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City of Westminster

Committee Agenda

Title:	**Adults, Health & Public Protection Policy & Scrutiny Committee**
Meeting Date:	**Wednesday 24th June, 2015**
Time:	**7.00 pm**
Venue:	**Rooms 5, 6 & 7 - 17th Floor, City Hall**
Members:	**Councillors:** David Harvey (Chairman) Barbara Arzymanow Paul Church Patricia McAllister Jan Prendergast Glenys Roberts Ian Rowley Shamim Talukder

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

Admission to the public gallery is by ticket, issued from the ground floor reception at City Hall from 6.00pm. 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.

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 Head of Legal & Democratic Services in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1. MEMBERSHIP

To note any changes to the membership.

2. DECLARATIONS OF INTEREST **(Pages 1 - 2)**

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 tabled and included in the agenda.

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

To approve the minutes of the meeting held on 28 April 2015.

4. CHAIRMAN'S Q&A

To receive any questions from Members of the Committee.

5. CABINET MEMBER UPDATES **(Pages 13 - 26)**

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

6. STANDING UPDATES **(Pages 27 - 30)**

I) **<u>Task Groups</u>**
To receive a verbal update on any significant activity undertaken since the Committee's last meeting.

II) **<u>Westminster Healthwatch</u>**
To receive an update on the delivery of current priorities, and on the future Work Programme.

7. NHS ESTATE IN WESTMINSTER **(Pages 31 - 38)**

To review the strategy relating to NHS Estates in Westminster.

8. NHS ACUTE STAFFING **(Pages 39 - 56)**

To examine the impact of the current staffing levels on the operation of our local acute Trusts.

9. WORK PROGRAMME **(Pages 57 - 60)**

To consider the Committee's Work Programme for the 2015/16 municipal year.

10. ITEMS ISSUED FOR INFORMATION

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

I) Joint Health Overview & Scrutiny Committee (JHOSC) – Minutes of the meeting held at Hounslow on Tuesday, 3 March 2015.

II) Response to the Quality Account of Imperial College Healthcare NHS Trust – the Committee's draft response to Quality Account Priorities for 2014/15.

III) Fixed Odds Betting Terminals – Westminster City Council's current position of Fixed Odds Betting Terminals (Category B2 Gaming Machines) in betting shops.

11. ANY OTHER BUSINESS

To consider any other business which the Chairman considers urgent.

Peter Large
Head of Legal & Democratic Services
14 June 2015

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CITY OF WESTMINSTER

Standing Declarations of Interest

ADULTS, HEALTH & PUBLIC PROTECTION
POLICY & SCRUTINY COMMITTEE
24 June 2015

The following list details the Committee's standing declarations of interest which shall apply to all relevant items of business considered by the Committee in the course of its work programme.

The list is updated in light of each new standing interest declared and is tabled at each formal meeting of the Committee.

All declarations detailed below are ***personal interests***, unless otherwise stated.

Member/Officer	Declaration of Interest
Councillor Barbara Arzymanow	Councillor Arzymanow and her family have been patients of St. Mary's Hospital.
Councillor David Harvey	Councillor Harvey's wife, Councillor Angela Harvey, holds the position of Non-Executive Director of the Camden and Islington NHS Foundation Trust.
Councillor Jan Prendergast	Councillor Prendergast's husband is a long-standing patient of St Mary's Hospital. Councillor Prendergast is also an occasional patient of the hospital and is a member of the Executive Committee of the Friends of St. Mary's Hospital.

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CITY OF WESTMINSTER

DRAFT MINUTES

Adults, Health & Public Protection Policy & Scrutiny Committee

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Adults, Health & Public Protection Policy & Scrutiny Committee** held on **Tuesday 28th April, 2015**, Rooms 1B & 1C, 17th Floor, City Hall.

Members Present: Councillors David Harvey (Chairman), Barbara Arzymanow, Adam Hug, Jan Prendergast, Robert Rigby, Glenys Roberts, Ian Rowley and Barrie Taylor.

Also Present: Councillor Rachael Robathan.

1 MEMBERSHIP

1.1 Apologies for absence were received from Councillor Peter Cuthbertson. Councillor Robert Rigby attended the meeting as his replacement.

2 DECLARATIONS OF INTEREST

2.1 The Committee noted the Standing Declarations of Interest tabled in the agenda.

2.2 Councillor Adam Hug declared a non-pecuniary interest in that he was a Member of the Adult Safeguarding Board.

2.3 Councillor Barrie Taylor also declared a non-pecuniary interest, as a Member of the Westminster Health & Wellbeing Board.

3 MINUTES

3.1 **RESOLVED:** That the Minutes of the meeting held on 11 March 2015 be approved for signature by the Chairman.

4 CHAIRMAN'S Q&A

4.1 The Committee confirmed that it had no questions or comments for the Chairman.

STANDING UPDATES

5 CABINET MEMBER UPDATES

5.1 Cabinet Member for Adults & Public Health

5.1.1 Councillor Rachael Robathan (Cabinet Member for Adults & Public Health) updated the Committee on key issues relating to her portfolio.

5.1.2 The Committee discussed progress in implementation of the Care Act, and noted that workshops and publicity to increase public engagement were on-going. Committee Members recognised the need to support unpaid carers, who were often providing 50 hours of unpaid care a week; and noted that the Carers Network had been commissioned by the City Council for a number of years to offer carers support. Although carers were entitled to a Personal Budget of up to £600 per year, many carers in Westminster had come forward, and Government funding had been overspent by £70,000 during the first year of availability.

5.1.3 The development of the Community Independence Service (CIS) had also continued to progress, with Imperial NHS Trust now acting as lead health provider; and the City Council acting as lead provider for social care. In-reach social care teams were working with medical staff in hospitals to speed the discharge process.

5.1.4 The Cabinet Member reported that the Tenders received for the Homecare service had been of a very high quality, and confirmed that the Committee would be kept up to date on progress in the procurement process.

5.1.5 The Cabinet Member highlighted the need for sufficient capacity in Primary Care as being central to the delivery of the Health and Social Care agenda. Committee Members noted that the Westminster Health & Wellbeing Board was currently scoping work which would consider the likely demand and long-term capacity for GP services in Westminster over a 15 year horizon, taking into account Public Health information, which would include health inequalities in different areas; and the demographic rates of the number of people that came into Westminster each day. It was intended that the work would assist CCGs in planning ahead more efficiently for the skill sets and services they would need to deliver; and similarly assist the local authority in ensuring affordable housing policies were in place that could seek to provide sufficient housing for health workers. The Committee agreed that local authorities needed to play a greater role in the estates planning process for GP practices.

5.1.6 Committee Members commented on the link and interconnections between substance misuse and mental and sexual health; and highlighted the need for services to be restructured and improved to avoid an overlap. The Cabinet Member recognised that drug use could lead to initial low level mental health issues, and acknowledged the need to target specific groups. The Committee noted that mental health services were being commissioned separately.

5.1.7 The Committee commented on the launch of the Taxicard website in April, and on the reduction in uptake of the Taxicard service. Committee Members noted that reasons for the decrease could be due to people not using Taxicard for hospital visits, or to problems such as delays, and the Cabinet Member emphasised the need to raise any issues or complaints relating to taxi drivers with London Councils, so they may be followed up. Members also noted that people were also only using a fraction of their eligibility. The Committee commented on future viability if uptake remained poor, and agreed to look again at the Taxicard Service at its meeting in November, together with the Passenger Transport Service which was funded by the NHS.

5.1.8 The Committee also discussed progress in the uptake of Health Checks, which were commissioned through Public Health and provided by GP surgeries to provide a health profile for people aged between 45 and 74, and to offer signposting for any specific issues that may arise. Although targets were being met, uptake needed to be improved, and discussions with CCGs on how GP services could receive more support from Public Health were on-going. Members also highlighted the value of poster campaigns in GP surgeries.

5.1.9 The Cabinet Member commented that the City Council was also supporting the Healthier Workplace Initiative, which assisted companies in Westminster to provide health support to staff who may be leading stressful careers.

5.1.10 Other issues discussed by the Committee included establishing public health community hubs across Westminster which were close to schools, and which could offer advice on issues such as mental and sexual health as part of the school health service.

5.2 <u>Cabinet Member for Public Protection</u>

5.2.1 The Committee received a written update from Councillor Nickie Aiken (Cabinet Member for Public Protection), which provided updates on the reorganisation of Westminster's Public Protection and Licensing Department, and on the new code for street entertainment.

5.2.2 Members commented on the work and priorities of the Safer Westminster Partnership and Safer Neighbourhood Board, and agreed that the Chairman of

the Safer Neighbourhood Board would be invited to the next meeting of the Committee that the Cabinet Member for Public Protection would be attending.

5.2.3 Committee Members also commented on progress in the Prevent programme, and requested more detail on areas of focus, and on the number of Foreign National Offenders in Westminster.

5.3 **RESOLVED:** That the briefings detailing the recent work undertaken within the portfolios of the Cabinet Member for Public Protection; the Cabinet Member for Adults & Public Health; and the standing updates from the Committee's Task Groups be noted.

6 STANDING UPDATES

6.1 The Committee discussed the progress of its current and forthcoming Task Groups, and noted that the report of the Hostels Task Group, 'Safe in the City', would be published after the forthcoming General Election. The report had reviewed the supported accommodation available for the 16-25 year old age group, and had highlighted the potential risks when residents were discharged from care. The Committee acknowledged the complexity of managing the agencies involved and the need for accountability, and noted that poor housing, social services and relations with the police in other boroughs could result in serious problems. Committee Members also noted that the report had been called in by the National Audit Office, who were conducting national work on care leavers' outcomes.

6.2 Members' further comments on the draft report were invited, and the Committee agreed to discuss at a future meeting how the findings and recommendations of the final report could be taken forward.

6.3 **RESOLVED:** That the standing updates from the Committee's Task Groups be noted.

7 THE WESTMINSTER HEALTH & WELLBEING BOARD

7.1 Holly Manktelow (Principal Policy Officer) provided an overview of the work of the Health & Wellbeing Board, since it was established in April 2013 as part of the NHS service reforms. The primary role of the Board was to build stronger relationships between local authorities and CCGs, and to share understanding of the needs of the local population for health and social care. The Board also sought to develop a central vision of what patients should receive from the health service over the next 10 to 15 years, and to provide Whole System leadership.

7.2 Since its foundation, the Board had delivered the Westminster Joint Health & Wellbeing Strategy, together with other statutory requirements such as Westminster's Joint Strategic Needs and Pharmaceutical Needs assessments. The Board had also overseen the development and agreement of the Better Care Fund, and had established a Task Group to improve the mental health and wellbeing of children and young people, which had suggested a range of short to medium term improvements, together with a new vision for providing services.

7.3 The Board would also be looking at future capacity in the Primary Care system, and had recognised the need to make significant improvements in the City Council's strategic influence on NHS England. Details of outcomes in the Health & Wellbeing Strategy would be circulated to Committee Members.

7.4 The Committee discussed the relationship between the Health & Wellbeing Board and Scrutiny, and noted the role of the Board in governance and in driving change among Westminster's health providers. Committee Members acknowledged that Health & Wellbeing Boards did not have a role in Scrutiny, and agreed that it would be useful to draw up a working protocol that would define Scrutiny's function and relationship with the Board and NHS Trust at a local level, together with strategic intentions. Members suggested that the Scrutiny Committee could provide a source of evidence for the Board, where elements in the health system were not operating or responding as well as they should be.

7.5 Members also commented on the complexity of the NHS, and noted that a guide to the structure and inter-relationships of the NHS was being prepared and would be circulated.

7.6 The Committee discussed the promotion of health and wellbeing in schools, and acknowledged that changes to the School Health Service would be beneficial in bringing together issues such as mental and sexual health, and general counselling for children and young people. Immunisation rates would also be a key area for improvement over the forthcoming year.

7.7 Committee Members discussed the high rates of mental ill-health in Westminster, and noted that the rise may have occurred in response to a cultural change in the recognition of mental health issues, and to a rise in pressures relating to work and housing. Members acknowledged that it was better to treat mental health issues at an early stage, and noted that limited funding and resources had required a completely different approach to dealing with mental ill-health. The Committee also commented on the work that was being undertaken to provide meaningful employment for people with high levels of mental health needs; and discussed the increase in cases of dementia in older people, which was associated with medical advances that enabled people with severe health problems to live longer.

7.8 Members discussed information sharing between HWB agencies, and acknowledged that difficulties in obtaining data from NHS England was an issue which may need to be approached from a pan-London perspective. The Committee agreed that data collection across the system needed to be reviewed collectively, and that bringing together public health and corporate data would be useful in informing policies such as Westminster's Housing Strategy. Committee Members acknowledged that Westminster Healthwatch was able to provide the Board with a practical overview of data from a service user's perspective.

7.9 The Committee also discussed progress in Co-Commissioning, and recognised full delegated commissioning was not possible in the time frame that had been given. Other issues discussed by the Committee included health inequalities, and the role of local pharmacies in local health provision.

7.10 **RESOLVED:** That

1) The Committee look in detail at a number of the outcomes of the Westminster Health & Wellbeing Board, to establish how targets were set and whether they had been achieved; and

2) The Work Programme of the Westminster Health & Wellbeing Board for the next year be reviewed, to determine whether specific issues such as dementia and immunisation could benefit from also being considered by the Scrutiny Committee.

8 ROUGH SLEEPERS

8.1 Jenny Travassos (Senior Manager, Rough Sleeping Commissioning Team) presented a review and evaluation action being taken by the City Council to reduce rough sleeping. Westminster's location in the centre of London attracted rough sleepers from across the UK and Europe, and the City Council currently commissioned over £7m of services to support vulnerable rough sleepers to find a lasting solution to their housing and support needs. The Committee acknowledged that the life expectancy for rough sleepers was 42.

8.2 Although core numbers in Westminster were reducing, there had been significant demographic changes, with an increasing number of rough sleepers who were economic migrants and European nationals. The Committee noted that 70% of rough sleepers in Westminster were European, with 60% being Romanian. The other rough sleepers were mainly British, with problems relating to alcohol, drugs, mental health and personality disorders. Out-reach work now involved the Home Office and Police, and the Committee acknowledged that a response to these changes would need to be made in the new three-year Rough Sleeping Strategy. The City Council was also only able to work within existing legislation, as rough sleeping was not illegal.

8.3 As part of Westminster's 2013-16 Rough Sleeping Strategy, new contracts had been tendered and awarded to Connections at St Martin's; the Passage; and St Mungos Broadway. Following their commencing in July 2014, the outcomes of the new contracts would be formally reviewed at the end of the first year.

8.4 The new contracts had provided for three outreach teams that could respond to the changing demographics of rough sleeping in Westminster:

- The Contact and Assessment Service (CAS): which would reduce the total number of rough sleepers on the streets through early prevention; by providing a rapid response; and through casework with rough sleepers who may have multiple needs;
- The Compass Team: which would seek to move an identified group of the most entrenched rough sleepers with multiple needs off the streets, by providing additional support and addressing offending and health issues; and
- The Hot Spot Team: which would work alongside the City Council, Community Protection, Police and Home Office to co-ordinate the enforcement and social care response to areas with four or more rough sleepers; including newly arrived migrants, who may also be causing anti-social behaviour.

8.5 The Committee discussed the effectiveness of the three outreach teams, and noted that support continued to be available to rough sleepers who had moved into accommodation, and that people could ask to be moved out of London. Members Committee Members noted that 45% of the Compass Team's original 190 entrenched rough sleepers were now in accommodation, which in turn had reduced unplanned hospital admissions. The Hot Spot Team was also continuing to work in locations such as tunnel areas, and was engaging with communities.

8.6 The Committee discussed the high number of Romanian rough sleepers in Westminster, and noted that two Romanians were currently employed within outreach teams. The Romanian rough sleepers were very aware of the law and of the 90 day period in which they could exercise their treaty rights, and refused offers of support for hostels, accommodation, or to get work. Reconnection with their home countries had not been effective, and people who had been assisted to return home often came back to Westminster at a later date. Members also commented on border checks, and noted that the 90 day period only commenced when people came into contact with immigration officers. Although the Home Office was responsible for immigration enforcement, it needed to have specific referrals before it could use its powers.

8.7 Committee Members acknowledged that there was potential for the Romanians to make large amounts of money from begging, which was highly organised. Members suggested that the Police were taking limited action as they had other operational priorities, and begging was not considered high harm. The Police

were however able to undertake dispersals under new Anti-Social Behaviour legislation.

8.8 Members noted that the problem of organised rough sleeping and begging was more severe in other European cities, such as Madrid and Paris, and suggested that a common agenda be created for a cross-city initiative, which highlighted the interconnectivity between rough sleeping, drug issues, organised crime and other problems which affected EU Member States. The Committee agreed that this was an issue for which the European Parliament had a responsibility, and that Westminster's experience could contribute to European Policy. There were a range of options that could be brought into effect in Member States, and Jenny Travassos confirmed that the Rough Sleeping Commissioning Team would welcome the opportunity to raise this at a national or EU level.

8.9 The Committee also discussed providing information on begging to hotels; measures that could be taken to encourage people to move from hot spot areas; seeking funding contributions from businesses; and the cost of consistent cleaning.

8.10 **Resolved**: that

1) The Committee receive an initial report which considers how the structured rough sleeping and begging is operating, together with the current police response; and

2) Consideration then be given to contacting the local authorities and MEP's of other affected European cities in order to draw up a common agenda, with a formal submission highlighting the interconnectivity with organised crime subsequently being made to the European Parliament in Brussels.

9 WORK PROGRAMME 2015/16

9.1 Members were invited to comment on the long-list of possible items for the Committee Work Programme, and to suggest issues that could be included. The Committee noted that the Work Programme for 2015-16 would be agreed at the first meeting of the new municipal year.

10 ITEMS ISSUED FOR INFORMATION

10.1 The Committee noted that the following papers had been circulated for information separately from the printed Agenda:

- Safer Recruitment
- Quality Accounts
- Outpatients Services Imperial College Healthcare NHS Trust
- Health Policy & Scrutiny Urgency Sub-Committee.
- Gynaecology and Urogynaecology Service Model Development

11 ANY OTHER BUSINESS

11.1 No further business was reported.

The Meeting ended at 9.34 pm.

CHAIRMAN:_____ DATE:_____

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City of Westminster

Adults, Health & Public Protection Policy & Scrutiny Committee

Date: **Tuesday 24th June 2015**

Briefing of: **CABINET MEMBER FOR PUBLIC PROTECTION**

Contact Details: **Sion Pryse x 2228**
spryse@westminster.gov.uk

1. Emergency Planning

1.1 The team are currently coordinating the Council's business continuity plan that requires each Council department to update their plans following significant organisational changes that have been introduced. The target is for plans to be completed by the end of June 2015 and this will be followed by a phased 'testing' of the plans during the next few months.

1.2 Other emergency plans are also being updated to ensure the Council is fully prepared to respond effectively to incidents.

2. Prevent

2.1 As was reported last month, the Prevent training that is provided to schools has been revised in order to ensure that it remains up to date. The training introduces Prevent and some of the key concepts behind it before looking at how it applies to schools. It ends by focusing on training staff to be able to identify individuals who might be at risk of radicalisation and how we can work to support and safeguard them. This training has already been delivered in a total of 9 schools to over 220 staff.

2.2 The first Westminster Prevent Stakeholders Meeting was held on 1 June. This was the culmination of 12 months efforts in building up community links in order to facilitate an open dialogue with stakeholders about the most effective way to deliver Prevent locally. Attendees were given a copy of the first Prevent Quarterly Newsletter which outlined the Team's achievements over the last 12 months. Discussions then moved on to the work the team are planning to undertake this year. The meeting was very productive with attendees providing useful advice and suggestions. A number also made commitments to supporting the delivery of aspects of Prevent projects over the coming months.

2.3 I am in the process of establishing a "Community Cohesion Commission" to consider how resilient Westminster's communities are and what public agencies and local partners can do to reduce the risk of individuals, and young people in particular, becoming isolated from society and consequently at risk of falling into dangerous situations.

The Commission will:

1. Review levels of local community cohesion. Examine any city-wide or localised threats to community cohesion which may lead children and young people to become isolated from society. Evaluate actions to tackle threats to cohesion and build stronger, more resilient and inclusive communities which support children and young people to avoid dangerous situations.
2. Consider the effectiveness of existing approaches to identifying and working with children and young people who may be vulnerable to radicalisation, gang activity or other harmful behaviours.
3. Develop specific, radical and deliverable proposals to improve the ability of local public services and communities to respond to such risks.
4. Review how effectively Westminster public services are meeting their responsibilities under the Prevent Duty introduced by the Home Office in early 2015 and make recommendations relating to how to improve the response.

2.4 On 14th May, I attended the Commission on Religion and Belief in British Public Life to give evidence on Westminster's experience in creating cohesive communities post 7/7 and work forthcoming to review the Council's approach to this important issue. Chaired by Baroness Butler-Sloss the Commission on Religion and Belief in British Public Life has taken evidence from a range of witnesses across a diverse span of topics. This session focused on the role of civic leaders and evidence was also received from Cllr Bush as Chair of the Westminster Faith Exchange, Camden and Lambeth Councils, the Metropolitan Police and Public Health England.

3. VAWG Shared Services

3.1 Following extensive consultation led by Imkaan and Women's Aid, and an open tender process, the following contracts have been awarded for the provision of specialist support for victims of domestic abuse, sexual violence, and other forms of violence and abuse predominantly targeted at women:

1. **Coordination**: Standing Together Against Violence – provision of high risk multi agency conferences (MARAC) and dedicated domestic violence courts (DDVCs) across the Tri-Borough area

2. **Integrated Support**: Angelou Partnership led by Advance Advocacy – support and advocacy for victims and their families including enhanced provision within Westminster Children's Centres. Angelou is a

partnership of local voluntary sector providers including: Advance Advocacy, Standing Together, Al Hassania, Solace Women's Aid, Women & Girls Network, Hestia, and the African Women's Centre

3.2 The new services commence on 1st July, providing an expanded and better coordinated offer across the area based on need, rather than just risk. There is also a greater emphasis on the new service to ensure appropriate referrals are made into other provision commissioned on a regional and sub-regional basis. A launch event is being planned for mid-July.

4. Operation Shield

4.1 Westminster continues to develop plans to implement Operation Shield in the Borough, a MOPAC led pilot to tackle rising youth violence across the capital testing a new approach in Lambeth, Haringey and Westminster. Discussions with MOPAC are on-going to agree the scope and timing of the pilot in Westminster.

5. Street Performing

5.1 Further to my detailed update in April, a meeting has been secured with senior colleagues at the Metropolitan Police Service (MPS) to discuss how best to tackle persistent nuisance busking, particularly in relation to ongoing noise and overcrowding problems at Leicester Square and Piccadilly Circus. This will feed into a round-table discussion between officers at WCC, MPS and the GLA and representatives from Heart of London Business Alliance (HOLBA), local businesses and street performers with the aim of agreeing a joint approach that will both promote considerate busking and effectively deal with nuisance.

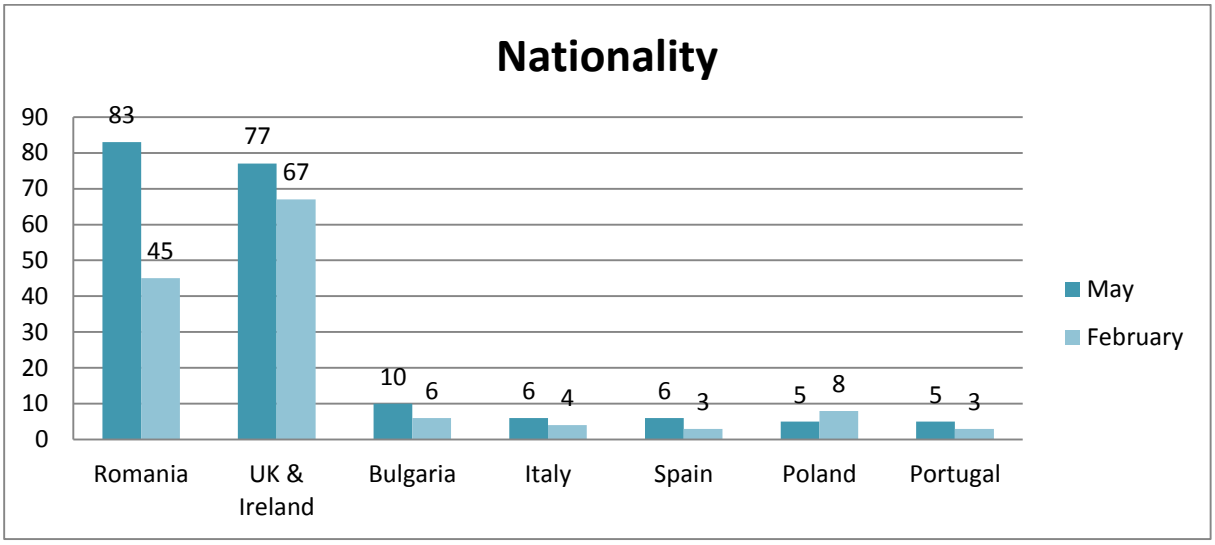
5.2 In the meantime, work continues with HOLBA, New West End Company and Northbank BIDs to consult local stakeholders and agree pitch guidance to be shared via www.BuskInLondon.com. The GLA plans to formally launch the programme, which puts all the information buskers need about how to perform without attracting complaints, on National Busking Day (18th July). The main event, taking place on the GLA-owned section of Trafalgar Square, kicks-off the UK Busking Festival: three weekends of curated street performance which will be used to publicise London's collaborative approach to street performance and thereby encourage more considerate busking.

6. Rough Sleeping

6.1 Along with the recent changes within my portfolio I have now taken on the area covering rough sleeping. I have already met with the Westminster Rough Sleeping team to align myself to on-going problems and given the complicated nature of this area I will be taking these meetings forward to align myself with on-going issues.

6.2 The last full street count carried out by outreach services in Westminster on 28th May showed that 266 people were seen rough sleeping. Of those seen, 77 were UK Nationals. There has been a slight increase in UK & Irish rough

sleepers from 67 to 77 since the last full count in February; as well as numbers rising as we approach summer it is worth noting that the winter night shelters which were open at the time of the previous count have now closed. The numbers of Romanian rough sleepers have increased; they now represent almost one in three of all rough sleepers in Westminster. The trends that see large sections of their cohort return to Romania for seasonal festivals continues; numbers are up 46% from the previous count in February, but down on the peak figure of 155 from March's intel, with Easter following that count.



6.3 Sustained disruption and clear messaging that groups of four or more sleeping together on the streets of Westminster will not be tolerated due to associated anti-social behaviour and safety has seen a marked improvement around the tunnels of Park Lane. We found just one individual in the tunnels at the last count. We still have an issue of individuals who are rough sleeping in order to beg in the day time, predominantly from the Roma community in Romania, however, these numbers have dispersed and are found around South Molton Street, Piccadilly and Victoria. The Hotspot Team are dedicated to developing action plans for these sights and remaining firm that anti-social behaviour will not be tolerated.

6.4 Teams remain dedicated to assessing and offering a route away from the streets to everyone that they see, we continue to have success at driving down our 'living on the streets' figures. Our core numbers of UK Nationals entitled to accommodation continues to remain at their lowest it has been in recent years.

6.5 In recognition of the increasing community and public concern about the anti-social behaviour and impact from the large groups of foreign national rough sleepers, we will be meeting with our key stakeholder group to discuss and agree a position on how best to address the growing numbers of economic migrants from EEA countries. This message will then be refined and evidenced with demographic data in order to initiate discussions with central

government about the legislative changes which are needed to support the Council to increase effective enforcement action.

7. Licensing

7.1 As the new Licensing Chairman I have taken ownership of the Westminster Entertainment Forum. My first task will be to look at how we use the forum to improve our dialogue with the entertainment industry.

8. Licensing Consultation

8.1 Westminster's statutory Statement of Licensing policy is due for review and replacement this year. Building on the successful operation of the policy over the previous 5 years, public consultation on 13 proposals to update and improve the policy ended last month. These proposals included specific proposals to clarify our approach to café and delicatessen style operations wishing to sell alcohol within the West End cumulative impact or stress area, assess the impact of proprietary clubs and event venues on cumulative impact, and consider how our policy should respond to the proposal to extend the operation of parts of the Underground network for 24 hours on Friday and Saturday nights from September.

8.2 A healthy 25 formal responses to the consultation were received from a variety of sources consisting of 10 Amenity society or resident associations, 5 individual residents, 3 landlords, 3 business associations or BIDs, 2 individual businesses, 1 licensing solicitor, and 1 voluntary sector interest (CAB).

8.3 A small working group of relevant members is now being convened to assess the responses to the consultation proposals and draft a revised licensing policy. Subject to discussions with colleagues and advice from officers I will be presenting this draft for approval at Council in November.

9 Fixed Odds Betting Terminals

9.1 Officers have been tasked with producing a statement on the Council's position relating to Fixed Odds Betting Terminals (FOBT's) in betting shops. This follows the request from the London Borough of Newham to support its submission to the government under the Sustainable Communities Act proposing that the maximum stake for FOBT's be amended from £100 to £2.

9.2 The proposal has been made to attempt to reduce the number of betting shops on the high street. However, there are significant concerns relating to the proposed reduction in the maximum stake as there is little evidence to support it would effect a reduction in betting shops and may have the opposite effect by increasing the number of betting shops.

9.3 The statement has now been finalised and sets out Westminster's position on FOBT's and the work it has and is continuing to do to ensure that all gambling premises do not harm children and the vulnerable within our

communities. The statement sets out the work and achievements that Westminster has had in its regulatory roll under the Gambling Act 2005 and how it does not support the Sustainable Communities Act proposal to change the maximum stake and sets out its reasoning. Officers recommend that this statement is adopted by the Council.

City of Westminster

Adults, Health & Public Protection Policy & Scrutiny Committee

Date:	**Wednesday, 24th June 2015**
Briefing of:	**CABINET MEMBER FOR ADULTS & PUBLIC HEALTH**
Briefing Author and Contact Details:	**Lucy Hoyte** **lhoyte@westminster.gov.uk** **Extension: 5729**

1 Adults

Better Care Fund

1.1 Work continues on key schemes in the Better Care Fund, including development of the Community Independence Service (CIS) and enhancements to hospital discharge.

1.2 Following the award of Imperial College, the Lead Provider of CIS, a joint oversight group of health and social care commissioners has met for the first time to review progress. This group will meet monthly.

1.3 The pilot to develop and test improved processes for hospital discharge is continuing. Data collection is in progress to inform the pilot. The pilot has generated wide interest and engagement is being taken forward with partners to consider how it could be rolled out further.

1.4 The next meeting of the Better Care Fund Board is 14th July.

Property/New Service Updates

1.5 Discussions with representatives from the Department of Health (DoH) and NHS Property Services to finalise the transfer terms of the three sites at 291 Harrow Road, 1-2 Elmfield Way and N3 to Westminster continue.

Home Care Procurement

1.6 The procurement of the new service continues and the governance process for contract award is now starting for three out of the four patches in Westminster. These contracts will be awarded in July 2015 with implementation expected to start in August 2015.

1.7 The contract for the fourth patch area has not been awarded yet and a mini tender is being rerun - this will be completed in July and implementation will be six to eight weeks after the other contracts. The implementation plan will be adjusted to accommodate this.

1.8 Adult Social Care staff are still working together on implementation and customers will be informed of any changes.

1.9 Work continues on other areas of the service that will impact the new home care service.

Care Act Implementation

1.10 Part One of the Care Act has been successfully implemented from 1st April 2015. A Quarter 1 National Stock-take is being prepared to feedback to the DoH on how local authorities are performing under the new legislation. Early indicators for the Tri-borough show that there is no major increase in demand for carers assessments or information and advice, as yet, but this will be continuously monitored throughout this transition year.

1.11 Part Two of the Care Act, which includes delivery of the cap on care costs, an appeals process and care accounts, will all come into force in April 2016. Workstreams are therefore preparing to implement these changes in accordance with the new Part Two Care Act guidelines, which will be published in October this year. As per DoH recommendations, it is expected that self-funders will be invited to have an early assessment in relation to their care costs from October 2015 onwards.

Taxicard

1.12 Work on developing the Pan-London Eligibility Guide continues. The booklets and application forms are being reviewed and London Councils will be updating them soon. The new Taxicard website has been launched.

1.13 London Councils has consulted with boroughs, user groups and Taxicard member on the proposal to introduce a £10 replacement fee for lost/damaged Taxicards and will be reporting to Transport & Environment Committee in October for approval and planned implementation in November.

1.14 London Councils was asked by the London Assembly to find out the reason for the decline in the number of trips taken on a yearly basis. London Councils has contacted consultants and to date has received one quote.

SHSOP

1.15 The Specialist Housing Strategy for Older People (SHSOP) Programme awarded the contract to the preferred care provider, 'Sanctuary Group' (SHA), on 29 May 2015. WCC took the lead on helping the SHSOP programme maintain momentum in ensuring that issues with NHSPS and HJE leases were risk managed and closed out, to the satisfaction of all parties.

1.16 WCC and its NHS partners are undertaking work towards mobilisation of the new service provision, which is estimated to be the end of August 2015 for five of the homes and end of November 2015 for the remaining home in Butterworth. Work continues on Phase Two of the SHSOP programme, which focuses on redevelopment/new buildings for two of the six homes.

2 Public Health

School Nursing

2.1 Working jointly with children's services, schools and other relevant partners, we are developing the service specification and procurement strategy for a new integrated school health service.

2.2 Arrangements are in place to safely transfer the Public Health Services for 0-5 year olds (Health Visiting and Family Nurse Partnership services) from NHS England to the Local Authority by 1st October 2015. The transfer of these services marks the final part of the overall public health transfer and will join up commissioning for 0 to 19 year olds to improve continuity for children and their families.

NHS health checks

2.3 The final figures for 2014-15 have been confirmed. 6,147 Health Checks were delivered in Westminster between 1st April 2014 and 31st March 2015. We found that people in the youngest age group (40-49yrs) are most likely to receive an NHS Health Check but 22% of health checks were delivered to people in the oldest age group (60-74yrs)**.** 41% of health checks were delivered to people living in the most deprived areas (using IMD deprivation quintiles).

2.4 The results showed that: 69% of patients, in Westminster, who identified as 'high risk' agreed to a referral to MyAction; 15% of all smokers agreed to a referral to smoking support services and; 4% of people who identified as high consumers of alcohol agreed to a referral to alcohol support services. Lastly, 31% of people who identified as 'inactive' agreed to a referral to physical activity programmes.

Childhood Obesity

2.5 Mytime Active has been awarded the contract for childhood obesity prevention and healthy family weight services. Mytime Active is a leading provider of these services in the UK and has provided effective services to other boroughs for a number of years. New services will commence in August 2015.

2.6 Food growing plots have been installed at King Solomon's Academy and planters have been ordered for the Fisherton Estate. Accompanying education and training programmes for children and their families have been agreed. Officers from Public and Environmental Health are working together to improve food hygiene in fast food outlets in our target wards before bringing them into the Healthier Catering Commitment programme.

Substance Misuse

2.7 The Max Glatt unit closed on 31 March. Spot purchasing arrangements are in place with Equinox Brook drive for complex residents across the Tri-borough. The new agreement with Equinox Brook Drive is working well and so far we have been able to manage our most vulnerable and complex users detox needs through this provider.

2.8 Events have been held with service users and colleagues from other Council departments regarding the proposed model for drug and alcohol services. Service user questionnaires have also been used to gain views. These are currently being analysed. The procurement strategy has been cleared through standard governance processes. The service user questionnaire evaluation has been used to inform the specifications. We are aiming to award contracts at the end of November and to deliver the new contracts from April 2016.

2.9 A new service user group has been set up across the Tri-borough in order to focus on gaps in services and develop new ideas. Service users groups are responding well to the opportunities to influence service developments and, in some instances, co-design elements within services. Peer-led initiatives are growing and there is a developing momentum to contribute to the workforce via peer mentoring and volunteering.

2.10 A peer mentoring and volunteering directory is currently being written for service users and providers. A profile of peer mentoring and volunteering opportunities has been made available and is due to be shared across providers. In addition, we are working with organisations where there are opportunities to access apprenticeships or trainee roles that accept people with substance misuse and offending histories.

Sexual Health

2.11 A review of sexual health services has been completed. We are in the process of engaging with service users through a questionnaire that is currently being developed. The service user survey has been completed in relation to Genito Urinary Medicine (GUM) and we will be completing the sexual health community services survey during Quarter Two. We have identified some in-year efficiencies through the review and have a programme in place to redesign and remodel the community-based sexual health services to focus more on prevention. We have developed an initial business case but this is being looked at again to ensure we accommodate fully the impact of revised levels of financial constraints.

2.12 The transformation programme of GUM services is still on-going with the programme moving into Phase Two. The business case is being developed and the pin notice has been posted so providers can register their interest. The follow-on meetings with providers are planned over the next few weeks and the

collaboration project is progressing well. The approvals to proceed with the strategy will begin fully from September.

Supported Employment

Westminster as an Employer

2.13 The Council has recruited an interim specialist job broker who operates within the successful Recruit London scheme managed by Cross River Partnership, working closely with the Council to support Westminster residents with specialist needs into opportunities with the Council, its partners and other employers in Westminster. Recruitment is currently in progress for a longer-term post to the end of 2016/17 to help achieve the aspirations set out in the 'City for All' vision, while internal promotion of our aspiration as an employer is being carried out with departments in line with broader aspirations around apprenticeships and internships for Westminster residents.

Supported Employment in ASC

2.14 Following further discussion, Commissioners are exploring a potential source of funds via Public Health to pilot a short term project to support adults with less/lower complex needs (who do not currently meet criteria to access existing services) into the workplace supported by Westminster Employment Services.

2.15 Westminster Employment Team has contacted agencies including Pursuing Independent Pathways, Volunteer Centre Westminster and Westminster Society for People with Learning Disabilities and put them in contact with CJ/Supported Employment Coordinator. The team is also supplying a list of partners that we work with and linking them up with the Supported Employment Coordinator.

2.16 Plans are progressing well to introduce another four of the six people lined up for the Amey positions; with work trials being undertaken on cleaning tasks at Lisson Grove Hub. The remaining two people are more complex cases but development has begun on those too.

2.17 The additional new post (referred to in the last report) to maintain plants is on course to commence via Amey by the end of August 2015.

2.18 We are also exploring with Amey the possibility of creating new posts or job carving existing posts in the Westminster Care Homes around cleaning and catering duties as well as a possible volunteering option for befriending.

Funding

2.19 On the 4th June, the Government announced a £200m in-year reduction to the public health funding received by all local authorities. The Government have said that this reduction reflects that some local authorities did not spend the full public health grant they received in 2013-14. The Government have not yet published detail on how this reduction will be delivered, in particular the level of reduction that will be applied to individual local authorities. Officers and members are assessing the potential impact that a range of different reductions

in funding could have on Westminster's public health offer and are developing options to mitigate the risks that might occur.

3. Health and Wellbeing Board

Health and Wellbeing Board

3.1 The last Health and Wellbeing Board took place on 21st May 2015. At this meeting, the Board discussed the North West London Clinical Commissioning Group Mental Health and Wellbeing Strategic Plan alongside developing a new vision for Children and Young People's Mental Health and Wellbeing Services. The Health and Wellbeing Board agreed that services needed to be flexible in both approach and location and that support should be much easier to access. The Health and Wellbeing Board will further develop the vision and consider what this means for health and local authority commissioning later on in the year. The Health and Wellbeing Board also considered the development of the models of care within the Whole System Integrated Care programme underway across Central and West London Clinical Commissioning Groups.

3.2 At their next meeting, the Health and Wellbeing Board will invite NHS England to discuss their 5 year plan for the NHS and the role that NHS England should be playing locally in shaping the health and care system through the Health and Wellbeing Board.

Primary Care Transformation

3.3 The Health and Wellbeing Board has launched a project to model the needs of Westminster residents and visitors over the medium to longer term to feed into the transformation of primary care services. This will be a CCG and local authority joint-led project and will report to the Health and Wellbeing Board in early 2016.

Primary Care Commissioning

3.4 Central London and West London has held their first Primary Care Co-Commissioning committee meetings as part of the North West London Clinical Commissioning Group programme. A Westminster Health and Wellbeing Board member is being identified to attend these Primary Care Co-Commissioning committee meetings so that we can ensure that the co-commissioning plans reflect local need and other work underway to improve health outcomes.

4. Health

Imperial Stroke Unit

4.1 Imperial College Healthcare NHS Trust has contacted the Council in respect of a temporary reconfiguration of stroke services at St Mary's Hospital. The Hyper-Acute Stroke Service (HASU) is currently based at Charing Cross Hospital but, as part of 'Shaping a Healthier Future' (the wider NHS reconfiguration across North West London), it is due to move to St Mary's Hospital in the next few years (as it needs to be located next to Major Trauma for clinical reasons).

However, Imperial are proposing that Westminster's regular stroke services (i.e. inpatient beds) are moved from St Mary's to be co-located with the HASU at Charing Cross whilst the redevelopment of St Mary's is underway. It is a proposed transfer out from St Mary's but just in the short- to medium-term. The longer-term plan is for all stroke services to be co-located on a re-developed St Mary's site.

Maternity Services

4.2 In 2013, as part of the "Shaping a Healthier Future" programme, it was decided to improve maternity services in North West London by consolidating them on six hospital sites. This will mean moving maternity deliveries from Ealing Hospital. St Mary's Hospital, Queen Charlotte's and Chelsea Hospital (in Hammersmith and Fulham) will be taking more births as a result of these changes. Our local Imperial units are currently under-utilised (especially St Mary's Hospital) for births. Imperial will take 1,000 more births per year once the changes come into effect. These service changes mean that Imperial will now have a maximum of 9,000 births across the St Mary's Hospital and Queen Charlotte's & Chelsea Hospital sites.

4.3 Consolidating obstetrics into fewer units will allow more consultant cover on the labour wards. As a result of the move, Westminster residents will continue to have uninterrupted access to local consultant-led maternity units.

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City of Westminster

Adults, Health & Community Protection Policy & Scrutiny Committee

Date:	**24th June 2015**
Classification:	**General Release**
Title:	**Update on Healthwatch Westminster 2014/15**
Report of:	**Healthwatch Central West London**
Cabinet Member Portfolio	**Adults and Public Health**
Wards Involved:	**All**
Policy Context:	**Health and Social Care Act 2012**
Financial Summary:	**N/a**
Report Author and Contact Details:	**Paula Murphy, Director, Healthwatch CWL** **Paula.murphy@hestia.org**

1. Executive summary

1.1 This report updates the Committee on the work of Healthwatch in Westminster (and where appropriate the Tri-borough) in 2014/15.

1.2 Healthwatch Central West London is the independent consumer champion for health and social care services in Westminster, Kensington & Chelsea, and Hammersmith & Fulham. We are a charity and a subsidiary of Hestia Housing and Support.

1.3 Healthwatch Central West London met, and exceeded, all contracted targets set for 2014/15. As commissioners were very happy with our performance, the option to extend the initial two year contract for a further year (to 31/03/2016) was taken up in April 2015.

1.4 Commissioners have informed Healthwatch Central West London and Hestia of their intention to hold an open procurement process for the local Healthwatch contract from 2016/17 onwards. At the time of writing,

commissioners across the three boroughs are still discussing the nature of their approach. The Chair of Healthwatch Central West London has written to the lead commissioner to express her concerns about the delayed process and the impact this is having on business planning and the transition to full independence.

1.5 Irrespective of this situation, the Healthwatch Board of Trustees has agreed to bid for all elements of the contract(s). It should be noted that in line with the intentions of the Health and Social Care Act and the planned move to full independence, Healthwatch Central West London will be the lead bidder for this purpose. Hestia will act as the support services provider to any such bid.

2. Key Matters for the Committee's Consideration

2.1 We would ask the Committee to consider the following in relation this report:

- The Committee is asked to consider the planned approach to procuring local Healthwatch for 2016/17 and beyond
- The Committee is asked to consider the current concerns of Healthwatch Central West London
- The Committee should consider the planned work programme for 2015/16 and any opportunities for joint working.

3. Reflecting on the 2014/15 Work Programme

3.1 Healthwatch Central West London would like to cordially invite all members of this Committee to join us at our upcoming Annual General Meeting.

The event will be held on:

Date: Thursday, September 10th 2015
Venue: Westminster Cathedral Hall, Ambrosden Avenue, SW1P 1QH
Time: 5.00 – 7.30pm

3.2 Successes over the last year include:

- The co-production of the new home care service with users, families, carers, representatives, on sexual health providers and commissioners
- CQC action on a number of Westminster Care Homes and Mental Health Services, following reports of concerns made by our dignity champions to commissioners. This has led to inspections and action plans for required improvement being made

- Ensuring the voice of people with dementia was heard and include in the dementia strategy and at subsequent conversations at the Health and Wellbeing Board

- Supporting the re-design of the school nursing services and making related recommendations on Child and Adolescent Mental Health Services and on sexual health services to inform their re-design

- Presenting our work sexual health to the All Party Group on Sexual and Reproductive Health and to the London Assembly Health Committee and a best practice case study in the Medical Foundation for HIV and Sexual Health

- Our submission to the first ever Healthwatch England Special Inquiry on Hospital Discharge, and specifically in raising the visibility of the poor health or homeless and rough-sleepers in the national media

- Escalating concerns about Gender Identity Services to Healthwatch England, leading to a NHS England review

- Supporting ten Patient Participation Groups in GP practices Westminster (QPP)

- Supporting older residents from Queen's Park and Paddington to co-produce the whole systems model of care being developed at the St Charles Hub

- Supporting over 6,000 volunteer members and nearly 1,500 sign-posting queries to enhance local awareness of health and care services.

3.3 The Annual Report 2014/15, showcasing all of our achievements will be presented to the Secretary of State for Health on June 30th 2015. A copy will be forwarded to all members of this Committee at that time.

4 Looking forward to 2015/16

4.1 This year, we are prioritising:

- **Strengthening visibility:** We have developed a planned and targeted approach to engagement over the three boroughs this year and are currently designing an online reporting tool to enable self reporting and to aid transparency

- **Impact**: We are taking the time this year to develop our quality infrastructure through a nationally recognised aware scheme and also to invest in measuring the value of our volunteers.

- **Support for our members:** We have developed a structured induction process, 'buddy' scheme and we are developing a quality circle to ensure members are effectively supported through the next year.

- **Planning for independence**: Further to a recent market testing exercise, we are currently working with a freelance consultant to consider future sustainability and income generation.

4.2 Over the last five months, we have consulted with members and commissioners to select our project priorities for the coming year. The Local Committees have now recommended the following four areas to the Board for action:

- Home care: measuring the user experience of the implementation of the new service. We will also be assisting providers to better engage with their local communities.

- Mental health: our recent visits to inpatient wards have raised numerous concerns for us which have contributed to the recent CQC inspections. We have also had cause to write to the Borough Director about proposed cuts to Home Treatment Teams and the implications of the efficiencies required in community services overall.

- Maternity: we want to measure the patient experience and outcomes at local hospitals impacted by the Ealing closure and the Chelsea and Westminster merger with West Middlesex.

- Access to Urgent Care for 18 – 35 year olds: we want to better understand the desired patient pathway of young professionals to avoid unnecessary urgent care usage and to better meet the needs of patients.

4.3 In addition, on June 22nd and in response to demand, we are launching a three borough patient and public forum. The first meeting will be in St Paul's, Hammersmith at 1.30pm and the focus is on district nursing and on assistive technologies.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact: paula.murphy@hestia.org

BACKGROUND PAPERS – n/a

Adults, Health & Public Protection Policy & Scrutiny Committee

Date:	24th June 2015
Classification:	General Release
Title:	**THE NHS ESTATE IN WESTMINSTER**
Report of:	Policy & Scrutiny Manager
Cabinet Member Portfolio	n/a
Wards Involved:	All
Policy Context:	City for All: Choice
Report Author and Contact Details:	**Mark Ewbank x2636** mewbank@westminster.gov.uk

1. Executive Summary

1.1 The NHS estate in Westminster is vitally important to both the patients and the public who use services in the City, whether as residents, workers or visitors. No more so is this true of the GP estate which is critical when services are reconfigured under '*Shaping a Healthier Future'*, which looks to move patients from entry into acute towards primary care services in North West London. As such it is critical that, where possible, health and social care facilities are safeguarded where they are most needed. Given the high value of property in Westminster, it is essential that there is a clear strategy in place relating to our healthcare estates which both reflects the needs of our local population and the wider needs of the NHS.

1.2 Given some strong concerns raised by the Committee in 2014 and 2015, mostly around pressures facing our GP practices, it was requested that NHS England, NHS Property Services and our local CCGs attend a meeting of the Committee to discuss the approach to the wider healthcare estate in Westminster, given the number of challenges the City has faced.

2. Key Matters for the Committee's Consideration

- What should NHS England, NHS Property Services, the CGGs and the local authority be doing to ensure that the healthcare estates in Westminster are safeguarded for the future?

- What should NHS Property Services' strategy be in North West London?

- How should NHS England, NHS Property Services, the CCGs and the local authority involve patients and the public on these issues?

3. Background – who are the key stakeholders?

What is the role of NHS Property Services?

3.1 NHS Property Services is a limited company owned by the Department of Health (DoH) in the United Kingdom that took over the ownership of around 3,600 National Health Service (NHS) facilities in April 2013, about 25% of which are GP practice sites.

3.2 Following the Health and Social Care Act 2012, Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs) in England were abolished and replaced with GP led commissioning consortia in April 2013. All properties owned by the SHAs and PCTs not passed to the commissioning groups were transferred to NHS Property Services. The company now manages, maintains and develops the properties on behalf of the DoH. In 2015, NHS Property Services now manages, maintains and improves over 4,000 properties, working in partnership with NHS organisations to 'create safe, efficient, sustainable and modern healthcare and working environments'.

3.3 Westminster City Council have recently been in discussions with representatives from the Department of Health and NHS Property Services to secure the transfer terms of the three sites at 291 Harrow Road, 1-2 Elmfield Way and N3 to Westminster. Planning permission has already been granted for a scheme that will deliver 27 learning disability and 64 affordable homes, together with a new games area.

3.4 NHS Property Services provide two main types of services to their NHS customers:

- **Strategic estate and asset management** – strategic planning of the estate, acting as a landlord, modernising facilities, buying new facilities and selling facilities that NHS commissioners decide they no longer need

- **Dedicated provider of support and facilities services**, such as health and safety, maintenance, electrical, cleaning and catering

3.5 **Strategic Estate and Asset Management**

3.6 One key part of the company's role is the efficient management and disposal of properties which are no longer required by the NHS for the delivery of services, ensuring that best value is achieved from any disposal, for reinvestment in the NHS.

3.7 The decision as to whether one of their properties is surplus to NHS operational requirements resides with the commissioners, i.e. NHS England or a clinical commissioning group (CCG). A property will only be released for disposal by NHS Property Services once commissioners have confirmed that it is no longer required for the delivery of NHS services.

3.8 NHS Property Services ensures that market value is achieved in the sale of assets through an arm's length, open market process. Any property to be disposed of is first listed on the Electronic Property Information Mapping Service (ePIMS) website, which allows other public sector bodies to purchase it. Properties are listed on this website for forty working days and if no other public sector organisation expresses an interest then they will be marketed locally.

3.9 Disposals programme

3.10 Between 1 April 2013 and 1 June 2015, NHS Property Services completed the sale of 179 surplus properties, generating around £93.6 million of receipts, and over £9.3 million in savings in running costs. NHS Property Services report that all sales have been at or above market value. Receipts from any disposals, and any savings, are reinvested in the NHS. It is reported that NHS Property Services' capital investment programme is aligned with CCGs' and NHS England's local commissioning plans. A list of NHS Property Services estates in Westminster are listed in **Appendix A.**

What is the role of NHS England?

3.11 NHS England commissions many of the primary care services previously commissioned by PCTs. It is responsible for primary care contracts and has a duty to commission primary care services in ways that improve quality, reduce inequalities, promote patient involvement and promote more integrated care. Clinical Commissioning Groups (CCGs) have a huge part to play in driving up the quality of primary medical care but do not performance manage primary-care contracts.

3.12 In September 2014, the Westminster Health and Wellbeing Board received a report from NHS England on primary care commissioning. During this discussion, the Health and Wellbeing Board became aware of the following issues and concerns in relation to primary care commissioning in Westminster:

- Several practices within Westminster have given notice to terminate their contracts in the last year and the cohort of individual GPs within Westminster is ageing. NHS England do not have any additional funding for new practices in Westminster;

- The availability of premises is a key issue in Westminster and will increasingly become a problem as GP's chose to retire, maintaining their property (i.e. the surgery) for their retirement;

- The commissioning framework for primary care is fragmented. NHS England currently holds the funding for the core GP contracts, while remaining services are funded by Clinical Commissioning Groups. Local authorities also commission services from GPs on an ad hoc basis.

- Only limited data is collected by NHS England relating to individual GPs and their practices which can make it difficult to understand the current provision within Westminster and prepare for issues which may arise in the future.

What is the role of the Clinical Commissioning Groups?

3.13 Alongside these issues and concerns identified by the Health and Wellbeing Board, the Board noted several opportunities which are developing locally which may make improvements to primary care in Westminster. These are:

- The introduction of co-**commissioning of primary care services between NHS England and Clinical Commissioning Groups**, which was raised at the Adults, Health & Public Protection Committee on 11th March 2015.

- The **introduction of GP networks** as part of the whole systems integration programme, which will improve the way that patients can access primary care services;

- The work underway locally to deliver **improvements to primary care through the Prime Minister's Challenge Fund** such as the introduction of seven day GP networks.

What is the role of Westminster City Council?

3.14 It is vital that the local authority looks at its own policies and procedures when addressing the questions raised in this Agenda item. For example, what are the City Council's policies relating to health and social care within the City Plan or what are the priorities of its own corporate property portfolio?

If you have any queries about this Report or wish to inspect any of the Background Papers please contact Mark Ewbank x2636
mewbank@westminster.gov.uk

BACKGROUND PAPERS

Nil return

APPENDICES:

Appendix A – list of properties in Central & West London CCG area

Appendix A

Central London Clinical Commissioning Group

Edgware Road & Church Street
Address: Community Cardiac Ac, 380 Edgware Road, London, W2 2QS
Type: Offices
Status: Leasehold

Ferguson House
Address: Ferguson House, 15 Marylebone Road, Marylebone, London, NW1 5JD
Type: Offices
Status: Leasehold

Garside House
Address: Garside House, 131 Regency Street, Westminster, London, SW1 4AH
Type: Nursing/care home
Status: Freehold

Great Chapel Street Medical Centre
Address: Great Chapel Street Medical Centre, 13 Great Chapel Street, London, W1F 8FL
Type: Health centre/GP surgery/Clinic
Status: Leasehold

Lanark Road Medical Centre
Address: Lanark Road Medical Centre, 165 Lanark Rd, London, W9 1NZ
Type: Health centre/GP surgery/Clinic
Status: Leasehold

Lisson Grove
Address: Lisson Grove, 215 Lisson Grove, Westminster, London, NW8 8LW
Type: Offices
Status: Leasehold

Maida Vale Medical Centre
Address: The Westminster Diabetes Centre, 4B Maida Vale, London, W9 1SP
Type: Health centre/GP surgery/Clinic
Status: Leasehold

Newton Road Clinic
Address: Newton Road Clinic, 14-18 Newton Road, London, W2 5LT
Type: Health centre/GP surgery/Clinic
Status: Leasehold

Portland House (16th, 18th, 19th Floor)
Address: Portland House (16th Floor), Bressenden Place, Victoria, London, SW1E 5RS
Type: Offices
Status: Leasehold

Soho Hospital
Address: Soho Hospital, 1 Frith Street, London, W1D 3HZ
Type: Health centre/GP surgery/Clinic
Status: Freehold

South Westminster Centre for Health (St Georges House)
Address: South Westminster Centre for Health (St Georges House), 82 Vincent Square, Westminster, London, SW1P 2PF
Type: Health centre/GP surgery/Clinic
Status: Leasehold

Southside (Mezzanine, 2nd, 4th, 9th Floor)
Address: Southside, 105 Victoria Street, Victoria, London, SW1E 6QT
Type: Offices
Status: Leasehold

Upper Montagu Street Clinic
Address: Upper Montagu Street Clinic, 64 Upper Montagu Street, Westminster, London, W1H 1FP
Type: Health centre/GP surgery/Clinic
Status: Licence

West London Clinical Commissioning Group (in Westminster)

Hallfield Clinic
Address: Hallfield Clinic, Pickering House, Hallfield Estate, London, W2 6HF
Type: Health centre/GP surgery/Clinic
Status: Leasehold

The Former Paddington Community Hospital Inc Athlone House Nursing Home
Address: Harrow Road, 291 Harrow Road, Maida Vale, London, W9 2BA
Type: Nursing/care home
Status: Freehold

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Adults, Health & Public Protection Policy & Scrutiny Committee

Date:	24th June 2015
Classification:	General Release
Title:	**NHS ACUTE STAFFING**
Report of:	Policy & Scrutiny Manager
Cabinet Member Portfolio	n/a
Wards Involved:	All
Policy Context:	City for All: Choice
Report Author and Contact Details:	**Mark Ewbank x2636** mewbank@westminster.gov.uk

1. Executive Summary

1.1 In October 2014, the Care Quality Commission published their report of their inspection of Chelsea and Westminster Hospital. The CQC judged that the Trust '***required improvement'***. Amongst areas suggested for improvement the level of staffing at the Trust was brought into question. In December 2014 the Care Quality Commission published their inspection report of their visit to Imperial College Healthcare NHS Trust. The CQC also judged that Imperial '***required improvement'*** and a number of comments related to similar issues.

2. Key Matters for the Committee's Considerations

- What remedial actions can the Trusts take to improve the situation?
- How can the Committee assist the Trusts in addressing the issues raised in the CQC reports?
- The NHS Five Year Forward View calls on Health Education England to do more to improve retention, particularly in nursing and Emergency Medicine and to deal with workforce shortages in those areas with care

quality or financial risks, how are our Acute Trusts facing up to this challenge?

3.0 Background – the CQC reports on the Acute Trusts

3.1 Chelsea and Westminster Hospital NHS Foundation Trust

3.2 Medical staffing levels did not meet national recommended standards in A&E and palliative care medicine. However, there was a comparatively higher number of consultant staff in other specialities, which was improving access to specialist care.

3.3 Agency nurses did not have access to the electronic patient records, including risk assessments, prescription and administration records. Therefore, the electronic system could only be updated by a permanent member of staff, which resulted in delays in the records being updated. The agency staff also had to rely on information provided at handover to identify the risks for the patients they were caring for. Care records were not adequately completed and were not always personalised.

3.4 Nursing staffing levels had been reviewed and assessed using the Safer Nursing Care Tool in some areas but had not been completed across the trust. Some staff involved in this work were not clear about what tool had been used and some staff indicated that that the trust had taken a 'one size fits all approach' and had not taken the complexity of patients into consideration. Some staff also reported that there could also be an unresponsive culture when they tried to report significant concerns. There had not been a board report to demonstrate appropriate application of the Safer Nursing Care Tool across the organisation. Nurse recruitment was a recognised as a priority for the trust, as some wards were below establishment. Around 85 nurses and midwives had been recruited and it was intended that they would be in post by the end of the year (2014). Bank (overtime), agency and locum staff were used to fill vacancies where possible but some areas, including the acute assessment unit (AAU) and children's services did not always have safe staffing levels.

3.5 Not all staff had appropriate knowledge of the Mental Capacity Act 2005 and deprivation of liberty safeguards to ensure that patients' best interests were protected. There was guidance for staff to follow on the action they should take if they considered that a person lacked mental capacity.

4.0 Imperial College Healthcare NHS Trust

4.1 Nurse staffing levels were not sufficient in all areas and there were some instances of shifts remaining unfilled with a significant use of agency staff, this

was especially applicable to the adult medicine wards. Medical staffing was in the majority of areas good. Around 50% of the doctors employed by the trust were specialist registrar doctors who were supported by consultants (30% of all doctors). The number of middle grade doctors was higher than the England average of 39%. The number of junior doctors employed by the trust was lower than the national average. Only 18% of all doctors were junior grades compared to the England average of 22%. The trust advised this was due to the high degree of specialist care provided by the trust

4.2 At St Mary's Hospital, specifically, there were comments which suggested that consultant cover in critical care was insufficient and that existing consultant staff should be supported while there were vacancies in the department

4.3 Compliance action had been taken against Imperial by the CQC as the Commission considered that people who used services were not protected against the risks of care or treatment that is inappropriate or unsafe because there were not sufficient numbers of nursing staff on the neonatal intensive care unit, maternity wards at *Queen Charlotte & Chelsea Hospital*. Also at Hammersmith Hospital there were not sufficient numbers of nursing staff and healthcare assistants on the medical wards. Further to this, another compliance action was in place because the Commission considered that people who used services were not protected because there were not sufficient numbers of nursing staff and healthcare assistants in some medical wards; and insufficient medical staff for out of hours ICU and level two beds at *Charing Cross Hospital*.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact Mark Ewbank x2636
mewbank@westminster.gov.uk

BACKGROUND PAPERS Nil return

APPENDICES:

Appendix A: Submission to the Committee from Chelsea and Westminster Hospital NHS Foundation Trust

Appendix B: Submission to the Committee from Imperial College Healthcare NHS Trust

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Appendix A

Chelsea & Westminster Hospital NHS Foundation Trust.
Staffing June 2015.

Vanessa Sloane, Director of Nursing.

1. Following our CQC inspection in July 2014 and published report in October 2015, which commented on staffing levels below that expected within some areas of the Trust, this has been a particular focus of the Trust. The table at the end of this paper shows our funded establishments in August 2014 and May 2015 to demonstrate the investment made, and the changes achieved within actual establishments.

2. Currently there are approximately 200wte nursing and midwifery vacancies within the Trust.

3. In October 2014 staffing establishments within adult ward areas were reviewed and resources redistributed where required. In April 2015 there was a significant investment made by the Trust to ensure that across adult wards there was funded establishment for 3 registered nurses on night duty on each ward and that the staffing levels in Level 1 (high dependency) on AAU were increased to match the patient acuity. This equated to an extra 2 nurses per shift for the AAU. A similar piece of work has recently been carried out for children's wards.

4. There has also been a new ward added to the Trust's portfolio which is an intermediate care ward; funded initially from winter pressures monies but now with ongoing funding. This is a 25 bedded facility and while the vision is to move this offsite it is anticipated that it will remain under the management of the Trust.

5. The ED expansion is underway with Phase 1 anticipated to open in July/August 2015. The nursing establishment has been increased in line with the anticipated additional activity and also to take into account the geography of the new department. A particularly challenging area for recruitment is experienced ED staff at Band 6 and 7.

6. NICU is an area of national shortage of nurses with experience in neonatal care particularly Intensive care. This has continued to be a challenge for the Trust, with the inability to recruit to match the increasing investment.

7. Paediatrics continue to recruit regularly, without too many difficulties, and offer a rotation programme which has proved very successful in both attracting and retaining staff.

8. Midwifery vacancies are in the process of being recruited into with a focussed campaign, and by September this area should be fully established.

9. The challenge has been our staff turnover (around 20%) and recruiting to keep pace with the increases in establishment and the advent of a new ward and services. There have also been skill mix gaps where experienced staff have left, but can only be replaced with very junior staff due to the lack of available candidates.

Actions in progress

- We have appointed a senior nurse dedicated to managing nursing recruitment and retention, alongside a recruitment and retention midwife, and HR.
- Nursing and Midwifery staff in post have increased by 50wte since August 2014, with the funded establishments increasing by 37wte.
- Ongoing robust recruitment of band 5s and use of rotational posts to encourage newly qualified staff into the Trust and to demonstrate the Trust's exciting portfolio of services – currently 72 nurses have been offered posts and are going through pre-employment checks.
- Successful procurement process to work with 2 approved agencies on overseas recruitment. There is a focus on Croatia and Italy for general nurses and on Australia for ED and NICU experienced nurses.
- Retention strategies include increasing our benefits available to staff, in particular ensuring that accommodation is available to staff coming to work at Chelsea & Westminster Hospital.
- Packages for new starters including interest free loans for accommodation deposits etc. in order to attract the best talent to Chelsea & Westminster Hospital.
- Discussions with CW+ (Hospital Charity) to look at innovations for recruitment and retention.
- Exploring avenues to release posts for Practice Development Nurses
- Engaging the Specialist Nurse group to support new starters by launching a Buddy scheme in September
- Engagement with the Learning and Development team to ensure induction and orientation is exciting, informative and welcoming for new starters and prepares them adequately for their roles in wards and departments and that preceptorship programmes continue to support them in their early career
- Engagement with West Middlesex University Hospital teams to broaden the wider Trust portfolio, support them with their vacancies and offer more experiences and opportunities for staff on both sites.
- Support staff (HCA and MSW) vacancies also recruited to with most areas now fully established or will be once new starters commence employment
- Innovation in Support Worker roles on AAU in order to support the reduction in junior doctors from August – new Band 4 roles with extended skills (and associated competencies) an attractive offer for suitable candidates
- Ward managers (sisters/ charge nurses) are now supervisory 3 days per week.
- 3 new senior Divisional Nurses have commenced employment to support each clinical division.
- Bank rates of pay have been increased in line with other London Trusts to incentivise staff.

Trust			
	Aug 2014	**May 2015**	**Diff**
Budget Fte	3424.72	3469.94	**45.22**
Inpost Fte	3006.94	3045.12	**38.18**
Vacancy %	12.20%	12.24%	**0.04%**
N&M - Trust			
	Aug 2014	**May 2015**	**Diff**
Budget Fte	1266.17	1303.02	**36.85**
Inpost Fte	1054.87	1104.19	**49.32**
Vacancy %	16.69%	15.26%	**-1.43%**
Maternity (N&M only)			
	Aug 2014	**May 2015**	**Diff**
Budget Fte	187.22	186.42	**-0.80**
Inpost Fte	164.60	174.15	**9.55**
Vacancy %	12.08%	6.58%	**-5.50%**
Maternity (Midwives only)			
	Aug 2014	**May 2015**	**Diff**
Budget Fte	170.92	169.92	**-1.00**
Inpost Fte	150.60	152.55	**1.95**
Vacancy %	11.89%	10.22%	**-1.67%**

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Report on Imperial College Healthcare NHS Trust staffing levels and vacancy rates to Westminster City Council Adults Health and Public Protection Policy and Scrutiny Committee

1. Background

This paper has been produced in response to a request from the Adults Health and Public Protection Policy and Scrutiny Committee for a summary report of the actions being taken in relation to the issues of staffing levels and vacancy rates raised in the Care Quality Commission's inspection report on Imperial College Healthcare NHS Trust published in December 2014.

2. Introduction

Imperial College Healthcare NHS Trust ('the Trust') comprises Charing Cross, Hammersmith, Queen Charlotte's & Chelsea, St Mary's and the Western Eye hospitals, and was formed in 2007. It is one of the largest acute trusts in the country and, in partnership with Imperial College London, the UK's first academic health science centre (AHSC).

The Trust delivers acute and integrated care services, treating patients at every stage of their lives – with over 55 specialist services for both children and adults.

In 2014/15:

Our care
- over one million outpatient contacts
- 186,000 people treated as inpatients
- over 280,000 people attended one of our A&E departments or urgent care centres
- over 8,700 babies born in our hospitals

Our people
- over 10,000 staff
- 1,900 doctors
- 3,000 nurses and midwives
- 500 allied health professionals

3. Care Quality Commission Inspection

The Care Quality Commission (CQC) carried out an inspection of the Trust in September 2014. The inspection assessed our services according to five domains:
- Safe
- Effective
- Caring
- Responsive to people's needs
- Well-led

According to these domains, the CQC asks these key questions of all services in their inspection:

Safe:	Are people protected from abuse and avoidable harm?
Effective:	Does people's care and treatment achieve good outcomes and promote a good quality of life, and is it evidence-based where possible?
Caring:	Do staff involve and treat people with compassion, kindness, dignity and respect?
Responsive:	Are services organised so that they meet people's needs?
Well-led:	Does the leadership, management and governance of the organisation assure the

delivery of high-quality patient-centred care, support learning and innovation and promote an open and fair culture?

By services, the CQC means the eight 'core services' it has identified for NHS acute trusts:

- Urgent and emergency services
- Medical care (including older peoples' care)
- Surgery
- Critical care
- Maternity and gynaecology
- Services for children and young people
- End of life care
- Outpatients and diagnostic imaging

The CQC also considers that the Trust has a ninth core service, 'Neonatal services', as this represents a large volume of the Trust's activities.

The CQC rates each service for each of the five domains using a four point scale:

- Outstanding
- Good
- Requires Improvement
- Inadequate

4. Care Quality Commission Inspection Reports

The CQC published our inspection reports (one for the Trust overall and one for each of our main sites) on its website on 16 December 2014 (http://www.cqc.org.uk/provider/RYJ. The CQC considers the Western Eye Hospital to be a specialist hospital and it was not included in this inspection.

While the Trust achieved a rating of *good* in two quality domains ('effective' and 'caring', noting particularly end of life care, intensive care services, maternity and children's services), the overall Trust rating was *requires improvement*, with this rating also being applied to the 'safe', 'responsive to people's needs' and, 'well-led'.

By site, Queen Charlotte's & Chelsea Hospital was rated as *good* and St Mary's Hospital, Charing Cross Hospital and Hammersmith Hospital were rated as *requires improvement*. Most importantly, staff were consistently seen by patients as caring and compassionate and the Trust achieved some of the best results for patients, including in the specialist centres for stroke and major trauma.

While the Trust was disappointed with its overall rating of *requires improvement*, the report was considered to be extremely constructive, and clearly sets out a number of challenges while also recognising the positive impact of work undertaken over the previous year and highlighting the great care that the Trust provides.

Overall ratings
In terms of the CQC's five domains, the Trust was awarded the following ratings:

Domain	**Rating**
Safe	*Requires improvement*
Effective	*Good*
Caring	*Good*
Responsive	*Requires improvement*
Well-led	*Requires improvement*

Hospital ratings
Each hospital was given a separate rating:

Hospital	**Rating**
Queen Charlotte's & Chelsea Hospital	*Good*
Charing Cross Hospital	*Requires improvement*
Hammersmith Hospital	*Requires improvement*
St Mary's Hospital	*Requires improvement*

Overall, the Trust was rated as *requires improvement*.

5. Urgent and emergency services at St Mary's Hospital

The CQC found that standards of cleanliness and infection control were inconsistent in 'Urgent and emergency services' at St. Mary's Hospital. The CQC served the Trust with a formal Warning Notice on 19 September 2014 which required the Trust to make immediate improvements by 17 October 2014.

An action plan to address these concerns was developed and implemented. This included refurbishing much of the department, with new flooring and lighting and more sinks, as well as additional cleaning rotas and a staff focus on infection control.

The CQC carried out a follow-up inspection of 'Urgent and emergency services' at St. Mary's Hospital on 25 November 2014 and found that we had met all the CQC's requirements. This meant that the service was found to be compliant with the regulatory requirements relating to cleanliness and infection control.

As a result of the follow-up inspection, two of our ratings for 'Urgent and emergency services' at St. Mary's Hospital were changed: the 'Safe' domain and the overall rating for the service improved from 'Inadequate' to 'Requires improvement'. These improvements were reflected in an updated version of our St Mary's Hospital inspection report which was published on the CQC's website on 7 January 2015.

The Chair of the committee Councillor Harvey and a group of councillors held a meeting at St Mary's Hospital on Friday 10 April 2015 to discuss the CQC inspection report and visit the emergency department and urgent care centre.

6. CQC Inspection Action Plan

Following our 'Quality Summit' held on 12 December 2014, the Trust was required to submit to the CQC an action plan which addresses the full findings from our inspection. The action plan was:

- Approved by the Trust Board on 28 January 2015
- Accepted by the CQC on 29 January 2015 with no changes required (this means that the CQC considers that the actions we proposed are adequate and have appropriate timeframes for completion).

Our CQC action plan developed in response to the findings of the CQC inspection report addresses the regulatory breaches identified (referred to as *must-do compliance* actions) as well as areas where there are not regulatory breaches, but improvements are required (referred to as *must-do* actions). Good progress had been made by mid-May 2015, with 47 of the 55 *must-do compliance* and 35 of the 37 *must-do* actions either completed or on track for completion. It is planned that the majority of outstanding actions will be completed by the end of September 2015.

Specific areas for action include:

- Improve infection prevention and control – cleaning and maintenance of equipment
- Improve completion of WHO surgical checklist
- Improve medicines management
- Reduce vacancy levels
- Review medical staff in critical care
- Accelerate improvements to outpatients
- Improve management of elective pathways
- Improve management of emergency pathways
- Ensure local understanding of key priorities and objectives
- Improve reporting of statutory and mandatory training.

The Trust's executive committee oversees progress through a regular monitoring report, providing assurance to the Trust board's quality committee at each of its meetings. Overall we are continuing to make progress implementing the Trust actions that respond to the 'must-do compliance' and 'must-do' actions' in the CQC action plan.

When the CQC come back to inspect us, they will check that we have done what we set out in our action plan. We have not been told a date for when our next CQC inspection will take place, but we expect it will take place before the end of the 2015/16 financial year.

7. Trust staffing levels and vacancy rates

The Committee asked for this paper to focus on the actions being taken in relation to the issues of staffing levels and vacancy rates raised in the CQC's inspection report.

The Trust's action plan in response to the CQC inspection findings details the individual compliance action and specific findings together with the Trust's overall and specific actions to address these.

The four *must-do compliance* actions set out by the CQC relating to staffing levels and vacancy rates, are set out below:

- *The high vacancy rates for nursing staff and healthcare assistants on some medical wards at Charing Cross Hospital must be addressed.*

- *The level of medical staffing out of hours for ICU and level 2 beds in Critical care at Charing Cross Hospital must be addressed.*

- *The high number of vacant nursing and healthcare assistant posts on some medical wards at Hammersmith Hospital must be corrected.*

- *The staffing levels in Maternity and Neonatal Services at QCCH must be reviewed and action taken in order to ensure they are in line with national guidance.*

8. Current progress on staffing levels and vacancy rates

The Trust's executive committee recently considered a monitoring report on the *must-do compliance* and *must-do* actions in the CQC action plan. The progress on implementing the actions in response to each of the four areas for staffing levels and vacancy rates is provided in Appendix 1 to this paper. The initial data set as provided to the CQC and detailed in the appendix is from June 2014.

The details of the specific actions developed in response to these four CQC *must-do compliance* actions, which form part of the Trust's overall CQC action plan, are shown in Appendix 2.

In terms of the Trust's overall actions we have worked hard to address our vacancy rate and reliance on interim and agency staff, particularly for nursing roles. Although this has been a priority for some time, our CQC inspection further highlighted the challenge.

Our CQC action plan includes our goal to achieve and maintain a 5 per cent vacancy rate for band 2 – 6 ward-based nursing and midwifery roles.

In order to ensure we stay on track to achieve this goal, we are working to improve our recruitment processes. We have introduced a rolling programme of recruitment which started with monthly interviews and quarterly 'open days' where we both interview and enable successful candidates to go home with a confirmed employment offer (subject to the necessary statutory pre-employment checks and satisfactory references). These programmes have been increased to weekly to speed up fulfilment. Also improved processes have decreased the period of time between advertisement close and start date by 3.47 weeks to 8.36 weeks. Within this, the period of time between conditional offer to start date has improved by 1.92 weeks, bringing clearances down to 4.23 weeks.

We are also using social media to promote vacancies more widely and recently launched a new careers microsite to promote the roles on offer at the Trust.

Our actions to retain our staff are focused on providing enhanced learning and development opportunities and promoting staff health and wellbeing.

9. Safe staffing monitoring and reporting

Every two months our public Trust board meeting considers an 'Operational Report' which includes performance information and commentary on safe nurse and midwife staffing.

The most recent Operational Report considered by the Trust board at its meeting held on 27 May 2015, contained the following section:

Safe Nurse/Midwife Staffing
In April, the Trust reported the following for the average staffing fill rate:

- *Above 90 per cent for registered nursing/midwifery and care staff during the day; &*
- *Above 95 per cent for registered nursing/midwifery and care staff during the night.*

Please refer to Appendix 1 for ward level detail [not included with this paper].

The month of April saw an improvement in performance, particularly regarding care staff. This is due to a reduction in vacancies and an increase in the bank fill rate. There were some ward areas where the fill rate was below 85 per cent for care staff. Key reasons for this are:

- *Small numbers of unfilled shifts in some areas e.g. A6 CICU and Paterson ward which has shown a bigger impact on the overall fill rate for that area.*
- *An increase in the acuity of patients particularly on medical wards which has resulted in requesting additional staff for patients who require specialling. Where additional shifts have not been filled, this has impacted on the fill rates for these areas*

On these occasions senior nurses have made decisions to mitigate any risk to patient safety by undertaking the following:

- *The ward manager/sister working clinically within the numbers;*
- *Increasing the compliment of registered staff where there has been a reduced fill rate for care staff;*
- *Monitoring progress against recruitment and vacancy reduction plans;*
- *Reviewing staffing on a daily basis;*
- *Adjusting the occupancy to ensure patient needs are met by the staff that are available; &*
- *Redeploying staff from other areas, where possible.*

Divisional Directors of Nursing have confirmed that the levels of care provided during April were safe, effective and caring.

10. Summary

Over the past 12-18 months, the Trust has worked hard to improve recruitment, address staffing levels and reduce vacancies, particularly for nursing roles. As a result, we have increased our total staff establishment and started reducing our vacancy rates and are continuing to do so.

As always the safety of our patients is our top priority. We are continuing to make progress implementing the Trust actions that respond to the *must-do compliance* and *must-do* actions in the CQC action plan.

We are building on our CQC action plan, which is progressing well, especially in terms of reducing vacancy rates, and we will be publishing our new quality strategy later this summer, to be supported by our first systematic quality improvement methodology.

Appendix 1

Extract from CQC action plan monitoring report*
(* covering progress up to end May 2015)

Compliance Action SC2a: Address the high vacancy rates for nursing staff and healthcare assistants on some medical wards at Charing Cross Hospital.	
Summary The areas identified were stroke, acute medicine, elderly and oncology. In June 2014 vacancy rates were, on wards: 1. Stroke – 22.92% 2. Acute Medicine – 18.34% 3. Elderly – 7.97% 4. Oncology – 17.23% 5. 20% vacancy rate for HCA in neurology but this related to a single WTE Trajectories for meeting targets of 5% vacancy rates for Band 3 healthcare assistants (HCAs) and Band 5 qualified nursing staff are reviewed monthly for all such staff across the Trust. Divisional figures are also reviewed at monthly meetings with Divisional Nursing Directors.	**KPIs Progress** • Through increased advertisement and recruitment events the vacancy rates are; • 1. Stroke – 12.87% • 2. Acute Medicine – 13.58% • 3. Elderly – 10.95% • 4. Oncology – 19.61% • 5. Neurology – 7.6% • Current trajectories for the clinical division for medicine predict a 5% vacancy rate for: o Healthcare assistants by August 2015 o Band 5 nursing staff by December 2015 • The actual vs. planned safe staffing fill rate for the division of medicine for April was 94%.

Acknowledging the lack of progress in Elderly and Oncology, the additional actions have been taken:

- European recruitment campaign – 4 WTE (whole time equivalents) Charing Cross Hospital, 2 WTE St Mary's Hospital
- Facebook campaigns for advertisements
- Rolling 2 week campaigns for Band 5 nurses
- Improved education through Nurse Educator

Compliance Action SC2b: Address the level of medical staffing out of hours for ICU and level 2 beds in Critical care at Charing Cross Hospital.	
Summary The actions completed to date were reviews of the out of hours cover on the ICU and for HDU / Level 2 beds. • The HDU no longer accepts patients at risk of requiring intubation – these patients are now directly referred to the ICU • A further 3 middle grade posts are being recruited for the ICU • Current arrangements and risk mitigation are being reviewed, including the protocol for calling in ICU consultants	**KPIs Progress** • An internal audit was commissioned on 6th/7th May 2015. We are currently awaiting the report and will implement the recommendations once received.

Compliance Action SC3a: Address the high vacancy rates for nursing staff and healthcare assistants on some medical wards at Hammersmith Hospital.	

Summary
On inspection there were nursing staff vacancies within all medical specialties at the hospital. Acute had the highest at 25%, Elderly 22%, and infectious diseases 17%.
	KPIs Progress
	• Ongoing recruitment activity has facilitated the following changes;
	  ○ Acute Medicine - 4.08%
	  ○ Elderly - 19.38%
	  ○ Infectious disease – 9.65%
	• Current trajectories for the clinical division for medicine predict a 5% vacancy rate for:
	  ○ Healthcare assistants by August 2015
	  ○ Band 5 nursing staff by December 2015

The following are also under consideration:

- Recruitment campaigns outside London
- 'Skype' interviewing
- Increased rotation
- Possible initiatives with local job centres

Compliance Action SC3b: Review the staffing levels in Maternity at QCCH and take action to ensure they are in line with national guidance.	
Summary At inspection the ratio of one midwife to 33 women was lower than the national average of one to 29. A ratio of 1:30 midwives was agreed for the first phase in October 2014 with further recruitment planned for 2015. This will be in place for July 2015.	**KPIs Progress** • 32.8 WTE (whole time equivalents) qualified midwives have joined since March 2015 • A further 31.58 qualified midwives have accepted offers and are awaiting start dates • 28.15 WTE vacancies remain although 15 of our students will undergo selection processes in June 2015. These plans will deliver and maintain the required ratio by keeping pace with the healthy turnover rate and with minimal reliance on temporary staffing.

Appendix 2

Extract from Trust overall CQC action plan

S2 Compliance Action: The high vacancy rates for nursing staff and healthcare assistants on some **medical wards at Charing Cross Hospital** must be addressed.

OVERALL ACTIONS BEING TAKEN

2.1 In April 2015, the People and Organisational Development team was restructured to align with divisions, and additional administrative support was added.

- Review vacancy management (complete)
- Review recruitment business processes (in progress)

Director Lead
Jayne Mee, Director of People and Organisational Development

2.2 Develop a new e-roster policy which includes key indicators through the 'QuEST' quality improvement team

- Provide 'masterclass' sessions for managers on principles and practice of good rostering (through QuEST and Allocate (in progress)
- Report KPIs through
    - the The QuEST programme board, which reports monthly at the Executive Committee (complete/ongoing)
    - Divisional performance meetings and by continuing with the existing weekly Operational Resilience Report, which reports at the Executive Committee (ongoing)

Director Lead
Jayne Mee, Director of People and Organisational Development

2.3 Align staffing with the Trust bed capacity plan for 2015 / 16 (part of the Trust's business plan)

- A demand and capacity assessment will be factored into divisional business plans to ensure staffing establishments match bed capacity
- The plan will be monitored via weekly Operational Resilience meetings

Director Lead
Steve McManus, COO

2.4 Deputy Chief Nurse from NHS London to review recruitment plans for the Division of Medicine and provide feedback.

Director Lead
Janice Sigsworth, Director of Nursing

SPECIFIC FINDINGS	ACTIONS

2.5 High vacancy rates were on the divisional risk register but it was not clear what action was being taken to address them	• Review Vacancy levels for bands 2 to 6 at divisional performance reviews monthly using
	  ○ A performance trajectory with an end goal of 5% by December 2015 (complete)
	  ○ More detailed workforce summaries (for example, by division by site) (complete/ongoing)
	• Instigate monthly meetings between the Director of Nursing and Divisional Director of Nursing for Medicine to review vacancies
	  ○ Division of Medicine to present detailed action plan to reduce vacancy rate to 5%.
	  ○ Report and monitor to the performance management

	meeting monthly ○ To align business planning with bed capacity and staffing requirements throughout the year ○ Review staff establishment plans with COO and Divisional Director / Director of Nursing if changes are required ○ Update the safe nursing and midwifery staffing policy to provide clarity around revised processes; particularly seasonal variation • HR Business Partner to ensure (bands 2-6) recruitment plans for Medicine (complete) • Division of Medicine to establish a Task and Finish Group to meet fortnightly to oversee the vacancy reduction plan (complete) **Director Lead** Jayne Mee, Director of People and Organisational Development **Divisional Leads** Tim Orchard, Divisional Director, Medicine Sally Heywood, Divisional Director of Nursing, Medicine Gemma Glanville, HR Business Partner for Medicine
2.6 High vacancy rates for nurses in the following specialties: ➢ Stroke (9N and 9W) ➢ Acute medicine (9S and 4S) ➢ Elderly medicine (8W and 8S) ➢ Oncology (Weston)	• Recruit to 5 % vacancy level for bands 2 to 6 (ongoing) • Attain bank fill of 90% by improving management of requests (receipt, booking, etc.) and developing a business case to address day rates (complete) **Director Lead** Jayne Mee, Director of People and Organisational Development **Divisional Leads** Tim Orchard, Divisional Director, Medicine Sally Heywood, Divisional Director of Nursing, Medicine
2.7 High vacancy rates for healthcare assistants in neurology	Same actions as for S2.6

S3 Compliance Action: The level of medical staffing out of hours for ICU and level 2 beds in **Critical care at Charing Cross Hospital** must be addressed.
OVERALL ACTIONS BEING TAKEN
3.1 As part of the Trust's 2015/16 business plan, the Critical Care Committee (which meets monthly) has carried out a strategic review which has recommended that critical care 'hubs' will be created on each site ○ External stakeholders across the Critical Care Network will be engaged in the redesign ○ Co-location of levels 2 and 3 beds (agreed at Quality Summit) ○ Reconfiguration of the service to increase capacity ○ Side by side management of HDUs and ICUs, including improvement of timely access to airway-trained staff **Director Lead** Steve McManus, COO With regard to the workforce issues below in addition and covering all the issue we have

commissioned internal audit to review medical/nursing cover of critical care service	
SPECIFIC FINDINGS	**ACTIONS**
3.2 A Registrar was not always available out of hours on the ICU so cover was sometimes provided by junior doctors (the most senior would be a CT2). At the time of the inspection, none of the junior doctors had ventilation training	• Review availability of registrar out of hours in the ICU (will be addressed under 3.1) • Junior doctors to have undertaken airway training in accordance with national curriculum • Develop an action plan to address the reconfiguration of CC services **Divisional Lead** Jamil Mayet, Divisional Director, SCCS
3.3 The on-call consultant could take up to 30 minutes to arrive, which means immediate support is not always available.	Review the appropriateness of this and whether there are any alternatives **Divisional Lead** Jamil Mayet, Divisional Director, SCCS
3.4 The consultant often stayed late (until midnight) due to the lack of a Registrar.	This will be addressed under S3.1
3.5 Although there is a medical consultant for the HDU, there were no critical care medical staff dedicated to the HDU or other level 2 beds.	This will be addressed under S3.1
3.6 There was support from Site Ops team but not all site practitioners were airway trained and were often preoccupied out of hours with bed management. Additionally, although there were two anaesthetists covering theatres out of hours, they were not ICU trained.	• Review scope of practice for Site Practitioners to determine whether the appropriate airway training is being met (all should be ALS trained –will be addressed under 3.1). • Ensure that staff have current details (contact information, procedure) for accessing airway support **Senior Management Lead** Nicola Grinstead, Director of Operational Performance
3.7 Out of hours, there was a general medical registrar and two senior house officers, none of whom were airway trained.	This will also be addressed under S3.1 • Confirm that the Trust has sufficient numbers of airway-trained staff (all medical staff should be ALS trained) and that access out of hours is appropriate to meet patient needs • Ensure that staff are aware of who to call and what to do when they need airway support Undertake an audit of practice **Divisional Lead** Tim Orchard, Divisional Director, Medicine

S4 Compliance Action: The high number of vacant nursing and healthcare assistant posts on some **medical wards at Hammersmith Hospital** must be corrected.	
SPECIFIC FINDINGS	**ACTIONS**
4.1 High vacancies were on the divisional risk register for Medicine	This will be addressed under S2
4.2 Unfilled shifts were specifically mentioned on B1, Fraser Gamble, John Humphrey, De Wardener and Weston wards.	This will be addressed under S2

S5 Compliance Action: The staffing levels in **Maternity and Neonatal Services at QCCH** must be reviewed and action taken in order to ensure they are in line with national guidance.	
SPECIFIC FINDINGS	**ACTIONS**

5.1 Inadequate midwifery staffing levels were lower than the national average and did not meet the recommended ratio on postnatal wards.	Midwifery staffing plan being implemented from 1 April 2015 will bring midwife to patient ratio to 1:30
	
	• Monthly recruitment open days will be held on an on-going basis
	  o Centralised team with 'offer on the day' to improve process efficiency and reduce withdrawals between interview and offer. (complete/ongoing)
	  o Candidates will be ready to start within eight weeks (in progress)
	• Review recruitment plans and processes by the Deputy Chief Nurse for NHS London (complete)
	
	Director Lead
	Jayne Mee, Director of People and Organisational Development

5.2 Neonatal services did not have the establishment recommended by the BAPM.	• Review 24 to 27 cot capacity as part of business planning in 2015 / 16
	  o Action plan to be developed in a paper for review by the W&C Divisional Management Team
	  o Produce a business case to support recruitment of additional nurses to achieve BAPM standards (note - this is still under review by NHS England)
	  o Monitor progress through directorate and divisional Quality and Safety Committees and Management Committees
	  o Any increase staffing required will be addressed under S5.1 (complete and ongoing)
	
	Director Lead
	Janice Sigsworth, Director of Nursing
	
	Divisional Leads
	Jacqueline Dunkley-Bent, Divisional Director of Nursing, W&C
	Natalie Dowey, HR Business Partner, W&C

ROUND ONE (24 June 2015)		
Agenda Item	**Reasons & objective for item**	**Represented by:**
The NHS estate in Westminster	To review the strategy relating to NHS estates in Westminster	• NHS Property Services • NHS England • CCGs • LA
NHS Staffing in the Acute Sector	To examine the impact of current staffing levels on the operation of our local acute Trusts	• Imperial • Chelsea and Westminster

HEALTH URGENCY (30th June 2015 – indicative only)		
Agenda Item	**Reasons & objective for item**	**Represented by:**
Imperial College Healthcare NHS Trust – Reconfiguration of stroke services	Imperial College Healthcare NHS Trust are consulting the Committee under Section 244 of the NHS Act 2006 on plans to reconfigure stroke services	• Dr Batten, CEX, Imperial

ROUND TWO (24 September 2015)		
Agenda Item	**Reasons & objective for item**	**Represented by:**
Policing and Mental Health	To assess the relationship between mental health and Police custody	• Borough Police
Domiciliary Care – evaluating the new model	To assess the new contracts in home care	• Liz Bruce
Adult Social Care Complaints and Performance	To receive the TB ASC Complaints and Performance report	• Liz Bruce • Nadia Husain
Secondary Item **Safeguarding (Safer Recruitment)**	To examine the work of Mike Howard's Safer Recruitment Panel	• Helen Banham • Louise Butler

ROUND THREE (25 November 2015)		
Agenda Item	**Reasons & objective for item**	**Represented by:**
Policing Model – MOPAC	To follow up the assessment of the local policing model in 14 / 15 with MOPAC	• MOPAC • Mick Smith • Adam Taylor
Licensing Review	To input into the expected review of licensing	• Chris Wroe
Public Protection & Licensing	To assess the changes which have taken place with the service (e.g. Westminster Wardens)	• Stuart Love

ROUND FOUR (27 January 2016)		
Agenda Item	**Reasons & objective for item**	**Represented by:**
Finding Carers	To assess how the Council can find carers in the community	• Liz Bruce
Supported Employment	To examine the programme and commitments going forward	• Liz Bruce

ROUND FIVE (21 March 2016)		
Agenda Item	**Reasons & objective for item**	**Represented by:**
Childhood Obesity	To **assess** and **input into** Cllr Robathan's programme for addressing Childhood Obesity	• Public Health
Joint Strategic Needs Assessments – the Implementation of Recommendations	To review recent JSNA reports and ensure recommendations have been acted upon and if not, why not.	• Public Health

ROUND SIX (18 April 2016)		
Agenda Item	**Reasons & objective for item**	**Represented by:**
The Implementation of Shaping a Healthier Future	To examine progress of implementing the *Shaping a Healthier Future* reconfiguration	• CCG Collaborative

Other Committee Events & Task Groups		
Briefings	**Reason**	**Type**
Safer Westminster Partnership	To assess the work of the Safer Westminster Partnership;	**On-going**
NHS Provider Complaints	To assess complaints from local Provider Trusts as a result of the Francis Inquiry and new Health Scrutiny powers.	**Briefing**
Outpatients at Imperial College Healthcare NHS Trust	To assess the improvement of outpatient services following the review of Imperial by the Care Quality Commission	**Task Group**

Healthwatch Westminster Updates

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Round 6

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