



City of Westminster

# Committee Agenda

Title: **Adults and Children's Services Policy and Scrutiny Committee**

Meeting Date: **Tuesday 8th September, 2020**

Time: **7.00 pm**

Venue: **Please note that this will be a virtual meeting.**

Members:

<b>Councillors:</b>	<b><u>Elected Voting Representatives</u></b>
Iain Bott (Chairman)	Ryan Nichol, Parent Governor
Margot Bright	Vacant
Nafsika Butler-Thalassis	<b><u>Co-opted Voting Representatives</u></b>
Maggie Carman	Marina Coleman, Roman Catholic Diocesan Representative
Peter Freeman	Vacant
Angela Harvey	<b><u>Non-Voting Co-opted Representatives</u></b>
Eoghain Murphy	Sam Green, Principal, Pimlico Academy
Tim Roca	Vacant

**This will be a virtual meeting and members of the public and press are welcome to follow the meeting and listen to discussion to Part 1 of the Agenda.**

**This meeting will be live streamed and recorded. To access the recording after the meeting please revisit the link.**



**If you require any further information, please contact the Committee Officer, Tristan Fieldsend: Senior Committee and Governance Officer.**

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Corporate Website: [www.westminster.gov.uk](http://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 pecuniary interests or any other significant interest in matters on this agenda.

**3. MINUTES**

To approve the minutes of the meeting held on 15 June 2020.

**(Pages 5 - 10)**

**4. CABINET MEMBER FOR ADULT SOCIAL CARE AND PUBLIC HEALTH - PORTFOLIO UPDATE REPORT**

Update to the Committee on current and forthcoming issues in this portfolio.

**(Pages 11 - 16)**

**5. CABINET MEMBER FOR CHILDREN'S SERVICES - PORTFOLIO UPDATE REPORT**

Update to the Committee on current and forthcoming issues in this portfolio.

**(Pages 17 - 22)**

**6. PROPOSED NORTH WEST LONDON CCG MERGER**

To receive a consultation document from North West London collaboration of CCGs which outlines the proposal to merge the eight CCGs in the North West London Integrated Care System into one CCG.

**(Pages 23 - 38)**

**7. COVID-19 SUPPORT TO ADULT SOCIAL CARE PROVIDERS**

The Committee to receive an update on COVID-19 support to Adult Social Care providers.

**(Pages 39 - 44)**

**8. MATCHING PROCESS FOR ADOLESCENTS IN CARE**

**(Pages 45 - 52)**

To receive a paper outlining Westminster Children's Service's matching process for adolescents in care.

**9. 2020/21 WORK PROGRAMME AND ACTION TRACKER**

**(Pages 53 - 60)**

To consider topics for the 2020/21 work programme and note the Committee's action tracker.

**10. REPORTS OF ANY URGENCY SAFEGUARDING REPORTS**

Verbal Update (if any).

**11. ANY OTHER BUSINESS**

To consider any business which the Chairman considers urgent.

**Stuart Love  
Chief Executive  
28 August 2020**

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CITY OF WESTMINSTER

## MINUTES

### Adults and Children's Services Policy & Scrutiny Committee

#### MINUTES OF PROCEEDINGS

Minutes of a virtual meeting of the **Adults and Children's Services Policy & Scrutiny Committee** held on **Monday 15 June 2020**.

**Members Present:** Councillors Iain Bott (Chairman), Margot Bright, Nafsika Butler-Thalassis, Maggie Carman, Angela Harvey, Eoghain Murphy and Tim Roca

**Co-opted Members:** Ryan Nicol

**Also Present:** Councillor Tim Mitchell (Cabinet Member for Adult Social Care and Public Health) and Councillor Tim Barnes (Cabinet Member for Children's Services)

#### 1. MEMBERSHIP

- 1.1 Apologies for absence were received from Councillor Peter Freeman and co-opted members Marina Coleman, Sam Green and Miles Ridley.

#### 2. DECLARATIONS OF INTEREST

- 2.1 There were no declarations of interest.

#### 3. MINUTES

##### RESOLVED:

- 3.1 That the Minutes of the Adults and Children's Services Policy and Scrutiny Committee meeting held on 16 April 2020 be approved.

#### **4. CABINET MEMBER FOR ADULT SOCIAL SERVICES AND PUBLIC HEALTH – UPDATE**

4.1 Councillor Tim Mitchell provided a briefing on key issues within his portfolio relating to the Covid-19 pandemic and the Committee held detailed discussions on the following topics:

- Cases within Westminster – The Committee was updated on the number of Covid-19 cases reported in Westminster and the resulting mortality rate.
- Care Homes and Care Providers – It was explained that an incident management plan had been implemented for those people classified as vulnerable or sheltering in order to mitigate against the impact of the pandemic. All care homes had also been engaged with on a daily basis to assess the health of residents and staff and ensure there was adequate provision of care and equipment for both. The Committee noted that staffing levels at care homes remained in excess of 95% and in terms of domiciliary care, families and volunteers had been working to ensure adequate care was provided. It was confirmed that since 6 March 2020 all care homes had been requested to shelter with no non-essential visitors permitted from 9 March 2020. The Council had been working closely with all care homes to look at measures to control and limit the spread of the virus. The domiciliary support sector had also been identified as vulnerable and this area had been carefully liaised with to help provide PPE equipment and other services as necessary. A review process would be initiated following the pandemic and this would analyse areas of success and weakness in the response provided and learn lessons for the future. The Committee requested a note following the meeting providing details on the number of care home deaths in Westminster related to Covid-19 including subsequent hospital deaths.
- Test, Track and Trace – This was a Government introduced initiative where the Council would be responsible for implementing a plan by the end of June 2020 setting out details on preparations for dealing with local outbreaks and supporting those classified as vulnerable. Care home residents and staff had all been provided with testing and regular fortnightly testing would be implemented in conjunction with the North West London CCG.
- Recovery Planning – A thorough review process would be carried out across all areas in order to examine the impact of the virus and the response provided with a particular focus on why the BAME community had been disproportionately affected. The Council’s Health and Wellbeing Board mechanism would be used to lead this analysis in conjunction with health partners and the voluntary sector.
- Other Developments – It was confirmed that work had begun on the Beachcroft Care Home and its first residents were expected in September 2020. Also, a

paper had recently been published by NHS London on a proposed organisational restructure of the CCG structure. The Council was currently lobbying for future CCGs to be in line with borough boundaries so that only one CCG would cover the Westminster and Kensington and Chelsea area therefore simplifying the structure.

- 4.2 The Chair expressed the Committee's thanks to all those involved in the response to the Covid-19 pandemic for their efforts and hard work in extremely challenging circumstances.

## **5. CABINET MEMBER FOR CHILDREN'S SERVICES – UPDATE**

- 5.1 Councillor Tim Barnes provided a briefing on key issues within his portfolio and the Committee held detailed discussions on the following topics:

- Covid-19 Response – Council services had been quickly transferred to digital platforms, with most staff working from home and staffing levels of over 90% having been maintained. Councillor Tim Barnes expressed his thanks to all staff involved including Sarah Newman, Executive Director of Children's Services and her team, for all their hard work undertaken in extraordinary circumstances. During the main lockdown period most schools remained open throughout for vulnerable children, children with special educational needs and those children whose parents were key workers. Regular contact was maintained with all schools, teachers and unions throughout to address any issues and ensure they had adequate PPE.
- SEND – Two months ago OFSTED had undertaken an inspection of the SEND provision within Westminster and whilst no particular rating was provided for these inspections the letter from OFSTED was very positive. Councillor Barnes expressed his thanks to all those involved in this significant achievement.
- School Extended Openings – Schools were still not permitted to fully reopen; approximately 1,500 pupils were currently attending school which was about 20-25% of those eligible to attend. This was below the national average but in line with other London borough due to concerns relating to such things as travelling on public transport. It remained the Government's aspiration to ensure all children returned to school by September 2020. This would create some challenges, particularly around enforcing social distancing for the full capacity of pupils at Secondary Schools. Discussions with the schools continued about how to achieve this. Support was already being provided in terms of health and safety assessments, and implementing measures to be 'Covid Secure' – for example staggering start times and supporting teachers who had to use public transport to get to work. Work continued on how to support schools both through physical measures and implementing potential timetable changes.

- Education at Home – Extensive support had been provided to schools to deliver classes virtually. Concern had been raised about the impact the lack of school attendance would have on disadvantaged families. In response the Council supplied 135 laptops to those families who did not own one and this scheme was being further extended in conjunction with the DfE to provide a further 606 devices to support pupils learning from home. There was a variation in the level of support schools were providing to children in terms of style and approach. All schools were contacted regularly to help and support them teaching children at home and the provision provided had been monitored and feedback given, including sharing best practice. In relation to children spending more time in their homes it was expected that there would be an increase in rates of domestic abuse but currently no increase had been observed. A public awareness campaign has been delivered so that families know what support was available and how to access it.
- Free School Meals – Presently there was no plan to extend free school meals into the summer as this offer pre-Covid-19 had only been offered during school term times. However, if significant levels of schooling were to take place during the summer the initiative would be continued into this period. A note would be provided to the Committee following the meeting providing an update on the issue of children going hungry over the summer holiday period.
- Social Care – The Council had continued to provide support to vulnerable children and families, including direct visits where necessary. Referrals to social care were expected to rise as more children returned to school
- Youth Hubs – All five Youth Hubs remained open providing vital services with many services now also being offered online. City Lions had provided activities over the Easter period and this would be extended into the summer allowing young people to engage in cultural activities in Westminster. Youth Clubs had experienced a drop in funding due to the pandemic and talks would be undertaken with any clubs experiencing issues to ensure there was no long term drop in funding.

5.2 The Chair expressed the Committee’s thanks to the Cabinet Member and all those involved in the response to the Covid-19 pandemic for their efforts and hard work in extremely challenging circumstances.

## 6 **REVIEW OF PROPORTIONALITY ON THE ADULT’S AND CHILDREN’S SERVICES POLICY AND SCRUTINY URGENCY SUB-COMMITTEE**

6.1 The Committee reviewed the proportional division of seats on the Sub-Committee and its membership.



**RESOLVED:**

- 1) That the proportional division of seats on the Urgency Sub-Committee as set out in the report be confirmed; and
- 2) That the membership on the Urgency Sub-committee as set out in the report be confirmed.

**7 REPORTS OF ANY URGENT SAFEGUARDING ISSUES**

7.1 The Chairman advised there was nothing to report.

The Meeting ended at 8:38pm.

CHAIRMAN: \_\_\_\_\_

DATE: \_\_\_\_\_

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## Adults and Children's Services Policy & Scrutiny Committee

### Cabinet Member Update

**Date:** 8 September 2020

**Briefing of:** Councillor Tim Mitchell, Cabinet Member for Adult Social Care and Public Health

**Briefing Author and Contact Details:** Charlie Hawken  
[chawken@westminster.gov.uk](mailto:chawken@westminster.gov.uk)

#### 1. COVID-19 Update

As of 26th August, 923 Westminster residents have tested positive for COVID-19.

Local Authorities have a significant role in supporting the UK Government's COVID-19 pandemic response including developing local Outbreak Control Plans and responding to Covid-based inequalities as well as shaping recovery strategy. Westminster's Outbreak Control Plan was published on 30th June 2020. The Plan identifies how the authority is supporting the national Test and Trace programme using local data and knowledge to profile the spread of COVID-19 in the borough, and to prevent and manage outbreaks and clusters in Westminster.

Operational teams have continued to support delivery of services to residents during COVID-19. Ways of working have adapted including the use of Personal Protective Equipment (PPE) in line with Public Health England Guidance when undertaking face to face visits. Teams are also completing assessments and reviews on the phone or via video calls where appropriate to ensure the most vulnerable are kept safe.

Adult Social Care is seeing a slight increase in the number of hoarding and self-neglect cases due to the lockdown and continues to work in partnership with Environmental Health and Housing on these cases. This is using the Self Neglect and Hoarding Protocols that were developed to ensure effective working between the different Council departments.

Our hospital social work teams have worked in partnership with Imperial Trust, Central London Community Health Care and North West London CCG's to create Discharge Hubs on site across the 3 hospital sites, St Mary's, Chelsea & Westminster and Charing Cross Hospital. The purpose of the hubs was to ensure

safe effective discharges of residents from hospital, ensuring that residents had to the correct support to return to their own homes. An Adult Social Care Staff presence remained on site at all 3 hospital sites throughout the pandemic to support the Discharge Hubs, ensuring new and innovative way of using existing resources were developed and to ensure that residents were safely and effectively supported to be discharged from hospital.

## **2. Recovery**

There is ongoing work to ensure that vulnerable service users continue to be supported by Adult Social Care Work. This has included a project to contact all past and present users of the Visual Impairment Service to ensure that they are managing and to provide any additional support where required.

The ongoing monitoring of Care Homes is continuing but ensuring that social distancing is maintained. This includes conversations outside in gardens and over video calls utilising the iPads that were distributed to Care Homes at the start of the pandemic. These have been used to help residents maintain contact with their relatives when the homes were cocooned.

The improved Better Care Fund (iBCF) includes winter pressure funding and work is being completed on the Winter Pressures Planning to ensure that Adult Social Care can deal with increased pressures. This includes the general seasonal increases in demand, but also has anticipated a potential second wave of Covid-19 along with season flu.

## **3. Operational issues**

### **Beachcroft House**

Beachcroft House is an 84 bedded dual registered care home, developed by Westminster Council. It is set to replace two existing, nearby care homes, Carlton Dene and Westmead, which have come to the end of their use as buildings suitable for providing care. Residents of both homes have been given the option to move into Beachcroft House, or elsewhere should they choose, and all but one have chosen to move to the new care home. Consultation and engagement with residents, their families and loved ones have been very positive and feedback indicates a positive outlook and excitement about the move.

The transition period will last three- to four weeks, starting from the middle of September. Throughout this period the provision of care will be delivered by the existing staff who work at Carlton Dene and Westmead, with procurement of a long-term care organisation taking place in Autumn 2020, to start from Spring 2021. Detailed plans are in place for managing or adjusting the transition period in the light of any positive cases of COVID-19 before or during the transition period, informed by advice from Public Health.

Following the opening of Beachcroft House, the sites for Carlton Dene and Westmead are due to be redeveloped. The former is due to include a 65-bed extra care housing scheme for older people, as well as an increased number of affordable housing. The Westmead site is also scheduled for redevelopment as part of the housing development programme.

### **North West London Integrated Care Systems**

North West London (NWL) is undertaking a consultation on the development of a single Integrated Care Systems (ICS) covering the five north west London CCGs.

The Council has welcomed the opportunity to contribute to the consultation and assurances have been given by NWL ICS to listen and ensure close collaborative working. They also recognise that the impact of the Covid-19 pandemic is going to place significant pressures on the financial and operational performance of our local Health and Social Care Systems.

As the detail of the new NWL ICS develops we will keep residents and our stakeholders updated through the Health and Wellbeing Board and other forums.

### **Gordon Hospital Consultation**

The Gordon Hospital is a 55-bed acute in-patient mental health hospital located on Vauxhall Bridge Road managed by Central North West London (CNWL) NHS Trust. In March 2020, CNWL temporarily closed the Gordon Hospital as a key part of their COVID-19 response. CNWL presented a briefing to the July Health and Wellbeing Board to consult on the permanent closure of the hospital.

The reasons for the closure include the inpatient wards not complying with standards around physical environments for care such as no en-suite facilities along with the general layout that has posed long-standing challenges, particularly around safety for patients, the public and staff. Strategically, CNWL consider this proposal as part of the NHS Long Term Plan to support people at home and shift of care from inpatient to community-based settings where clinically possible.

Across London, CNWL has reduced its bed base across and this has provided challenges locally with no local Mental Health inpatient provision. This temporary closure of the Gordon resulted in long delays in finding beds and with some Westminster patients being admitted to units in outer London.

### **Mental Health - Transformation**

CNWL Westminster received transformational funding through NHS England as an early implementer site of a new model of care for the provision of community mental health care to develop Community Mental Health Hubs.

This transformation programme will change the shape, structure and nature of the service and radically transform local Mental Health services moving them much closer to GP primary care networks through development of two Community Mental Health Hubs. The transformation of local services is welcome, and the local authority is working in partnership to strengthen its social care offer to residents.

## **Immunisations**

Nationally COVID-19 has disrupted childhood immunisation programme delivery. There has been lower service utilisation and some reductions in vaccine uptake. There has also been a reduction in the incidence of some vaccine preventable diseases due to social distancing but many are still circulating for example pertussis (whooping cough). The consequence is that there is an increased pool of individuals who are susceptible to vaccine preventable disease.

Whilst COVID-19 appears to have had a marked negative impact on the uptake of childhood immunisations in other London boroughs, early indications are that this may not be as severe for Westminster.

Uptake of childhood immunisations remains below the 95% uptake required for herd immunity and the Local Immunisation Implementation Group, led and Chaired by Public Health, continue to work with partners including NHS England, the local CCGs and other organisations to maximise uptake.

A targeted communications plan is in place, and local authority commissioned services such as health visiting and the school health service are actively encouraging uptake although they are not directly commissioned to provide / deliver immunisations. Public Health are currently developing a school aged health strategy (5-19yrs) and one of the 6 priorities will be immunisations.

## **Flu**

In light of the risk of flu and COVID-19 co-circulating this winter, the national flu immunisation programme will be absolutely essential to protecting vulnerable people and supporting the resilience of the health and care system. This is due to both the risk of a second wave of coronavirus, and to relieve winter pressures on A&E and emergency care.

The main ask for the 2020 campaign is that anyone who is at risk of being affected by the flu, or affecting someone else who is vulnerable, is vaccinated this autumn. This year, the free flu vaccine will be available to:

- People who have been shielding and members of their household
- All school year groups up to and including year 7

- 50 to 64 year olds who will be invited later in the season – the NHS will contact people directly once vaccination of the most ‘at risk’ groups is underway
- People aged over 65, pregnant women, those with pre-existing health conditions

For this year’s residents facing campaign, we are proposing to adopt national messaging, resources and assets, alongside producing localised materials to engage and support our diverse communities. For staff, a voucher scheme will be in place with frontline staff prioritised.

### **Change4Life**

Since 2019 the whole-system ‘Change4Life Programme’ has been delivering evidence-based initiatives to tackle childhood obesity in Westminster focusing on promoting healthy weight and the wider wellbeing of children, young people (CYP) and families.

The summer campaign called Naturally Active supporting families to be physically active utilising their local environment and green spaces. It also ensured messaging consistently reminded families about social distancing while being active outdoors and responded to families’ anxiety to leave the house and low levels of physical activities due to the lockdown.

The Change4Life grant scheme launched in July 2020 and facilitates community-led initiatives, focused on more deprived areas, promoting physical activity. So far, 5 grants of up to £1000 have been awarded to organisations that work with children, young people and families in Westminster to deliver activities that link to the Naturally Active campaign and help children, young people and families be physically active outdoors this summer.

On 1st July 2020 the Change4Life Service launched, a key component of the wider Change4Life programme, which will deliver a range of new and exciting services supporting children, young people and families to lead healthier and happier lives. Family Action who are partnering with two sub-contractors, London Sports Trust and Health Education Partnership, have been awarded the contract to deliver the service. During this implementation phase the service is adapting its digital offer as well as utilising the latest information to ensure an inclusive offer.

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## Adults and Children's Services Policy & Scrutiny Committee

### Cabinet Member Update

**Date:** 8 September 2020

**Briefing of:** Councillor Tim Barnes, Cabinet Member for Children's Services

**Briefing Author and Contact Details:** Charlie Hawken  
[chawken@westminster.gov.uk](mailto:chawken@westminster.gov.uk)

#### 1 **CORONAVIRUS (COVID-19): RESPONDING TO CHILDREN'S EVOLVING NEEDS**

1.1 This year has seen some unprecedented challenges to us as a country and this has implications on the way we deliver our services. We are working tirelessly to support our vulnerable children during these difficult circumstances. Since our last report for P&S Committee in mid-June, we have continued to work in innovative ways for our young people and families:

1.2 Work to support children returning to school this September is a priority:

- Attendance levels for eligible primary children reached 36% during July before the summer holidays compared to a national average for the same period of 28%.
- We are supporting all schools to have the required Public Health protective and response measures and plans, ahead of children returning to school in September.
- We have helped schools to access additional tutoring support and catch-up funding. This will help to assess starting points and address gaps in knowledge and skills.
- We are supporting schools to return to full on-site delivery and extra-curricular provision for all children, including those with SEN. The emphasis is on pupil well-being.
- We are supporting families and children with their attendance and return to school. We are communicating with and providing reassurance and support to our most anxious children and families, particularly those with an EHCP and children with existing attendance concerns. We have also launched the ['Back to School'](#) campaign.

- We are continuing to provide access to online education platforms and work packs as part of a broader blended learning approach.
- We continue to review and advise on schools' risk assessments as these are updated and shared.
- We have established a programme of professional development and support for school leaders to focus on relevant areas of leadership and curriculum in helping with the management of the current context.

1.3 There has been wider work to support parents, young people at risk and to monitor Covid19 outbreaks:

- Our Integrated Gangs and Exploitation Unit adapted its model throughout lockdown by engaging with young people with online employment coaching, and visiting young people known to them around Westminster during 'ride-outs'. Over 50 community members also recently participated in an online conversation to understand and address concerns about violence.
- We are coordinating with Public Health daily to monitor outbreaks in settings and provide support and guidance when necessary.
- Our parenting offer to families has continued to develop and is now delivered online. Many sessions are offered in the evening.
- We are also testing the introduction of some online parenting courses for parents to complete on their own at home with regular follow up from an Early Help Practitioner; this is with Triple P 0-12 or Teen Online and the Freedom on-line programme. The Building Relationships for Stronger Families sessions (funded by DWP) continue to be delivered by Tavistock Relationships and, like us, they are providing these programmes remotely.

## 2 RECOVERY

2.1 Since July, a work programme has been established to coordinate recovery activity across children's services. The main work areas include:

2.2 **Engaging teams on future delivery plans:** A series of initial online workshops with teams is underway. The objectives of these sessions are to provide structured time for teams to capture and reflect on the achievements since the Covid-19 outbreak, consider the challenges ahead, and to generate ideas for changes to service models to become even more resilient. A key theme emerging is that delivering services digitally can work very well in some circumstances, but it is a mixed picture and therefore a blended service model of digital and face to face is required. These are initial idea sessions and our priority for the next three months is to refine the ideas and develop tangible actions. Collaborating with children, young people, families and partners will be essential to the development of many of these actions. Another key part of the future delivery planning, due to start in September, is thematic enquiries into cross-cutting areas. This will include rapid improvement work into developing a resilient and confident workforce, strengthening our partnership working in systemic practice, progressing anti-racist and anti-discriminatory practices, and delivering services for greater value for money.

2.3 **Activity based costing and user insight:** We have gathered feedback on the impact of different delivery models during lockdown. For example, 41 in depth interviews were undertaken in May with families through the pre-birth to five system transformation programme. We asked families about their experiences of virtual service delivery during Covid-19, many of which were positive. Building on insights gained from our work with the Design Council last summer, we are using the findings to inform future service delivery. For instance, we are recommending introducing a choice of digital offers for Universal families at later stages of the programme. An approach to financial modelling across children's services has been developed and agreed. This activity-based costing will quantify the impact of technological changes to delivery models, which can then be translated into savings options for children's services to consider.

2.4 **Service plans for a return to office working:** Applying learning from lockdown and an understanding of covid-19 secure buildings, we are developing a coherent approach to how we work and where. Colleagues across teams are working together to develop our own directorate ambitions focused on community presence and agile use of space. We have begun asset mapping to understand what spaces might be available to us. Over the next month we are undertaking detailed planning work on a service by service basis, collaborating with colleagues to identify how staff can return to more office-based presence, where appropriate, and the steps that are needed to get there.

### 3 CITY FOR ALL PRIORITIES

3.1 We have recently framed a delivery plan for our City for All commitments. The plan outlines the benefits, measures and key milestones for our commitments. It will enable Member and ELT oversight of progress and delivery. In our delivery plan, our City for All Children's Services commitments for this year are:

- *Keep children at the centre of everything we do – they are our future.*
  - We will put children at the centre of everything we do- connecting services across the Council and our partner agencies to deliver the best services for our children, creating ambitious opportunities that allow all our children to achieve their potential.
- *Transform our Pre-Birth to Five Programme*
  - We will transform our pre-birth to five programme to ensure those children with the highest level of need have access to the best support in the early years.
- *Ensure all our children can access our excellent schools which celebrate the diversity of our communities and promote inclusion.*
- *Ensure our offer is effective in engaging young people in positive activities*
  - Ensure our offer is effective in engaging them in positive activities and supporting them to resist involvement in crime and offending.

- *Improve our local offer for children with special needs or disabilities*
  - Provide the very best support for our families who are caring for a child with a disability, facilitating services that they say matter to them and ensuring there is a choice.
- *Adopt a whole system approach to ensuring our communities stay healthy*
  - Ensure adults and children at every age can stay healthy by easily accessing everything our community has to offer through enhancing our partnership approach to education and healthcare with agencies, including voluntary sector organisations, physical activity, leisure and sport, libraries, GP surgeries and other care professionals.
- *Provide services that enhance emotional wellbeing and support mental health*
  - Strengthening emotional wellbeing and mental health support through a range of projects and seeking to extend offer 18-24.

#### 4 OPERATIONAL UPDATES

- 4.1 We have seen a **reduction of referrals** to social care by approximately 30%. We have launched a public awareness campaign to alert people to child protection concerns and how to report them.
- 4.2 **Community health services** have not been delivering a face to face offer in the usual way across universal services and health referrals were down by 33% in Q1 of 2020 compared to Q1 of 2019.
- 4.3 We are working with schools to understand and address **falling pupil admission** numbers in primary schools and ensure transparent/ consistent budget reporting. We have also launched a public awareness campaign, '[Back to School](#)', to get children back to school in September.
- 4.4 **Ofsted will conduct visits** to schools during the autumn term to build a national picture of how education is recovering. At school level, the visits will be based around a series of collaborative conversations between school leaders and Her Majesty's Inspectors (HMI) about the actions leaders are taking and any barriers that they are facing in returning pupils to a full education. There will be no graded judgements. A small number of pilot visits (15 across London) will be carried out during the week beginning 14th September to help Ofsted to ensure that inspectors focus on the right aspects of schools' work during the visits and will be vital in getting the methodology right.
- 4.5 There has been a high level of media interest in the **recent arrivals of refugees** crossing the channel. Despite a reduction of arrivals of unaccompanied minors arriving in Westminster during 'lockdown', we are now seeing high numbers of new arrivals. We have had 14 new young men in the last 4 weeks and are working closely with them to ensure their needs are met and they get the right support. This does understandably create a pressure on placement resources; however, we have been able to place these young men appropriately and

continue to work closely with the Home Office and partners to meet these demands.

- 4.6 Our three **Family Hubs continue to develop**, and all now have a Family Navigator. This is a role that was tested in the south and has recently been rolled out to the two new hubs in the NE and NW. The Family Navigator is linked to schools and GP practices in the local area, acting as a bridge to help these providers support families into the services needed as early as possible and then coordinating the network around the family.
- 4.7 The **Short Breaks Summer Holiday Programme** has been successful and heavily subscribed as a result of ensuring our capacity has not been affected. Usually during summer, we have 25 children and young people per day at our centres, however, we redeveloped this offer in response to the pandemic offering smaller sessions but across multiple sites (using youth clubs, schools, and children's centres some of which aren't currently operating). This meant each child or young person was able to attend 2 full days a week for each of the four weeks of August.
- 4.8 **A level results:** The latest data shows that:
- The new assessments have brought about a marked increase in the performance across all the grade boundaries for schools.
  - For all the schools this has resulted in their A level performance being above their 2019 in most of the grade boundaries.

We are still following up the gaps in the data and will be updating when we have this additional data.

- 4.9 **GCSE results:** We now have results for all schools. There are some gaps in some areas of the data but we are able to ascertain the provisional borough averages for pass grades in English and mathematics. Initial observations:
- For English and maths passes: grade 4-9 - the rate went up 8 percentage points to 83% and for 5-9 it went up 10 percentage points to 63%. These averages are again likely to be well above national averages and are very good.
  - Progress 8 and Attainment 8 performance measures: outcomes from the data shared so far is positive and for most schools scores increased, although there were dips in attainment 8 outcomes at King Solomon Academy and St Marylebone C of E Academy.

## 5 LIBRARIES

Following Government guidelines libraries reopened with social distancing measures in place. Face covering is mandatory for visitors and hand sanitisers and hygiene supplies are also provided. All libraries have a cleaner on site to clean PCs after each use. A security guard is also on site to help

staff encourage customers to observe social distancing. Paddington Children's library remains closed.

The Home Library Service which provides elderly and vulnerable residents who are unable to leave their home with reading materials continues to deliver services. The service was extended to include children who have little or no access to reading materials with books to encourage reading and maintain their reading levels.

A virtual library via social media channels continues with content including videos, learning resources, virtual book groups, reading recommendations, information about health and wellbeing and sessions for children. Customers can also access the e-resources which shows a positive increase in usage since since lockdown began with eBooks up 73%, eAudio up 62.1%, eMag up 57.1% and eNews up 93.8%.

## **6 REGISTRATION SERVICES**

A full birth registration service resumed on 1 July and to date 1872 births have been registered double the number from the same period in 2019. All parents of babies born during the lockdown period have been offered appointments. In addition parents of babies born outside Westminster but who reside in Westminster, have been offered opportunities to register the birth via declaration by Westminster Registrars.

Death registrations continue to be completed via telephone. Marriage and civil partnership ceremonies resumed on 4 July with numbers restricted to a maximum of 30 including the registrars to enable socially distancing and attendees are required to wear face masks. Over 200 ceremonies have been conducted to date, including at licensed venues in Westminster. The temporary cessation of ceremonies has resulted in high levels of enquiries from couples all over the country, who had planned their ceremony with Westminster. Significant resources have been dedicated to contacting everyone offering them support in finding suitable alternatives. Old Marylebone Town Hall has a large ceremony room with a capacity of 100, which is being used to allow the maximum number of socially distanced attendees of 30.

Private Citizenship ceremonies resumed on 27 June and following guidance on socially distanced ceremonies Group Citizenship ceremonies resumed on 19 August. Certificate services resumed on 24 August.



## Adults' and Children's Services Policy and Scrutiny Committee

<b>Date:</b>	8 September 2020
<b>Classification:</b>	General Release
<b>Title:</b>	The Case for Change for a Single NW London CCG
<b>Report of:</b>	North West London Collaboration of CCGs
<b>Cabinet Member Portfolio</b>	Councillor Tim Mitchell
<b>Wards Involved:</b>	All
<b>Policy Context:</b>	Proposed NWL CCG merger
<b>Report Author and Contact Details:</b>	<b>Lizzie Barrett</b> <a href="mailto:ebarrett@westminster.gov.uk">ebarrett@westminster.gov.uk</a>

### 1. Executive Summary

The consultation document from North West London collaboration of CCGs outlines the proposal to merge the eight CCGs in the North West London Integrated Care System into one CCG. In summary this proposal would mean:

- All eight CCGs in NW London – Brent, Central London, Ealing, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow and West London – would become a single CCG, as a single statutory body
- NW London CCG would work within the NWL Integrated Care system (ICS) to set strategy and priorities, resource allocation and monitor quality/performance (mutual accountability)
- All GP practices are currently members of their local CCG and would become members of NW London CCG instead
- Governing bodies and GP members will vote on the proposal in September.

- If members and Governing Bodies support the proposal to merge in September, an application will be submitted to NHS England (NHSE) in line with the national deadline of 30th September
- If approved by NHSE, the single CCG would be established in shadow form by March 2021

**If you have any queries about this Report or wish to inspect any of the Background Papers, please contact Report Author**  
[ebarrett@westminster.gov.uk](mailto:ebarrett@westminster.gov.uk)

**APPENDICES:**

- NHS NW London Collaboration of CCGs consultation document: The case for change for a single NW London CCG



# The case for change for a single NW London CCG – August 2020

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NHS NW London Collaboration of CCGs

# Why are we proposing merger of the eight CCGs?

## **Vision for NW London: Start well, live well, age well**

Our vision for NW London Integrated Care System (ICS) is to reduce inequalities and achieve health outcomes on a par with the best global cities.

Care will be integrated within a single system, focused on the needs of the individual and unhindered by organisational boundaries.

We will combine our collective resources, clinical expertise and local knowledge to build a fair, effective and accessible health service for all.

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## **Key messages (single CCG)**

To achieve our vision we need to have one organisation buying and commissioning services for all in NW London – this means moving to a single CCG.

## **A single CCG will allow us to:**

1. Reduce duplication in ways of working, allowing more time and money to be put into patient services
2. Work more effectively with both NHS and local authority service providers to improve patient wellbeing and care, with improved quality and consistency of local health and care services
3. React quickly and consistently to the continuing pandemic and recovery.
4. Support delivery of the ICS vision.

# In 2019 we engaged with our stakeholders on the creation of a single CCG. We want to offer further opportunity for you to comment and inform our proposals

- We are working in a **national context where areas will work as a single ICS** (Integrated Care System) setting the strategy for health and wellbeing and agreeing consistent health outcomes on behalf of our residents.
- **Each ICS is expected to have a single CCG**
- The NHS is **moving away from a commissioning/provider split** – ICSs will be partnerships between the NHS and local authorities
- **The 8 CCGs in NW London agreed in September 2019, that a single CCG was the right direction of travel.** It was also agreed that 20/21 would be a transitional year focused on financial recovery, developing a single CCG operating model and working through financial implications.
- Circumstances have meant that the NHS has changed rapidly since September 2019. NW London has been one of the hardest hit parts of the country in the Covid-19 pandemic and through the crisis our system and constituent boroughs have clearly demonstrated the benefits of **strong borough based partnerships delivering care to their local populations and working as a system to a common framework and set of standards.**
- As we continue to work towards becoming a single CCG we want to **build on previous experience and conversations**, taking our learning and experience of working across health and local government in recent months to deliver services for our residents.

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# Background to change/why change

## Merging to create opportunity

All eight CCG Governing Bodies agreed in September 2019, that a single CCG was the right direction of travel. It was also agreed that 20/21 would be a transitional year focused on financial recovery, developing a single CCG operating model and working with providers to develop systems.

## Duplication ties up resources

We have made some savings by implementing joint arrangements across our CCGs. However, each CCG is a separate legal entity and it costs significantly more to service all eight organisations than it would a single body. **Each borough will continue to have its own team to ensure the right services for local needs**

## The NHS has changed rapidly around us

A lot has happened since the CCGs agreed to move to a single CCG in April 2021, with the response to the COVID19 pandemic in March 2020. NW London was one of the hardest hit parts of the country. As a result, we have worked effectively as a single CCG with the NW London system to respond to the pandemic. **We now need to build on this joint approach – wherever possible decisions about care delivery should be taken at borough or local level**

## NHS Long Term Plan

The NHS Long Term Plan and the London region sets clear expectations for the a single CCG for each ICS. Both the ICS and single CCG are expected to be in place from April 2021.

## Optimum balance of strategic planning NW London wide with strong clinical input and integrated care delivery at borough level

One single CCG taking strategic decisions across the whole area and smaller PCNs at local level would directly lend themselves to having an even closer local focus, whilst at the same time enabling more effective commissioning of services.

# Our commitments to NW London

**As part of merging the eight CCGs we are making the following six commitments:**

1. Move resources across NW London and within boroughs to reduce inequalities over the next four years; we will honour commitments made on transitional periods for PMS funding at borough level
2. Increase our proportion of investment in out of hospital services, as a first step we will level up investment in primary care services outside the core contracts
3. Ensure consistency in services across NW London
4. Ensure equity of access to services, to enable our providers to improve outcomes for patients and reduce health inequalities
5. Patients and GP member practices will continue to be involved in the single CCG and at local level
6. We will devolve decision making on delivery and integration of services to neighbourhood and borough level as our integrated care partnerships develop.

# Each local area will maintain a borough committee



- In each local area the Health and Wellbeing Board, Integrated Care Partnership and CCG Borough Committee will work together to ensure effective place-based care
- Collectively they will inform and be informed by the Single CCG and the ICS.
- The role of the CCG borough committee will be to:
  - Exercise CCG responsibility for joint commissioning with local authorities
  - Feedback between borough practices, patient groups, local authorities and the single CCG on all commissioned services
  - Local intelligence on borough health needs assessment, linking to Health and Wellbeing Board and single CCG
  - Local delivery of integrated care pathways crossing from hospital to primary care
- Membership of the CCG borough Committee is proposed to be:
  - Borough GP member on the single CCG
  - 3 borough member practice representatives (eg GP, nurse)
  - Lay partner
  - Local Authority/DPH - representation to be determined in agreement with local authority
  - Healthwatch
  - CCG team representatives

# Proposed membership of the Single CCG governing

Proposed membership:

- The Chair
- 8 GPs (1 from each borough)
- 1 independent chair (from above group of GPs, with that borough nominating an additional member to ensure borough representation)
- 1 Sessional GP
- The Accountable Officer
- The Chief Finance Officer
- Secondary Care Specialist;
- A registered nurse (Chief nurse)
- Five Lay Members
- Director of Public Health representative for the 8 local authorities (non-voting)
- A Practice Nurse and Practice Manager from NWL (non-voting).

## Involving local residents in the work of the single CCG

- A best practice approach to patient and public involvement is central to our approach.
  - We are already working with Healthwatch and local people to develop proposals for how this will work in practice.
  - The single CCG will retain a strong local presence, including responsibility to work with local people and stakeholders, to listen to their feedback and to involve them in shaping services.
- Our aim is to enhance patient and public involvement and engagement in the new system, ensuring the patient and resident voice is consistently heard and listened to.
- This is being taken forward through our EPIC (Engage-Participate-Involve-Collaborate) programme in partnership with Healthwatch.
  - The borough committee will include patient representation.



# Single CCG financial principles are in development; a draft financial strategy will be developed in the Autumn

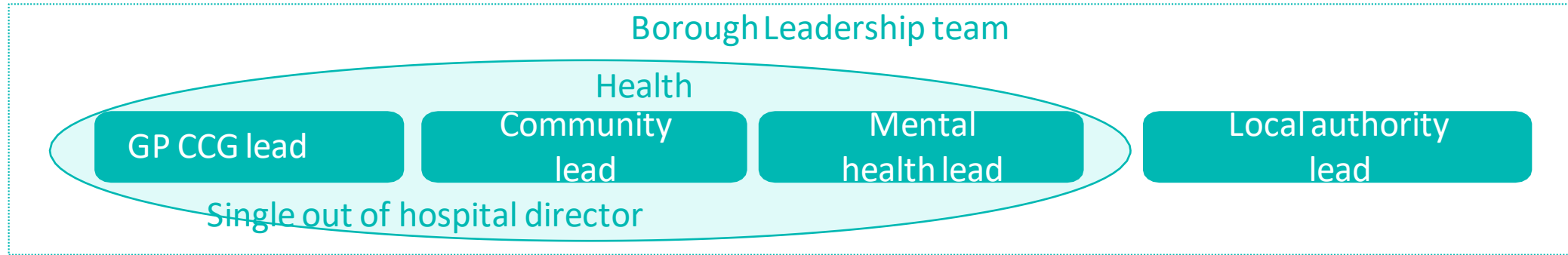
- In recognition of health inequalities across NW London, we will make substantial progress towards fair share allocations based on population need in the next 5 years, faster than national timetable. Based on a draft working example, this would mean two borough allocations would reduce\*.
- We will also consider how best to address inequalities in boroughs within the borough allocation
- We will increase the proportion of CCG allocation in out of hospital care, while recognising that we have a CCG deficit of £100m and system deficit of £230m.
- We will level up additional primary care services across NWL over the next 5 years, so consistent services are offered to patients. We will look at core primary care commissioned services over the next few months so we can develop plans for levelling up primary care provision across NWL over time. GMS and PMS funding is ring fenced at borough level.
- In enacting these principles, we will ensure that we have addressed any cross subsidies where one borough is contributing to costs for service in another borough and specific population characteristics for example, homelessness is considered that may not be sufficiently covered in the national formula.

\* Westminster and Kensington and Chelsea

# Borough based partnerships for the provision of care are a key building block for the ICS

- This requires a strong **partnership of providers at borough level** for implementation and delivery
- Needs to be **co-designed by Local Authority and health leaders**
- **We have collectively agreed across health and local authorities that in the interim - for each borough we will 3 NHS leads** – primary care, community care and mental health.
- One of these leads will assume overall responsibility as **Out of Hospital Director**
- The Out of Hospital Director will:
  - Have **local understanding** and knowledge
  - Build strong **local relationships**
  - Work jointly with the Local Authority lead to develop integrated care provision for local residents
- A lead for acute services will also link in with the borough team

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- Local **CCG staff will work on behalf of this quartet** developing strong, integrated borough-based care

# Local CCG borough teams will work within the overall CCG to deliver local responsibilities

- The table summarises what responsibilities will be undertaken by the CCG Borough team and what will be undertaken by the single CCG at system level
- CCG Borough team structures will reflect the functions and priorities within them; NHS borough leadership will be provided by the single Out of Hospital Borough Director, a shared CCG COO working across 2 or 3 boroughs and a CCG Associate Director for each borough

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Borough	NW London Single CCG
Equalities and engagement Primary care delivery including PCN development, practice support, personalisation	Communications & engagement Primary care contracting Primary care and personalisation strategy & transformation Primary care standardisation
Integration and delivery supporting borough partnerships	Out of hospital strategy & transformation Standardisation of services ICS delivery programmes (quality improvement, strategic & programme delivery)
Joint commissioning Complex care teams Safeguarding	Contracting CHC Safeguarding
Medicines management delivery	Medicines management strategy and programme design
System resilience and delayed discharges	Clinical leadership
Clinical leadership	Quality: patient safety, complaints, infection prevention and control, clinical effectiveness
Business administration	Performance and planning ICT & WISC/ BI with identified borough support PMO, governance and secretariat

# Involving local residents in the work of the single CCG

- A best practice approach to patient and public involvement will be central to our approach.
- We are already working with Healthwatch and local people to develop proposals for how this will work in practice.
- The single CCG retain a strong local presence, including responsibility to work with local people and stakeholders, to listen to their feedback and to involve them in shaping services.
- Our aim is to enhance patient and public involvement and engagement in the new system, ensuring the patient and resident voice is consistently heard and listened to.
- This is being taken forward through our EPIC (Engage-Participate-Involve-Collaborate) programme in partnership with Healthwatch

# Summary

- All eight CCGs in NW London – Brent, Central London, Ealing, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow and West London – would become a single CCG, as a single statutory body
- NW London CCG would work within the NWL Integrated Care system (ICS) to set strategy and priorities, resource allocation and monitor quality/performance (mutual accountability)
- All GP practices are currently members of their local CCG and would become members of NW London CCG instead
- Governing bodies and GP members will vote on the proposal in September.
- If members and Governing Bodies support the proposal to merge in September, an application will be submitted to NHS England (NHSE) in line with the national deadline of 30<sup>th</sup> September
- If approved by NHSE, the single CCG would be established in shadow form by March 2021

# Your feedback, comments and questions

Please send any feedback, comments or questions on this case for change to:

[nwlccgs.communications.nwl@nhs.net](mailto:nwlccgs.communications.nwl@nhs.net)

by midday on Friday, 11 September



City of Westminster

## Adults' and Children's Services Policy and Scrutiny Committee

<b>Date:</b>	8 September 2020
<b>Classification:</b>	General Release
<b>Title:</b>	COVID-19 Support to Adult Social Care Providers
<b>Report of:</b>	Bernie Flaherty, Executive Director Adult Social Care and Health
<b>Cabinet Member Portfolio</b>	Adult Social Care and Health
<b>Wards Involved:</b>	All
<b>Policy Context:</b>	N/A
<b>Report Author and Contact Details:</b>	<b>Gareth Wall, Director of Integrated Commissioning</b> <a href="mailto:gwall@westminster.gov.uk">gwall@westminster.gov.uk</a>

### 1. Executive Summary

- 1.1 The purpose of this report is to provide the committee an update on COVID-19 support to Adult Social Care providers.
- 1.2 In April 2020, the Government launched the COVID-19: "Action plan for Adult Social Care" that has formed the basis for our local approach to COVID-19 in addition to the national guidance.
- 1.3 Central to our response has been to support Adult Social Care providers both Residential Care Homes and Home Care (Domiciliary Care) to ensure that they are able to provide safe effective care to our residents.
- 1.4 Our support has included daily calls with providers from March 2020, the provision, guidance and training for Personal Protective Equipment (PPE) and a package of financial support measures designed to mitigate some of the financial impacts that they have experienced due to COVID-19.

## **2. Background**

- 2.1 As part of the response to COVID-19 Adult Social Care has followed government guidance and implemented local initiatives to ensure that safe, effective care continues to be delivered to Westminster residents.
- 2.2 In April 2020, the Government launched the COVID-19: “Action plan for Adult Social Care”<sup>1</sup> that outlined its support for Adult Social Care nationally, covering infection control, supporting the care workforce, independence, end of life care, as well as supporting local authorities and providers. Where applicable we have followed this action plan along with the various additional, subsequent guidance that has been issued at a national level.
- 2.3 To support the implementation of the various guidance, Adult Social Care has strengthened its’ relationship with care homes and home care providers. This has included care homes and providers within the borough, regardless of whether we commission them as a local authority. The work has brought increased contact with providers and various forms of support (including financial, recruitment support and training of staff) to ensure we remain focused on ensuring the safety and wellbeing of all residents even though staff have not been able to visit the homes and services in person.
- 2.4 In terms of providing reviews and assessments to our existing service users, we have completed these over the phone and online where appropriate. Where visits have been required staff complete a risk assessment and use the appropriate PPE (Personal Protective Equipment) as per Public Health England guidance.

## **3. COVID-19 Approach to support our provider market**

- 3.1 A key pillar of the action plan for Adult Social Care was support to the provider market. We commenced daily calls to care homes and home care (domiciliary care) providers on the 6 March to ensure current guidance had been received and implemented, and to determine that enough staffing, equipment and support was in place. These daily calls took place 7 days per week until July 2020, at which point they moved to weekday calls only, with emergency on-call arrangements for the weekend. These arrangements have been vital in ensuring that the council can monitor care arrangements and provide valuable support when needed.
- 3.2 Ahead of any national guidance, we requested all care homes to “cocoon” residents on the 9 March 2020 and to stop all non-essential visitors from entering care homes. This was to minimise the risk of COVID-19 entering homes through visitors. Central government adopted this approach and requested this of all care homes days later, on the 21 March 2020. We have also provided Care Homes with iPads to ensure that service users are able to

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<sup>1</sup> <https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan>



keep in contact with their families. Since lockdown easements were introduced, those home with access to outside space have introduced visits outdoors, adhering to social distancing, partition screens and use of appropriate PPE.

- 3.3 PPE is vital for people delivering care in order to minimise risks to both residents and staff and without adequate supply, providers simply cannot deliver care safely or even at all. This forms a central part of government guidance to minimise the risk of the spread of infection. Whilst all providers are being told to continue to use their existing supply chains (and seek out others) the reality is these have not been reliable due to a surge in demand that has also resulted in significant increases in prices. The council has secured a regular supply through close working with the West London Alliance (WLA) and in emergencies via the London Coronavirus Response Cell (LCRC). The council now provides stocks to providers at no cost whenever normal supply is compromised.
- 3.4 Arrangements have also been made for testing of all care home staff and residents as part of minimising the risk of the spread of infection. Arrangements have been made with the local GP Federation to ensure that this occurs on a fortnightly basis for staff and residents. As and when testing capacity increases via the national portal, our local arrangements will change to access testing via the national route.
- 3.5 This approach is monitored on a daily basis and reported on several times a week to ensure that there is a robust oversight of the provider market.

#### **4. Care Home Support Arrangements**

- 4.1 Care Homes in the borough are contacted every weekday and are asked about their current status with regards to their residents, staffing and PPE. These calls are used to ensure that any new guidance or support mechanisms have been communicated and incorporated. The information from these calls is logged on a daily situation report to ensure clear understanding of changes as they occur, to help target interventions and to observe trends. These calls have been valuable in identifying any PPE shortages which we have then been able to quickly remedy from the council's stocks, or any positive test results, meaning we can take action immediately to isolate cases, staff and inform relevant partners. These calls were daily until July 2020, since when weekend calls are by exception through an on-call arrangement.
- 4.2 The information gathered from the Care Homes was later discussed in a daily meeting where council officers raised any live issues, work through solutions and share good practice. Where required, issues were escalated. Again, since July these have moved from daily 'incident management' meetings to exception based 'outbreak management' meetings.
- 4.3 In line with PHE guidance any Care Home that has more than two people with COVID-19 symptoms is considered as an outbreak and is subsequently discussed in a daily Outbreak Management Team (IMT) meeting attended by officers from Public Health, Clinical Commissioning Group and

Commissioners. These meetings review the information and agree support arrangements, or interventions, that it determines will assist the Care Home.

- 4.4 We are reassured that providers are working well to ensure infection control measures are followed. The tables below set out the type of support that has been made available to Care Homes.

<b>Table 1 Costed Support for Care Homes</b>	
<b>1</b>	WCC has successfully managed to secure PPE in order to ensure all Care Homes have the equipment they need; the equipment is being provided to Care Homes at no cost
<b>2</b>	WCC has agreed to support homes with additional staff to enable 1 to 1 support and assist with infection control for residents with challenging behaviours.
<b>3</b>	Providers can bring claims for increased costs incurred through COVID19 to the Supplier Resilience Forum and these are considered and decided quickly.
<b>4</b>	WCC has supported homes with the purchase and supply of iPads to enable video calling

<b>Table 2 Non-Costed Support for Care Homes</b>	
<b>1</b>	All care Homes reviewed by exception in a daily Outbreak Management Team (IMT) Meeting attended by officers from Public Health, Clinical Commissioning Group and Commissioners.
<b>2</b>	Giving guidance around correct use of Personal Protection Equipment, including video training
<b>3</b>	Support with infection control arrangements and guidance
<b>4</b>	Referrals to talking therapy and bereavement counselling services.

## **5. Domiciliary Care Support Arrangements**

- 5.1 COVID-19 has impacted the domiciliary care market in the Bi-borough with people suspending their home care arrangements due to family members being at home and being able to provide care. As a result, providers have reported challenges around cashflow, capacity, retention and increased costs of statutory sick pay and PPE.
- 5.2 To support the market and the pressure that it is already under, and to ensure there will be support in place to provide resilience a package of support was developed. In consultation with providers, and after reviewing the measures implemented and proposed in other local authorities, a support package of was financially modelled and approved by WCC on the 31 March 2020.

5.3 The package of support was for an initial period of three months and was subsequently extended to the end of July. The support measures for Domiciliary Care providers put in place included:

- **Pay on planned invoices instead of actuals:** With volatility in the market, the move to planned gave providers more stability with their cashflow. Under this measure the council agreed to pay for whichever is the greater between actuals and planned care for each week of the billing cycle, to help smooth out the volatility.
- **Faster payment of invoices:** Cash flow was noted as an issue for all providers, after moving to paying on planned, there was a reduced need for arbitration of invoices. There was a move to speedier payment of invoices and facilitation of payment within seven days of receipt, or at period end. This measure also applied for spot providers.
- **Reimbursement for carers using a car (£5 per day):** With parking restrictions lifted for a time it was possible for key workers in Westminster to use their cars more to undertake shopping and speed up travel time between visits. The use of cars whilst not normally encouraged in the borough helped to increase capacity, particularly with reduced public transport.
- **Recruitment bonuses (£250 per new recruit):** This measure assisted providers to increase their recruitment of care workers through social media campaigning, 'refer a friend' and 'return to care' schemes. Interviews were held exclusively over the phone or via a video call, and most agencies shortened their training periods. With a number of service industries temporarily shutting down, there were a number of people willing to take on paid caring roles and it was important to enable agencies to extend their recruitment budgets to meet this demand. This initiative relieved the financial pressure on recruitment, DBS payments and training cost.
- **Support with PPE supplies.** Personal Protective Equipment is vital for people delivering care, and without support simply cannot deliver care safely or even at all. Whilst all providers were instructed to continue to use their existing supply chains (as per Government guidance) the reality was these were often no longer reliable, and a surge in demand saw price volatility. The council has secured a regular supply through close working with the West London Alliance and now provides stocks to providers at no cost whenever normal supply is compromised for providers.

**If you have any queries about this Report or wish to inspect any of the Background Papers, please contact Gareth Wall**

[gwall@westminster.gov.uk](mailto:gwall@westminster.gov.uk)

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## Adults' and Children's Services Policy and Scrutiny Committee

<b>Date:</b>	8 September 2020
<b>Classification:</b>	General Release
<b>Title:</b>	Westminster's Children in Care, Our matching process for adolescents in care
<b>Report of:</b>	Sarah Newman, Bi-Borough Exec. Dir. Children's Services
<b>Cabinet Member Portfolio</b>	Cabinet Member Portfolio Family Services & Public Health
<b>Wards Involved:</b>	All
<b>Policy Context:</b>	N/A
<b>Report Author and Contact Details:</b>	<b>Nicky Crouch</b> <a href="mailto:ncrouch@westminster.gov.uk">ncrouch@westminster.gov.uk</a>

### 1. Executive Summary

- 1.1 This paper outlines Westminster Children's Service's (WCC) matching process for adolescents in care.
- 1.2 Our only action from our Outstanding Ofsted Inspection in September 2019 was to improve the formal matching and panel approval of adolescents in long term foster placements.
- 1.3 This report sets out the areas we consider when placing children and the actions we have taken to ensure we are formally matching older children to their carer's to ensure we are achieving 'permanence' in a timely way.
- 1.4 We recognise that many of the children and young people who become looked after and enter care will have complex needs as a result of their adverse early childhood experiences and trauma.
- 1.5 We closely monitor trends in the care population to ensure we have access to the right placements which can respond to the needs of our children.

- 1.6 Our practice is underpinned by our systemic practice model and training which holds relationships as central to our work with children and families.
- 1.7 'Matching' refers to the process during which we identify a placement to meet an individual child's needs and long term matching/linking, refers to a formal process when a decision is made that a placement is agreed to provide permanence i.e. it is expected that the child will remain for the duration of their childhood.

## **2. Background**

- 2.1 Children's Services have a placements team who work closely with the three borough shared fostering service and locality social work teams, to ensure our children and young people are matched with the right type of placement. Some of the main areas considered are:
- What are the care needs of our child?
  - What is the preferred location? Taking into account risks from family or potential contextual safeguarding issues, which can be particularly important when placing adolescents.
  - What is the child saying about the kind of family or placement they would prefer? Consideration about potential cultural match, religion and ethnicity, language, gender, background etc.
  - Would the child benefit from being placed with an assessed and approved connected carer, in a foster placement, residential children's home, or do they need a specialist therapeutic resource?
  - Is a solo placement required given the care needs, behaviours, risks or health and wellbeing of the child?
  - Location of school /college – do we need to maintain attendance at the current school and is there suitable transport links?
  - Does the child have specific health or behavioural, SEND needs which may impact on a carers ability to meet their needs?
  - What are the skills, experience and profile of carers available?
  - Does the prospective carer have the right approval in terms of space, age, gender?
  - Have we considered the impact of placing with other children who may have complex needs or specific needs of their own which is not compatible?
  - Does our young person require a 2-carer household, or a different type of placement?
  - Is the proposed placement likely to be able to meet the child's longer term needs to prevent future moves?
- 2.2 We match on several different levels with the mantra of "right placement, first time," being our priority. Wherever possible we will assess extended family or friendship networks first, however if this is not viable, we will endeavour to

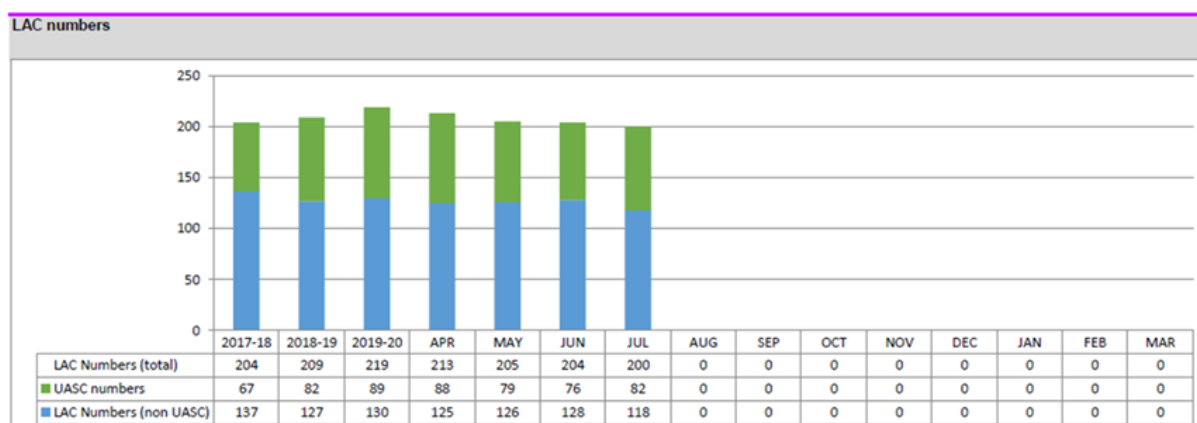
match children to our 'in house' foster carers before exploring spot purchased external resources.

- 2.3 The social work team will make a referral to the placement team including a profile and risk assessment form. There is then a more detailed discussion about the child's needs. There may be a request for additional information such as the young person's education health and care plan, any psychological assessments which have been completed to inform what type of placement or who may be able to meet the child's needs?
- 2.4 When a placement need cannot be met 'in house' and we need to approach an Independent Fostering Agency (IFA) or a specialist residential provision, there is a strong focus on quality and the placements team will make checks against Ofsted ratings, inspection reports and liaise with other authorities who may have a child placed with the same provider.
- 2.5 Best practice would dictate that careful planning should take place around introductions to new placements however the immediate nature of safeguarding concerns and placement disruptions sometimes prevent this.
- 2.6 When a child's care plan is confirmed and they are placed in a long term placement where they are expected to remain for the remainder of their time in care, efforts are made to formally match the child and placement – giving the child a sense of 'permanence' and security. For younger children this function is fulfilled through the fostering panel however for those 14 plus, OFSTED identified that out matching process could be more robust.

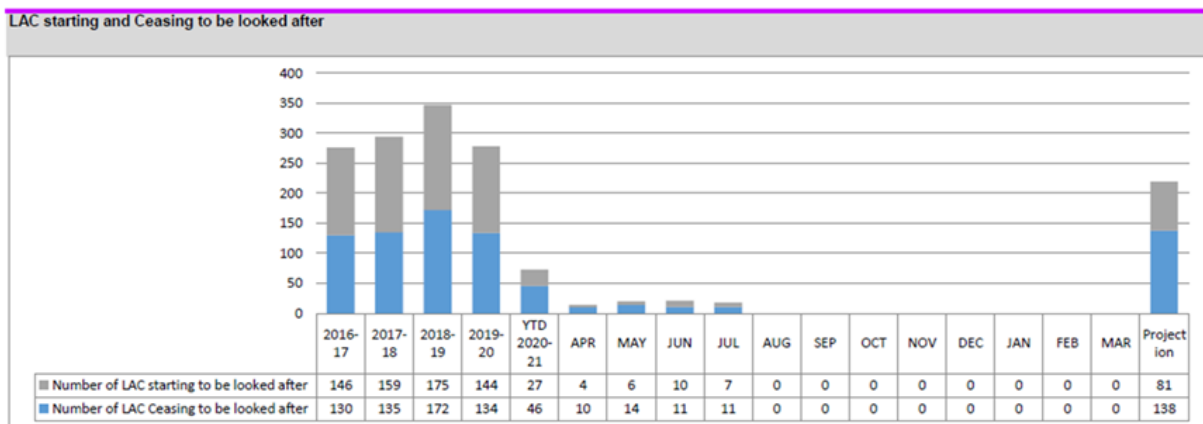
### 3. Placement Stability During Covid 19

- 3.1 During Covid 19 we were braced for a potential increase in need as a result of an increase in safeguarding issues, however this did not materialise. What we observed was a reduction in referrals and looked after numbers remained settled and stable. There was a small decrease, however we knew that in Westminster this was as a result of a reduction of unaccompanied minors arriving however that has now started to increase again.

**Table 1 illustrates our current child looked after figures:**



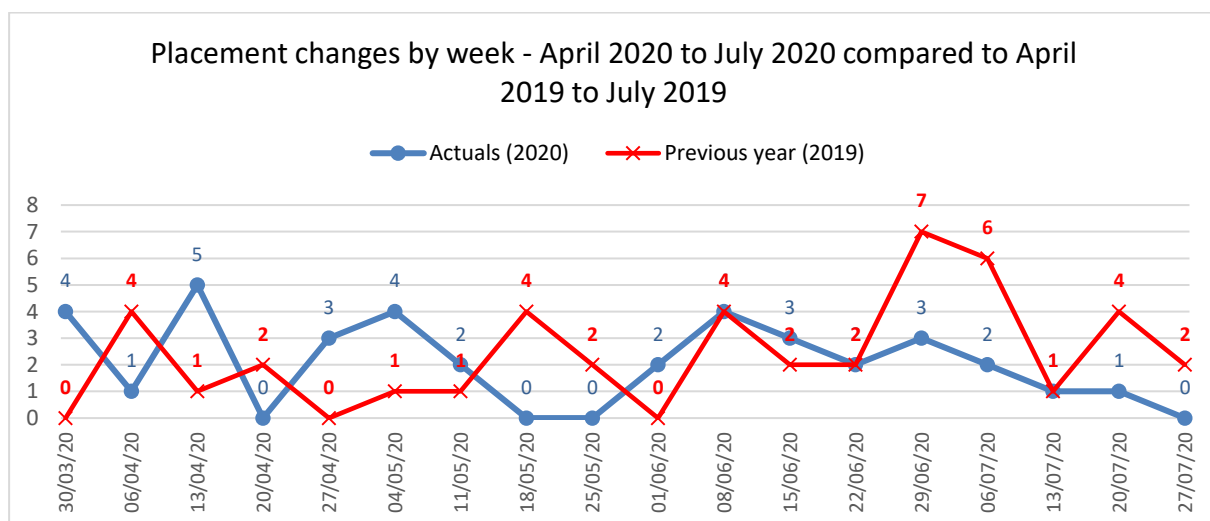
**Table 2 illustrates the number of children entering and leaving care in the same period:**



3.2 We have worked very closely with our colleagues in operations and programmes to closely monitor demand on placements and to track for potentially instability over the Covid lockdown period. There was a strong partnership and dynamic response to maintain placements which may be at risk to resolve any arising issues quickly and ensure stability. This included working closely with commissioned services to ensure there was sufficient flex in the system to meet any need which may arise but also to understand possible pressures providers may be facing.

3.3 Below Table 3 provides some of the detail behind the placement stability work we have done during lockdown. This demonstrates a reduction in movement in comparison to the previous year and is testimony to the work of practitioners, carers and providers during this difficult period.

**Table 3 provides detail of weekly placement tracking during the Covid period**



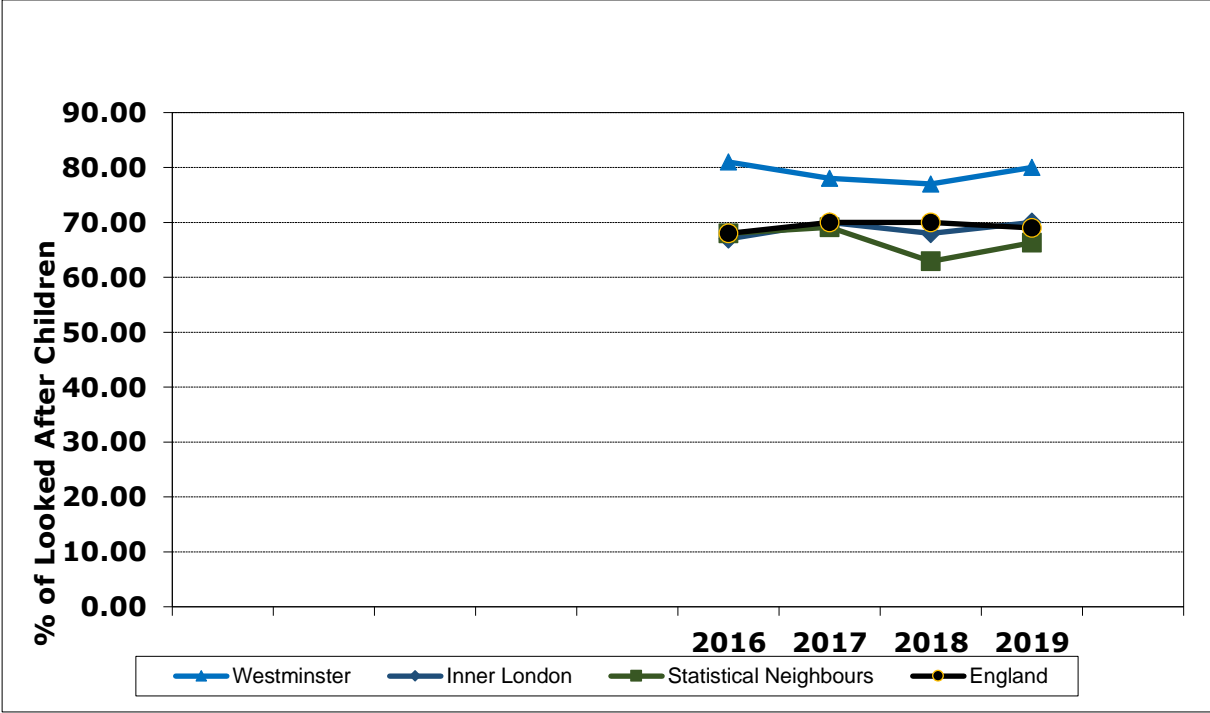


3.4 The fostering service has continued to work with prospective new foster carers and progressed assessments through both face to face and virtual visits. Where appropriate these have progressed to Panel for consideration of approval. The fostering panel has met throughout lockdown however has managed this remotely to minimise risks.

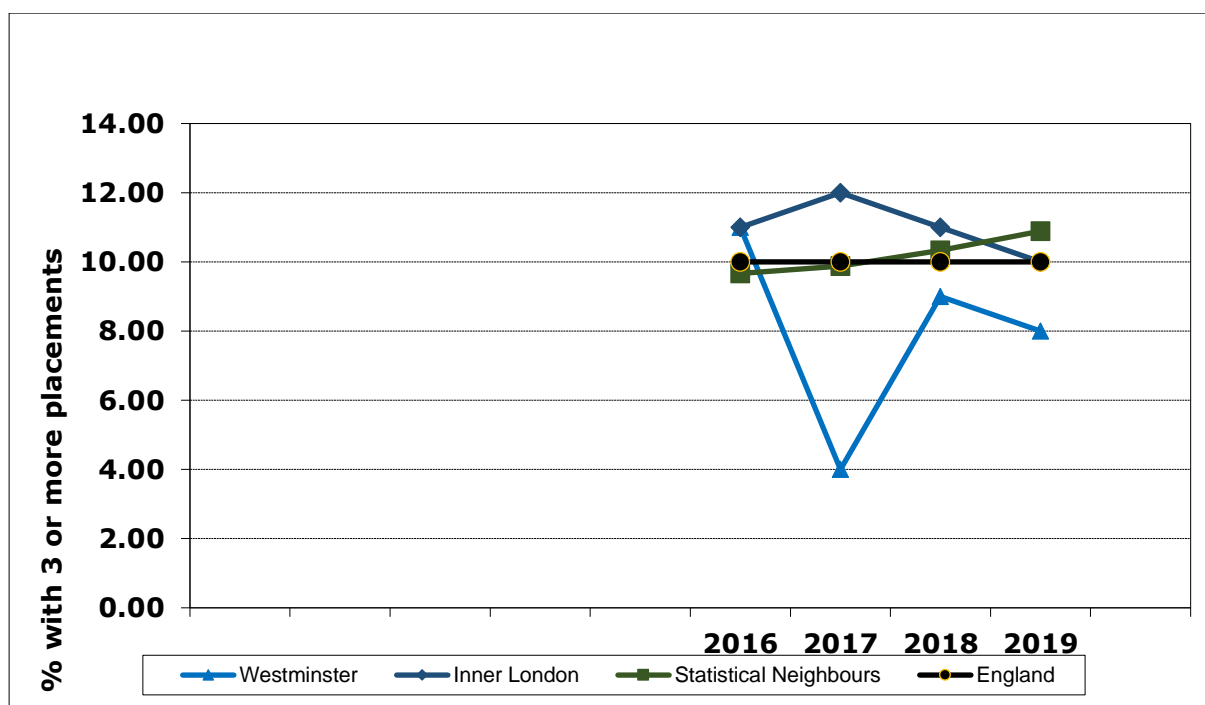
**4. Placement Stability Comparator Information**

4.1 The two tables below, 4 and 5, demonstrate two key indicators measured by the Department of Education. These highlight our positive performance when comparing to London, statistical neighbours and England. The importance of these figures is that it reflects children experiencing a settled and stable care experience where their needs are met and changes minimised.

**Table 4 Percentage of looked after children in the same placement for 2 years (for this indicator, the higher the number, the more positive the performance):**



**Table 5 Percentage of children with three or more placements in the year (for this indicator, the lower the figure the more positive the performance):**



## 5. Matching adolescents to their long term placements

- 5.1 In September 2019 Ofsted recommendation was to improve our formal matching and panel approval of adolescents in long term fostering placements. Whilst it was recognised that this had not adversely affected stability it provided an opportunity for us to ensure that we reflected on our systems and processes to improve this.
- 5.2 The three Borough shared fostering service protocol for children with a plan for long term fostering, has been updated to ensure practitioners are clear about the process for progressing matching of all children in long term placements.
- 5.3 There is initially a discussion at the care panel to consider the likely future needs of the young person and consider any potential vulnerabilities which may impact upon future stability. Where necessary this may include consideration of referrals for therapeutic support for the young person and/or their carer's.
- 5.4 The formal matching process is then undertaken by the Independent Reviewing Officer (IRO) as part of the young person's looked after review meeting, during which there is scrutiny of the care plan. The matching is considered in conjunction with the child's overarching care plan and consideration is given to the young persons wishes and feelings, their needs and the carers ability to meet those needs.
- 5.5 Updating reports are shared with the Permanency Board in relation to children waiting and this provides an opportunity to track progress, identify any delay

and agree actions to progress achieving a long-term match. We have additionally requested some quality assurance auditing work around this which is planned for later this year.

**If you have any queries about this Report or wish to inspect any of the Background Papers, please contact Nicky Crouch, 07971 626055**  
[ncrouch@westminster.gov.uk](mailto:ncrouch@westminster.gov.uk)

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## Adults' and Children's Services Policy & Scrutiny Committee

<b>Date:</b>	8 September 2020
<b>Classification:</b>	General Release
<b>Title:</b>	<b>2020/21 Work Programme and Action Tracker</b>
<b>Report of:</b>	Ezra Wallace, Director of Policy and Projects
<b>Cabinet Member Portfolio</b>	Cabinet Member for Adult Social Care and Public Health and Cabinet Member for Children's Services
<b>Wards Involved:</b>	All
<b>Policy Context:</b>	All
<b>Report Author and Contact Details:</b>	<b>Lizzie Barrett x 3103</b> <b>ebarrett@westminster.gov.uk</b>

### 1. Executive Summary

1. This report asks the committee to agree topics for the 2020/21 work programme and note the committee's 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).

### 3. Topic selection

- 3.1 The proposed list of topics (appendix 1) has been compiled by policy and scrutiny officers in collaboration with services.

### 4. North West London Joint Health Overview and Scrutiny Committee (JHOSC)

- 4.2 The JHOSC met on 7 September 2020, to discuss its work programme for the year and to consider the proposed North West London CCG merger.

**If you have any queries about this report or wish to inspect any of the background papers, please contact Lizzie Barrett.**

**[ebarrett@westminster.gov.uk](mailto:ebarrett@westminster.gov.uk)**

**APPENDICES:**

**Appendix 1 – Master Work Programme 2020/21**

**Appendix 2 - Action Tracker**

**WORK PROGRAMME 2020/2021**  
**Adults' and Children's Services Policy and Scrutiny Committee**

<b>ROUND TWO</b> <b>8 September 2020</b>		
<b>Agenda Item</b>	<b>Reasons &amp; objective for item</b>	<b>Represented by</b>
Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Tim Mitchell, Cabinet Member for Adult Social Care and Public Health
Proposed North West London CCG merger	To review and discuss the proposal for eight CCGs in the North West London Integrated Care System to merge into a single CCG.	Jo Ohlson, North West London Accountable Officer
COVID 19 Impact and Support Update	To receive an update on the borough's response to COVID 19 and actions taken to support service users in Care Homes and the community.	Gareth Wall, Director of Integrated Commissioning
Matching process for adolescents in care	To review the council's policies and processes for the matching process for adolescents in care.	Nicky Crouch, Director of Family Services

<b>ROUND THREE</b> <b>20 October 2020</b>		
<b>Agenda Item</b>	<b>Reasons &amp; objective for item</b>	<b>Represented by</b>
Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Tim Barnes, Cabinet Member for Children Services
Out of Hospital Plan	To review CL CCG's plan for people who need care in their own homes and in particular examine how the CCG will work together with the council in administering the plan.	
COVID-19 impact on BAME communities	To receive an update on the impact of COVID-19 on BAME communities in Westminster and the Council's strategies for managing the impacts going forward.	

**ROUND FOUR  
2 December 2020**

<b>Agenda Item</b>	<b>Reasons &amp; objective for item</b>	<b>Represented by</b>
Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member's priorities.	Councillor Tim Mitchell, Cabinet Member for Adult Social Care and Public Health
Carer Strategy	To receive an update and review Westminster's Carer Strategy.	
Safeguarding Adults Executive Board Annual Report	Review annual report	
Public Health Annual Report	Review annual report	

**ROUND FIVE  
17 February 2021**

<b>Agenda Item</b>	<b>Reasons &amp; objective for item</b>	<b>Represented by</b>
Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Tim Barnes, Cabinet Member for Children Services
Obesity in Westminster	To receive an update obesity rates in Westminster for both adults and children and consider the broader impact this has for health outcomes as well as reviewing current strategies for reducing obesity rates.	
Children's oral health	To receive an update on children's oral health in Westminster and examine the council's approach to achieving better oral health outcomes for children.	

**ROUND SIX  
28 April 2020**

<b>Agenda Item</b>	<b>Reasons &amp; objective for item</b>	<b>Represented by</b>
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Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member's priorities.	Councillor Tim Mitchell, Cabinet Member for Adult Social Care and Public Health
Young people and mental health	To receive an update on mental health and young people in Westminster. Particularly, on whether any lessons were learnt through the lockdown where changes had to be made to the way services were provided.	
SEND (special educational needs and disabilities) transition	To examine how the council supports SEND children when they are transiting from either primary to secondary school or when they are leaving secondary school.	

<b>Unallocated/additional work-programme items</b>		
<b>Agenda Item</b>	<b>Reasons &amp; objective for item</b>	<b>Represented by</b>
School exclusions		
Screening rates in Westminster and Immunisations		
Autism Strategy		
Loneliness		
<b>ANNUAL REPORTS</b>		
Looked after Children and Unaccompanied Asylum-Seeking Children Annual Report		
School Organisational Strategy Annual Report		
Local Safeguarding Children Partnership Annual Report		

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## Adults' and Children's Policy and Scrutiny Committee Action Tracker

ROUND ONE 15 JUNE 2020		
Agenda Item	Action	Update
Item 4: Cabinet Member Update	Requested more detail regarding the statistics for care home deaths in Westminster.	In progress
Item 5: Cabinet Member Update	Requested information on what the council's plans were for children if the Free School Meals Programme was not going to be extended over the summer holidays. <sup>1</sup>	Completed

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<sup>1</sup> Government announced Free School Meals Programme was extended after meeting.

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