

Adults, Health & Public Protection Policy & Scrutiny Committee

Date: Tuesday, 19th April 2016

Briefing of: Cabinet Member for Adults & Public Health

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1 Actions requested by the Committee

- 1.1 As requested at the last committee, officers have provided Cllr Prendergast with a written note with details of our sexual health services. This is attached in Appendix A for the Committee's reference.
- 1.2 The substance misuse launch events that I discussed with Members at the last meeting have been deferred due to purdah restrictions. However, as discussed, these launch events will be publicised once they are arranged so that residents and Members can attend. Officers will also arrange targeted information sessions with Scrutiny and Health and Wellbeing Board members once the purdah period is over.
- 1.3 Owing to the short time-span between the March and April Committee meetings, an updated key performance indicator (KPI) analysis of significant Adult Social Care (ASC) and Public Health programmes is not yet available. However, an updated analysis will be available for the next Committee meeting in June. The KPI analysis that was provided in my last report is attached in Appendix B for the Committee's reference.

2 Adults

Better Care Fund (BCF)

- 2.1 Work continues on key schemes in the BCF including development of the Community Independence Service (CIS) and enhancements to hospital discharge. The overall position continues to be strong, taking into account the innovative nature of the work.
- 2.2 Work to develop the BCF plan for 2016/17 continues, with a target completion date of 25th April. The plan is largely based on the continuity of schemes and funding, placing continued emphasis on reablement and supporting health and social care integration.
- 2.3 The joint commission of the CIS service is now well underway with the Invitation to Tender published and bids to be returned by 15th April 2016. The scope of the service will be dependent on the quality of bids that are submitted.

- 2.4 The roll out of the multi-disciplinary hospital discharge service will be completed by end of April 16. Tri-borough locality teams are now dealing with cases regardless of borough residence. This will be standard practice following the Customer Journey staff restructure that is due to be completed by end May 2016. The business case for wider rollout of the hospital discharge model is developing well with support from the Department of Health and funding contributions from wider local authority partners now confirmed.

Home Care Procurement

- 2.5 50% of customers have now been transferred to the three patch home care providers. Though it is difficult to specify a date for the completion of the transfer because of the external variables that we are dependent on, it is anticipated that the vast majority of the customers will be transferred to the new providers in these patches by the end of July. We continue to work closely with providers to support them through this process.
- 2.6 The closing date for the five providers that have been invited to tender for the North West Westminster patch to submit their bids is 12th April. The bids will then be evaluated, with the officer recommendation of award expected to be known by the end of May. It is hoped that we can award the contract by early July.

Specialist Housing Strategy for Older People (SHSOP)

- 2.7 The SHSOP programme continues to progress in two phases. Phase One is the implementation of the new care provider: Sanctuary. Phase Two is the redevelopment of the homes.
- 2.8 In Phase One, work on mobilising Butterworth is progressing. Athlone House had a very positive inspection by the Care Quality Commission and achieved an overall rating of 'Good'. Both Athlone and Garside House received Gold Standards Framework re-accreditation both with 'Commend' status. The environments at Carlton Dene and Westmead are much improved due to investment in new furnishings aimed at enhancing the experience of residents and their family members.
- 2.9 In Phase Two, a Project Manager has been appointed to co-ordinate activity and drive the programme forward. ASC and Central London Clinical Commissioning Group (CLCCG) have been refreshing their needs analysis to ensure we have an up-to-date picture of current need and future projections to work with. Work on design principles for the first new service has commenced and this will inform any designs submitted for planning permission.

3 Public Health

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

- 3.1 Following the transfer of Health Visiting and Family Nurse Partnership services in October 2015 we are working with a range of partners to assess the effectiveness of the current service and agree design principles for the new service to be in place by the end of 2017. The current contract with Central London Community Healthcare (CLCH) runs until October 2017.
- 3.2 The current contract with CLCH for the School Nursing is being extended until March 2017. This will ensure continuity of service whilst the procurement of a new School

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

Childhood Obesity

- 3.3 A 'one year on' report outlining the achievements of the Tackling Childhood Obesity programme is on track to be finalised by the end of April. Highlights of the report include new family healthy weight services in place since September 2015, supported by effective customer journey and a referral toolkit. Recruitment to and utilisation of these services by families is on track to achieve annual targets. Good progress has been made by other council departments such as environmental health and housing to achieve their proposed plans to tackle childhood obesity.
- 3.4 We are actively evaluating all activities to engage further council departments in this programme and planning for the future. Proposed activities for next year include increased access to drinking water, establishing a social supermarket in the Borough and further work with environmental health to imbed a healthier catering commitment.
- 3.5 The Childhood Obesity JSNA has been finalised and ratified by the Health and Wellbeing Board.

Community Champions

- 3.6 The existing projects (Church Street and Mozart) are being extended for another three years so that they run for five years in total. They continue to be successfully delivered.
- 3.7 New projects (Harrow Road, Westbourne, Churchill and Tatchbrook) are being implemented to schedule.
- 3.8 Partnership links with West London Clinical Commissioning Group (WLCCG), CLCCG and Housing Associations are being developed to secure additional resources, extend the outcomes and maintain project viability.

Sexual Health

- 3.9 The redesign and re-procurement of the adults community sexual and reproductive health services continues to be progressed to target with tender documentation being published on Friday. These will be accessible for an extended period of 58 days to enable smaller local organisations to get the support they require to submit competitive bids.
- 3.10 The third phase of the London wide transformation programme of Genito Urinary Medicine (GUM) services continues to progress well and our sub-region will be publishing its tender documents in May. The London wide procurement of web based initiatives and notification system that will support the redesigned GUM system will also be tender led through Camden on behalf of London boroughs.

Stop Smoking

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

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

Substance Misuse

- 3.13 A revised core drug and alcohol service has commenced and a programme of information sessions for key stakeholders is planned for early May. Launch events have been deferred due to purdah restrictions. The new providers are continuing to work with commissioners to ensure the impact on service users is kept to a minimum. Early indications are that the transfer has gone smoothly.
- 3.14 A new dual diagnosis service model is to be implemented and recruitment to the team is underway. This is a joint initiative with CNWL and will span both Westminster and Kensington and Chelsea.
- 3.15 The Public Health England Health Premium Incentive Scheme bonus was awarded on 30th March and Westminster achieved the required threshold for an additional Public Health grant payment based on the successful completion of drug treatment where we are in the top quartile nationally.

Supported Employment

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

4 Health and Wellbeing Board

Board Meetings

- 4.1 The Board last met on 17th March 2016. The Board discussed the refresh of the Joint Health and Wellbeing Strategy and received an update on the North West London Sustainable Transformation Plan (STP). The board also discussed Children and Young People's mental health transformation plan for North West London and an item on Innovation in Raising Parental Employment Rates.
- 4.2 The next Board meeting will take place on 26th May. The meeting will focus on reviewing and refining the draft Joint Health and Wellbeing Strategy in preparation for public consultation June.

Joint Health and Wellbeing Strategy Refresh

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

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

- 4.4 Building on the achievements of the current strategy, the Board is currently refreshing the policy to reflect the changing population needs and align with national requirements around achieving an integrated local health and care system. At a Board workshop on 5th April Members agreed a vision, key themes and desired outcomes for the strategy. The outcomes of this workshop will inform two subsequent workshops: one for commissioners and service managers on 13th April and a further workshop on 21st April with patient and service user representatives.
- 4.5 A draft strategy is expected to be ready by the end of June 2016 in parallel with the sub-regional STP deadline to ensure co-ordination across the local authority and health partners.

Primary Care Modelling Project

- 4.6 Last summer, the Board commissioned Council and CCG officers to undertake a programme of modelling primary care provision and demands, now and over the next 15 years.
- 4.7 Officers have developed a model to enable the mapping and projection of demographic groups and the corresponding disease burden. Council and CCG officers are currently aligning the data assumptions.

5 Health

Healthwatch Westminster

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

Shaping a Healthier Future

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

6 Hubs

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

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

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

Appendix A – Note to Cllr Prendergast

Dear Cllr. Prendergast,

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

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

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

Table 1 (Current Services):

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

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

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

Table 2 (Proposed outline of new service):

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

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

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

Yours sincerely,

Gaynor Driscoll

Public Health Head of Commissioning

Substance Misuse, Sexual Health and Offender Health

Appendix B – Key Performance Indicator

Key Service performance Indicators

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

Performance Indicator	2014/15 Performance	2015/16 Target	Quarter 3 position	Target status	Direction of Travel
	<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
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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

