



City of Westminster

Adults, Health & Public Protection Policy & Scrutiny Committee

Date: 21 March 2016

Briefing of: Cabinet Member for Adults & Public Health

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

1 Actions requested by the Committee

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

2. Adults

Better Care Fund (BCF)

- 2.1 Work continues on key schemes in the BCF including development of the Community Independence Service (CIS) and enhancements to hospital discharge. The overall position continues to be strong, taking into account the innovative nature of the work.
- 2.2 Work is underway to implement the extended BCF plan for 2016/17. The plan will continue emphasis on reablement and greater health and social care integration.
- 2.3 The evaluation of the CIS model of integrated working has been completed. This will inform the 2016/17 BCF plan and ASC's Customer Journey Programme. The scope of the CIS work has also been extended to deliver a jointly commissioned and fully integrated service by the end of 2016. A specification has gone out to the market tender and should be completed by July 2016.
- 2.4 The roll out of the multi-disciplinary hospital discharge service is moving into its final phase. It will be completed by the end of April 2016. Tri-borough locality teams are now dealing with cases regardless of borough residence. This will be standard practice following the Customer Journey staff restructure that is due to complete by May 2016. We are developing the business case for

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

Home Care Procurement

- 2.5 The implementation process continues with the transition of customers in the three allocated patches. We are continuing to hold fortnightly implementation meeting with contract staff and the new providers, to ensure a smooth and safe transfer of care.
- 2.6 The procurement for the final patch (North West Westminster) is currently at Invitation to Tender (ITT) stage. Five providers have been invited to tender for the contract.

Specialist Housing Strategy for Older People (SHSOP)

- 2.7 The SHSOP programme continues to progress in two phases. Phase One is the implementation of the new care provider: Sanctuary. Phase Two is the redevelopment of the homes.
- 2.8 In Phase One, the CQC have undertaken an inspection on Athlone House and the final report is expected shortly. Contract monitoring audit activity is being taken across the other homes with focus on case file recording. It is expected that CQC activity will be undertaken across the rest of the portfolio later in the year.
- 2.9 In Phase Two, Butterworth is well advanced in terms of Planning. The Housing team have an outline plan for internal comment. ASC and the CCG have been targeted to refresh their needs analysis activity by the end of April to further inform the development of the plan.

3. Public Health

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

- 3.1 Following the transfer of Health Visiting and Family Nurse Partnership services in October 2015 we are working with a range of partners to assess the effectiveness of the current service and agree design principals of the new service. The current contract with CLCH runs until October 2017.
- 3.2 The current contract with CLCH for the School Nursing service ends in March 2016 but is in the process of being extended until March 2017. This will ensure continuity of service whilst the procurement of a new School Health Service is completed.

Childhood Obesity

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

- 3.4 The Childhood Obesity JSNA was submitted to the Health and Wellbeing Board in January 2016.
- 3.5 A one year report outlining the achievements of the Tackling Childhood Obesity programme is on track to be finalised by the end of April.

Community Champions

- 3.6 The projects in Harrow Road, Churchill Gardens, Tachbrook and Church Street are all going well. The scheme is well supported by external partners such as Peabody, Sanctuary, CLCCG and City West Homes.
- 3.7 In Harrow Road, 15 champions, ages 40-80, have been recruited and trained in public health courses. The champions now have a drop in desk at the food bank one day a week to signpost residents to services. Diabetes awareness sessions are held once a month. A cookery course has started for those on low budgets who want to eat more healthily and have the social activity of cooking together.
- 3.8 In Churchill Gardens and Tachbrook, 9 champions have been recruited.
- 3.9 An evaluation of the maternity champions will start next month. The weekly drop in is well attended by pregnant women and one of the champions has been accepted on BA in Midwifery course.
- 3.10 The Westbourne project has now recruited 12 champions. The champions have been trained in Understanding Health Improvement and Understanding Behaviour change, and in running a Baseline Survey, which will start in March.

Sexual Health

- 3.11 The redesign and re-procurement of the adults community sexual and reproductive health services is on target to deliver by end December 2016. Focus groups have taken place to assist in the remodelling of the services. Service user questionnaires have also been completed and analysed.
- 3.12 The third phase of the London wide transformation programme of Genito Urinary Medicine (GUM) services is progressing. It will include a London wide procurement of web based initiatives and notification system that will support the redesigned system. We are part of the inner North-West London sub-region leading on the procurement of the revised GUM provision. This programme will complete by March 2017.

Stop Smoking

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

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

Substance Misuse

- 3.15 A core drug and alcohol services procurement will be implemented from April 2016.
- 3.16 The new model will grow treatment capacity by over 50% by increasing the systems' ability to not only respond to a wider range of drug misuse and but also provide a more comprehensive offer for residents who misuse alcohol.
- 3.17 Current and the new providers are working with commissioners to ensure the impact on service users is minimised.
- 3.18 The redesign model will make better use of our assets to address the treatment needs of our current service users but also widen the range and scope of the services to respond earlier to those who do not come forward for help until they are in a health or social crisis.
- 3.19 Launch events to explain the new model will take place during March and April.
- 3.20 An independent review of the peer led initiatives we support has been completed. Positive feedback was received in relation to service user engagement and the impact on current and ex-service users.
- 3.21 The Education, Training and Employment initiatives for service users continues to be delivered successfully and will be a core part of the new model.
- 3.22 A proportion the substance misuse budget created by the efficiencies of the new model will be used to scope a dual diagnosis service for WCC. The dual diagnosis service will better support the needs of residents who are living with a co-existing mental health diagnosis and substance misuse problems. This service should be implemented from April 2016.

Supported Employment

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

4. **Health & Wellbeing Board (HWB)**

- 4.1 The Board last met on 21 January 2016. The Board discussed the commissioning intentions of Central London and West London CCGs, opportunities for other boards in light of devolution, and the Chairman led a discussion on the refresh of the Joint Health and Wellbeing Strategy.
- 4.2 The next meeting of the Board is on 17 March. Main items on the agenda are: Children's mental health service provision, supporting parental employment and joint planning for the local health and care economy in the context of the Joint Health and Wellbeing Strategy.

Joint HWB Strategy Refresh

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

Primary Care Modelling Project

- 4.4 Last summer, the Board commissioned Council and CCG officers to undertake a programme of modelling primary care provision and demands, now and over the next 15 years.
- 4.5 Officers have developed a model to enable the mapping and projection of demographic groups and the corresponding disease burden. The next phase will collate council and CCG data to align data assumptions before populating the model.

5. **Health**

Healthwatch Westminster

- 5.1 The procurement process for local Healthwatch services in Westminster is now complete and a decision-report was signed by the Executive Director of ASC in February. Through working on a Tri-borough basis, the cost has gone down slightly from the previous year. Westminster will retain a specific *Healthwatch Westminster* service as part of these arrangements. Westminster's Healthwatch has gone from strength to strength and now has a membership of over 2,000 local residents.

Shaping a Healthier Future

- 5.2 The CCG Collaborative is continuing to work on the Implementation Business Case (ImBC) with the expectation of beginning the assurance process in the summer.

6 **Hubs**

- 6.1 I am leading on a piece of work to develop and improve our services by thinking in terms of service ‘hubs’. These are not necessarily physical places where services are clustered, although this may form part of the overall strategy. We are mapping a range of opportunities to understand where our front-line services can be more joined-up to create person-centred, multi-agency services that are more accessible to residents.
- 6.2 This work will help us to ensure we make best use of all the resources at our disposal, to deliver the outcomes we want. This includes: better use of our physical assets; capitalising on our digital capability; and focusing on greater integration and preventative approaches across all services. In the long term this will help us to equip people to self-manage their health as much as they can, decreasing their dependency on public services over time.

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

Key Service performance Indicators

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

Performance Indicator	2014/15 Performance	2015/16 Target	Quarter 3 position	Target status	Direction of Travel
	<i>Last year's position</i>	<i>Service targets</i>	<i>Apr – Dec 2015</i>	<i>Off/On Track</i>	<i>Perf vs. last year</i>

Performance indicators flagged for attention:					
Adult Social Care					
Reduce non elective (unplanned) hospital admissions - cumulative	18,070	17,254 (4.6% reduction)	15,541 (90% of target)	Off Track Target at risk of being exceeded	Similar to last year
Reason for underperformance and mitigation: There are a range of initiatives and projects as part of the Better Care Fund which is targeting Non-Elective Hospital Admissions. While current performance is on par with the previous year, the joint target between the Local Authority and local Clinical commissioning groups for a reduction of 4.6% of admissions is at risk. There are a number of factors across health, social care and the wider community that can impact on hospital admissions so direct attribution is not possible however the reablement and rapid response service are actively working with GPs to 'case find' at risk residents and the delay to the reconfiguration of the CIS service may have impacted on performance this area					
Timescale for improvement: The reconfiguration of the Community Independence Service later in the year should support improvements in this area.					
Percentage of carers receiving needs assessment or review and a specific carers service, or advice and information	69% (1,008 of 1,468)	95%	55% (620 of 1,122)	Off Track Target at risk of not being met	Similar to last year
Reason for underperformance and mitigation: The service have set a very challenging target for assessing and reviewing carers so while performance is stable in relation to the previous year it is not currently on track to meet this stretch target. The length of the Carers assessment has been reviewed and all staff have been set an individual target for completion of assessments. The service is actively working with community partners and the Carers Network whom also carry out assessments to ensure they are offering carers an assessment/review of their needs.					
Timescale for improvement: The service is working with community partners and the Carers Network to ensure they are offering carers an assessment/review of their needs. This position is expected to improve in 2016/17.					
Delayed transfers of care, acute days attributed to social care (cumulative)	861 days	432 days	427 days (99% of target)	Off Track Target at risk of not being met	Improving on last year

Performance Indicator	2014/15 Performance	2015/16 Target	Quarter 3 position	Target status	Direction of Travel
	<i>Last year's position</i>	<i>Service targets</i>	<i>Apr – Dec 2015</i>	<i>Off/On Track</i>	<i>Perf vs. last year</i>

Reason for underperformance and mitigation: April – October 2015 data released by NHS England at time of production. There has been an increase in delays attributed to Social Care by Imperial Healthcare NHS Trust in September and October 2015. The key reasons for delays are difficulty in securing dementia nursing beds/placements. This is a London wide issue due to lack of market availability. The 'Sheltered Housing Strategy for Older People (SHSOP)' programme project is reviewing capacity for these services however delivery of units will not be before 2017/18. Until this time the Trust and Adult Social Care continue to work together to support residents out of hospital as quickly as possible. In addition new sign off procedures are being agreed and implemented between local hospital trusts and Adult Social Care to ensure that all delay are attributed fairly and accurately.

Timescale for improvement: The 'Sheltered Housing Strategy for Older People' programme project is reviewing capacity for these services however delivery of units will not be before 2017/18. This will support improvements in this area.

Public Health

Total numbers of cigarette smokers who are recorded by the Stop Smoking Service as being off cigarettes after 4 weeks	1,503	1,437	572 (end Q2) (40% of target)	Off Track to achieve target	Improving on last year
--	-------	-------	--	---------------------------------------	------------------------

Reason for underperformance and mitigation: The stop smoking pharmacy roll-out programme is bedding down and is progressing well. However, this has been delayed due to slow engagement with pharmacies.

Timescale for improvement: There is now a new Engagement Plan and Marketing Plan in place and the service is focusing on increasing take-up figures over the quarter. Meetings are taking place early January to discuss this.

Performance Indicator	2014/15 Performance	2015/16 Target	Quarter 3 position	Target status	Direction of Travel
	<i>Last year's position</i>	<i>Service targets</i>	<i>Apr – Dec 2015</i>	<i>Off/On Track</i>	<i>Perf vs. last year</i>

Performance indicators on track to achieve targets by year end:

Adult Social Care

Total number of new permanent admissions to residential care of people aged 65 years and over	75	74	30 (41% of target)	On Track to fall within target	Improving on last year
Total number of new permanent admissions to nursing care of people aged 65 years and over	55	52	28 (54% of target)	On Track to fall within target	Improving on last year

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

