



City of Westminster

Committee Agenda

Title: **Family and People Services Policy and Scrutiny Committee**

Meeting Date: **Monday 15th October, 2018**

Time: **6.30 pm**

Venue: **Room 3.6 and 3.7, 3rd Floor, 5 Strand, London, WC2 5HR**

Members: **Councillors:**

Jonathan Glanz (Chairman)	Peter Freeman
Nafsika Butler-Thalassis	Patricia McAllister
Maggie Carman	Emily Payne
Lorraine Dean	Selina Short

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

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



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

**Tel: 020 7641 2341; Email: tfieldsend@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 Committee and Governance Services in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1. MEMBERSHIP

To note any changes to the membership.

2. DECLARATIONS OF INTEREST

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

3. MINUTES

To approve the minutes of the meeting held on 18 June 2018.

(Pages 5 - 10)

4. CABINET MEMBER UPDATE

To receive an update on current and forthcoming issues within the portfolio of the Cabinet Member for Family Services and Public Health.

(Pages 11 - 24)

5. WESTMINSTER HEALTHWATCH UPDATE

To receive an update on recent work undertaken in Westminster.

(Pages 25 - 40)

6. CARE HOME IMPROVEMENT PROGRAMME (CHIP) - OLDER PEOPLE'S NURSING AND RESIDENTIAL HOMES

To receive an update on the status of the Care Home Improvement Programme (CHIP).

(Pages 41 - 64)

7. COMMITTEE WORK PROGRAMME AND ACTION TRACKER

(Pages 65 - 76)

8. REPORTS OF ANY URGENCY SAFEGUARDING ISSUES

Verbal Update (if any)

9. ANY OTHER BUSINESS

To consider any other business which the Chairman considers urgent.

**Stuart Love
Chief Executive
5 October 2018**

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CITY OF WESTMINSTER

DRAFT MINUTES

Family and People Services Policy & Scrutiny Committee

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Family and People Services Policy & Scrutiny Committee** held on **Monday 18 June 2018** in Room 3.1, 3rd Floor, 5 Strand, London WC2 5HR

Members Present: Councillors Jonathan Glanz (Chairman), Nafsika Butler-Thalassis, Maggie Carman, Lorraine Dean, Peter Freeman, Patricia McAllister, Emily Payne and Selina Short

Also present: Councillor Heather Acton.

ELECTION OF CHAIRMAN / MEMBERSHIP

- 1.1 Nominations for the post of Chairman were invited. One nomination was received and seconded. There were no further nominations.

RESOLVED:

That Councillor Jonathan Glanz be appointed Chairman of the Family and People Services Policy and Scrutiny Committee.

2. DECLARATIONS OF INTEREST

- 2.1 Councillor Butler-Thalassis declared that she worked for an organisation, which was partly funded by the NHS Central London CCG.
- 2.2 Councillor Dean declared that she worked for the City of Westminster College as a teaching assistant to young people and adults with learning difficulties.

3. MINUTES

RESOLVED:

- 3.1 That the Minutes of the Adults and Health Policy and Scrutiny Committee meeting held on 9 April 2018 be approved, subject to the following revisions:

i) Cabinet Member Update

Minute 4.3: That the paragraph be amended to read: “..the City Council had been working with schools, hospitals and businesses to reduce sales and availability of high sugar soft drinks.”

ii) Soho Square GP Practice

Minute 6.4: That the number of GP practices in Westminster be amended to read 54.

Minute 6.6: That the first sentence be amended to read “...despite invitations from the Committee...”

iii) Committee Work Programme

Minute 9.2: That the first sentence be amended to read “...the next meeting in June should focus on a report by the Cabinet Member on key issues within the service area and Cabinet Member portfolio...”

3.2 Matters Arising

Councillor McAllister requested an update on the methods of ordering repeat prescriptions in order to try and reduce waste. Councillor Acton advised that the situation had improved due to a new, more proactive, NHS policy regarding repeat prescriptions, which was currently being implemented by the CCG. A leaflet distributed by the CCG to GP practices regarding the new protocols around repeat prescriptions would be circulated to the Committee following the meeting.

4. POLICY AND SCRUTINY PORTFOLIO OVERVIEW

4.1 As this was the first meeting of the Family and People Services Policy and Scrutiny Committee, the Members and Officers provided a brief overview of their roles at the Council and any particular areas of interest they had within the Committee's remit. The Chairman requested that a paper be circulated to all Members confirming the Committee's terms of reference along with a list detailing the acronyms most regularly used within the Family and People Services portfolio.

4.1 Councillor Heather Acton (Cabinet Member for Family Services and Public Health), provided a briefing on key issues within her portfolio and advised of the significant work that had been undertaken with schools and dentists in regards to improving oral healthcare within Westminster. The Committee also heard from Melissa Caslake (Bi-Borough Executive Director of Childrens Services), Bernie Flaherty (Bi-Borough Executive Director for Adult Social Care and Health), Mike Robinson (Director of Public Health), Chris Greenway (Bi-Borough Director of Integrated Commissioning), Senel Arkut (Director of Health Partnerships), Annabelle

Saunders (Assistant Director for Commissioning and Innovation) and Miranda Gittos (Director of Family Services).

- 4.2 The Committee was interested to learn about the implementation of the Genito Urinary Medicine service and its new e-based operating system. It was pleased to note that the model ensured that those needing an appointment could be seen more promptly but queried how it had impacted on the service overall. Councillor Acton explained that it was likely that there would be some resistance from patients to the new method of working; however, the new model would be phased in over the next nine months and was expected to have a positive effect on the service. Numbers of patients using the new e-based system had significantly increased and rates of sexually transmitted diseases throughout Westminster had reduced, although it was acknowledged that as yet it was unknown if this was due to the new system.
- 4.3 The Committee requested further information on the number of unaccompanied asylum seeking children within Westminster. The Committee was informed that the Council was currently supporting a total of 67 which was 39 over its threshold. One of the main reasons for this large number was that Westminster had various transport hubs located within it, for example Victoria Coach Station, and these areas were where many of the children arrived. The Committee noted that the number had recently remained steady with the introduction of a pan-London based system for placing the children and discussions with the Home Office regarding ways forward were ongoing. The Committee welcomed the suggestion to receive a more specific update on the issues involving unaccompanied asylum-seeking children.
- 4.4 Members noted that the meals on wheels service would cease in April 2019 and were interested to learn what future delivery options were being considered. Councillor Acton explained that the service was currently being utilised by 200 people and the potential future service provision for these customers was being investigated. This included exploring alternative means of addressing loneliness amongst service users.
- 4.4 The Committee also discussed nursing home inspections, childhood obesity, details of the safe space provision at the Beethoven Centre and rough sleepers.

9. 2018/19 WORK PROGRAMME

- 9.1 Aaron Hardy (Policy and Scrutiny Manager) and Artemis Kassi (Policy & Scrutiny Officer) presented a report suggesting topics for the Committee to consider when deciding its 2018/19 work programme.
- 9.2 The Committee discussed the following potential future topics for inclusion on the 2018/19 work programme:

- Health Devolution;
- Governance in the North West London Health Service;
- Youth Violence (in conjunction with the City Management and Public Protection Committee);
- Community Independence Service;
- Adolescent Mental Health in the 21st Century
- Review of WCC's Dementia Policy;
- Care Home Improvement Plan;
- Childhood Obesity;
- Technology in Care; and
- Support for Addicts – with a focus on rough sleepers.

9.3 The Policy and Scrutiny Manager proposed to develop a draft work programme and scope out the areas of interest identified by the Committee. This would which be circulated to members and officers shortly.

9.4 The Chairman informed the Committee that Scrutiny Members had previously undertaken visits to the London Ambulance Service and St Mary's Hospital. If Members were interested in attending a visit the Scrutiny and Policy Officers would help assist in organising these.

9.5 A function of the Committee was to nominate one voting Member to sit on the North West London Joint Health Overview & Scrutiny Committee (NWL JHOSC) of which Westminster City Council had been a member since its creation. As such, the Committee noted the NWL JHOSC's proposed terms of reference and nominated Councillor Dean to be the Committee's one voting member with Councillor Butler-Thalassis nominated as substitute member.

9.6 **RESOLVED:**

- 1) That the proposed terms of reference for the North West London Joint Health Overview and Scrutiny Committee be noted; and
- 2) Councillor Lorraine Dean be appointed Westminster City Council's one voting Member on the North West London Joint Health Overview and Scrutiny Committee with Councillor Nafsika Butler-Thalassis appointed as substitute Member.

10. ANY OTHER BUSINESS

10.1 Members wished to record their thanks to Andrew Palmer, who was retiring from the Council, for his contributions and work carried out in support of the Committee.

The Meeting ended at 8:20pm.

CHAIRMAN:_____

DATE:_____

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Family and People Services Policy & Scrutiny Committee Cabinet Member Update

Date: Monday 15 October

Briefing of: Councillor Heather Acton, Cabinet Member for Family Services and Public Health

Briefing Author and Contact Details: Charlie Hawken
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ADULT SOCIAL CARE

1. Commissioning Update

- 1.1 Bi-Borough arrangements for Adult Social Care (ASC) Commissioning are being finalised. The Residential Placement Brokerage Team moved to a Bi-Borough model at the end of September. This team liaises with both Social Work teams along with care providers to arrange residential care placements following an assessment. Procedures and processes have been refreshed to ensure all teams are consistent.
- 1.2 The Integrated Commissioning Directorate is being reorganised to incorporate commissioning across Adult Social Care, Children's Services and Public Health. Working groups are developing a model, following which all staff will be consulted.

2. Learning Disability Strategy: "The Big Plan"

- 2.1. The Learning Disability Big Plan is the strategy for people with Learning Disabilities in the Bi-Borough to ensuring people with learning disabilities have fulfilling lives. This has involved partnership working with Health and the Voluntary and Community sector. A range of stakeholders have been shown the draft, with feedback requested in October 2018. The final document must be approved by the separate governance arrangements of the Council and Clinical Commissioning Groups (CCGs) and the Health and Wellbeing Board.

3. Personalisation

3.1 A key priority for Adult Social Care is Personalisation, putting residents at the heart of what we do and working with people to find out what their needs are and choose the appropriate support.

3.2 An Executive Board developed a work plan including some key elements:

- **Developing a personalisation strategy:** The first draft will be circulated later this month.
- **Digitalisation:** developing a fully digitalised social care pathway, to ensure that people can exercise full choice and control and maintain their independence.
- **Delivering on the Digital Bid:** The Bi-Borough was successful in its bid to NHS Digital for funding of £46,000 to become a Digital Social Care Demonstrator of Health Information into ASC. The main objective of the pilot is to improve access to information held in clinical settings for ASC providers.

3.3 The Digital Bid is a partnership arrangement with our health colleagues, provider organisations and voluntary sector organisations. The Bi-Boroughs bid was ranked first by NHS Digital, amongst strong competition.

4. Homecare and Residential Care

4.1. The Directorate has a key priority for Market Shaping and Development, and progress is being made to improve quality in the local homecare and residential care markets. Links between operational, commissioning, procurement and contracts sections have been strengthened, and the Quality Assurance Team introduced. As a result, the council's relationship with providers has shifted from being a transactional relationship to being more of a partnership, with a greater emphasis on quality and outcomes for clients.

4.2. The following is an update on local providers:

- **The Westminster Society Domiciliary Care (Care Quality Commission Overall Rating "Outstanding" – June 2018)**

The Westminster Society provides care and support for people with a Learning Disability. The service has been rated as "outstanding" by CQC (improved rating from "Good" in March 2016). The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. The overall rating of Outstanding comprises outstanding in the areas of caring and responsive, with other areas rated "good".

- **Flat C 291 Harrow Road – The Westminster Society (CQC Overall Rating “Good” – July 2018)**

Previously rated Requires Improvement, Flat C 291 Harrow Road has now been awarded a rating of Good by CQC, achieving good in all five domains following a comprehensive unannounced inspection on 10 July 2018. The service is a five bedded shared registered residential service for adults with profound and multiple disabilities. The change in rating for 291 Harrow Road gives The Westminster Society ratings of Good and above across all of their adult services and ‘outstanding’ in Domiciliary Care.

- **Vincentian Care Plus (CQC Overall Rating “Requires Improvement” – May 2018):**

VCP is a local homecare provider who received an overall CQC Rating of Requires Improvement in May 2018, following their last inspection in December 2017. As scrutiny was advised at the last update, the provider has recently appointed a new manager who continues to work with the QA team, focusing on improvements to the service. The QA is conducting weekly visits, supporting the provider by focusing on areas of improvement as well as providing advice and guidance in line with the National Institute of Clinical Excellence (NICE) guidance and best practice standards.

- **St Georges Nursing Home (CQC Overall Rating “Inadequate” – April 2018):**

St Georges is a nursing home located in Westminster with a capacity for 44 elderly residents mainly those with dementia. On the 10th April 2018 the home was inspected by CQC and rated ‘inadequate’ overall, with ‘safe’ and ‘well led’ rated ‘inadequate’, “effective, caring and responsive” were all rated ‘requires improvement’

Officers from Quality Assurance Team continue to visit the home on a weekly basis and going through in detail the actions the home has taken to rectify the concerns held by CQC. Officers from Safeguarding, Quality Assurance, Operations and the CCG continue to provide support and feeding back developments and changes to the CQC through formal meetings and weekly reports.

CHILDREN'S SERVICES

5. Ofsted Inspections

5.1 Ofsted conducted a two day focussed visit in Westminster on 7th August, looking at our front door services - Early Help, the Multi-Agency Safeguarding Hub (MASH), Access and Assessment and the Integrated Gangs Unit (IGU). We had some very positive feedback about the quality of work in this part of Family Services, in particular:

- Multi-Agency Safeguarding Hub enquiries leading to effective risk analysis and appropriate decision making.
- The Integrated Gangs Unit adds real value to our work with children and families.
- Practitioners use creative approaches to their direct work with children.
- Responses to referrals are timely.
- There was evidence of good threshold application and timely response to children.
- Child protection concerns are quickly identified, leading to timely interventions to safeguard children.
- Our model of systemic work social work was well embedded in practice.
- Staff morale in Westminster is high, social workers who spoke to inspectors were very positive about their experience of working here.

5.2 We have received helpful recommendations about areas for development for the future, which we are following up within the programme of work being undertaken by our Outstanding Practice Working Group. Focussed visits result in a letter and do not change the overall judgement. Therefore, Westminster retains its outstanding rating until the next full inspection.

6. Introduction of the Non-Violent Resistance Programme

6.1 Westminster Early Help Service is introducing a Non-violent Resistance (NVR) programme. This is a new model aimed at helping parents deal effectively with interactions with their children when these escalate. From January 2019 we will have NVR parenting programmes on offer to parents across three Westminster sites and we aim to train 60 front-line practitioners to use the NVR approach within their casework by March 2019.

7. Reducing Parental conflict

- 7.1 We are collaborating with the Department for Work and Pensions (DWP) on their Reducing Parental Conflict Programme (RPCP) with grant funding of £294, 713 over 3 years. This will fund Westminster to continue leading the London-based Contract Package Area, a group of 6 Local Authorities providing intensive interventions to reduce inter-parental conflict to strengthen parenting. We continue to develop a curriculum for practitioners in partnership with *Tavistock Relationships* entitled, '**Understanding and working with co-parents**'. Initially this will be a training programme for Westminster's Early Help and Children's Social Care staff, but longer term the aim is to have the course accredited so that it can be traded.

8. Troubled Families "Earned Autonomy"

- 8.1 On 25 April 2018, Westminster became one of 14 local authorities to receive "Earned Autonomy" status from the national Troubled Families (now known locally as "Supporting Families") programme. Instead of receiving funding through the previous "payment by results" framework, the Ministry for Housing, Communities and Local Government (MHCLG) is piloting this new Earned Autonomy payment structure with upfront payments totalling £1,264,000 over two years. Westminster's successful bid for Earned Autonomy built upon transformation plans for early help and early intervention with a focus on the "Family Hubs" programme and improving support for vulnerable children in schools aimed at preventing school exclusions, now referred to locally as the "School's inclusion pilot".
- 8.2 The Bessborough Family Hub is now open. The capital works were finalised over the summer and the children's centre has moved into the building. Works funded by Earned Autonomy are as follows:
- A multi-agency workforce development programme for staff based in the Hub and in the wider locality. This will involve shared approaches to working with families and include developing one Family Plan and having a team around the family.
 - Recruitment of 3 family navigators, who will be based in the Hub but work closely with GP practices and schools to ensure that families are linked into early support services.
- 8.3 The Schools' Inclusions Pilot launched in September 2018. The pilot schools are:
- Gateway Academy
 - Queen's Park Primary School
 - Hallfield Primary School

- Churchill Gardens Primary Academy
- Beachcroft (Primary Unit) AP Academy, TBAP Multi-Academy Trust
- Westminster Education Centre (WEC), TBAP Multi-Academy Trust

The pilot aims to tackle the underlying issues that lead to exclusion, by intervening earlier.

9. Speech, Language and Communication Need

- 9.1 The contract for speech and language therapy is currently held by Central London CCG on behalf of Westminster City Council. This is a shared contract across the Royal Borough of Kensington and Chelsea and London Borough of Hammersmith and Fulham and corresponding CCGs. This contract is due to expire on the 31st March 2019. The Council is working with the CCG on options for continuation and improvement of services beyond this date. Westminster City Council currently spends £389,800 per annum on speech and language therapy and Central London CCG spends £1,162,900. The CCG has notified the Local Authority of its intention to reduce funding to this contract. It is likely that WCC's spend would have to increase in order to maintain statutory delivery.
- 9.2 The caseload for the service in Westminster is 520 children in the early years' service and 318 children in the education service. The education service provides the statutory provision as specified in Education, Health and Care Plans. However, we are looking to enhance the offer from January 2019, pending School Forum approval, to support schools to develop a whole-system approach to improve all children's communication. A number of schools also use their Pupil Premium Funding to provide additional support.
- 9.3 The monitoring of outcomes across this contract were found to be inadequate and so new key performance indicators were agreed with the provider and we expect to see the first results from these in January. All children who receive speech and language therapy have targets set at the start of the academic year and these are reviewed by the therapist each term. A review of progress for a sample group in showed that in the Summer Term 2018, 93% of children in Westminster mainstream primary schools and 90% of children in Westminster special schools showed progress against their targets. Across Tri-Borough 92% of the caseload are extremely likely (70%) or likely (22%) to recommend the service to their friends and family. Patient stories are also collected from families on a monthly basis to find out about their experience of the service. The transformation underway to improve performance has already seen various better outcomes, including

improved training opportunities for practitioners and parents with increased participation and have very good feedback.

10. Passenger Transport

- 10.1 Passenger Transport services are provided for children, young people and vulnerable adults who are assessed as eligible for travel assistance to school, college and day activities. Travel assistance is provided in taxi and minibus provision dependent on the route requirements and needs of the service user.
- 10.2 A new taxi service commenced in September 2018, this follows a procurement exercise and approval to appoint a number of taxi providers onto a Framework for Passenger Transport Taxi services. The new taxi arrangements include a clearer pricing schedule and quality enhancements such as staff continuity, staff training and improvements to the fleet.
- 10.3 The current minibus arrangements will continue until August 2019 and a new service will commence in September 2019. However, on Friday 17 August 2018, the Council was made aware that one of the minibus providers for home to school transport, Starbus, went into administration. The Council took immediate steps to find an alternative provider. A competitive three stage tender process was undertaken and a 12-month contract was awarded to CT Plus.
- 10.4 The interim contract with CT Plus will be in place for 12 months while the planned procurement for all minibus provision takes place. The recommendation for the new minibus contract award is expected in May 2019, for the service to commence September 2019.
- 10.5 Passenger Transport services are continued to be overseen by the Council's dedicated in-house Travel Care and Support Team, who provide contract management, logistical support and a daily helpdesk function for parents, carers, schools and day centres.

11. Integrated Gangs Unit

- 11.1 The Integrated Gangs Unit (IGU) employs an holistic approach to serious youth violence that sees all agencies having a part to play in effective prevention through identification, diversion and enforcement. Seeing youth violence through a 'multi-agency lens' to be effective is now being more widely accepted, through the encouragement to consider gang violence as a public health issue. The IGU operates in the community in street work, group work, work with schools and professionals as well as case work with individuals and families.

- 11.2 Currently the IGU has 53 clients receiving interventions from our Flexible Gangs workers. These are bespoke interventions to young people and families affected by gangs and serious youth violence. We also have 12 young women working with our sexual violence specialist practitioner. The CAMHS worker is seeing 11 young people and families affected by gangs and serious youth violence and the Employment specialist has 14 allocated cases. This period (up to end of August) we saw 4 young people assisted into jobs, 6 into apprenticeships and 7 back into education.
- 11.3 In July and August, we held ten group sessions in colleges and schools, engaging approximately 750 young people and a London Safeguarding Cases Board gangs awareness session with 25 professionals.
- 11.4 During July and August a total of 34 hours of street work covered the following venues and areas across the borough: Venue(s): Cardinal Hume, St Andrew's Youth Club, Four Feathers & Harrow Youth Club (Latimer Road). Area(s): Lisson Green, Church Street, Tachbrook, Warwick Estate, Churchill Gardens Estate, Harrow Road, Vincent Square, Blandford Estate and Lillington Gardens
- 11.5 The IGU Police Officers, with support from Anti-Social Behaviour Caseworkers, have been leading on the applications for CBOs (Criminal Behaviour Orders) working in close collaboration with the Police, YOS, Housing and crucially the gangs workers, and in all cases have gone to Court to serve/present the application. The CBO is aimed at supporting young people to engage and exit gangs lifestyles and protecting communities. CBOs have been obtained on individuals known as being persistently involved in activities linked to drug dealing, gang affiliation and/or serious youth violence.
- 11.6 The IGU is now capturing all off-borough offences involving young people known to the Unit. This will help provide additional context to improve our understanding of the current picture surrounding gangs and individuals involved in County Lines that are associated to Westminster. Between July and August, 10 young people were brought to our attention in 4 counties. The IGU is developing good practice examples from county lines cases that include how we have worked with families affected, building partnership work with county police forces, courts and Local Authorities, British transport Police and the new County Lines initiatives such as the National Crime Agency, Rescue and Respond and new Home Office and DfE planned projects.

12. Youth Offending and Youth Employment

- 12.1 The youth offending team (YOT) has a reducing caseload. In 2017 / 18 the average caseload was 62. In 2018 / 2019 the average has reduced to 48 (for the year to date). However, the young people who remain on the caseload have more complex family stories and the nature of their offending is more violent in nature, often linked to drug dealing. This changing picture impacts on the rates of education and employability within the cohort.

12.2 The YOT measures the proportion of young offenders who are actively engaged in suitable education, training or employment upon closure of their order or programme. This is the number of young people aged up to 16 (Year 11) attending 25+ hours per week while those turning 17 or older (Year 12+) are required to attend 16+ hours per week. In Westminster, this figure has lowered over the last 2 years to 54% of the current caseload now in suitable education or training. Whilst our performance is better than the figures for England (30.9%) and London (34.5%), it is a priority area for focus in Westminster's Annual Youth Justice Partnership Plan for 2018 / 19. As a part of this, the service has introduced the following measures this year:

- Each young person now has an education plan as part of their YOT plan.
- An employment worker from the Westminster Education Service is based in the YOT 2 days a week. (Since August 2018)
- The service is paying for an Educational Psychologist (EP) to work with the team for half a day a week. The EP will undertake assessments on young people who may have unidentified special educational needs. This may be because their attendance at school was poor, they were excluded, or the needs were simply not identified. This will help support their future training.

The impact of these new measures will be reviewed in February 2019.

13. Looked After Children and Care Leavers

13.1 Westminster continues to receive a high number of Unaccompanied Asylum Seeking Minors (UASC), who arrive in London, primarily through Victoria Coach Station. These young people form a significant group within our looked after children and care leaver population. We are currently looking after 59 young people which is a slight reduction as a result of the use of the Pan-London Rota. The National Transfer Scheme (NTS) is not working as well as hoped. Westminster (in our role as host for the London Asylum Seekers Consortium (LASC)) has been meeting with the Home Office to try and improve the effectiveness of the scheme.

13.2 There are currently 2 bids being submitted to the Controlling Migration Fund to support the settlement of UASC arrivals.

- Westminster, as host LASC, has submitted a bid on behalf of its Pan London Stakeholders, to develop a Health & Welfare Screening and Assessment Tool for newly arrived UASC in London. The assessment and screening tool will be completed by a social worker and nurse practitioner upon arrival in London and will support timely assessment, identification of need, early intervention and prevention.
- There is additionally a Bi-borough bid being submitted by the Virtual School, which will focus on the development of a short term, emergency education offer for UASC in the capital. This will provide English classes (ESOL), core skills, physical education, personal and social education provision on a rolling

programme for those aged 14 – 17, pending allocation of a school place and resettlement where this is the identified plan.

PUBLIC HEALTH

14. Obesity

- 14.1 A new obesity programme is being developed based on the lessons learned from current programmes. There will continue to be a whole system approach to childhood obesity, linking all the services, organisations and community activities under one programme, and we shall have extended regular campaigns, local activities and increase training across the borough.
- 14.2 A working group consisting of Public Health, CCGs and Children services has been established. To review obesity as a whole this will look looking inter-generationally and align with all local authority priorities. The programme will concentrate on having a 'healthy body, healthy mind' for maximum impact on changing behaviour and for healthy outcomes for residents.

15. Big Bites and Pearly Whites

- 15.1 Big Bites and Pearly Whites is an oral health promotion campaign and research study co-sponsored by Chelsea and Westminster Hospital NHS Foundation Trust (CWFT), City of Westminster and Royal Borough of Kensington and Chelsea councils in collaboration with Public Health England. It aims to raise awareness, knowledge and improve the oral health of children attending CWFT. Since the launch in March 2018 534 families have been recruited to the research study and the target is to reach 800-1000 families in the first year.
- 15.2 Additional funding has been secured from the Hospital Charity to develop promotional material and a dedicated website, with links to advice and a search function to find local child friendly dental services.
- 15.3 This project will also join up with the tackling obesity initiatives and the 0-5 early years work.

16. Health Visiting

- 16.1 The provider of the health visiting service (CLCH) is transforming its approach to work more collaboratively with key stakeholders. This includes co-locating in the children centres and all NHS General Practices having a named health visitor. There have been significant improvements in achieving the mandated contacts which are;
1. 28 weeks pregnancy – with health visitors carrying out a health assessment and additional support will be available to families as needed
 2. 10-14 days after birth the new baby at home after the baby is born, the health and wellbeing and of the parents and baby will be assessed.
 3. 6-8 weeks old - A further assessment on the baby's growth and wellbeing and health of the parent.
 4. 9-12 months old - The one year assessment further reviews the child's development, growth and immunisation status.
 5. 2-2.5 year review - The Ages and Stages Questionnaire (ASQ) identifies specific problems such as behavioural problems and speech and language delays.
- 16.2 The health visiting contract is due to end in September 2019 so planning for the recommissioning of this service has begun. The project board for this includes colleagues from CCGs and Children services. The recommissioning of the service will include developing a model to support a family approach with a concentration on supporting the 0-5 programme.

17. Director of Public Health's Annual Report

- 17.1 The Director of Public Health's Annual Report looks at the health and wellbeing needs of young people, and has included young people in the research.

18. Mental health

- 18.1 The Mental Health and Wellbeing Joint Strategic Needs Assessment (JSNA) continues following July's stakeholder workshop held in July to outline questions for the JSNA.

19. Community Champions

- 19.1 The Community Champions Social Return on Investment Report has been published and can be found at <https://www.jsna.info/document/community-champions>. This reports on the benefits to residents, children, and public services, and values the investment as £5-£6 for every £1 invested. The

main outcomes are in the areas of prevention – prevention of future care need, prevention of early deaths, and prevention of homelessness. Residents saw reduction in weight and waist measurement, increased physical activity, reduction in isolation, increased social cohesion and community safety. Volunteer champions benefited in terms of reduction in anxiety and depression, and increased employability. Demand Westminster Services benefited from reduction in future care needs, through prevention of diabetes and improved wellbeing and social connectedness.

20. Integrated Healthy Lifestyles Service

20.1 Thrive Tribe has been awarded the contract for the Integrated Healthy Lifestyles Service. The service will be working across the bi-borough from January 2019.

The service will aim to meet Public Health Outcomes by:

- Reducing health inequalities
- Helping residents make healthy lifestyle choices in order to prevent early deaths
- Ensure residents find health and wellbeing support easily through digital and community connections

20.2 The Integrated Healthy Lifestyle Service will include one-to-one support work, group sessions and links to other services that will help improve residents' health, including clinical outcomes. The service will link with a digital platform based on Public Health England's 'One You' It will work with Primary Care to encourage referrals from health checks and from GP registers, monitor delivery of the service that takes place in those locations, and make payments to GPs and pharmacies for the face-to face services, Nicotine Replacement Therapy (NRT) and for NHS health checks.

21. Sexual health art installation

21.1 As part of Sexual Health Week, our community sexual and reproductive health provider, Support and Advice on Sexual Health (SASH) commissioned an art installation produced by service users living with HIV. Facilitated by artist Charlotte Newson, the installation sought to raise awareness of HIV, living with the virus and its impacts on mental health. The installation took the form of a small garden, featuring audio of playing residents' experiences of living with the virus, interactive objects and text. As put by one of the participants, "HIV isn't always doom and gloom, it's growth and beauty too. Although at times it might be complicated, our stories are positive."

21.3 SASH has worked with 2,000 residents across the bi-borough in offering a wide range of support from counselling and peer support. Of these 2,000 people, 74% left the services in a positive way and believed their care plan goals had been achieved. During the past year alone 20,000 Westminster residents were screened for Sexually Transmitted Infections and in 2017, 92 residents were diagnosed with HIV. Early diagnosis is vital in getting the necessary treatment and support. At the moment, we have 1647 residents accessing vital HIV treatment.

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Family and People Services Policy & Scrutiny Committee

Date:	15 th October 2018
Classification:	General Release
Title:	Update from Healthwatch Westminster
Report of:	Christine Vigars, Chair, HealthWatch Central West London
Cabinet Member Portfolio	Cabinet Member for Family Services and Public Health
Wards Involved:	All
Policy Context:	All
Report Author and Contact Details:	Carena Rogers – Healthwatch Westminster Carena.Rogers@healthwatchcentralwestlondon.org

1. Executive Summary

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

If you have any queries about this report or wish to inspect any of the Background Papers please contact Carena Rogers

Carena.rogers@healthwatchcentralwestlondon.org

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Healthwatch Central West London Report to Westminster Family and People Services Policy and Scrutiny Committee - October 2018

Mental health support in Westminster

In June 2018 services users contacted Healthwatch and told us about their ongoing problems with accessing mental health support following the closure of the Recovery and Support Service. We wrote to Shazia Ghani, the Strategic Commissioner for mental health in Westminster and Kensington & Chelsea to outline our concerns. This letter was also shared with the policy team in Westminster and is copied here.

In particular, Healthwatch would like to highlight the following concerns for the attention of the scrutiny committee.

Personal Budgets

The model for mental health day provision in Westminster relies on clients having access to Personal Budgets and being able to purchase their own activities to support their mental wellbeing outcomes agreed at assessment. However, the previous RSS clients we spoke to raised a number of issues with this system that means that people are not always able to access the support they need:

The case of not being able to change activities

Lucinda (not her real name) had a Fair Access to Services (FACS) assessment arranged by her transition worker from SHP. A Personal Budget was allocated to her and she chose to spend it on an activity offered by SMART. In June 2017 her three month transition period with SHP came to an end.

A few months later Lucinda decided that she no longer wanted to do the activity offered by SMART and chose to do a craft workshop elsewhere. She contacted SMART to let them know that she would be stopping with them. She arranged the new craft activity at the new centre and waited to hear about her Personal Budget. Two months later someone rang her to say that she will need a new financial assessment. In November 2017 she had the new assessment and then heard nothing.

In January 2018, someone from CNWL rang to say they would chase the admin department to get this sorted. Numerous communications with the CNWL worker followed either by phone or in person and each time she was told that the admin team were still on the case. In April 2018 she was informed that admin have still been paying SMART even though she has not been attending their activity for about nine months and she had informed them of this via an email to the administrator. Two months later she was then told she would need to undergo a new FACS and financial assessment as so much time had now elapsed. To date she is now waiting for the outcome of these assessments.

As a consequence of all this, Lucinda who suffers from severe anxiety disorder has very much struggled with her mental health wellbeing. The way that Personal Budgets are currently set up did not give her the flexibility to seamlessly move from one activity to another. Westminster Council have been paying for a service that has not been used and in doing so, has not supported Lucinda to access the activity of her choice.

The case of non-payment through the Personal Budget system to activity providers

Small businesses and community centres were encouraged by Westminster Council during market shaping activities to develop activities that could support people's mental wellbeing, in particular for former clients of RSS.

One example of this is Art4Space. They offered a mosaic group in Stockwell and six former RSS clients attend this. In the first six months there were long delays to pay the company the activity fees through the Personal Budget system. Clients became worried that workshop would be cancelled. The lead mental health worker of one of the clients followed up on this and payment went through for all six clients.

However, a new contract with Art4Space was arranged in January 2018. The same six people from the RSS signed up. This time three of their Personal Budgets were paid to the company, the other three are still waiting for their payments to go through six months later. Invoices have been sent by Art4Space 11 times in six months.

The delays in the system causes unnecessary anxiety for service users and risks the stability of the companies or providers offering the activities.

The case of the lost Direct Payment card

An SHP client who has both mental health and physical health conditions had a pre-payment card, which he lost. There was no easy way for him to report the situation. His card was subsequently used by someone else to pay for things that he did not use. Meanwhile, the health providers who provide his personal care were asking for payment for support for help with washing and dressing etc but he had no access to money.

The lack of information about how to report a lost direct payment card and then a lack of ease in reporting this situation has caused distress and anxiety for the service user

Service users have been encountering these problems for at least a year and as documented by our report to the Adults Health and Public Protection Policy and Scrutiny Committee in November 2017, in which we highlighted the following:

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

Healthwatch attended the meeting and further outlined the difficulties that people were experiencing following the closure of the Recovery and Support Services in Westminster. At that time there was no Strategic Commissioner for mental health in Westminster and a commitment was given that this situation would be rectified.

Recommendation

That the Family and People Services Policy and Scrutiny Committee undertakes an investigation into the personal budget and direct payment systems in Westminster.

The model of mental health day opportunities in Westminster relies on the Personal Budget system working for both clients and providers. The examples that we have heard and outlined here demonstrate that currently the Personal Budget system is not providing the support that mental health day opportunities service users in Westminster need.

In addition, work is currently being undertaken across Westminster and Kensington and Chelsea to develop the personalised care that people receive. Personal Budgets will be an important part of this offer and it is essential that they work to support service users' wellbeing and independence.

Bayswater Medical Centre - for information

West London CCG informed Healthwatch CWL of a potential merger on 9th July 2018. Bayswater Medical Centre had approached Grand Union Health Centre in June 2018; a merger proposal was submitted and approved subject to patient engagement by the CCG and NHS England. The practice has advised that patient engagement started 6th July running until August 17th.

Three engagement events have taken place - one on each site. Based on questions raised at the events and emails from patients a Frequently Asked Questions has been developed. 7500 letters have been sent to patients and SMS messages to all Bayswater Practice members.

Context:

- a. GP partners are retiring
- b. Private landlord is selling
- c. CQC has inspected Practice every year in the last 4 with the latest (10th May 2018) being a poor outcome that led to it being put in special measure
- d. Merger seems to have been agreed all being it waiting for formality.

Healthwatch contacted the practices and requested information on their engagement and communication plan for the changes. They responded quickly and comprehensively.

Healthwatch Local Committee members have been involved, visiting the practice, and talking to patients and PPG members to capture patient experience. Local Committee members visited the practices, engaged and made recommendations to support patients, for example an easy read version, some language translation, ask the PPG to run an information stall, when appropriate contact the patients' next of kin / carer, use various methods of communication.

The practice responded promptly to the suggestions including a greater breadth of vulnerable patients and a follow up once the engagement period is closed. There have been additional meetings with the PPGS for both practices.

Response from Bayswater PPG is *“the older patients are worried about the location of Grand Union practice from a personal safety point of view There is a flyover close by apparently traffic races along Harrow Road from the Maida Vale direction the drivers feel themselves shielded by the flyover Also many of them will have to take taxis to the practice which they cannot afford Patients are also upset by the refusal of the GPs to sell the practice to buyers who would keep Bayswater Practice Open.”*

What potentially next:

- Local politicians can help by engaging their constituents and share the information at their surgeries.
- GP Practice/WLCCG could share information link with local events including local community centres; i.e. BMC, Grand Union, Stowe Centre, Abbey Centre, Westbourne Park Family centre, Carers Network/Beethoven Centre, Church Street Library/other libraries, other local GP Practices, to ensure that robust engagement and information is provided for the local community and patients especially to mitigate people falling through the nets/cracks with the change of phone numbers, location, etc, that will happen with this change.

Provide a post-support system for people who may still walk there or call the phone numbers of BMC.

SOHO Square GP Practice Enter and View - for information

This 'Enter and View' was carried out over four visits between 25th April - 1st May 2018. We sought to understand the concerns patients raised with Healthwatch over changes to the model of care at the Practice being brought in from autumn of 2017. We set out to determine the level of changes and its impact on patients.

After the Practice lost all of its employed doctors and nurses, we felt that an ‘Enter and View’ would give us a clearer understanding of the quality and safety of care that was being offered and to ensure that patients’ safety remains at the centre of service provision.

In September 2017, LivingCare Medical Services (LCMS) proposed a series of changes to the model of care in Soho Square General Practice. These were intended to be implemented from the 1st of December 2017. The provider had attended the Patients Participation Group (PPG) to inform patients of this proposal which included the following changes:

- An end to the early morning drop-in clinic
- The introduction of a mandatory ‘telephone triage’ for all patients to access the service
- Reduction in doctors’ hours by a third
- Introduction of Advanced Nurse Practitioner (ANP)
- Language Line interpreting system

Healthwatch deemed these changes to be a significant change to service provision and therefore advised that LCMS had a duty to consult patients at the practice under the Health and Social Care Act 2012, Section 14Z2. Healthwatch felt that the provider had failed in engaging with patients and in making arrangements for their involvement in the changes. We were especially concerned about the poor level of communication explaining the changes and the process of implementing them with as little or no disruption to access to services as possible.

Provider response to specific Healthwatch Recommendations

Proposed changes to the service

- a) LivingCare should review how it engages with patients to ensure they are listening effectively to concerns and involving patients in the decision-making process for changes;
- b) LivingCare should explore and listen to patients’ understanding of proposals and the impact it could have on them;

Response [to a&b]: LCMS has been working closely with the PPG to discuss how the service is running and ensuring that we are able to capture all patients voices and feedback in our provision.

- c) LivingCare should work with staff based at Soho Square GP to involve patients in proposed changes to services and to disseminate information to patients.

Response:

- d) LivingCare should ensure that staff working in Soho Square GP are fully informed about changes to services and opportunities to be involved in decision-making.

Response: Changes at the service will need to occur to ensure that it meets the national strategy (GP Five Year Forward View) and we will ensure full 6 week consultation as part of this, by no means will these be as radical as suggested in Autumn 2017. The staff are aware of these such as using a smart phone application to support appointment choice.

Staff recruitment and retention

- a) LivingCare should develop and implement a plan to employ permanent staff, especially healthcare professionals including GPs to improve staff turnover and strengthen patients' faith in their service;

Response: It is important to understand the context of recruiting a GP in London

- b) LivingCare should review how it can more closely reflect the demographics of their registered patients in the staff population, for example by making Cantonese (or other Chinese language) a priority when appointing healthcare professionals, where possible.

Response: Access to care is important to us and at the last PPG discussion around the Chinese community had begun. We need to ensure that we service all needs of our patients and this must be done in an equitable manner.

Patient Participation Group

- a) Practice staff should send out information about PPG meeting to all patients in good time so that they are able to attend meetings.

Response: The PPG information gets sent out within 3 days of the request of the PPG leadership team.

Communication with patients

- a) LivingCare and practice staff should ensure that all patients receive information in the format they will understand;

Response:

- b) LivingCare and practice staff should improve communication with patients by using easy-to-understand plain language to ensure that patients

understand information especially when being transmitted during consultation.

Response:

- c) The Practice should amend its advertised opening hours to reflect the actual times patients can access the service.

Response: Appointments are given on a routine basis. Different staff work at different times.

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12th June 2018

Re: Mental Health Day Opportunities in Westminster

Dear Shazia Ghani

As a local Healthwatch our role is to ensure that local people are actively involved in shaping the health and care services that they use, and that they have a say on decisions about what health and care services are available for them. We also ensure that people have access to information about health and care services in clear, easy to understand, and correct formats so that they are aware of what services are available for them in their local areas.

We are writing to request an update on the changes made to mental health day opportunities in Westminster following the closure of the Recovery and Support Services (RSS) in April 2017.

Please include information on:

- any follow up communication or engagement with former RSS clients on what support or activities are available for them
- monitoring of availability of, and access to, community activities in Westminster
- evaluation of outcomes for mental wellbeing undertaken with former RSS clients in Westminster.

In addition, Healthwatch Central West London has recently been contacted by previous users of the RSS in Westminster. They outlined a number of concerns that they had about the current support available to them. We set out their concerns below, with further requests for information and comment from the Council.

Safe Spaces

Following the closure of the RSS in April 2017, Westminster Council committed to ensure that everyone from RSS would have access to at least one drop in, in the form of Safe Spaces - one in the north at the Beethoven Centre, and one in the

south at the Abbey Community Centre. These have been run by SHP. Service users report that the Safe Spaces were supportive and useful; SHP staff were able and efficient and service users felt comfortable discussing their personal issues with them. The Safe Spaces were a valuable resource for previous clients of the RSS.

However, some service users have reported to Healthwatch that since November 2017 they have no longer got the support they need through the Safe Spaces. They never know which SHP staff will be there and so have not built up strong relationships. They do not feel that the staff have the skills necessary to provide support when needed.

In addition to this change, they are concerned and upset that even the use of the Safe Spaces will be withdrawn from them at the end of June 2018. They were informed about this by letter from SHP - dated 29th May 2018.

This new development is affecting people's mental wellbeing. People have been getting progressively anxious. They now feel that everything is being taken away from them. People have reported having sleepless nights; resorting to self-medication with alcohol; and anxiety. People are angry, upset and fearful for the future.

SHP have informed us that the Safe Spaces were only intended to be a temporary offer and were offered in addition to the transition service set up to support people to find suitable day provision to maintain their mental wellbeing. If this was the case, then it was not communicated clearly to service users.

All previous RSS clients were allocated a Transition Support Worker from SHP for three months. This was a navigator model and this worked well for the three months it was available for. Service users were informed that they would have reviews at six months and 12 months. These follow up reviews have not happened, and some previous RSS clients still do not have regular day opportunities in place. Once the Safe Spaces are no longer available to them they will have no provision.

Healthwatch therefore requests:

- Clarification on the purpose of the Safe Spaces and length of time they were commissioned for
- An assessment of the impact on the mental wellbeing of former RSS clients resulting from the withdrawal of Safe Spaces
- A plan for ensuring that no one is left without any day provision or support

We have written separately to SHP, stating that the length of notice given to former RSS clients about the withdrawal of Safe Spaces from them does not provide enough time for alternatives to be put in place and asking that they consider how they can ease the withdrawal of the service.

Support when experiencing mental ill health

Westminster Commissioners explained to service users in co-design workshops in February and March 2017, that there was an expectation that RSS clients would be allocated a CNWL Care Coordinator or would have a lead mental health professional whilst they had an ongoing secondary care need within the new model for mental health day provision. The service users we spoke to have informed us that this has not been the case. They believe that CNWL are having difficulty recruiting to this role and retaining staff in post. This means that not everyone has a mental health lead professional.

The only route to access mental health support for previous RSS clients without a lead mental health professional is through the duty mental health system within Community Mental Health Teams (CMHTs). We heard about difficulties in getting an appointment with CMHTs, or of having to go to the offices wait for hours. In addition, they are often seen by someone who does not know their history and they then have to explain their situation again - not easy when experiencing worsening mental health conditions.

Healthwatch therefore requests:

- Information on the number of former RSS clients who do not have an allocated Care Co-ordinator or lead mental health professional
- An indication of how Westminster Council intend to work with CNWL to both fill the gaps and provide support for former RSS clients in the interim

Personal budgets

The model for mental health day provision in Westminster relies on clients having access to Personal Budgets and being able to purchase their own activities to support their mental wellbeing outcomes agreed at assessment. However, the previous RSS clients we spoke to raised a number of issues with this system that means that people are not always able to access the support they need. The issues raised are about the administration of Personal Budgets:

The case of not being able to change activities

Lucinda (not her real name) had a Fair Access to Services (FACS) assessment arranged by her transition worker from SHP. A Personal Budget was allocated to her and she chose to spend it on an activity offered by SMART. In June 2017 her three month transition period with SHP came to an end.

A few months later Lucinda decided that she no longer wanted to do the activity offered by SMART and chose to do a craft workshop elsewhere. She contacted SMART to let them know that she would be stopping with them. She arranged the new craft activity at the new centre and waited to hear about her Personal Budget. Two months later someone rang her to say that she will need a new financial assessment. In November 2017 she had the new assessment and then heard nothing.

In January 2018, someone from CNWL rang to say they would chase the admin department to get this sorted. Numerous communications with the CNWL worker followed either by phone or in person and each time she was told that the admin team were still on the case. In April 2018 she was informed that admin have still been paying SMART even though she has not been attending their activity for about nine months and she had informed them of this via an email to the administrator. Two months later she was then told she would need to undergo a new FACS and financial assessment as so much time had now elapsed. To date she is now waiting for the outcome of these assessments.

As a consequence of all this, Lucinda who suffers from severe anxiety disorder has very much struggled with her mental health wellbeing. The way that Personal Budgets are currently set up did not give her the flexibility to seamlessly move from one activity to another. Westminster Council have been paying for a service that has not been used and in doing so, has not supported Lucinda to access the activity of her choice.

The case of non-payment through the Personal Budget system to activity providers

Small businesses and community centres were encouraged by Westminster Council during market shaping activities to develop activities that could support people's mental wellbeing, in particular for former clients of RSS.

One example of this is Art4Space. They offered a mosaic group in Stockwell and six former RSS clients attend this. In the first six months there were long delays to pay the company the activity fees through the Personal Budget system. Clients became worried that workshop would be cancelled. The lead mental health worker of one of the clients followed up on this and payment went through for all six clients.

However, a new contract with Art4Space was arranged in January 2018. The same six people from the RSS signed up. This time three of their Personal Budgets were paid to the company, the other three are still waiting for their payments to go through six months later. Invoices have been sent by Art4Space 11 times in six months.

The model of mental health day opportunities in Westminster relies on the Personal Budget system working for both clients and providers. This example demonstrates that currently this is not the case. The delays in the system causes unnecessary anxiety for service users and risks the stability of the companies or providers offering the activities.

The case of the lost Direct Payment card

An SHP client who has both mental health and physical health conditions had a pre-payment card, which he lost. There was no easy way for him to report the situation. His card was subsequently used by someone else to pay for things that

he did not use. Meanwhile, the health providers who provide his personal care were asking for payment for support for help with washing and dressing etc but he had no access to money.

The lack of information about how to report a lost direct payment card and then a lack of ease in reporting this situation has caused distress and anxiety for the service user

In the light of these examples about Personal Budgets, Healthwatch requests:

- A response to each example that sets out what Westminster Council intends to do to rectify and simplify the Personal Budget system

Community activities and support when mental health is deteriorating

The former RSS clients also raised concerns about whether the staff working in community providers and small businesses had the knowledge and skills to support people whose mental health was deteriorating. We add to this, a concern about whether community providers and small businesses have access to support and assistance when needed.

Therefore, Healthwatch requests:

- Information on the type of support currently available to community providers or small businesses to ensure that they are able to offer safe and supportive activities for people with ongoing mental health conditions.
- Westminster Council considers providing Mental Health First Aid training free to community level providers and small businesses offering activities for mental health service users
- Westminster Council considers offering regular supervision groups and access to telephone support for community level providers or small businesses offering services for mental health service users

We look forward to receiving your responses to our concerns and questions.

Yours Sincerely,

Carena Rogers
Programme Manager

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Family and People Services Policy and Scrutiny Committee

Date:	Monday 15 th October
Classification:	General Release
Title:	Care Home Improvement Programme (CHIP) – Older People’s Nursing and Residential Homes
Report of:	Senior Accountable Officer, Bernie Flaherty, Executive Director of Adult Social Care, and Public Health
Cabinet Member Portfolio	Cllr Heather Acton
Wards Involved:	All
Policy Context:	...
Report Author and Contact Details:	Kevin Gormley – kevin.gormley@rbkc.gov.uk Category Manager, Integrated Commissioning Directorate 07849 078580 Sophie Waters – sophie.waters@rbkc.gov.uk Supplier Relationship Manager, Integrated Commissioning Directorate 07808 879029

1. Executive Summary

- 1.1 Following a request from the Adults, Health and Public Protection Policy and Scrutiny Committee this report is to update the Committee on the status of the Care Home Improvement Programme (CHIP) which has been jointly commissioned by both Adult Social Care (ASC) and Health with funding from the Integrated Better Care Fund (IBCF).
- 1.2 A report submitted to the committee on 31st January 2018 highlighted the intention to commission a Care Home Improvement Programme to support residential and nursing care homes in Westminster (and Kensington & Chelsea). Since the initial Scrutiny committee report the CHIP has been rolled out to older people residential and nursing homes within the borough. The programme was launched to care home providers on 22nd January 2018 and phase one of the programme commenced on 18th March 2018.

2. Key Matters for the Committee’s Consideration

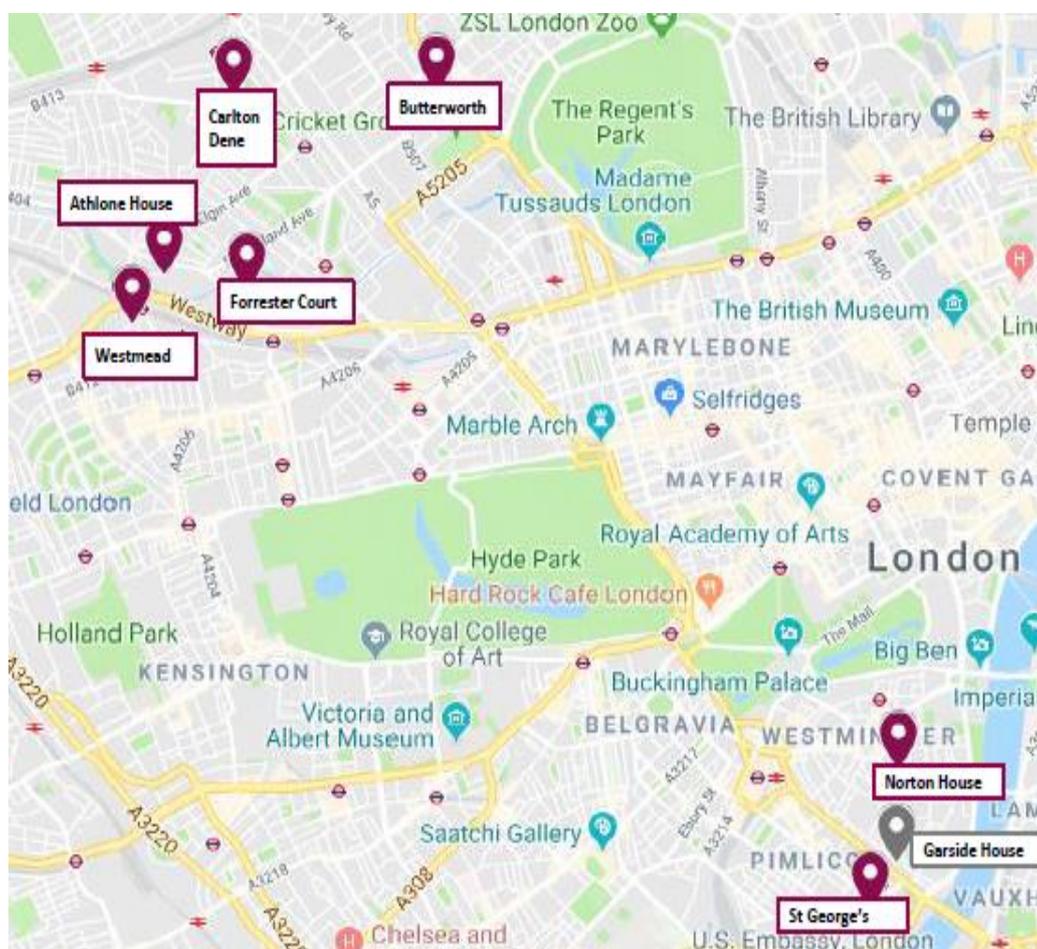
2.1 The table below shows the number of registered residential and nursing care services in Westminster for Older People. Services highlighted in bold are commissioned through block contract agreements by Westminster City Council or jointly commissioned with the Central London CCG.

Table 1

Care home name	Organisation	Registration status	Current CQC Rating	Previous CQC Rating	CQC report published	Registered beds
Forrester Court	Care UK	Nursing/Residential	Good	RI	25/04/2018	113
Westmead	Sanctuary Care	Residential	Good	RI	28/12/2017	42
Carlton Dene	Sanctuary Care	Residential	RI	RI	05/08/2017	42
Athlone House	Sanctuary Care	Nursing CHC	Good	Good	22/05/2018	23
Garside House	Sanctuary Care	Nursing CHC	Good	Good	12/04/2017	40
Norton House	Anchor Trust	Residential	Good	Good	28/02/2017	40
St George’s Nursing Home	Elizabeth McManus	Nursing	Inadequate	RI	30/05/2018	44
Butterworth Centre	Sanctuary Care	Hospitals - Mental Health	RI	N/A	19/10/2017	45
						Total beds - 389

Locations of the services are shown in the map below;

Westminster Older People’s Residential and Nursing Homes



- 2.2 The My Home Life programme commenced on 15th March 2018 and will run to 23rd January 2019.

The Ladder to the Moon Outstanding Activities programme launched on 28th March and will run until June 2019.

- 2.3 In November 2017, the consumer organisation Which? published a report in regards to the Care Quality Commission's (CQC) care home ratings which updated on a previous Independent Age research report (April 2017). Both reports reveal a considerable variation in quality ratings by Local Authority area based on the published ratings as at January 2018. London was found to be one of the best performing areas of the country, with 73% of care homes performing well with ratings of either 'Good' or 'Outstanding'.

- 2.4 However, in response to the independent reports on poor CQC ratings in Westminster, the ASC and Health Joint Executive Team set a key strategic target to improve all care home CQC quality ratings in Westminster to 'Good' or better. Two independent organisations with track records in supporting care homes improve quality and CQC ratings were identified as specialists in the field and were jointly commissioned to submit a business case to deliver a care homes improvement programme.

- 2.5 Preceding the launch of CHIP the status of Westminster Older People's care homes (including one classified as a hospital and two as Continuing Healthcare), was 50% (4) homes are rated as 'Requires Improvement' and 50% (4) homes are rated as 'Good'.

- 2.6 Homes participating in the programme located in Westminster are Forrester Court (Care UK), Carlton Dene (Sanctuary), Westmead (Sanctuary), Butterworth Centre (Sanctuary), Athlone House (Sanctuary), St George's (Independent) and Norton House (Anchor).

Garside House (Sanctuary) withdrew from the programme due to staffing issues. Garside did not have a home manager or activity coordinator at the outset and were unable to identify suitable candidates to participate. Sanctuary Care were made aware that due to the timescales and conditions of the programmes there would not be a suitable opportunity for them to opt back in and it was reluctantly accepted that Garside were not in a position to participate. Officers will continue to work with Sanctuary Care to ensure the learning from other Sanctuary homes participating in the programme is shared through the company to give residents in Garside House an opportunity to benefit from positive cultural changes and outstanding activities too.

- 2.7 St George's Nursing Home received an Inadequate CQC rating following an inspection on 10th April 2018. Since that time there has been a focussed effort by officers to both support the home to improve and to ensure compliance with the agreed improvement plan and after some initial doubts, St George's have now made the financial commitment and are fully signed up to the programme.

Westminster's Quality Assurance team also continue to offer considerable support to St George's and have been visiting weekly to monitor their progress against their action plan to address failings.

There has been input across a wide range of service provision and joint work with the CCG and CQC to ensure consistency of approach and a clear focus on the priority areas for improvement.

3. Background

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

3.2 ASC, CCG commissioners and Healthwatch partners have designed a set of key performance indicators (KPIs) (Appendix one) to measure the outcomes from the programme. Council officers will be monitoring delivery of the programme and performance measures are in place to measure the effectiveness and outcomes of the CHIP. The performance measures have been aligned to the "My Home Life" strategic themes of Personalisation, Navigation and Transformation and include;

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

3.3 **My Home Life** is a national programme that was initiated and established in 2006 by National Care Forum and Help the Aged, and developed from a concerted drive to improve the quality of life of older people in care homes. My Home Life is seen as the voice for quality in the care home sector and provides a vision for practice improvement that integrates knowledge from health, social care and housing.

The My Home Life (MHL) approach has been positively evaluated by independent research in promoting relationship-centred commissioning and community visitor programmes. The MHL approach focuses on the 'Well-Led' CQC key line of enquiry and specifically targets leadership of the care home;

***Well-led:** the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.*

MHL has also been identified as playing a key role in turning around homes perceived to be failing.

In addition, endorsement for MHL is given in;

- the Government White Paper [Caring for our future](#)
- the Local Government Association, NHS Confederation and Age UK [Commission on Dignity](#)
- the Centre for Social Justice [Older Age Review](#)
- the Demos-led [Commission on Residential Care](#)

3.4 The My Home Life programme aims to support Home Managers by offering time to reflect, to develop and undertake a journey of self-development, so they can be inspired to lead cultural change in care homes that will make care for older people more relational, personalised, dignified and compassionate. Their aim is to encourage sustainable transformational change where staff are supported to 'do things differently rather than doing different things'. My Home life has supported 1000 care home managers to date. Managers supported by My Home Life report that they are demonstrating greater leadership and transformational skills leading to positive outcomes for residents, relatives, and staff and a greater understanding of how their own management style can enable culture change in relation to voice, choice, and control for their residents, and that they are building strong relationships with other care homes within their geographical area.

3.5 Additionally, The My Home Life Leadership Support programme captures data on 'the collective journey of the group of managers' in terms of the qualitative outcomes and challenges that the group have achieved over the period of the programme. This data is translated into a confidential report for managers to validate and add to, during the completion meeting of the group in January 2019. To measure change over time, self-reporting measures are used at the beginning and end of the Leadership Support programmes – in particular, the Perception of Workplace Change Schedule (POWCS) which reports perceived changes to themselves or their place of work as a result of the programme has been adapted for the My Home Life programme from work done by Nolan et al [1] and Patterson et al [2]. (Appendix two)

The baseline survey was completed by each participant in March 2018. Once completed, the managers seal the survey in an envelope and sign across the seal so that they know it cannot be opened until the end of the programme (this helps build trust with them). At the end of the programme (Jan 2019), participants will complete the survey again and will be invited to open the sealed envelopes and reflect upon any differences in the way that have answered the questionnaire. The survey data is amalgamated into one spreadsheet and analysed. This aggregate data for the group will be made available in January 2019 for the committee, along with the qualitative report.

3.6 The first six months of the My Home Life programme has seen seven managers from local care homes undergoing an intense four day programme of coaching sessions at the start of the programme, followed by monthly action learning sessions. Aims of the programme;

- To enhance and develop the registered managers' leadership skills.
- Demonstrate to CQC that the care home is 'Well-led' – a key criteria of inspection moving forward.
- Evidence that the manager is receiving on-going professional support – a requirement of the regulator.
- Develop practice which, based upon My Home Life evaluations, can result in improved quality of life for residents, relatives and staff as well as having a positive impact upon the care home business.
- Provide monthly action learning sessions to discuss issues they are experiencing as managers of care homes.
- Provide a forum to ask advice from and share knowledge with other home managers.
- Explore different cultural approaches to managing a care home.

Home managers are taking the learning back from the programme to their homes and are building a strong network with each other. Further value can be achieved by continuing the network after the programme finishes. The Programme will run to 23rd January 2019.

3.7 The committee is asked to note the North West London (NWL) Clinical Commissioning Groups have commissioned a similar care home leadership programme through My Home Life for care home managers. The programme will be delivered to 100 home managers in the NW London geographical area.

Adult Social Care commissioners hold the same aspirations for providing safe high quality care for all customers regardless of the location of the care setting. As Westminster commission a significant number of spot purchased placements in the NW London area, customers of the council should benefit from quality and leadership improvements in these locations too.

3.8 **Ladder to the Moon** supports social care organisations to deliver outstanding care and improve their business performance. Ladder to the Moon aim to achieve their objectives by developing creative climates throughout care services. The organisation is endorsed as a recognised provider by CQC. Ladder to the Moon use approaches that incorporate training, coaching and vibrant events. Ladder involve everyone in the service: leaders and frontline staff, people living with long-term conditions, and the wider community. So far, Ladder to the Moon has supported 13 care services in other areas to achieve '**Outstanding**' CQC ratings.

3.9 The Ladder to the Moon programme aims to support the transformation of services through the delivery of Outstanding Activities and offering bespoke coaching to care home teams. The programme supports managers, deputies and activity coordinator leads to:

- Motivate staff to respond more effectively to the needs and aspirations of older people within their care and therefore deliver wellbeing.
- Influence upwards within their provider group to better support quality.
- Work more effectively with the wider system and local community.
- Create a culture of care which best delivers quality of life for staff, resident and family wellbeing, particularly those at risk of social isolation.
- Create a culture of change whereby all staff, not just activity coordinators, are responsible for delivering outstanding activities through a philosophy of making every interaction meaningful.

The work supports care homes in responding to the CQC requirements of Well-led, Effective and Responsive and demonstrate some of the characteristics of an 'Outstanding' care service.

3.10 The first six months of the Ladder to the Moon programme is showing that 7 care homes located in Westminster are engaged in the project and officers are tracking positive anecdotal and pictorial evidence of the activities delivered in phase one of the Ladder programme. All 7 homes are now progressing onto the second phase of the programme, which will include a bespoke coaching packages for the whole home. Phase 2 focuses on;

- Defining the vision and values of the team and service.
- Identifying and establishing members of a Change Team within the home to provide leadership for the programme and deliver the vision.
- Supporting staff to communicate effectively and build strong relationships.
- Working collaboratively with the community to create and host vibrant events.
- Continuing with the creative monthly activities as designed by Ladder.

Phase two will run until June 2019.

3.11 Anecdotal feedback from CQC inspectors to date has noted positive observations of resident and staff engagement in a different variety of activities than they have seen previously. CQC inspectors for the Westminster area have also given their endorsement and support for the CHIP programme.

3.12 Ladder to the Moon provide the care homes with Creative Activity boxes on a monthly basis to stimulate the delivery of Outstanding Activities. The activity boxes contain props and equipment and instructions to be used to deliver creative activities to residents. Photographic evidence in appendix 3 shows examples of some of the themed activity events delivered in one of the local care homes.

The 'Icon' box contains photographs of famous familiar icons, along with props to recreate a photoshoot event. In the examples included in appendix 3 the committee can observe one of the residents taking control of planning the activity. The resident is seen creating a poster to advertise the event and includes photos from the shoot with residents.

The 'Fine Dining Experience' box contains equipment and ideas on how to put on a special dining experience in a care home for residents. The photographic evidence in appendix 3 shows creation of advertising for the event. The committee are asked to note how care staff are making attempts to include all residents in activities. In the example shown, the resident is unable to join the main activity due to the complexity of his healthcare needs, so the staff took the fine dining experience to him.

NB: Consent has been sought and given by all residents and staff appearing the photographs for this report.

- 3.13 Ladder to the Moon and My Home Life have been asked to present the programme outcomes to members of the Family and People Services Policy and Scrutiny Committee at a future meeting. The presentation can be arranged upon request of the committee.

If you have any queries about this report or wish to inspect any of the background papers please contact report authors;

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APPENDICES:

Appendix 1 – Care Home Improvement Programme

Appendix 2 – Perception of Workplace Change Schedule (POWCS)

Appendix 3 – Ladder to the Moon Pictures

Bi-Borough Care Home Improvement Programme

Quality Standards, Measures, and Sources of Information for Care Homes

Outcome 1: Personalisation

Measure 1a	Links to Evidence	Notes (please add comments to support your return)
% of care plans agreed within 48 hours of admission for permanent admissions– target 100% % of care plans agreed within 24 hours of admission for short stay admissions– target 100%	<ul style="list-style-type: none"> • How is this captured and validated? 	

Measure 1b	Links to Evidence	Notes
% of care plans reviewed in past three months – target 95%	<ul style="list-style-type: none"> • How is this captured and validated? 	

Measure 2	Links to Evidence	Notes
No./% of outcomes in care and support plans which are: <ul style="list-style-type: none"> ➤ fully achieved ➤ partially achieved ➤ not achieved 	<ul style="list-style-type: none"> • How is this captured and validated? 	Providers care and support plans may vary and not capture progress in this way. Please describe here how you measure this and provide estimated % of outcomes achieved.

Measure 3	Sources of information	Notes
Activities delivered in line with person centred outcomes in care and support plan.	<ul style="list-style-type: none"> How is this captured and validated? Where possible residents and relatives should be involved in setting outcomes. 	This may be agreed through annual through photographic evidence

Measure 4	Sources of information	Notes
<p>How many residents are involved in group activities in the home?</p> <p>How many residents are involved in 1:1 activities in the home?</p>		Data on participation will be monitored throughout the programme to capture resident engagement.

Measure 5	Sources of information	Notes
No./% of staff responsible for delivering activities in the home before the care home improvement programme commenced?		Data on delivery will be monitored throughout the programme to capture engagement.

Measure 6	Sources of information	Notes
No./% of residents /relatives feeling that the care home is supporting them to live a good life	<ul style="list-style-type: none"> Residents surveys Verify evidence of questions asked in the provider surveys. 	

Outcome 2: Creating Communities

Measure 1	Sources of information	Notes
No resident/ relative's meetings held with level of engagement evidenced (target to hold meetings 4 per year)	<ul style="list-style-type: none"> Minutes of meetings How do you as a provider act on recommendations and suggestions, e.g. You said, We did 	

Measure 2	Sources of information	Notes
No. of organisations with community connections with care home e.g. SOBUS/ Kensington and Chelsea Social Council, Alzheimer's Society, other local groups/schools	<ul style="list-style-type: none"> Provider- monthly portfolio of evidence 	<ul style="list-style-type: none"> Provider to share evidence of community connections with CQC

Measure 3	Sources of information	Notes
No. of volunteers engaged in/ with the care home	<ul style="list-style-type: none"> Provider data 	

Outcome 3: Asserting Citizenship

Measure 1	Sources of information	Notes
No./% of care home residents registered to vote	<ul style="list-style-type: none"> • Provider data 	

Measure 2	Sources of information	Notes
No./% of care home residents offered access to a library service	<ul style="list-style-type: none"> • Provider data 	

Outcome 4: Managing Transitions “Supporting me to Adjust”.

Measure 1	Sources of information	Notes
No./% of care home residents that have a transition review in the first 4 weeks following admission – target 95%	<ul style="list-style-type: none"> • Named care/key worker • Resident/relative 	<ul style="list-style-type: none"> • How do we know a resident has settled well and happy in the care home

Outcome 5: “Enhance my Health”

Measure 1	Sources of information	Notes
No./% of care home residents with access to the following health and care services: <ul style="list-style-type: none"> • Community Independence Service (CIS) • Rapid Response • Falls Team • Hospices • Tissue Viability Nurses • Dentistry • GP • Podiatry • Chiropody • Pharmacy • Opticians • SALT • OT • Dietician • CMHT • Palliative Care 	<ul style="list-style-type: none"> • Provider data • CLCH data • Medicines reviews 	

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Outcome 6: Support good End of Life Care – “Guide me to the End”

Measure 1	Sources of information	Notes
No./% of residents who are on the EOLC pathway with an Advanced Care Plan – target 95%	<ul style="list-style-type: none"> • Provider data 	

Measure 2	Sources of information	Notes
No/ %. of care home residents dying in preferred place of death (key KPI)	<ul style="list-style-type: none"> • Provider data 	

Measure 3	Sources of information	Notes
No./% of staff trained in Gold Standard (or alternative standards?)	<ul style="list-style-type: none"> • Provider training matrix 	

Measure 4	Sources of information	Notes
Staff support provided e.g. emotional/ counselling support and/or hospice support for staff working with End of Life Care (EOLC) residents	<ul style="list-style-type: none"> • Provider reports • Hospice data 	

Outcome 7: Workforce “Help me to Develop”

Measure 1	Sources of information	Notes
No./% of staff that feel supported to do a good job	<ul style="list-style-type: none"> • Independent staff survey (2-4 times per year). Questions in survey need to be in line with outcomes • Need to review existing staff survey carried out by care homes before the care home improvement programme (CHIP) 	

Measure 2	Sources of information	Notes
<p>No./% of staff enrolled in a recognised management/leadership programme</p> <p>Of those enrolled/completed, what are their current roles in the care home?</p>	<ul style="list-style-type: none"> Provider training matrix 	

Measure 3	Sources of information	Notes
<p>No. of staff leaving employment within the last three months (staff turnover) and no. of staff employed in the home.</p>	<ul style="list-style-type: none"> Provider HR records 	

Measure 4	Sources of information	Notes
<p>No. of staff sickness over past three months</p> <p>No. of staff on certified absence?</p> <p>No. of staff on uncertified absence?</p>	<ul style="list-style-type: none"> Provider HR records 	

Measure 5	Sources of information	Notes
<p>No./% of staffing records completed in NMDS-SC- target 75%?</p>	<ul style="list-style-type: none"> Skills for Care – NMDS- SC 	

Measure 6	Sources of information	Notes
Has your care homes completing the dementia self-assessment tool?	<ul style="list-style-type: none"> Return of dementia self-assessment tool 	

Measure 7	Sources of information	Notes
<p>No./% of staff enrolled/completed a dementia awareness training course</p> <p>No./% of staff enrolled/completed advanced dementia training courses, including working with people who challenge services.</p>	<ul style="list-style-type: none"> Provider training matrix Dignity Champions survey 	

Measure 8	Sources of information	Notes
No./% of staff enrolled on or completed EOLC training – target 95%	<ul style="list-style-type: none"> Provider training matrix Hospice offer take up 	

Measure 9	Sources of information	Notes
<p>No./% of staff enrolled on or completed Equalities and Diversity training;</p> <p>e-learning</p> <p>Face to face</p>	<ul style="list-style-type: none"> Provider training matrix 	

Measure 10	Sources of information	Notes
No./% of staff who identify training needs (through annual appraisal/performance assessment) in order to improve their ability to communicate more effectively with residents.	<ul style="list-style-type: none"> Provider data 	

Outcome 8: “Encourage me to Flourish”

Measure 1	Sources of information	Notes
No./% of care home residents with meaningful activities personalised according to their expressed wishes in their care and support plan	<ul style="list-style-type: none"> Provider portfolio of evidence 	

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Adapted Perception of Workplace Change Schedule (POWCS): Post *(Adjusted for the MY HOME LIFE PROGRAMME from Nolan et al (1998)¹/Patterson et al 2010* **For use with Managers**

Below, are a number of statements about the possible changes to you, or to the place in which you work that may have happened during the last 12 months. Please look at the statements and circle the number that best reflects your opinion.

During the last 12 months:	Decreased a lot	Decreased a little	Stayed about the same	Increased a little	Increased a lot
The sense of personal achievement I get from work has	5	4	3	2	1
The levels of stress I feel has	5	4	3	2	1
My feeling of being valued has	5	4	3	2	2
Staff morale has	5	4	3	2	1
The quality of management and leadership I am able to offer has	5	4	3	2	1
My job satisfaction has	5	4	3	2	1
The quality of my engagement with staff has	5	4	3	2	1
My understanding of how to improve the culture of care has	5	4	3	2	1
My satisfaction with the relationship I have with my line manager/ owner has	5	4	3	2	1
My own quality of life has	5	4	3	2	1
My ability to make sufficient time to support staff has	5	4	3	2	1
The quality of experience for people using this service appears to have	5	4	3	2	1
My leadership & communication skills have	5	4	3	2	1
My confidence as a professional has	5	4	3	2	1
My enthusiasm for working in care homes has	5	4	3	2	1
The quality of interaction between staff and residents has	5	4	3	2	1
The quality of interaction between staff and relatives has	5	4	3	2	1
My confidence in staff's ability to take initiative	5	4	3	2	1

¹ M, Nolan, G, Grant, J.Brown and J. Nolan; Assessing Nurses Work Environment: old Dilemmas, New Solutions Clinical Effectiveness in Nursing (1998) 2, 145-156

During the last 12 months:	Decreased a lot	Decreased a little	Stayed about the same	Increased a little	Increased a lot
has					
Staff sickness levels have	5	4	3	2	1
Staff retention levels have	5	4	3	2	1
The overall level of quality of practice in this care setting has	5	4	3	2	1
My overall feeling of being a positive community for people using this service, relatives and staff has	5	4	3	2	1
Unplanned admissions to hospital appear to have	5	4	3	2	1

Post: Assessment of Work Environment Schedule (AWES)

Adapted for the MY HOME LIFE programme from Nolan et al (1998)²

Thinking about the place in which I work, I feel that	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
I currently get a positive sense of personal achievement from my work	5	4	3	2	1
I play an active role in decision-making about the care of people using this service	5	4	3	2	1
My manager provides space and time to listen to my views	5	4	3	2	1
I can try new ideas without criticism	5	4	3	2	1
I am encouraged to develop my skills	5	4	3	2	1
I typically experience high levels of stress	5	4	3	2	1
I am supported through difficult situations	5	4	3	2	1
I feel valued for the work I do	5	4	3	2	2
There is a positive feeling of morale among staff	5	4	3	2	1
I have a positive relationship with my manager	5	4	3	2	1
The quality of experience for people using this service is positive	5	4	3	2	1
This care setting feels like a positive place to be	5	4	3	2	1

² M, Nolan, G, Grant, J. Brown and J. Nolan; Assessing Nurses Work Environment: old Dilemmas, New Solutions Clinical Effectiveness in Nursing (1998) 2, 145-150







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Family and People Services Policy & Scrutiny Committee

Date:	15 th October 2018
Classification:	General Release
Title:	2018/19 Work Programme and Action Tracker
Report of:	Director of Policy, Performance & Communications
Cabinet Member Portfolio	Cabinet Member for Family Services and Public Health
Wards Involved:	All
Policy Context:	All
Report Author and Contact Details:	Aaron Hardy x 2894 Ahardy1@westminster.gov.uk

1. Executive Summary

1. This report presents the current version of the work programme for 2018/19 and also provides an update on the action tracker.

2. Key Matters for the Committee's Consideration

2.1 The Committee is asked to:

- Review and approve the draft list of suggested items (appendix 1) and prioritise where required
- Note the action tracker (appendix 2)
- Consider establishing one of the proposed task groups (appendices 3 and 4)

3. Changes to the work programme following the last meeting

- 3.1 The committee's last meeting was the first of the municipal year. The work programme was produced taking into account the committee's comments at that meeting.

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

APPENDICES:

Appendix 1- Suggested Work Programme

Appendix 2- Action Tracker

Appendix 3 – Draft People with Mental Health problems Experience of the Criminal Justice System Scoping Document

Appendix 4 – Draft Young People’s Mental Health and Technology Scoping Document

Family and People Services Policy and Scrutiny Committee 2018/19 Work Programme

ROUND ONE 18 JUNE 2018		
Agenda Item	Reasons & objective for item	Represented by
Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Heather Acton – Cabinet Member for Family Services and Public Health

ROUND TWO 15 OCTOBER 2018		
Agenda Item	Reasons & objective for item	Represented by
Cabinet Member Q&A	To receive an update	Councillor Heather Acton – Cabinet Member for Family Services and Public Health
Care Home Improvement Programme	Review the purpose and effectiveness of the care home improvement programme. What does it do, what impact has it had, how has the programme affected service users, are there any ways that the programme could improve?	Bernie Flaherty - Bi-Borough Executive Director of Adult Social Care

ROUND THREE 3 DECEMBER 2018		
Agenda Item	Reasons & objective for item	Represented by
Cabinet Member Q&A	To receive an update.	Councillor Heather Acton – Cabinet Member for Family Services and Public Health
Safeguarding Adults Board Annual Report	To review the annual report of the SAB	
Soho Square Surgery	To review the progress towards addressing points raised by the CQC report into Soho Square Surgery and the lessons learnt from the practice.	Central London CCG

**ROUND FOUR
4 FEBRUARY 2019**

Agenda Item	Reasons & objective for item	Represented by
Cabinet Member Q&A	To receive an update.	Councillor Heather Acton – Cabinet Member for Family Services and Public Health
Thirty hours free childcare	To review the uptake and provision of free childcare in Westminster. Is there enough capacity in Westminster? What is the uptake? How has it affected providers in the city?	Melissa Caslake - Bi Borough Executive Director of Children's Services
Childhood obesity		
Local Children’s Safeguarding Board		
Annual looked after children and care leavers		

**ROUND FIVE
1 APRIL 2019**

Agenda Item	Reasons & objective for item	Represented by
Cabinet Member Q&A	To receive an update.	Councillor Heather Acton – Cabinet Member for Family Services and Public Health
Sexual Health in Westminster		

UNALLOCATED ITEMS

Agenda Item	Reasons & objective for item	Represented by
Technology in care		
Female genital mutilation	Update on FGM project.	
Preparedness for SEND inspection	To review the council's readiness for SEND inspections. What will Ofsted be looking for? Can we learn anything from other	

	inspections that have already taken place? What kind of preparations are the council doing?	
Child sexual exploitation	Update on the project focusing on perpetrators of CSE being run in partnership with Community Safety, Barnardo's and 7 other London local authorities.	
Support for young carers	What support does the council offer to young carers? Can we do more to help them and those they care for?	
Green paper on social care	To understand the impact on Westminster and inform future priorities	
Out of area placements in mental health services	The Government has set a target of ending out-of-area mental health care by 2020/21 but last year almost 6,000 patients in England were sent elsewhere - a rise of almost 40% in two years. How is this affecting Westminster residents, what are the reasons behind this, how we can we improve this and achieve the government's target?	
Support for addicts	Review support for addicts in Westminster. How has the removal of the ring-fenced drug and alcohol budget affected services and outcomes in Westminster? Nationally, interventions have fallen, budgets have fallen by 15%, drug-related deaths are at a record high and hospitals receive over 1m alcohol and drug related admissions a year. Possible focus on services aimed at rough sleepers.	Bi-Borough Director of Public Health

TASK GROUPS

Subject	Reasons & objective	Type
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Mental health patients' experience of the criminal justice system	To understand the experiences people with mental health issues have of the criminal justice system. Is the criminal justice system able to treat people with mental health issues? Are their needs met in a way that enables them to access justice? Are alternative pathways available and utilised?	Task Group (possibly joint with City Management and Public Protection P&S Committee)
Adolescent mental health in the 21 st Century	A review of the effect of technology on the mental health of young people.	Task Group
Community Independence Service	Update on the CIS report published in 2017.	Single member study led by Councillor McAllister
Dementia policy	To contribute to the development of the City Council's first dementia policy.	Task Group
Youth Violence	Review youth violence in the borough and the initiatives to combat it. Could focus on the integrated gangs unit work, what has it achieved? Done in light of funding challenges, is the integrated gangs unit value for money? Should we be pushing for more funding? Are there other ways of delivering the same outcomes? Possible focus on the experience of girls in gangs.	Task Group (possibly joint with City Management and Public Protection P&S Committee)

Family and People Services Policy and Scrutiny Committee Action Tracker

ROUND ONE 18 JUNE 2018		
Agenda Item	Action	Update
Item 3: Minutes	The Committee to receive a leaflet distributed by the CCG to GP Practices regarding new protocols around repeat prescriptions.	In progress
Item 4: Policy and Scrutiny Portfolio Overview	The Committee to receive a leaflet distributed by the CCG to GP Practices regarding new protocols around repeat prescriptions.	In progress
	A briefing to be provided on unaccompanied asylum-seeking children within Westminster. To include information on how age assessments are undertaken.	Completed
	Information to be circulated to the Committee providing updated details on the day services safe space provision provided at the Beethoven Centre.	In progress
Item 5: 2018/19 Work Programme	A list of NHS acronyms relating to the work of the Committee to be circulated to Members.	Completed

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Mental Health and the Criminal Justice System task group scoping paper

<p>Objective(s) <i>Specific, Measurable, Achievable, Realistic</i> Timescale</p>	
<p>Key questions</p>	<p>What are the experiences people with mental health problems have of the criminal justice system? Is the criminal justice system able to treat people with mental health issues? Are their needs met in a way that enables them to access justice? Are alternative pathways available and utilised?</p>
<p>Intended outcomes</p>	<p>To produce a report on the experiences people with mental health problems have of the criminal justice system focusing on:</p> <ol style="list-style-type: none"> 1) How the criminal justice system deals with people with mental health problems; or 2) Are people with mental health problems caught up in the criminal justice system when they should be cared for elsewhere?
<p>Methodology</p>	<p>Evidence gathering sessions Site visits Desktop research</p>
<p>Key witnesses/contacts</p>	<p>Adult Social Care Public Protection The Police HM Tribunals and Court Services Parliamentary Under Secretary of State for Mental Health and Inequalities Healthy London Partnership (re Health Based Places of Safety)</p>
<p>Timescale</p>	<p>To report to the FPS Committee by April 2019 The task group will likely take place over 5-6 sessions involving meetings and other information gathering activities. There may be a mix of evening and daytime sessions.</p>
<p>Notes</p>	<p>New legislative requirements as part of the Mental Health Act in the Policing and Crime Act 2017 (ss 135 and 136)</p>

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Young People's Mental Health and Technology task group scoping paper

Objective(s) <i>Specific, Measurable, Achievable, Realistic</i> <i>Timescale</i>	
Key questions	<p>How are young people in Westminster using technology?</p> <p>What effect (positive, negative and neutral) has that technology had?</p> <p>Are agencies in Westminster equipped to help young people deal with the effect of technology on their lives?</p>
Intended outcomes	To produce a report on the effect that technology has on the mental health of young people in Westminster, including recommendations based on the task group's findings
Methodology	<p>Evidence gathering sessions</p> <p>Workshops with young people</p> <p>Desktop research</p>
Key witnesses/contacts	<p>Children's Services</p> <p>Schools</p> <p>Youth Council</p> <p>Carnegie Centre of Excellence for Mental Health in Schools</p>
Timescale	<p>To report to the FPS Committee by April 2019</p> <p>The task group will likely take place over 5-6 sessions involving meetings and other information gathering activities. There may be a mix of evening and daytime sessions.</p>
Notes	https://www.bera.ac.uk/blog/social-medias-impact-on-children-and-young-peoples-mental-health

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