changes, the Committee is now responsible for the scrutiny of Adult Social Services and Public Health. Councillor Cox's Cabinet portfolio, which included Public Protection, Street Management, Licensing, Night-Time Economy and Rough Sleeping, has been re-allocated to Cabinet Members Davis, Chalkley and Robathan. Scrutiny of these items will therefore fall to other Committees, namely the Business, Planning and Transport (BPT) and Housing, Finance and Corporate Services Policy and Scrutiny Committees.

3.4 These changes have necessitated review of delivery of both the Safer Westminster Partnership and Prevent Strategies at the meeting on 15 November of the BPT Policy and Scrutiny Committee. Both these public protection items were originally scheduled for this Committee's November meeting.

3.5. The second key change to the Work Programme is the addition of the Health Urgency Sub-Committee on 30 November to discuss issues arising at the Soho Square General Practice.

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 JUNE 2017		
Agenda Item	**Reasons & objective for item**	**Represented by**
Policing Plan Implementation including the BCU		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 2017 Agenda Item	Reasons & objective for item	Represented by
Report from the HWBC Task Group	To receive the report from the Committee's task group and consider recommendations in the context of corporate work on hubs/Church St	Councillor Barrie Taylor
Examining the links between substance abuse, mental health and the criminal justice system	To examine the criminalisation of health problems and the impact on local services	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 Service Monitoring Details	
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	

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

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	In progress In progress
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.	In progress In progress

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 priorities set out in the Control Strategy for 2017; together with	Completed Completed (BPT)

	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 Mary's Hospital by non-Westminster residents	Completed. CCG presentation on Quality Improvement Programme 2017 - 2019 Completed BPT Committee BPT Committee Addition to the Work Programme

8 MAY 2017		
Agenda Item	Action	Status
Item 3 **Minutes** St. Mary's Urgent Care Centre - Minute 6.6	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** Homecare	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** Smoking	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** Sustainability & Transformation Plan (STP)	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	Requested
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.	This is still in production. 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