



City of Westminster

Committee Agenda

Title:

Children & Adults, Public Health & Voluntary Sector Policy and Scrutiny Committee

Meeting Date:

Thursday 21st September, 2023

Time:

6.30 pm

Venue:

Rooms 18.01 & 18.03, 18th Floor, 64 Victoria Street, London, SW1E 6QP

Members:

Councillors:

Angela Piddock (Chair)
Iman Less
Ellie Ormsby
Selina Short

Max Sullivan
Lorraine Dean
Ralu Oteh-Osoka
Caroline Sargent

Co-opted Members:

Alix Ascough - Head Teacher, All Souls Church of England School
Marina Coleman - Headteacher, St Vincent's School
Professor Ryan Nichols - Parent Governor Representative

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.



If you require any further information, please contact the Committee Officer, Linda Hunting, Policy and Scrutiny Advisor.

**Email: lhunting@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 pecuniary interests or any other significant interest in matters on this agenda.

(Pages 5 - 6)

3. MINUTES

To approve the minutes of the Committee's previous meeting held on the 27 July 2023.

(Pages 7 - 14)

4. THE PLAN FOR THE CONSULTATION ON ACUTE MENTAL HEALTH SERVICES FOR THE RESIDENTS OF WESTMINSTER AND ROYAL BOROUGH OF KENSINGTON AND CHELSEA

To provide an update on the work to date to develop options for the consultation around acute mental health services for residents of the City of Westminster and the Royal Borough of Kensington and Chelsea and plans for the public consultation.

(Pages 15 - 44)

5. VERBAL UPDATE FROM PROFESSOR JILL MANTHORPE

The Committee to receive a verbal update from Professor Manthorpe about the research work that she is currently undertaking.

6. PORTFOLIO UPDATE - CABINET MEMBER FOR RESIDENT PARTICIPATION, CONSULTATION REFORM, AND LEISURE

To receive an update from the Cabinet Member for Resident Participation, Consultation, Reform, and Leisure, Councillor Cara Sanquest.

(Pages 45 - 58)

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| <p>7. PORTFOLIO UPDATE - CABINET MEMBER FOR ADULT SOCIAL CARE, PUBLIC HEALTH AND VOLUNTARY SECTOR</p> <p>To receive an update from the Cabinet Member for Adult Social Care, Public Health, and the Voluntary Sector, Councillor Nafiska Butler-Thalassis.</p> | <p>(Pages 59 - 62)</p> |
| <p>8. PORTFOLIO UPDATE - CABINET MEMBER FOR YOUNG PEOPLE LEARNING AND LEISURE</p> <p>To receive an update from the Cabinet Member for Young People, Learning and Leisure, Councillor Tim Roca.</p> | <p>(Pages 63 - 68)</p> |
| <p>9. YOUNG PEOPLE'S MENTAL HEALTH REPORT</p> <p>To provide an update on the mental health support initiatives for children and young people delivered across the mental health partnership in Westminster.</p> | <p>(Pages 69 - 78)</p> |
| <p>10. WORK PROGRAMME</p> <p>To discuss and shape the Committee's work programme for the municipal year 2023/24.</p> | <p>(Pages 79 - 92)</p> |

Stuart Love
Chief Executive
13 September 2023

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Agenda Item 2

Children, Adult Public Health, and Voluntary Sector Policy & Scrutiny Committee 21 September 2023 - Declarations of Interest

Known interests of Members of the Children, Adult Public Health and Voluntary Sector Policy & Scrutiny Committee which may be relevant to the business of the Committee are listed below. Please note that if there are any corrections or additions to this list, these must be made by the Member concerned under agenda item 2 – Declarations of Interest.

Councillor/Member of the Children, Adult Public Health and Voluntary Sector P&S Committee	Organisation	Nature of Interest
Councillor Angela Piddock (Chair)	Westminster Academy	Governor
	Queen's Park Federation	Governor
	Paddington Arts	Trustee
	The Floating Classroom	Trustee
	National Association of Head Teachers (NAHT)	Member
Councillor Lorraine Dean	The City of Westminster College	Employment as a Learning Support Assistant

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CITY OF WESTMINSTER

MINUTES

Children & Adults, Public Health & Voluntary Sector Policy and Scrutiny Committee

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Children & Adults, Public Health & Voluntary Sector Policy and Scrutiny Committee** held on **Thursday 27th July, 2023**, Rooms 18.01 - 18.03, 18th Floor, 64 Victoria Street, London, SW1E 6QP.

Members Present: Councillors Angela Piddock (Chair), Lorraine Dean, Iman Less, Ellie Ormsby, Carline Sargent, Selina Short, and Max Sullivan.

Also Present: Councillors Nafsika Butler-Thalassis (Cabinet Member for Adult Social Care, Public Health and Voluntary Sector) and Tim Roca (Cabinet Member for Young People, Learning and Leisure), Linda Hunting (Policy and Scrutiny Advisor), Maria Burton (Portfolio Advisor to Councillor Nafsika Butler-Thalassis), Nikki Costain (Portfolio Advisor to Councillor Tim Roca), David Bello (Head of Service, Bi-Borough Mental Health), Christine Mead (Head of Community Partnerships),(virtual), Manisha Patel (Director of Operations, Governance and Oxford Street), Seth Mills (Bi-Borough Director of Social Care), Rachel Soni (Director of Health Partnerships), Gareth Wall (Bi-Borough Director of Integrated Commissioning), Visva Sathasivam (Bi-Borough Director of Social Care), Jeffrey Lake (Deputy Director of Public Health WC), Sarah Newman (Bi-Borough Executive Director of Children), Angela Flahive (Head of Safeguarding Review and Quality Assurance - Children's Services) and Kembra Healy (Bi-Borough Quality Assurance Manager).

1 MEMBERSHIP

- 1.1 The Committee noted that Councillor Caroline Sargent was attending as substitute for Councillor Ralu Oteh-Osoka.
- 1.2 The Committee noted apologies from Co-opted Members Alix Ascough, Marina Coleman, and Professor Ryan Nichol.
- 1.3 The Committee noted that Co-opted Mark Hewitt (Headteacher, St James' and St John CE Primary School) had stepped down from his role on the Committee as the Westminster City Council Headteachers Partnership representative with immediate effect. The Chair thanked Mark for his efforts on the Committee.

2 DECLARATIONS OF INTEREST

2.1 The Chair referred Members to the standing document of known interests of Members and noted that Councillor Dean had been added in respect of her role as a Learning Support Assistant at City of Westminster College.

2.2 The Committee noted that there were no other declarations of interest.

3 MINUTES

3.1 The Committee approved the minutes of its meeting held on 12 June 2023.

3.2 It was noted by the Committee that the minutes recorded there was to be a further discussion about the Work Programme at the July meeting and that due to the review of the Policy and Scrutiny function, this would not take place until after September.

RESOLVED:

3.2 That the minutes of the meeting held on 12 June be signed by the Chair as a correct record of proceedings.

4 PORTFOLIO UPDATE - CABINET MEMBER FOR ADULT SOCIAL CARE, PUBLIC HEALTH AND VOLUNTARY SECTOR

4.1 The Committee received an update from Councillor Nafsika Butler-Thalassis, on priorities and any updates that have arisen. The Cabinet Member responded to questions on the following topics:

- How the Council has secured funding for its first School Superzone as part of the Mayor of London's programme and will be working with Edward Wilson Primary School in Westbourne Green.
- Supporting healthy weight as part of the Superzone initiative and across the borough and whether there were any current proposals to extend the existing allotments that exist at Millbank Academy and Churchill Gardens schools.
- The Participatory Budget Scheme, Community Grants, and residents being able to input ideas for projects at a community level.
- The Learning Disability Accommodation Services and day services, the potential savings and the opportunity for more regulation with the unification of the contracts for services.
- How the providers for the specialist care within Learning Disability Services and the most vulnerable will be monitored, how the standard of continuous consistent service will be addressed for the different types of provisions, and how the procurement and contract evaluation process will work going forward to ensure that if a new provider offers a better quality service, that service will be migrated from LDN London (Learning Disability Network London) to a new provider, including input from local residents.
- The reprovision and relocation of the Community Access Westminster services for residents with complex needs, including, the scope to expand the

services available and the geographical location of services to avoid those most vulnerable needing to travel across the borough.

- The Global Majority Joint Strategic Needs Assessment (JSNA), focussing on the health inequalities that Westminster's Global Majority communities experience, which minority groups are the focus, the methodology of the assessment, when the Committee will be able to view a draft of the assessment (that will be finalised in March 2024) and make recommendations for the types of questions that should be included, how far the assessment should go in informing Council programmes (such as #2035), and to what extent the findings will be tracked and monitored across different areas of the Council.
- The plans for the Health Equity Fund in the Autumn to enable funding for public health outcomes, as informed from the JSNA (Joint Strategic Needs Assessment) for longer outcomes, working with voluntary sector groups to reduce health inequalities in the borough.
- The importance of early engagement with interventions such as the the BME (Black and Minority Ethnic) Health Forum and the Maida Vale Caribbean Men's Domino Club and to engage with as many community organisations as possible at each stage.
- The recommendations made as part of the Children and Young People's Drug Strategy and the importance of utilising all of the Council's networks in schools, youth centres, and other units to ensure there is a measured approach with the young people involved and they are getting the support they need. Councillor Roca updated the Committee on the project Black and Bloom that is being rolled out in primary schools to support issues around substance misuse and the benefits of school and education, including workshops led by Paul Canoville (first black player for Chelsea Football Club) at Stamford Bridge.
- Voluntary sector funding, the grants that are awarded by the Council, and how these organisations are monitored both in terms of safety and quality of service for residents over the period of the grant. How the organisations report to the Council, the governance process on applications, and the external provider that checks on the day to day running of the programmes and how that is recorded.
- The Mental Health Digital Platform, how this will work in principle with the digital resources available and the local community provision, and the opportunity for Members to view and test the platform.
- The Gordon Hospital and the latest efforts of the Council to replace the mental health beds that have been lost with the closure of the hospital, including, the clinical model options that have been presented by CNWL NHS (Central North West London NHS) and how this is being taken forward on behalf of residents.
- The Champion Project Apprenticeship scheme and the project suppliers involved.
- Supporting healthy weight and more cycle training in schools.

ACTIONS:

1. That information about the Community Champion Apprenticeship scheme suppliers to be provided to the Committee.

2. That information about extending cycle training in schools will be provided to the Committee in a future Cabinet Member report.

5 PORTFOLIO UPDATE - CABINET MEMBER FOR YOUNG PEOPLE, LEARNING, AND LEISURE

- 5.1 The Committee received an update from Councillor Tim Roca, on priorities for the portfolio and any updates that have arisen. The Cabinet Member responded to questions on the following topics:

- The contract around speech and language therapy.
- The apprenticeship scheme in social work and the difficulties around recruitment, including new apprenticeships in social care, the investment the Council has made, including progression, and what types of interventions can be rolled out to attract more local applicants.
- Attracting and retaining experienced social workers, the robustness of the Council's Child Protection Team, and the investment in specialist staff and clinicians.
- School attendance and behaviour issues post the Covid-19 pandemic and the additional support the Council is looking to offer, such as strengthening the inclusion programme.
- Trauma informed training that has been rolled out in schools, and the inclusion programme which works with children, their families, and teachers to deescalate behaviour issues and provide support.
- Redevelopment of the Tresham Centre, when the works will be completed and the centre will be operational, the difference in the budget that has been assigned for completion, and the reasons for the increase in the costs involved.
- Gangs and gang violence, including, the fatal stabbings that have occurred and what is being done to reduce serious youth violence, the effectiveness of the Westminster IGXU (Integrated Gangs and Exploitation Unit), and plans to work more with different communities such as the Kurdish community, and the correlation between substance misuse and gang activity.
- The Substance Misuse Strategy, including, where there are concerns around the parents and families of the young person, safeguarding issues, and who is purchasing the substances and from whom.
- The preventative work around youth violence being carried out at primary schools and in specific wards for 18–25-year-olds, including, interventions to promote education, training, and employment.
- The trauma faced by communities and families when youth violence occurs, understanding the cultural differences and taboos of communities, especially with young men, and residents understanding and utilising the support systems that are available to them.
- What the Council are doing to focus on, and invest in, improving outcomes for young people and engage with some of the issues, such as violence, exploitation, and vulnerability, and utilise local communities and services, making sure that social workers caseloads are not onerous, and that schools are supported as much as possible.

- Half term activities such as Unlock, and topics that would be beneficial for young people such as financial literacy and entrepreneurial skills as part of the citizenship training, the benefits of linking up with charities that offer these types of training, and the importance of the appropriate representation with young people.
- In-person engagement sessions as part of the 'We Got U, U Got This' Emotional Wellbeing and Mental Health Campaign, by providers visiting schools.
- The Inside Out Festival and whether there is scope for this to be offered alongside the summer Holiday Activities and Food programme in locations across the borough to enable more young people to participate.
- The success of culture funding across the schools and getting young people to access and participate in cultural programmes.
- Enabling facilities such as community changing rooms in leisure centres for women wearing burkinis and hijab to change and use the facilities with privacy.

6 ADULT SOCIAL CARE (ASC) ANNUAL COMPLAINTS REPORT 2022-2023

6.1 The Chair welcomed David Bello (Head of Service, Bi-Borough Mental Health), to introduce the report on adult social care annual complaints. The Head of Service responded to questions on the following topics:

- The difference between Member enquiries that are ward specific and service-user complaints and any potential crossovers.
- The social care services and support for vulnerable, elderly, and disabled residents in relation to the joined-up efforts between ASC and other services, such as, the provision of specific adaptations in a resident's home.
- Complaints that require specialist provisions that require services to work together such as housing and ASC to ensure the residents needs and support are met.
- The importance of a joined-up approach between services.
- How complaints that are raised directly to a provider are assessed in relation to the complaints that are received directly by ASC, whether the Council is copied in these complaints, and the contract management process and quality assurance that takes place, and the information the Council receives from the regulator.
- The work of the Quality Assurance Team.
- Feedback from service users and carers.
- The Ethical Care Charter and whether one of the points raised about carers not staying long enough with their clients would be addressed by the work of the charter.
- How the Council resolves complaints.
- The nature of the complaints, that 45% of the recorded complaints were about the service provided, and how the sub-categories that make up that figure are derived.

ACTIONS:

1. That Councillor Dean will provide the details of the casework regarding an elderly resident and adaptations required in their home to officers.
2. That information will be provided to the Committee about the sub-categories of complaints that make up the 41% result for 'quality of service' as cited in the report.

7 THE INDEPENDENT REVIEWING SERVICE ANNUAL REPORT AND THE CHILDREN'S PARTICIPATION ANNUAL REPORT

- 7.1 The Chair welcomed Angela Flahive (Head of Safeguarding Review and Quality Assurance - Children's Services) to introduce the annual reports on the independent reviewing service and children's participation. The Head of Safeguarding Review and Quality Assurance responded to questions on the following topics:
- The steps taken to make services more accessible for looked after children, especially for the young people that cannot read, communicate, or understand what is going on.
 - Advocacy for Children Looked After and Care Leavers and how the 23 children and young people referrals noted in the children's participation report relates to the 505 reviews in the independent reviewing service report. The 23 referrals relating to reviews where the issues raised have not been dealt with at the earliest possible stage.
 - The Looked After Children's review process at 1, 3 and 6 months.
 - How the young person may request an advocate to accompany them to a review.
 - How the young people are brought into the discussion and decision process about what will affect their lives.
 - The transition from leaving care into independence and the extension of responsibility of local authorities from 21 years of age to 25 years of age and the percentage of young people at these ages who request for continuing support.
 - The involvement of looked after children working as mentors and role models for others and providing motivation, support, and reassurance, and the success of these activities.
 - The pilot schemes that will be continuing for children with Special Educational Needs and Disabilities.
 - The percentage of looked after children that go on to higher education and university, in particular the unaccompanied asylum seeker young people and the overall performance of vulnerable young people against their peers.

8 WORK PROGRAMME

- 8.1 The Chair invited the Policy and Scrutiny Advisor to introduce the Committee to the Work Programme and provide an overview.

10.4 The following points regarding the Work Programme were noted by the Committee.

- The scrutiny improvement task group had been set up to consider how best to carry out the scrutiny function, following the recommendations made in the independent review by the Centre for Governance and Scrutiny.
- Further discussion about the Work Programme will take place at the September Committee.
- The digital social care platform demonstration for Members has been arranged as a briefing session for 27 September.
- The LAC (Looked After Children) Tuesday Club invitation for dinner with the young people for the Chair and 2 additional Members for 26 September, including further opportunities for all Members to attend.
- The recent meeting of the JHOSC (Joint Health Overview Scrutiny Committee) and the topics discussed such as the Gordon Hospital, The North West London Strategy for the provision of acute beds, the Standardisation of Adult and Paediatric Ophthalmology services across North West London, and the Development of Musculoskeletal Services across North West London.
- The new role of Councillor Cara Sanquest and how that will be incorporated into scrutiny from September.
- The Global Majority Joint Strategic Needs Assessment to be added to the Work Programme for Members to feedback recommendations.
- The Gordon Hospital pre-consultation process, the Committee's involvement in that process, and information for Members about the clinical options and relevant data to be disseminated following the fourth pre-consultation workshop, when received.

9 ANY OTHER BUSINESS

9.1 The Committee agreed there were no other business items to be discussed.

The meeting ended at 8.35 pm.

CHAIR: _____

DATE _____

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Children, Adults, Public Health and Voluntary Sector Policy and Scrutiny Committee

Date:	21 September 2023
Classification:	General Release
Title:	Plan for the consultation on acute mental health services for the residents of Westminster and RBKC
Wards Involved:	All
Report Author and Contact Details:	Sally Milne sally.milne@nhs.net

1. Executive Summary

This paper summarises the work to date to develop options for the consultation around acute mental health services for residents of the City of Westminster and the Royal Borough of Kensington and Chelsea and sets out plans for the consultation that will be running from October 2023 to January 2024.

This builds on previous updates that have been given to this committee to share information about the progress of pre-consultation engagement.

2. Background

2.1 Introduction

In 2020, the Covid-19 pandemic necessitated the temporary closure of the inpatient wards at the Gordon Hospital in Westminster. Inpatient provision for Westminster and the Royal Borough of Kensington and Chelsea (RBKC) was consolidated at the St Charles Centre for Health and Wellbeing in RBKC, resulting in a significantly reduced number of inpatient beds. A network of alternative, community-based services was put in place across the area to compensate for the reduction in inpatient beds.

We are now working to go out to consultation on the future of acute MH services in Westminster and RBKC. We have been working with partners through a number of workshops to agree the options for consultation.

2.2 Options appraisal process

In order to develop the options for the consultation a series of workshops were held with partners to go through the process of options appraisal. Details of each workshop are:

- Workshop one discussed the care model that we aspired to for our service users in Westminster and RBKC
- Workshop 2 looked at configurations of inpatient facilities to review options for where the care could be delivered
- Workshop 3 went through data to understand what is being delivered and the proposed options for consultation
- A follow up data workshop was then held to run through data from partners and the costs of the options.

Reports on all the workshop content and discussion can be found on the ICB website at the links below, and have been included as appendices to this paper.

- [Workshop 1a and 1b](#)
- [Workshop 2](#)
- [Workshop 3](#)

A final workshop is being held on the 13th September to share the outputs of the previous workshops and the options that will be taken to consultation. The outputs of this workshop will be published on both the ICB and CNWL’s website and the link will be shared with the Committee.

The options that have been considered through the appraisal process for potential inclusion in the consultation are in the table below

Options considered for inclusion	
Model A. 2019 model – highest bed base (117 beds), lowest level of community alternatives	
A1	Two site inpatient service with facilities at the Gordon meeting “safe” standards only (eg not providing en-suite bathrooms) and shifting investment from community back to inpatient. 67 beds at the St Charles and 51 at the Gordon. Alternative services would be stood down or reduced, including: the HBPoS at St Charles, Step Down beds, MHCAS, and VCSE partnerships investment. There would also be a reduction in the multi-disciplinary support to other wards, which has been enhanced.
Model B. Transformed model as now – lower bed base of 67 beds, and a higher level of community alternatives.	
B4	Single site service with all 67 beds at the St Charles and an extensive range of community alternatives. Maintain community alternatives, including all of those reduced/stood down under A1.
Model C. Transformed model as above with enhanced crisis assessment service with crisis inpatient unit	
C	Two site service (at St Charles and the Gordon) and an extensive range of community alternatives – option keeps most services as they are now in 2023, but includes the transfer MHCAS from St Charles to Gordon Hospital, and expand it from being able to support 8 people to 12 people at any one time. This would include 4 additional short-term assessment beds which will enable people to receive intensive support for a longer period.

Model D. A partially transformed model. Mid-range bed base of 80 beds, with some reductions in community and crisis alternatives but less than under A.	
D	Two site inpatient service (67 beds at St Charles and 13 at the Gordon), beds split across two sites with both facilities meeting most key national standards for quality. The 13 beds would deliver a single additional ward at the Gordon. There would be a need to stand down some community services to be able to redeploy staff and resources back to the inpatient wards. For the purposes of examining this option, we are assuming that the service that would be stood down to open the ward would be the MHCAS (because this service is most closely matched in terms of patient need); and there would be reduced additional capacity created in Brent, so some people from the outer boroughs would continue to use inner borough beds.

Table 1: Options considered for inclusion (numbering of the options relates to their position in the long list)

So far all discussions have formed part of the pre-consultation development and engagement. Following the launch of the consultation the engagement will be expanded to cover all residents to ensure everyone is able to input and respond. This paper sets out the details of the strategy for consultation.

2.3 Consultation plan

2.3.1 Services in scope

The services within the scope of the consultation:

- Serve those people with a mental health problem who might require admission to an inpatient mental health bed
- Serve the population living in the City of Westminster and the Royal Borough of Kensington and Chelsea. The consultation also considers the potential impact on residents of the London Borough of Brent; a small number of Brent residents have, in the past, come to Westminster and/or Kensington & Chelsea
- Are used by the diverse, urban communities living in the bi-borough.

Inpatient services for these communities have been provided by CNWL at the Gordon Hospital (51 beds over 3 wards temporarily closed in 2020) and the St Charles Centre for Health and Wellbeing (67 beds over 4 wards).

The consultation plan has been developed by and on behalf of both CNWL and NWL ICB. It will be led by the ICB Communications and Engagement Director and team, and be delivered according to these principles:

- Through a structured process, with shared management across the system to ensure that the consultation aligns with other strategic programmes in Westminster and Kensington and Chelsea
- Working with the networks of NHS organisations and relationships with local groups and communities
- Encompassing both communications and engagement – to ensure that people are able to find out about the consultation and how to participate, those likely to be particularly impacted are reached through a range of relevant channels, and comments and feedback are considered in depth

- With the active involvement of a Steering Group of communications and engagement specialists.

Analysis has showed that in 2019/20, prior to the temporary closure of the inpatient wards at the Gordon, 72% of admissions were residents from Westminster or RBKC, and 81% from CNWL boroughs. While a majority of patients who used the service were from Westminster or RBKC, and as such these are the boroughs within the scope of the consultation, we will be providing regular updates to the Joint Health Overview and Scrutiny Committee to ensure that all eight North West London boroughs have an opportunity to input.

2.3.2 Consultation objectives

The objectives of the consultation are:

- To gather feedback from service users, staff, stakeholders and local residents, making it as easy as possible to comment through a choice of channels and reaching out effectively to ensure people are aware of the consultation and how they can contribute
- While retaining flexibility for how people can participate and valuing all contributions, aim to secure feedback about our preferred consultation option—relevant to views on its respective strengths and weaknesses, how they will impact on services and service users, and issues relevant to implementation for each
- Secure a mix of both quantitative feedback (e.g. through a questionnaire) and qualitative feedback (e.g. through noting discussion at meetings) to develop insight into participants' views which are as rich and detailed as possible
- Where rooted in the data, indicate where there is majority agreement and where there are differences of view held by different groups
- Meeting statutory duties, ensure that inclusion in the consultation process is as broad as possible and that those individuals and groups most likely to be impacted by the service change are fully engaged and their voices are particularly clearly heard
- Capture all feedback from the consultation within a single analysis and report to enable the ICB's decision to be fully informed.

2.3.3 Information included

There will be a variety of information made available to inform participants and enable them to make meaningful comments. These will be hosted on the ICB website, with links from relevant partners, and will include:

- Core consultation information and questionnaire, which will set out:
 - Summary of case for change and current service configuration
 - Preferred Consultation Option
 - Information about the process so far
 - How to contribute views, including schedule of events
 - Next steps following consultation
 - Main consultation document and summaries for download
 - Including materials available in accessible formats
 - Detailed background documents, including:

- Travel time and other modelling data
- Pre-consultation Equalities Impact Assessment
- Pre-consultation Business Case (PCBC).

The groups that we plan to consult with include:

Geographic data analysis and mapping shows population density across North West London for the following characteristics:

- Service users of both acute and community mental health services
- Deprivation by locality
- Distance from closest inpatient mental health service (current).

2.3.4 Priority groups for consultation - equalities

As required by law, the key groups for consultation are:

- Users – or potential users - of adult acute mental healthcare in Westminster and Kensington and Chelsea
- Users – or potential users – sharing protected characteristics under the Equality Act (or otherwise at risk of health inequality) who may be disproportionately impacted by the proposed changes.

Following a structured Equality Impact Assessment, Integrated Impact Assessment, review by the London Clinical Senate and a workshop of local clinical leaders, the following groups have been identified as the highest priorities:

- Younger adults
- Older adults
- Sex
- People with mental health issues
- People with physical disabilities
- People with neurodiversity
- People with comorbidities
- Gender reassignment
- Pregnancy and maternity
- Black and Black African people
- Religion or belief
- Carers
- Families of service users
- Deprived communities, including people who are unemployed
- Homeless people
- Substance misusers (including Wet hostel)
- ESL and immigrant communities
- Those sectioned by the police
- Residents of Westminster and K&C
- Staff.

The Integrated Impact Assessment used a weighted vulnerability index to identify populations that may be particularly vulnerable in the proposed service change. The index is an equally weighted average of the rank of the percentage of ethnic minorities, deprivation and poor health outcomes. Therefore, we will also be paying attention to engaging people in these areas who might face more challenges compared to other areas in Westminster and Kensington and Chelsea. These areas include:

Royal Borough of Kensington & Chelsea
Kensal Town

Westminster City Council
Church Street
Pimlico South

We will consult with all areas of both boroughs, but there will be a focus on these areas to ensure there is good representative feedback.

2.3.5 Other groups for consultation – service users, stakeholders, and residents

In addition, other groups we would seek to prioritise for engagement, include stakeholders, and local organisations, plus networks and media who have been 'scoped in' because they will carry information about the consultation. These include:

- Anyone who is currently using acute mental health care services in Westminster or Kensington and Chelsea
- Anyone who has previously used acute mental health care services in Westminster or Kensington and Chelsea
- Families and carers of people who use, have used, or might use these mental health services
- Residents of the Royal Borough of Kensington and Chelsea, the City of Westminster and neighbouring areas who are eligible to use services in these boroughs
- Professional representative bodies such as trade unions, local medical committees, and the Royal College of Psychiatrists
- Community representatives, including the voluntary sector
- Local authorities.
- Health and Social care partners including the ambulance service and NHS 111.

2.3.6 Consultation Report

Following the consultation, a report will be produced. This report will summarise:

- The consultation response
- Views on the preferred option, highlighting where justified by the data differences of views between different groups
- Analysis of comments more broadly relevant to the proposals, such as views in the clinical model, issues for implementation of Option.

The report will be published and will form an appendix to the Decision-making Business Case, and formally considered by the ICB.

The consultation report will also inform the second Equality Impact Assessment (post-consultation).

2.4 Next Steps:

Key dates and next steps for the consultation are

- 13th September - final pre-consultation workshop with partners
- 19th September – Stage 2 Assurance panel with NHS England
- 28th September – ICB Strategic Commissioning Committee for sign off
- Early October – Launch of the Consultation

When the NHS advances proposals for service change that significantly affect the residents of more than one local authority, the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require the affected local authorities to form a Joint Health Overview and Scrutiny Committee. It is that JHOSC that must comment on the proposals, can require information from the NHS, and can make a decision (or not) to refer proposals to Secretary of State. We believe the local authorities most affected are the City of Westminster and the Royal Borough of Kensington and Chelsea. There remains an open question as to whether residents of the London Borough of Brent are also significantly affected. A decision is required on the final structure of this group.

The consultation will be live for 12 weeks, it will be closed in January 2024 and will be extended to take into account the winter holiday period. Regular updates will be shared with the agreed Joint Health Overview and Scrutiny Committee as well as the Local Health Overview and Scrutiny Committees.

If you have any queries about this Report or wish to inspect any of the Background Papers, please contact Report Author x0000

Appendix 1: Workshop 1a and 1b report

Preparation for consultation on the future of acute mental health care for residents of Westminster, Kensington & Chelsea, and Brent

Background

Following temporary closure of mental health wards in the Gordon Hospital in 2020, plans for consultation on the future of acute mental health care for residents of Westminster, Kensington & Chelsea, and Brent have been considered by the North West London Integrated Care Board (NWL ICB), which is the consulting body.

In developing plans, NHS commissioners are required to consider a full range of service change options that can improve outcomes and identify those which are viable and sustainable. These will be developed into options for formal consultation, which is expected to happen later this summer. The list of options must always include a “no change” configuration, so that it can be compared properly with whatever changes are proposed.

The development of these options is informed by detailed analysis which incorporates clinical evidence, views of service users and staff gathered during pre-consultation engagement, insights from other stakeholders, patients flows, financial and workforce considerations. The options will all be set out in a comprehensive Pre-Consultation Business Case (PCBC) document, with detailed assessment of each against the agreed criteria and objectives which will be agreed in advance of the appraisal, taking account of input from stakeholders.

Following agreement by the Board, the NWL ICB would submit the PCBC to NHS England, which is the body responsible for authorising public consultations to proceed.

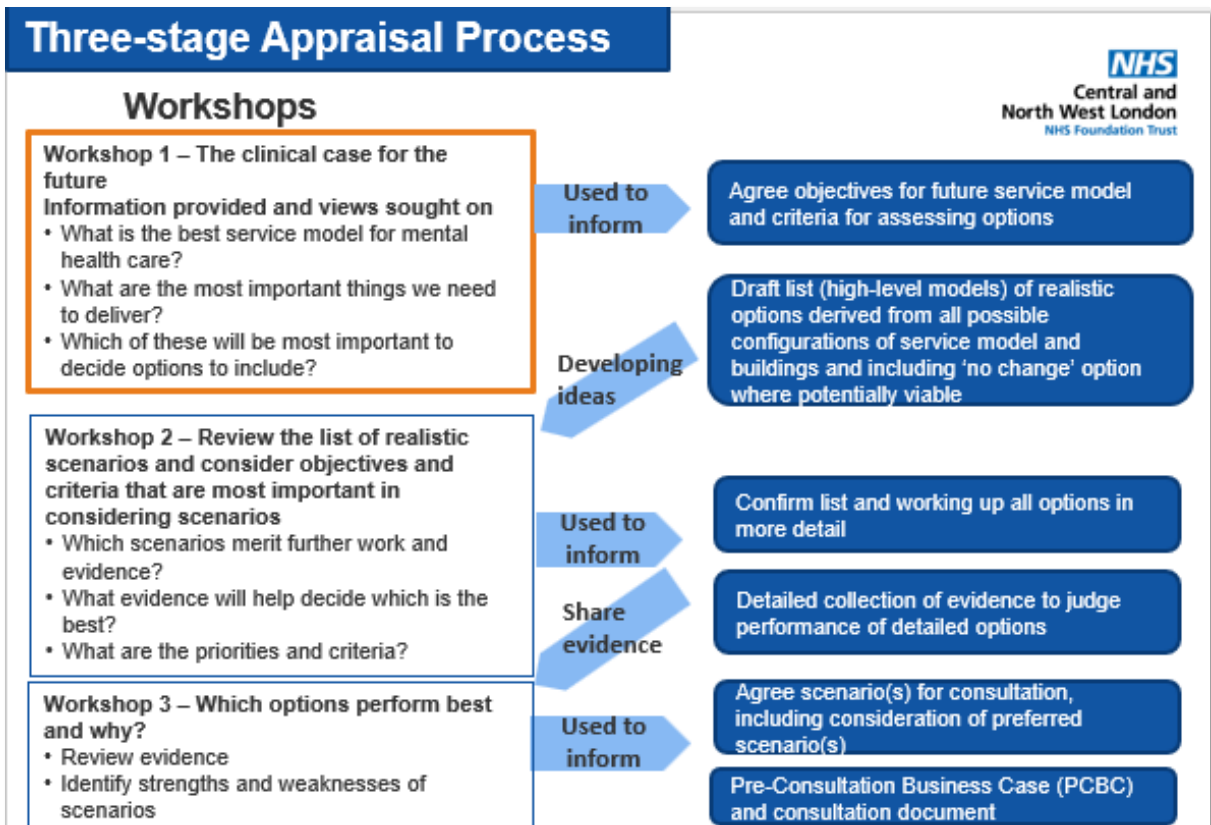


Table 1. The options appraisal process

Appraisal is a structured process through which all a full range of possible service solutions are considered and evaluated - and a range of options put forward for public consultation, all of which must be realistic and viable. It is important that we do not offer for public consultation any options which we know to be undeliverable or unaffordable.

The appraisal process that we are using is summarised in the flow diagram at Table 1.

It is based on three workshops to which stakeholders bringing a broad range of relevant perspectives are invited (service user, clinician, service manager, commissioner, statutory partner). Individuals work together to discuss “what good looks like” and over, the course of the workshops, inform the process by which the final list of possible options is determined.

It is important to emphasise that these workshops are not the only way – or the only opportunity – for services users and other stakeholders to give their views.

The first stakeholder workshops

The first workshop was held on Monday 27 March 2023 at 09.00-11.00 in the Dawson Room, 110 Rochester Row, London, SW1P 1JP.

Thirteen stakeholders participated, along with four members of the CNWL team, in facilitated discussions – both breakout groups and in plenary.

The first workshop was repeated on Tuesday 18 April at the same venue, to enable a wider range of stakeholders to participate. 17 people attended, plus 13 members of the CNWL team.

The purpose of these workshops was to focus on the service model and draw out themes to establish what “good” would look like. This will support the development of measurement criteria which will be used to evaluate options. Key points that emerged relevant to developing the service model were:

Need for services which are community-based and flexible, including:

- Local and “part of the community”
- A spectrum of services – clinical MH (including psychiatric, psychology, wide range of therapies), physical health (e.g. health information, links to GPs), social prescribing at the heart (i.e. referrals to social support, vol.orgs., employment etc.)
- A holistic approach incorporating physical and mental health needs and integrated with social care and enablers such as housing
- A good model of care needs to have sufficient provision for patients experiencing a mental health crisis – with appropriate and streamlined referral routes, including through A&E and under MH Act section, and provide a range of appropriate services, including options which aim to avoid admission, such as crisis houses
- Base for multi-disciplinary teams, with escalation routes to inpatient care – aiming to support people earlier
- Self-referral – for when service users are first feeling unwell.

The importance of inpatient services, including:

- Should always be available for those who need it
- Modern buildings – flexible spaces to offer a range of services to those inside (e.g. exercise classes, things to do), with pleasant ambience and outside space
- A patient-centred environment, with activities which are normal in home environments
- Less secure / less locked / fewer admissions via MH Act section
- Really strong focus on maintaining links with families / social networks while in hospital, and emphasis on high quality discharge – i.e. to prevent readmissions
- Need to build the service around much shorter period of inpatient stays
- Planned discharge enabling patients to access appropriate services in the community, with links to support recovery and independence for example social care and housing.

General issues, including:

- The need to consider a potential increase in mental health issues within the survivor community of the Grenfell Tower Fire and the surrounding areas.
- Person centred care - appropriate for individuals, and needs led with patients shown compassion and respect.
- Model must reflect diverse needs – specifically address BAME needs, and generally offer patients more choice and control over the service – strong feeling that the poor experience of BAME (especially Black Caribbean/African) is in part linked to the physical settings and models of care
- Also more sensitive and responsive to needs e.g. language barriers for people without good English, full range of disabilities e.g. neuro-diversity.
- High quality communication needed by patients and families including knowing who and how to contact services
- Having sufficient workforce capacity is important, with professionals working in mental health well supported.

Healthwatch's *Voice Exchange* service user engagement report strongly influenced the agenda (as well as being an important piece of input informing our option development), and following suggestion at the first workshop, it was agreed that Healthwatch representative should be invited to attend the remaining workshops.

Next steps

The aim is that participation across all three workshops will include the same organisations and – if possible – the same individuals. We are seeking to define “what good looks like” in acute mental health care and apply the characteristics of high quality care to potential options through a structured process. We are therefore seeking to work with a consistent group of stakeholders to inform this through the three sessions.

Workshops 2 and 3 are scheduled to be held on Tuesday 25 April and Thursday 18 May to enable sufficient time for analysis and evidence-gathering necessary between each session.

A summary report, like this one, will be published for both Workshops 2 and 3.

It is anticipated that the options for consultation will be announced early in June, and the options appraisal process will be reported fully when the PCBC is published.

Appendix 1: Workshop 2 report

Preparation for consultation on the future of acute mental health care for residents of Westminster, Kensington & Chelsea, and Brent

Background

Following temporary closure of mental health wards in the Gordon Hospital in 2020, plans for consultation on the future of acute mental health care for residents of Westminster, Kensington & Chelsea, and Brent have been considered by the North West London Integrated Care Board (NWL ICB), which is the consulting body.

In developing plans, NHS commissioners are required to consider a full range of service change options that can improve outcomes and identify those which are viable and sustainable. These will be developed into options for formal consultation, which is expected to happen later this summer. The list of options must always include a “no change” configuration, so that it can be compared properly with whatever changes are proposed.

The development of these options is informed by detailed analysis which incorporates clinical evidence, views of service users and staff gathered during pre-consultation engagement, insights from other stakeholders, patients flows, financial and workforce considerations. The options will all be set out in a comprehensive Pre-Consultation Business Case (PCBC) document, with detailed assessment of each against the agreed criteria and objectives which will be agreed in advance of the appraisal, taking account of input from stakeholders.

Following agreement by the Board, the NWL ICB would submit the PCBC to NHS England, which is the body responsible for authorising public consultations to proceed.

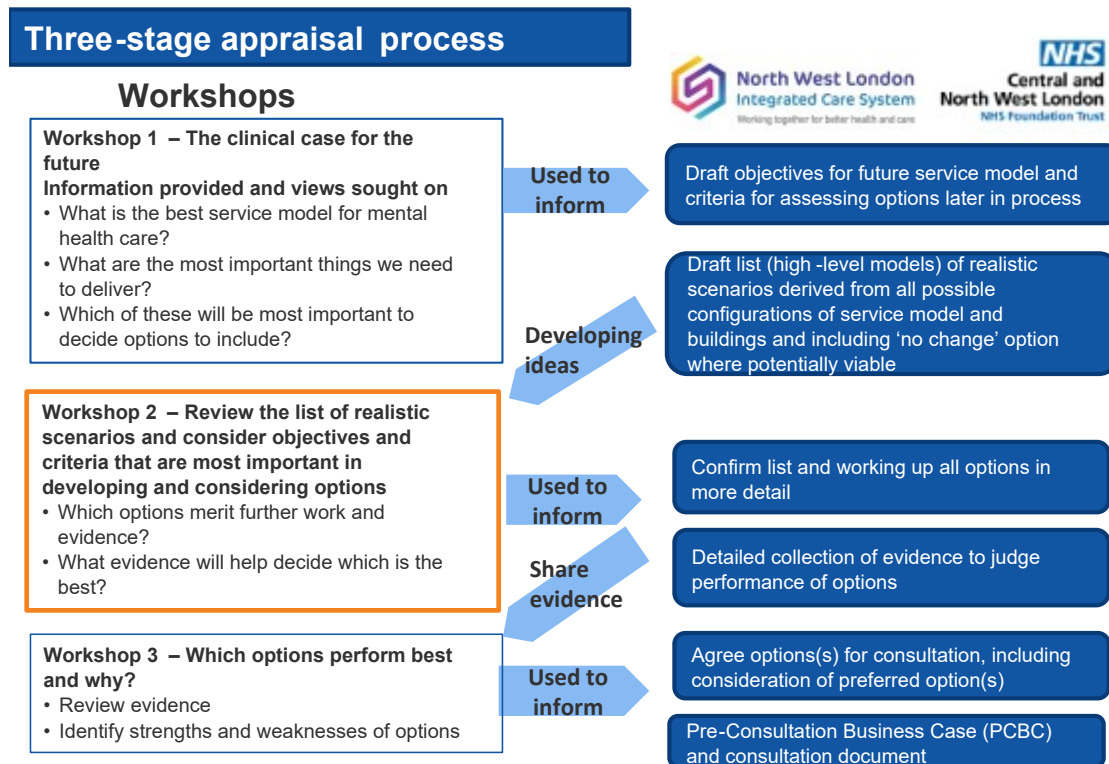


Table1. The options appraisal process

Appraisal is a structured process through which all a full range of possible service solutions are considered and evaluated - and a range of options put forward for public consultation, all of which must be realistic and viable. It is important that we do not offer for public consultation any options which we know to be undeliverable or unaffordable.

The appraisal process that we are using is summarised in the flow diagram at Table 1.

It is based on three workshops to which stakeholders bringing a broad range of relevant perspectives are invited (service user, clinician, service manager, commissioner, statutory partner). Individuals work together to discuss “what good looks like” and review realistic scenarios and criteria which are important when considering options to inform the process by which the final list of possible options is determined.

It is important to emphasise that these workshops are not the only way – or the only opportunity – for services users and other stakeholders to give their views.

Two workshops (consistent in content) were held with stakeholders on 27/03/23 and 18/04/23 to identify what good looks like in the provision of acute mental health services. The outputs of those workshops supported the development of a set of scenarios for discussion in workshop 2.

Workshop 2 was held on 25th April 2023, between 11am-1.00pm in the Hindle and Wild rooms at 110 Rochester Row, SW1 1JP.

Thirty five stakeholders participated in the workshop.

The aim of workshop 2 was to review a list of realistic scenarios and to consider objectives and criteria which are important in developing and consider options. The two key questions for this workshop were:

- Which options merit further work and evidence?
- What evidence will help decide which is the best?

Break-out session 1

The workshop started with a presentation three potential care models with variations of configuration totalling six different scenarios. Following the presentation breakout groups of approximately 5 participants discussed the scenarios; there were opportunities during the breakout session for people to ask the presenters for clarity on points they had made. The breakout groups were asked to consider the scenarios from the following perspectives:

- Were the scenarios clear and understandable?
- Do they represent the full range of realistic alternatives?
- Are there additions or variants which could be considered?

Each table were supplied with sticky notes which they could use to highlight things they thought were important.

After the breakout groups there was a plenary session where participants fed back their views.

The key points made about the scenarios, under the headers for discussions, were:

Were the scenarios clear and understandable?

- The scenarios were more understandable to those involved in CNWL mental health services than to other stakeholders.
- Stakeholders said they would have preferred more information and data to support the models, including the wider implications for each scenario.
- It was suggested that more data will be needed as these scenarios are developed into options for consultation, for example on the impact of the rise from 3,000 to 9,000 CMHT referrals, referral waiting times, the number of occupied bed days, the average length of stay in hospitals, what finances are available, the current waiting times for inpatient beds – and that all this information should be shown to relate directly to the local area and be considered when developing the models
- Some participants said that the scenarios need to consider the ratio of investment between inpatient beds and community care
- There was a view that Scenario C was incomplete – more detail was requested
- Community services were thought to need more consideration
- Stakeholders assumed that demands on services will increase – and that relevant assumptions should clearly be set out for consultation options.

Do they represent the full range of realistic alternatives?

- There was scope for some cross over between scenarios A and B
- Some participants said there should be more flexibility in the scenarios, rather than a binary choice between pre-Covid and current inpatient bed availability of 180 and 70 respectively – with bed capacity based on the needs of the community, perhaps by putting in extra beds at the hospitals
- It was noted that there were no scenarios which considered reopening the Gordon as it currently is or closing all beds and basing all services in the community, although some participants thought the scenarios were too heavily ‘loaded’ towards care in the community, and did not take enough consideration of the percentage of people for whom community care is unrealistic
- There was a view that the current numbers of inpatient beds are insufficient to meet service needs, so the scenarios and future models should reflect this and increase the number of beds
- Several people expressed the view that there should be provision in the south of the area (bi-borough)
- There were suggestions for providing inpatient beds in smaller settings, spread across local communities; a community care centre with a small number of beds; or two to three bed facilities located close to community resources (this was described as sitting between scenarios B2 and C1)

Are there additions or variants which could be considered?

- Provision of acute beds in the new build at St Mary’s
- Short term acute beds at the Gordon whilst the long term planning is happening
- The longer term solution should include for temporary beds in Westminster
- Higher numbers of inpatient beds, particularly in the south of the borough, with wrap around community services
- Include a model with ‘recovery type’ options, such as that in Drayton Park – with self-referral
- Use some of the Gordon’s community space, such as the roof garden, to benefit community support

Other comments from participants:

- How do the options presented tie in with the Mayor’s 6 tests when closing inpatient beds?
- Equity should be a headline objective, as well as promoting equality as some groups might need more resources as well as access to services
- No specific criteria for differences and similarities between Kensington & Chelsea and Westminster were mentioned, except that tourists and homeless people are attracted to the centre of London
- There could be learnings from other consultations, e.g. stroke and major trauma

- Some participants considered the scenarios presented binary options between community based care and inpatient care – and there was a preference for providing a blend of the two
- How do we know if community provision is working effectively, or not?
- If the current system were meeting demand for beds waiting times for admission would be shorter. How does a 12% reduction in length of stay generate a 35% reduction in beds?
- Will there be a feasibility study? If so, will this include capital investment in the Gordon? How will options be defined?
- Discharge and readmission data should be considered

Break-out session 2

After feeding back from the table discussions in a plenary participants were shown a series of draft objectives which the consultation options might seek to achieve. These had been derived from comments received during Workshop 1a and 1b.

To consider these in more depth, participants were invited to visit each of six stations set up around the room and leave their comments on sticky notes on flip charts. Five stations presented an objective for the provision of mental health services, and one a viability test of deliverability; people were asked to comment on what each element meant to them and what information would be useful for assessing them.

The objectives were:

1. Service quality – a pattern of services in place that results in the best possible outcomes and experience for our service users
2. Access to inpatient care – to ensure that access to inpatient services is available whenever needed
3. Access to community support – to deliver community-based services that are accessible to our patients and service users where they live
4. Quality of inpatient facilities – to deliver our inpatient services from facilities that are therapeutic and safe
5. Promoting equality – to reduce inequalities in outcomes, access and experience
6. This station asked people to consider deliverability as a viability test

The data from the stick notes is presented below.

Service quality

- Further considerations for the patient journey
 - Delayed Transfer of Care (DToC) must be considered in terms of making sure that beds are available
 - Make sure that ‘medically optimised’ patients (the point at which care and assessment can safely be continued in a non-acute setting) are not waiting for transfer out to therapeutic, MDT, inpatient support etc
 - Quality of patient journey in accessing inpatient care – not having to wait in inappropriate settings
- Flexible access to pathways
 - A ‘swift return’ of any patient should not be undermined
 - Some patients do need further support

- Discharge should be patient centred, not service centred
- Environment
 - Inpatient environment must be safe, therapeutic, high quality
- Staff
 - Appropriate level of qualification, training and experience
- Joined up care considerations
 - What does 'pattern of services' actually mean?
 - Meeting physical needs as well as mental health is important
- Descriptions of pathways needed
 - Pathways that include both community and inpatient care
 - Mental health's role in Integrated Neighbourhood Team (INTs)
- Other
 - Need temporary beds in WCC
- Useful information for assessment
 - Data needed in all areas for participants of engagement to fully engage and make comment
 - Service quality depends on building quality data – i.e. intelligence within communities
 - E.g. revolving doors
 - Data should be balanced – both positive and negative
 - Service user feedback data
 - Cost effectiveness
 - Need to involve social workers, nurses, clinicians, psychiatrists, psychologists

Access to inpatient care

- Speed of access
 - Time taken to access a bed should mean an acute mental health bed, not a place of safety bed
 - Would ideally improve on current waiting times in A&E – currently there can be difficulties obtaining beds via this route
 - There should be quick access, in borough and close to support networks
- Location of beds
 - There is a need for some beds in the south of Westminster
- Data needs
 - Need for information about waitlist for referrals to inpatient care
 - Impact of Covid surge and fallout over the last 2 years – may need to benchmark this against regional/national data
 - Time taken to access beds from the community, A&E, police cell, prison – before 2019 and now (2023)
 - Benchmarking bed numbers is not a good idea – other areas are not well services, but this does not mean that CNWL should follow suit
 - Useful information should include outcomes for people who were not able to access a bed
 - Data/evidence insight for numbers who do not engage with services currently
- Other thoughts
 - Access to placements and housing to support discharge
 - Predicting future demand
 - Detox rates

Access to community support

- Accessibility
 - Services should be accessible wherever you are
- Continuity of care
 - Community should complement in-patient care – before, during and after
 - Have the same person seeing you
- Cultural competence
 - Geared towards local needs
 - In practice, need joint delivery in community working with community leaders and groups
 - Context of local need is necessary to understand
 - Build trust with the local community, groups and leadership
 - Early identification of local needs of young people
 - Define 'community' – BAME is far too wide and not specific enough
- Admissions
 - Mental Health Act formal admissions need to be direct and not via Health-Based Place of Safety
- Communications
 - Digital support needed for people to find and support one another
 - Need good communication and information between different system parts e.g. between community teams and GPs to avoid people having to re-tell their stories
 - Safe handovers of care between hospital, GO, community
 - Community support needs to be responsive
- Integrated Network Teams (INTs)
 - Partnership with INTs
 - Explore potential for INTs to extend range of services across boroughs
- Staffing
 - CMHTs are stretched. Need team managers and Band 7 input
 - There aren't enough in-borough placements to meet needs
- Evidence
 - Need to show evidence of benefits of community interventions for families and residents

Quality of inpatient facilities

- Important elements include:
 - Compassion
 - Staff are looked after
 - Safety for patients – proximity can lead to potential flash points; patients should be listened to when incidents are reported
 - Staff should be committed to a social model of care
 - Care should be well resourced and include arts and access to psychological therapies
- Useful information for assessing service quality:
 - Resident feedback, e.g. Voice Exchange
 - Staff engagement and review
 - Feasibility studies, e.g. 'what is good enough?'
 - Consideration of a workforce skill mix covering inpatient and community services

Promoting equality

- What this means:
 - Culturally competent
 - Quality of social support available to people experiencing mental health crises, e.g. because of housing issues
 - To ensure access for people in disadvantaged groups, flexing provision
 - Need to ensure access to beds – currently unequal as no beds in south Westminster
 - Address barriers which prevent people reaching services
 - Impact of generational trauma of disadvantaged communities accessing health and social services, particularly mental health services
 - Social care/housing worries/better links following Sec 75 disaggregation
 - Bridge the BAME communities' access who have higher inpatient admissions, but not engaging with communities. Is there a bias in referrals?
 - Use the voluntary sector more to reach diverse communities
 - Equality is not about ensuring the same number of each ethnic group access a service – inequalities affect every aspect of a person's life. Over representations is a societal problem
- Further definition:
 - There is further definition of BAME groups required
 - Avoid vague and broad categories, e.g. Black/Black British/African
 - Identify the sub-groups
 - Equality seems sound in theory, but not in practice – especially with limited resources. Perhaps better to adopt a framework around 'equity'
 - What about people we don't know about/understand well (particularly transient populations)
 - Does the inpatient plan feel enough to support the most vulnerable patients?
- Information required/to be added for assessment
 - JSNA – Grenfell to be included
 - Qualitative and quantitative data from our communities
 - The voice and experience of people in these communities (prior to service use and after experience of use)
 - National benchmarks of use of MHS for place
 - Need to know fares to and from areas to inpatient settings, including taxi fares for family members
 - Need information about access and who currently gets left out of accessing services
 - Population health data – ethnicity, deprivation, SMI (whether admitted) and intersectionality between these
 - Assessment of the impact of Grenfell
 - There is a workstream '20234 on forwards in the Borough' – needs to be tied in

Deliverability

- Economies of scale make one site more viable, e.g. one on-call medical rota; having two sites could lead to delays in response if staff had to travel between sites
- Safe sites: consideration of the minimum number of staff needed on a site for 'resilience' and cross cover for incident responses such as restraint
- Affordability is not just about what is affordable to CNWL but should also consider what is affordable to the whole system. Closure of The Gordon has financial implications for

other parts of the system e.g. police, A&E and local authorities – and financial impacts must include these considerations

Next steps

The aim is that the same organisations and, if possible, the same individuals will have input at all three workshops. Workshop one looked at what good looks like in acute mental health care, workshop two, reported here, looked at possible scenarios for models of care and workshop 3, to be held on 18 May will look at proposed consultation options. A summary report, like this one, will be published for workshop 3.

It is anticipated that the final options for consultation will be announced in early June, and the options appraisal process will be reported fully when the PCBC is published.

In the meantime, this report along with the report from Workshop 1a and 1b is available and additional comments invited on the process and the topics covered.

Appendix 3: Workshop 3 report

Preparation for consultation on the future of acute mental health care for residents of Westminster, Kensington & Chelsea, and Brent

Background

Following temporary closure of mental health wards in the Gordon Hospital in 2020, plans for consultation on the future of acute mental health care for residents of Westminster, Kensington & Chelsea, and Brent have been considered by the North West London Integrated Care Board (NWL ICB), which is the consulting body.

In developing plans, NHS commissioners are required to consider a full range of service change options that can improve outcomes and identify those which are viable and sustainable. These will be developed into options for formal consultation, which is expected to happen later this summer. The list of options must always include a “no change” configuration, so that it can be compared properly with whatever changes are proposed.

The development of these options is informed by detailed analysis which incorporates clinical evidence, views of service users and staff gathered during pre-consultation engagement, insights from other stakeholders, patients flow, financial and workforce considerations. The options will all be set out in a comprehensive Pre-Consultation Business Case (PCBC) document, with detailed assessment of each against the agreed criteria and objectives which will be agreed in advance of the appraisal, taking account of input from stakeholders.

Following agreement by the Board, the NWL ICB would submit the PCBC to NHS England, which is the body responsible for authorising public consultations to proceed.

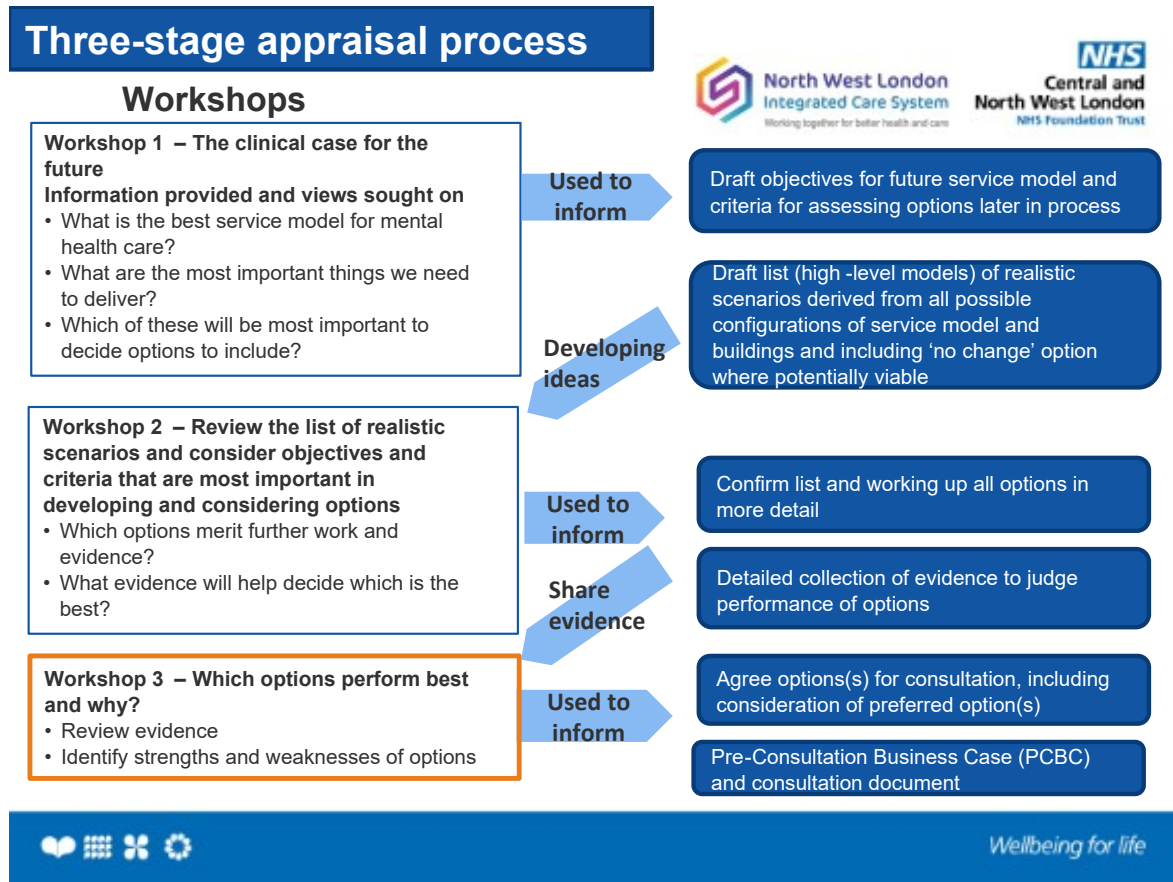


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The appraisal process that we are using is summarised in the flow diagram at Table 1.

It is based on three workshops to which stakeholders bringing a broad range of relevant perspectives were invited (service users, clinicians, service managers, commissioners, statutory partners). Individuals worked together to discuss “what good looks like” and review realistic scenarios and criteria which are important when considering options to inform the process; from these discussions a final list of possible options was determined and presented in workshop 3.

It is important to emphasise that these workshops are not the only way – or the only opportunity – for services users and other stakeholders to give their views.

Two workshops (consistent in content) were held with stakeholders on 27/03/23 and 18/04/23 to identify what good looks like in the provision of acute mental health services. The outputs of those workshops supported the development of a set of scenarios for discussion in workshop 2, which was held on 25/04/23. The outputs from workshop 2 were used to identify which options merit further work and what evidence is needed to support them.

Workshop 3 was held on 18th May 2023 from 10.00 to 13.00 at 110 Rochester Row, London SW1 1JL.

Thirty three stakeholders participated in the workshop.

The aim of workshop 3 was to consider which options perform best and why. The two key tasks for this workshop were:

- To review data
- To identify the strengths and weaknesses of options

The workshop comprised three sessions:

- Plenary 1 was a presentation of data, including for gaps identified in previous workshops, followed by a question and answer session
- Plenary 2 was a presentation of viable options, including a new model developed after input from the previous workshops, followed by a question and answer session
- Breakout discussions considering the strengths and weaknesses of each option

Packs were available on the tables showing more detail on the data being shown in the presentations.

Plenary session 1

Presentations were given on data relating to:

- Change in activity profile
- Sufficiency of acute capacity
- Impact on waiting times for beds
- Whether pressure on beds leads to short length of stay or inappropriate early discharge
- Impacts on other public services
- What service users say about inpatient services
- Bi-borough services
- The impact of the temporary closure of the Gordon on travel times
- Service user demographic profile

Suggestions from participants on other data to consider:

- Travel times between sites for patients and professionals
- Qualitative data to support the quantitative data
- How many adult beds are taken up by young people transferring from CAMHS
- AMP data should be considered – including out of area admission data
- Data held by the police should be considered, including:
 - Travel times between sites for police
 - Amount of police time spent per patient when dealing with mental health issues
 - Admissions
 - Rough sleepers
- Where people who use a Single Point of Access are asked to go to, e.g. within borough or out of borough
- How long people wait in Health Based Places of Safety
- Assessments which are cancelled because of non-availability
- Kensington & Chelsea have data related to out of hours demand

The CNWL team welcomed the suggestions and said they would look into them all. They invited people to also send further suggestions, reports or other information.

Other comments:

- Step-down beds in crisis hostels are used by other boroughs
- If the Gordon closes the money should be ring-fenced for Westminster
- It was noted that the admissions data presented related to the pandemic period – and some queried the relevance of this as the Gordon was closed

Plenary session 2

Presentations were given on the development of options based on the outputs of Workshop 2:

- A review of the works which would be required at the Gordon to make the inpatient wards at the least safe and at best acceptable
- A review of the clinical models to consider what could be offered between inpatient and community to address key system pressures
- Consideration of ways to address the needs for a greater presence in south Westminster

Updates to the options were shown, including a new option putting an urgent care hub and community services into the Gordon, with the ability to take short term admissions.

The tests for affordability and deliverability were presented and the five remaining potential options were shown. These were:

Option – summary of change	Detail
A1: Reopen 51 beds at Gordon – facilities “safe”. (Return to 2019).	Highest acute bed base (118). Lowest community service provision. Two site inpatient service (at St Charles and the Gordon). Facilities at Gordon meet “safe” standards only.
B1: Reopen c. 34 beds at Gordon – facilities “safe”.	Lower acute bed base (67). Higher community service provision. Two site inpatient service (bed split between St Charles and the Gordon). Facilities at Gordon meet “safe” standards only.
B2: Reopen c. 34 beds at Gordon – facilities “acceptable”	Low acute bed base (67). Higher community service provision. Two site inpatient service (bed split between St Charles and the Gordon). Facilities at Gordon meet as many national standards for quality as possible.
B4: Maintain current 2023 service pattern	Lower acute bed base (67). Higher community service provision. One site inpatient service at St Charles. Facilities meet all key national standards for quality.

C: Adapt Gordon for “urgent hub” in South Westminster for short-term admissions.	<p>Lower acute bed base (67). Additional community service provision.</p> <p>One site inpatient service at St Charles. Facilities meet all key national standards for quality</p> <p>In addition, community and urgent care hub at the Gordon, with ability to take short term admissions</p>
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Questions and comments following Plenary 2:

Question: Has there been additional investment for the current provision – since the closure of the Gordon? Is it possible to reopen the Gordon and continue with the current levels of community based care?

Answer: There had been additional investment, but the budget is finite, so difficult choices have to be made.

Staffing needs also constrain what is possible.

Question: What about other step-down beds in Westminster?

Answer: These are funded by other funding streams.

Question: Is there more budget available for CNWL for mental health since it is a top priority?

Answer: Not all the budget is ring-fenced. Mental health usage has been increasing and there is a long list of other top priorities advocated by other departments.

Question: Is there ‘other borough’ data for ‘other borough usage’?

Answer: Work is being done to look at outer boroughs. The models under discussion are viable for Kensington & Chelsea and Westminster residents.

Question: In Workshop 2 there was a challenge about the occupied bed days equation used. What is being done about that?

Answer: We are looking into this.

Comments:

- More information is needed on the cost options of different numbers of beds
- Option C was thought to be:
 - In line with the Long Term Plan and community care
 - Putting some resources into the Gordon

- Practical

Breakout discussions

Participants held facilitated discussions about the five options presented in Plenary 2, and for each option they were asked to consider:

- The strengths of the option
- The weaknesses of the option
- If the option were to go forward to the consultation process what would need to be considered for implementation
- Who would need to be consulted about the option

The following sections collate the comments and views about each option from the six breakout groups. The participants' views on who needed to be consulted were the same across all the options; this list is presented separately after the views on the options.

Option A1: Reopen 51 beds at Gordon – facilities “safe”. (Return to 2019)

Highest acute bed base (118). Lowest community service provision.

Two site inpatient service (at St Charles and the Gordon). Facilities at Gordon meet “safe” standards only.

Strengths of option A1:

- Puts a facility back into south Westminster
- Increases the number of acute beds, which would reduce pressure on beds
- Reduction in waiting times in A&E for admission
- Safer for those at risk of suicide

Weaknesses of option A1:

- A backwards step in terms of direction of care with a return to more restrictive care and the loss of valuable community services
- Reduction of patient choice
- Likely to increase delays to transfers of care to community
- Number of step-down beds reduced
- It does not appear to create more capacity
- Affordability
- Recruitment of staff will be difficult

Considerations needed if option A1 is taken to the consultation process:

- The impact on length of stay for patients
- The impact on patients of fewer choices
- The ability to deliver the least restrictive choice
- Timings are undefined so far

- The standards of accommodation at the Gordon

Option B1: Reopen c. 34 beds at Gordon – facilities “safe”.

Lower acute bed base (67). Higher community service provision.

Two site inpatient service (bed split between St Charles and the Gordon).

Facilities at Gordon meet “safe” standards only.

Strengths of option B1:

- Improves access for people in south Westminster
- Provides more community treatment than A1
- Reduces travel for patients in the south of Westminster

Weaknesses of option B1:

- Fewer acute beds
- Loss of capacity at St Charles
- Does not address capacity in the system
- Loss of step down options
- Cost and only sustainable in the short term
- Will not improve facilities such as bathrooms
- Safety and quality of provision on both sites likely to be degraded because staff resources would be spread too thinly
- Would take time to implement

Considerations needed if option B1 is taken to the consultation process:

- How does this option compare to the community service provision available prior to the Gordon’s temporary closure?
- Need more information from local GPs
- How the voluntary sector would be involved

Option B2: Reopen c. 34 beds at Gordon – facilities “acceptable”

Lower acute bed base (67). Higher community service provision.

Two site inpatient service (bed split between St Charles and the Gordon).

Facilities at Gordon meet as many national standards for quality as possible.

Strengths of option B2:

- Convenience for people in south Westminster
- Wastes less money than option B1

Weaknesses of option B2:

- Inefficiency of having beds on two sites
- Loss of services
- Loss of beds overall, including step-down beds
- Staffing issues

Considerations needed if option B2 is taken to the consultation process:

- The impact on other services in terms of budget allocation
- The time frame for implementation
- Need more information from local GPs
- Role of voluntary sector

Option B4: Maintain current 2023 service pattern

Lower acute bed base (67). Higher community service provision.

One site inpatient service at St Charles.

Facilities meet all key national standards for quality.

Strengths of option B4:

- Patient choice – e.g. crisis house, MHCAS, step-down beds
- Less restrictive care
- Provision at St Charles is good, including outside space

Weaknesses of option B4:

- Lack of provision for people in south Westminster
- No direct access to services
- Navigating services
- Creates pressure on acute hospitals
- Too few acute beds

Considerations needed if option B4 is taken to the consultation process:

- Whether the need for acute beds is being met with this model
- Impact on areas where there are no services
- Consideration of the needs of 'hidden communities' whose needs are not being addressed
- The needs of homeless people
- Economies of scale for staffing
- The impact of mental health presentations at A&Es
- Is there scope for improvement at St Charles?

Option C: Adapt Gordon for “urgent hub” in South Westminster for short-term admissions.
Lower acute bed base (67). Additional community service provision.
One site inpatient service at St Charles.
Facilities meet all key national standards for quality
In addition, community and urgent care hub at the Gordon, with ability to take short term admissions

Strengths of option C:

- Puts facilities in south Westminster and services such as a walk in centre would be a valuable asset in the area
- Augmented services such as Clinical Decisions Unit
- St Charles’ provision is preserved
- Preserves community provision
- Working with 3rd Sector

Weaknesses of option C:

- Insufficient inpatient beds
- Acute beds are short-term – still leaves Westminster with no long-term acute beds
- The separation of some services – including moving MHCAS from St Charles
- Wards with bays cannot take the most acute cases
- Relying too heavily on volunteers to deliver community based services
- Potential blockages to patient flow with low acute bed capacity
- Patients having to move from short term provision at the Gordon to St Charles if they need an inpatient bed
- Does not appear to address continuity of care
- Standalone unit could be unsafe for patients and staff
- Removes some services from St Charles

Considerations needed if option C is taken to the consultation process:

- How this would work for the police and s136
- The distribution of services between the two sites
- Is there sufficient capacity for inpatient beds
- More data is needed for this option
- How will the needs of people needing long-term admissions be met?
- Definition needed – e.g. what is meant by ‘short-term beds’, how the referral process works, how people could access services

- The impact on other boroughs of moving MHCAS to the Gordon – and whether this could lead to a reduction of provision for Westminster residents if patients from other boroughs are brought in
- Could the Gordon be ringfenced for Westminster patients?
- AMP data should be considered

Who should be consulted?

The following list is compiled from the table discussions. Stakeholders said that who should be consulted in the next stage was not dependent on which options are put forward.

- Acute hospitals and their staff (including liaison services) – St Mary's, St Thomas and UCLH were mentioned
- Carers
- Clinicians
- Community Mental Health Teams
- Community, including Grenfell, North Kensington
- GPs – especially those in areas such as Churchill Gardens and other local areas
- Home treatment teams
- Housing partners – Peabody and Octavia were mentioned
- Joint Homeless Team
- Local Authorities
- London Ambulance Service
- Other boroughs affected – e.g. Brent, Lambeth and Camden
- Outreach services
- Police
- Residents
- Service users
- Staff who previously worked at the Gordon
- Voluntary Sector – One Westminster and Red Cross were mentioned

Next steps

It is anticipated that the final options for consultation will be announced in early June, and the options appraisal process will be reported fully when the PCBC is published.

The next part of the process is consultation engagement based on:

- **Statutory Duty to Involve** – NHS Act 2006 (amended)
 - s14Z45 (ICBs), s242 (Trusts), s244/245 (Health Scrutiny)
 - B1762 Working in Partnership with People and Communities (NHSE, July 2022)
- **Equality Act 2010**
 - s149 public sector equality duty
 - Other obligations including duty to reduce inequality

- **The Government's five tests** (specifically: Strong public and patient engagement)

- **The London Mayor's six tests** for NHS service change (specifically test 6. Patient and public engagement)

- **Gunning Principles** for public service consultations:
 - Proposals are still at a formative stage
 - There is sufficient information to give 'intelligent consideration'
 - There is adequate time for consideration and response
 - 'Conscientious consideration' must be given to the consultation responses before a decision is made.

In the meantime, this report along with the reports from Workshops 1a, 1b and 2 are available and additional comments invited on the process and the topics covered.

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City of Westminster

**Children, Adult, Public Health & Voluntary Sector
Policy and Scrutiny Committee**

Date:	21 September 2023
Portfolio:	Resident Participation, Consultation Reform and Leisure
The Report of:	Councillor Cara Sanquest
Report Author and Contact Details:	Nick Porter-Ch'ng, Portfolio Advisor, nporter-ch'ng@westminster.gov.uk

1. The following key decisions were made in the period since my last Policy & Scrutiny report dated 14 June 2023:

The decision: *Leisure Contract Variation* was taken with the Cabinet Member for Finance and Council Reform to approve the contract variation under the terms of the Deed of Variation including the surrender of SLM's existing lease of Seymour Leisure Centre and replacement with a new lease expiring 29 February 2024

The decision: *Amenity Societies – Interim Approach to Recognition* was taken with the Cabinet Member for Planning and Economic Development to approve an amendment to the existing process for recognising amenity societies and to assess future applications prior to the 2028 review milestone to be assessed against this criteria

2. The following report includes my priorities and delivery progress to date:

Public Participation, Customer Services and Digital and Innovation

2.1 Report-it

Background Summary

- The 'Report It' service provides a means for street-based issues to be reported in Westminster for residents, businesses and visitors. Examples of these issues include fly tipping, graffiti, animal fouling, highways issues, and street noise. It does not currently cover estate-based issues which are managed through Housing.
- Under the Fairer Westminster Strategy, the Council committed to reviewing and improving this service.
- An initial piece of research to understand key pain points, user experience and understand the wider context of report it (discovery) was undertaken to explore current and potential user needs in terms of 'reporting', 'tracking' and 'resolving' issues.
- This discovery was not limited to online reporting, but also covered other reporting methods including contact centre, email and in person. This work was crucial to ensure a future Report It tool would truly meet the needs of the residents in Westminster and was not reliant on assumptions or a small user group.

- A multi-disciplinary team was set up to undertake the research, working with an external partner from October 22 to January 23 to develop a deeper understanding of the service experience.
- A partner was chosen for this work through our partner framework to support the research capability while the new Digital and Innovation service was forming.
- The scope of work was significant to ensure the needs of all existing (or potential) users of this service were captured to support the design of future improvements.

Our Report it research study confirmed that only 30% of respondents were satisfied with the Report it solution. This largely stems from -

<p>An unsatisfactory online reporting experience -</p> <ul style="list-style-type: none"> • Internal language and terminology • A cumbersome and time-consuming form filling process • An out-dated user interface 	<p>Lack of an online post reporting solution -</p> <ul style="list-style-type: none"> • 2-way updates • Status tracking • Feedback loop
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Work to Date

Delivery to date:

- Research Completed (Discovery), over 500 residents engaged with using surveys, interviews and workshops – **Completed January 03¹**
- Mapping improvements – **Completed March 03**
- Dockless Bikes journey improvement (signposting to providers) – **Completed June 03**
- EV Charging reporting journey (signposting to providers) – **Completed June 03**
- Report It review webpage and mailbox live – **Completed June 03**
- Technical investigation and feasibility – **Completed August 03**
- Designed changes to noise form including triage and reviewed communications, this included thorough testing with users – **Completed July 03**
- Service blueprint mapping for noise and waste – **Completed August 03**

Context

- A multi-disciplinary Product team was established following the decision to take forward the discovery findings in March this year presented to key stakeholders internally and externally.
- A draft roadmap with estimates for this work was provided at the May Policy and Scrutiny (Finance, Planning and Economic Development). This detailed the outcomes to be delivered for users and articulated agreed next steps for requirements, design and technical feasibility (completed from March to August this year).
- This included an initial estimate and target to deliver three journeys by the end of the year. This estimate was based on the work to date and has now been reviewed following the completion of architectural design and

technical feasibility work. The change in this estimate is indicative of the continuing maturity of the service.

- Waste, Highways and Noise issues make up 80% of total complaints through the Report It service so this is the focus of the initial releases for the new service.
- Some smaller changes have already been made on the existing technology (detailed above in 'Work to Date') that have had positive impacts on these journeys.

Looking Forward

Upcoming Changes (Q3, Q4):

- **Highways:** TFL layer added to Fix My Street to give users the ability to also report to TFL using our service – **September 03** (subject to final approval)
- New Report It landing page layout including a search function and A-Z to improve the ability to find how to make a report – **Live with 50% of users initially for 2 weeks to test success - September 03**
- Website wide search re-platform to Google (to improve overall reporting journey from the homepage – **18 September 03**
- **Noise:** New noise interface with better triage to prioritise urgent reports and with improved, simple communications and guidance including approximate time to resolution– **October 03**
- **Waste:** New waste interface with reduced time to complete and improved communications including approximate time to resolution – **January 03**
- **Waste:** Experiment currently underway to use chatbot and image recognition technology to deliver an experience that reduces effort to report and significantly improves experience. **Dependent on experiment success** – **January 03**

The table below outlines key benefits of these changes for Westminster residents:

Technology	Organisation	Communications
Improved interfaces for users with quicker reporting	Changes to noise reporting process to prioritise urgent cases	Improved, clearer communications that are simple to understand and able to guide users through making a report
(Subject to successful experiment) Use of new chatbot and image recognition technology to speed up reports and reduce effort for reporters	Improved capture of data from first report to support more efficient resolution	For new journeys improved communications on the outcome of reports and clarity on approximate times for resolution

Upcoming Changes (Following two quarters Q1, Q2)

The team are currently undergoing planning for the following two quarters using feedback from users to prioritise and an update will be provided in the next session.

Potential candidates for delivery are:

- The ability to see current (live) updates on the progress of your report

- Ability to give notification preferences on updates for waste (email, SMS)
- Ability to see other reports in your area and subscribe to alerts based on interest
- Council officer ability to see reports across all channels
- An experiment is underway to link in with noise hot spots to proactively monitor noise levels and send alerts to sites
- Ability to follow up on reports and create linked reports
- SMS updates waste
- Highways reporting interface improvements

We will engage residents to test the new releases as well as inviting key stakeholders into demonstrations.

2.2 Corporate Contact Centre

Performance has remained above target across all key performance indicators for the contact centre year to date with 95.4% calls answered (target 92%) and 84.3% of calls answered within service level (target 70%).

Customer satisfaction with the contact centre is 89.6% and 69.5% of residents have said that their query was resolved first time. Satisfaction is currently measured by way of a post call survey that all customers are offered and have the option of opting into. We are working with the provider to identify ways to increase the response date and therefore the volume of feedback and insight that we can gather as a result of the calls into the contact centre.

Emails and online form processing requests are currently being handled well within the targeted service levels and the team are on track to deliver against all the key performance indicators in off line activity.

The service launched a new chatbot in August on the waste and recycling pages of the website which escalates to a live contact centre agent if needed via webchat. web chat is a new channel into the corporate contact centre. Webchat volumes that are escalated to a live agent are low but this indicates that the automated bot has been successful in understanding and helping the customer.

Corporate Contact Centre	Trend	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	AVG	YTD
Calls Offered		11,367	11,017	12,934	10,217	11,160	11,318	10,652	11,352	11,252	90,017
Calls Answered		10,618	10,415	12,525	9,803	10,864	10,915	10,229	10,520	10,736	85,889
Calls Answered (PCA %)		93.4%	94.5%	96.8%	95.9%	97.3%	96.4%	96.0%	92.7%	95.4%	95.4%
Service Level (SLA target 70%)		72.7%	80.2%	88.9%	88.2%	90.4%	88.5%	86.4%	78.8%	84.3%	84.3%
Average Handle Time		05:38	05:38	05:28	05:25	05:21	05:09	05:02	05:25	05:23	05:23
Customer Satisfaction Survey (CSat)		88.9%	90.6%	87.9%	89.9%	91.2%	90.0%	88.6%	90.8%	89.6%	89.6%
First Contact Rate (FCR)		70.6%	68.3%	68.8%	69.2%	70.7%	67.0%	72.1%	70.1%	69.5%	69.5%

Website Analytics Overview

The following information provides an overview of our most visited pages and forms that will form a basis for a roadmap of continuous improvement across the website as we move towards more digitally enabled services. This has already informed the work to re-design the report it services and will inform prioritisation of digital work going forward to maximise value for users. Our focus will be to reduce time to resolve sessions and improving satisfaction by streamlining the user experience of our online services.

Forms

- Many of our current forms were migrated to the new website in 2020 without integrations into back office solutions.
- Work has begun to start with 10 forms and retrospectively undertake these integrations to automate processes and save officer time. This will also reduce time to resolution across these forms for users due to the reduction in processing time.
- Initial work to map the data has begun with development currently planned to begin October 2023 dependent on resources with completion of initial 10 forms integrations expected January 2024.

Top 10 Website Pages (August 2023)

No	WCC webpage title	Sessions	Average engagement time
1	Homepage	78,353	10.2301
2	Pay a parking ticket	26,973	9.4769
3	Parking	24,179	16.2226
4	Council Tax	22,562	16.0329
5	Search	20,083	21.3035
6	Search and comment on planning applications and register for email notifications	17,932	9.1544
7	Meanwhile On: Oxford Street	15,633	33.8136
8	Contact us	10,340	19.6856
9	Parking for residents	9,838	20.4962
10	Challenge a Penalty Charge Notice (PCN)	9,793	12.3307
Total		235,686	

Top 5 Forms (August 2023)

No	Webform requests	No of Cases
1	Residential recycling bags	1,560
2	Dumped Rubbish	1,364
3	Noise	750
4	Residential bulky waste collection	700
5	Street cleansing	407
6	Graffiti	266
7	Street Entertainment	168
8	Missed Waste Collection	161
9	Dockless Vehicle	89
10	Signs and bollards	87
Total		5,552

2.3 Out of Hours contact centre - Agilisys

Agilisys handle approximately 6,000 calls a month to the out of hours service with around 50% of these relating to emergency housing repairs.

Performance over the last 3 months has dipped from earlier in the year, with 91% of calls answered year to date and 68.6% of calls answered in service level. While unforeseen circumstances such as block issues and weather conditions will impact call volumes and performance, Agilisys have experienced some issues with retention and recruitment of staff.

A recovery plan was implemented in line with the contract and support has been provided by the daytime team while Agilisys onboard their new staff. Performance is returning to expected levels and this will continue to be monitored with the additional support in place throughout September to allow Agilisys to complete onboarding and fully multi-skill their team ready for the winter months.

The post call survey responses for August saw slightly lower scores with call resolution dropping to its lowest. Feedback from the comments left suggests this is not related to the contact centre advisors but mainly resolution of a repair issue. 49 customers left comments to describe the reason for the satisfaction rating provided, positive or negative and these have been fed back to the individuals and services concerned.

Agilisys - OOH	Trend	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	AVG	YTD
Calls Offered		6,338	5,394	6,481	6,467	6,530	5,884	6,069	5,572	6,092	48,735
Calls Answered		5,940	5,068	5,885	6,139	6,108	5,069	5,197	4,951	5,545	44,357
Calls Answered (PCA %)		93.7%	94.0%	90.8%	94.9%	93.5%	86.1%	85.6%	88.9%	90.9%	91.0%
Service Level (SLA target 70%)		74.2%	76.8%	68.1%	76.7%	72.6%	57.7%	55.2%	67.6%	68.6%	68.6%
Average Handle Time		06:34	06:56	08:02	07:05	07:20	07:33	07:39	08:01	07:24	07:24
Customer Satisfaction Survey (CSat)		98.0%	98.5%	81.3%	94.2%	97.2%	87.5%	95.2%	93.9%	93.2%	93.2%
First Contact Rate (FCR)		100.0%	83.9%	87.5%	85.0%	91.2%	81.3%	82.7%	75.5%	85.9%	85.9%

2.4 Revenues & Benefits (Capita)

The Council Tax Energy Rebate (£150) increased the call volume considerably which had an impact on the % of calls answered within SLA. This has improved considerably, and all calls are now answered within target. Call centre performance continues to be closely monitored.

Revenues & Benefits (Capita)	Trend	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	AVG	YTD
Calls Offered		14,518	12,464	16,251	17,536	19,390	19,068	18,770	18,462	17,057	136,459
Calls Answered		13,695	12,207	15,851	17,162	18,980	18,889	18,539	18,290	16,702	133,613
Calls Answered (%)		94.3%	97.9%	97.5%	97.9%	97.9%	99.1%	98.8%	99.1%	97.81%	97.9%
Service Level (target 80%)		59.0%	72.8%	74.5%	79.9%	87.9%	85.1%	86.9%	87.0%	79.1%	79.1%
Average Wait Time		06:52	02:01	02:28	02:34	02:59	01:00	00:59	00:49	02:27	02:27
Average Handle Time		07:28	07:31	07:14	07:51	07:32	07:39	07:42	07:39	07:34	07:34

2.5 Parking (NSL)

The volumes have remained high since the implementation of new systems across all of parking services in April. Challenges, applications and correspondence accumulated while these systems were bedded in. This has resulted in increased

call volumes and wait times. Clearing this work is now top priority and the team are working closely with the contractors to deliver improvements and get back to agreed service levels.

Parking (NSL)	Trend	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	AVG	YTD
Calls Offered		9,717	8,821	10,362	14,211	12,853	15,249	15,501	14,166	12,610	71,213
Calls Answered		8,273	8,254	9,100	8,188	9,881	10,410	8,472	8,653	8,904	54,106
Calls Answered (%)		85.1%	93.6%	87.8%	57.6%	76.9%	68.3%	54.7%	61.1%	78.22%	76.0%
Service Level (target 80%)		55.2%	64.0%	58.6%	10.3%	36.4%	27.5%	12.4%	13.4%	42.0%	42.0%
Average Wait Time		02:05	01:16	02:03	10:58	04:59	07:32	12:53	11:47	04:48	04:48
Average Handle Time		05:29	05:37	05:09	05:56	06:23	06:23	04:58	05:30	05:49	05:42

2.6 Consultation – General Updates

- The Consultation Hub is now live on the Council’s website and features current consultations. This brings together all consultations across the Council into a single place, residents can search by postcode, ward or theme to find consultations they are interested in.
- A list of key stakeholder organisations across each ward has been produced and has been shared with all Councillors.
- Teams are engaging regularly with the Quality Improvement Board (QIB) which strives to ensure that quality assurance arrangements are in place across Westminster City Council for community consultation and engagement activities.
- A Consultation ‘How to Guide’ has been developed with the Consultation Institute. This has now launched and is available to teams. This guide has key principles for staff to follow when approaching consultation.
- We are working also with Bloomberg Associates to deliver training sessions which will be based on their Engagement Best Practice Guide. The sessions will be delivered with Westminster staff from September 2023 – December 2023.
- The consultation on the Charter for Community Participation has been completed and a resident’s working group is being established with residents to create the Charter for launch in winter 2023.

2.6.1 Consultation Platform

Following the initial delivery of the Consultation Hub on the Westminster site, the team have been exploring implementation of a new platform with expanded functionality to support consultations across the council.

Requirements were gathered with thorough engagement with internal and external stakeholders to identify which features were most important to deliver effective engagement in Westminster and a procurement exercise was undertaken over June/July 2023. Commonplace were successful in this procurement, an award-winning consultation tool employed by over 100 local authority websites. Residents will experience the ability to comment publicly on proposals, see interactive maps before and after, sign up for notifications and experience a more presentable format with associated consultations in one place and a newsfeed feature.

The platform offers a range of accessibility features:

- There is the option of adapting language to the users' needs depending on the audience.
- It will provide guidance and prompts to help users complete consultations effectively and efficiently
- The solution will adhere to accessibility standards (e.g., Web Content Accessibility Guidelines - WCAG) to ensure that customers with disabilities can participate in consultations without barriers.

Training on the tool across the council has already begun with three services (Place Shaping, Housing, Highways, Policy Licensing) to be live on the platform in October. Following the full roll-out of the tool, all consultations (excluding statutory planning, licensing and housing) will be exclusively on Commonplace, centralising where residents can see what's happening in their neighbourhoods and giving them the ability to sign up for updates based on their location or interest.

The design process is underway with Commonplace. We have sent them the Westminster colours to ensure that the website and templates are in line. We agreed that the URL will be: westminster.commonplace.is

2.7 Complaints

The complaints team has introduced the service to the cabinet member and working solely to continue to review processes. Complaints data will be reported in the annual report for audit and performance.

3. Community Engagement and Neighbourhoods

3.1 Community development

Widening Participation:

The Community Team have supported the Climate Emergency Team to host an incredibly successful Citizens' Climate Assembly.

Following the climate change assembly and the need from across council departments to facilitate community assemblies, the communities' team is working towards building capacity within the team to deliver such events inhouse and to reduce the reliance on commissioning external providers.

Community Leadership Programme – The My Skills Zone, an eLearning platform free for all residents, will launch in mid-October. The platform is currently in development and resident feedback on the platform will take place during 4 focus groups towards the end of September.

Engagement of residents to be involved in full council meetings – information sessions have been run for residents to inform them about how to ask questions at full council. Targeted and specific information sessions will be run at community venues in preparation for the next full council meeting in November. Community groups of residents will be invited to attend full council as special guests. There is also communication engagement via social media channels, e-newsletters and leaflets.

Engagement Training

- Through collaboration with Bloomberg Associates we have created a series of four workshops covering both guides that will be facilitated by members of the council from September- December. The sessions are:

- Workshop 1: How to plan a Consultation- delivered by Operational Delivery Team
- Workshop 2: How to develop a community engagement plan- delivered by Community Development Team
- Workshop 3: Delivering consultation in the community - delivered by Community Development Team
- Workshop 4: Effectively evaluating your consultation- delivered Strategy and Intelligence

3.2 CPP update

CPP round 2 - Out of the 51 funded projects, 45 programmes have started and 6 are due to start over the next couple of months.

Projects funded for each ward

Wards	Number of projects delivered
Queen's Park	12
Harrow Road	17
Maida Vale	4
Church Street	20
Westbourne	5
Lancaster Gate	1
Little Venice	5
Pimlico South	5
St James's	2
Abbey Road	1
Vincent Square	2

Community Panel members who participated in the representative decision-making panels were from the following wards.

- Pimlico - 5
- Maida Vale - 2
- Church Street - 6
- St James's - 2
- Bayswater - 1
- Queen's Park - 1
- Hyde Park - 1
- Vincent Square - 1
- Marylebone - 1

CPP round 3 - The team is now working on the next round and will launch initial engagement Winter 2023/Spring 2024

3.3 Amenity Societies

The Cabinet Member attended WASF and had productive conversations at the event. She will also be attending the Forum of Forums.

4. **Leisure**

4.1 ActiveWestminster Strategy

The draft new ActiveWestminster Strategy 2024 – 2028, sets out the following key Priorities with #2035 and Fairer Westminster being key influencers:

- Active Health and Wellbeing – People who live, work and study in Westminster move more for improved health, well-being and happiness.
- Equality - There is equal opportunity to be active, regardless of background.
- Accessible - There are accessible opportunities to be active in parks, open spaces, community places/spaces, streets and highways via an active environment.
- Strong Neighbourhoods - Leisure centres, parks, open spaces, streets and highways are strong contributors in creating neighbourhoods which people want to live and work in.
- Environmental Sustainability – Contribute towards reducing our carbon footprint, improve air quality and make active travel a way of life.
- Skills Development - Develop skills and access to employment for people to thrive.

Once achieved Cabinet Member sign off, the new strategy aims to be launched in early 2024.

4.2 SLM DOV

The Leisure Contract Deed of Variation has been signed and took effect on 1 February 2023 and will last until 30 June 2026. The Authority and Sport and Leisure Management have agreed the following Minimum Income Guarantee position, taking into consideration London Living Wage to be implemented for applicable Everyone Active staff, as well as costs associated to closure of Seymour Leisure Centre, the new Church Street and Jubilee Community Leisure Centres.

The Deed of Variation encompasses:

- The Council have an 80:20 minimum split of profit in our favour.
- SLM to absorb any possible losses in years 2 and 3 of the DoV and provide the Council with a Minimum Guaranteed Amount (MGA) of £200k and £250k, and £125k respectively.

4.3 Review of Access to facilities

A paper will be made available in mid-September with recommendations of how to support Westminster community organisations and residents access activity spaces (including Leisure Centres) to deliver physical activity provision. Following this, an action plan with findings will be formulated to support Westminster community groups get fair access to places and spaces for physical activity provision.

4.4 Leisure Centre Usage

The centres have achieved a positive recovery since Covid-19, seeing usage consistently average at approximately 75% of pre Covid-19 usage figures. With overall pre-paid memberships exceeding pre Covid-19 figures.

Marshall Street has seen an 14% increase in usage between April – July 2023 compared to same period in 2022. With pre-paid membership increasing by 14% in same comparative period.

Queen Mother has seen an 13% increase in usage between April – July 2023 compared to same period in 2022. With pre-paid membership increasing by 18% in same comparative period.

Porchester has seen an 7% increase in usage between April – July 2023 compared to same period in 2022. With pre-paid membership increasing by 6% in same comparative period.

Seymour has seen an 10% increase in usage between April – July 2023 compared to same period in 2022. With pre-paid membership decreasing by 21% in same comparative period.

Little Venice has seen an 15% increase in usage between April – July 2023 compared to same period in 2022. With pre-paid membership decreasing by 17% in same comparative period.

Moberly has seen an 5% increase in usage between April – July 2023 compared to same period in 2022. With pre-paid membership increasing by 12% in same comparative period.

Paddington Recreation Ground has seen an 8% increase in usage between April – July 2023 compared to same period in 2022. With pre-paid membership increasing by 12% in same comparative period.

Since opening in October 2022 Church Street has seen a 64% increase in usage up until the period of June 2023. The centre has improved community access with priority bookings being provided to local Westminster community groups and schools.

4.5 Everyone Active Membership Changes

Everyone Active have reviewed their membership prices nationally and to rationalise them made a decision to increase prices to sites where there has been investment over recent years. There is no change to children's membership and casual swimming is still free to children. Prices have not changed since pre Covid-19. Please see below price changes:

- Adult Membership = Was £29.99 – moved to £34.99 (Marshall St Was £34.99 move to £39.99 (went up earlier in the year)– taking into account business district, Little Venice only – Was £20.00 move to £22.99, Seymour members transferring - £29.99 for 12 months)
- Concession Membership = Was £26.99 - moved to £31.99 (Marshall Street, Little Venice and Seymour discount relative to price above)
- Swim Fitness Membership = Was £25.00 – moved to £27.00

There may be slight variations if a member has chosen to customise their membership within the different Everyone Active membership categories, above gives the headline prices.

4.6 Jubilee Leisure Centre

Jubilee Leisure Centre has achieved practical completion, however official opening has been delayed as there are still some outstanding health and safety defects, which include the fire alarm. Actions are being worked through daily with the aim to open in September 2023 at the earliest and safest opportunity. Queens Park

Community Council have been offered 20 hours of free access that they can distribute to local community groups. This is in line with planning conditions to ensure the local community have access to the centre. A community management group has been set up to monitor and feedback on community access and put forward any recommendations to support the site cater for the local community.

4.7 Seymour Leisure Centre

Seymour Leisure Centre achieved planning permission on 11 July 2023. The centre is planned for closure in February 2024 and planning has begun to demobilise the centre and relocate sessions and providers to other sites, with minimal disruption. Ongoing finalisation of 3rd party occupancy of, BSAC (scuba diving), Amber Beauty and Xen Do Martial Arts, Koryo Taekwondo and Serpentine Running Club, to arrange alternative sites and vacant possession of lease is continuing and on schedule to be executed in-line with project timelines. An updated comms and engagement plan will include plans to communicate with users about the transfer of their membership and classes, continuing to update a Frequently Asked Question website page. Posters and a pop-up banners will be put up at site to inform of updates and signpost to WCC website for more information.

4.8 Porchester Leisure Centre

Porchester Leisure Centre studio works, are anticipated to be completed in Spring 2024. Being a large scope of work an intense programme is required. Final programme of works will inform work start dates and full scope of the project. The team are working with Everyone Active based on the above information to support relocation of Seymour sessions once closed aiming to re-provide based on need.

4.9 Active Streets

'Street Play' sessions are one off events and road closures that residents can apply for. Multiple dates can also be requested by exception. Below lists the current 'Street Play' sessions in place.

- Barnsdale Road – dates between 6th August and 8th October 2023
- Ashmore Road – dates between 7th August 2023 and 22nd August 2024

In addition to the 'Street Play' sessions above the following streets are provisionally planned to participate in Car Free Day on 22nd September 2023.

- Chippenham Mews
- Ashmore Rd, (North Section)
- Ashmore Rd, (South Section)
- Barnsdale Rd
- Droop Street

Northumberland place, is a part of the 'Play Street' scheme, which means the road is available for play between 1st April and 30th September of each year – 3pm to sunset on weekdays and 10am to sunset on weekends. Design is being finalised to update members and go to residents for consultation, timeline will be confirmed. There is currently a 'Play Street' on Fisherton/Luton Street (Church Street) and we are working on launching the following 'Play Streets' from Spring 2024:

- Ashmore Road, Queens Parks (this can the replace one of 'Street Play' applications)
- Marne Street, Queens Park
- Kilravock Street, Queens Park
- Peach Road, Queens Park
- Ranelagh Road, Churchill Gardens
- Chippenham Mews, Harrow Road

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City of Westminster

Children & Adults, Public Health & Voluntary Sector Policy and Scrutiny Committee

Date: 21 September 2023

Portfolio: Adult Social Care, Public Health and Voluntary Sector

The Report of: Councillor Nafsika Butler-Thalassis
Report Author and Contact Details: Maria Burton, Portfolio Advisor
mburton@westminster.gov.uk

1. The following key decisions have been made in the period since my last Policy & Scrutiny report dated 27 July 2023:

- 21 August - Direct award for interim contracts for Learning Disability accommodation based services
- 22 August - Achieving Health Equity: A proposal to launch a new Public Health partnership fund for voluntary and community organisations serving Westminster residents

2. The following report includes my priorities and delivery progress to date:

2.1 Achieving Health Equity

2.1.1 Westminster has the highest life expectancy for males, and the third highest life expectancy for females in the country. It also has the highest life expectancy gap in the country for males between those living in affluent and deprived areas.

2.1.2 Health is principally driven by the circumstances in which people live – their income, housing, employment, environment, culture and relationships.

2.1.3 To build Fairer Communities, and deliver health equity, the Council needs to address the wider determinants of health, and ensure that its services are accessible and responsive to those with the greatest needs.

2.1.4 To complement the existing Healthy Lifestyles commissioned offer, Public Health intends to invest up to £5m over 4 years to strengthen the capacity, knowledge, skills and reach of the local Voluntary and Community Sector (VCS) to improve residents' health and wellbeing.

2.1.5 From 18 September 2023, VCS organisations serving Westminster residents will be invited to apply for funding to deliver regular health promoting activities for specified target communities of all ages. Organisations will also be able to access selected health promotion training which helps them deliver these activities and builds their long term expertise to deliver public health services.

2.1.6 Public Health will continue to co-design the future offer with organisations throughout the fund to develop their expertise in delivering public health outcomes.

2.2 **Gordon Hospital**

2.2.1 In March 2020, Central and North West London NHS Trust (CNWL) temporarily closed the Gordon Hospital due to COVID-19 concerns. It was the only in-patient psychiatric care service for Westminster residents in need of specialist mental health provision. Patients were moved to other out-of-borough hospitals, and some were discharged back into the community. The Gordon Hospital's closure has left Westminster with zero beds available in the borough for residents who require in-patient care, adding further pressure across the wider health and care system.

2.2.2 CNWL's consultation is expected to launch its consultation in early October 2023, but CNWL has not confirmed the date yet. I attended CNWL's Annual General Meeting on Wednesday, 6 September to question CNWL about the closure's impact on residents with mental health needs.

2.2.3 I also visited St Charles Hospital in the Royal Borough of Kensington and Chelsea to tour the Mental Health Crisis Assessment Service (MHCAS) and discuss patient flow with NHS colleagues.

2.2.4 There have been community events focussed on the Gordon Hospital. One of these was in June, which was attended by over 20 residents who expressed their concerns about the proposed closure. Another will be held on 18 September and co-hosted with Cllr Josh Rendall, the RBKC Lead Member for Adult Social Care and Health. The purpose of these events was to make residents aware of the latest news about CNWL's plans for the future consultation on the Gordon Hospital's closure and discuss ongoing concerns about the lack of acute mental health inpatient facilities.

2.2.5 To further support efforts to understand how local communities are affected by the Gordon Hospital's closure, two independent reports are being prepared. The Advocacy Project's report will focus on service users and carers' experiences, and Professor Jill Manthorpe is conducting further in-depth analysis on the lack of inpatient acute beds in the borough.

2.3 **Better Care Fund**

2.3.1 The Better Care Fund (BCF) Plan for Westminster was submitted following the escalations with NHS London and the national BCF team. At this stage, officers do not anticipate there being any conditions applied to the Council's BCF bid.

2.3.2 The Council is still awaiting confirmation from the North West London (NWL) Integrated Care Board (ICB) on the review process, which includes the terms of reference. It is likely these will not be agreed within the timescale NWL and the Council outlined for meeting the budget setting deadlines, as the review is

planned to take three months to complete once the terms of reference have been agreed. However, the BCF was on the agenda for the 7 September Integrated Care Partnership seminar where the ICB Chief Executive committed to the joint work and for these to be formally signed off, preferably at the 3 October Health Accountability Board. The attendees are Cabinet Members, Leaders and ICB leaders. These meetings are helping to progress this and ensure the terms of reference are co-produced. Locally, officers are starting the review process for the Westminster-commissioned BCF schemes and will aim to have this completed by the end of September. An update on the BCF will be shared at the next Health and Wellbeing Board.

2.4 Community Champions

2.4.1 Planning is well underway now for this year's Community Champions Conference on 23 November 2023. The title and theme for this year is 'Community Champions present: Connected Healthy Communities', given the importance of the Champions and other community connector roles within the developing Integrated Care System and Place-based Partnership. This year the ambition is for the Council, as a central community partner, to host partners and decision-makers in this changing health and social care landscape.

2.4.2 The day aims to promote progress, share learning and explore new initiatives, and celebrate partnerships and achievements. The day's programme has been created from discussions with Champions and NHS, Council and voluntary sector colleagues and partners. The programme responds to all stakeholders' priorities.

2.4.3 Two of the five Westminster Community Champions contracts end in March 2024: Mozart in Queens Park ward and Church Street in Church Street ward. An open competitive tendering exercise is being planned for Autumn 2023, and the Procurement Strategy will soon progress to the Invitation to Tender stage.

2.5 Supporting Healthy Weight

2.5.1 In June 2023, the Council was successful in its School Superzone bid for £30,000 from the Greater London Authority to support a partnership centred around Edward Wilson School in Westbourne to improve health and wellbeing. An action plan has now been developed in partnership with local stakeholders. The actions are aimed at improving community safety, road safety and access to green spaces for physical activity.

2.5.2 The action plan will be delivered over the 2023/24 school year. The actions that will be implemented first link to road safety and active travel. To co-design these, workshops will be held with the School Council and the wider school community of pupils, families, and local organisations.

2.6 Community Grants Funding

2.6.1 £600,000 has been awarded through the Community Priorities Programme to 43 organisations (and 8 individuals) in 12 wards as part of Round 2. Bids were reviewed by panels formed of residents and community organisations. 45 of

these projects have started and the remaining six are due to start in the coming months.

2.6.2 A key priority for Round 3 of the Community Grants Funding is for residents, ward councillors, the voluntary sector and officers to be involved in decision-making. The Round 2 awards were made following consultation with communities, and I have met with officers and Cllr Sanquest to discuss whether this should be continued for Round 3, or if a Participatory Budgeting approach should be followed. A Cabinet Member Decision for Round 3 will follow in the coming months.

2.7 **#2035**

2.7.1 Over the summer I met with officers from the Communities and Public Health teams, with the Cabinet Member for Public Protection and Licensing, on #2035, the next stages and to provide a steer.

2.7.2 The next stages for this are evidence gathering and external workshops. External workshops will help to identify key issues and barriers, generate case studies and develop an action plan. It is expected that the action plan/strategy will follow in late 2023/early 2024.



City of Westminster

Children and Adults, Public Health and Voluntary Sector Policy and Scrutiny Committee

Date:	13 September 2023
Portfolio:	Young People, Culture and Learning
The Report of:	Councillor Tim Roca, Cabinet Member for Young People, Culture and Learning
Report Author and Contact Details:	Nikki Costain ncostain@westminster.gov.uk

1. Key decisions made in the preceding period since my last Policy & Scrutiny report dated June 2023:

- Extending the Free Meal Offer to Nurseries and Secondary Westminster Pupils

2. The following report includes my priorities and delivery progress to date of the administration

3. Children's Services

3.1 Pressures in Children's Social Care

Nationally Children's Social Care continue to face multiple challenges and complexities post pandemic. At a national level there are significant pressures on local authorities' recruitment of experienced social workers leading to greater reliance on the agency market. In Westminster, whilst we have a very low reliance on agency social workers and staff turnover comparative to other London councils and have a high level of capability throughout our workforce this remains an area that we need to closely attend to and monitor.

Additional pressures in the system are impacting on all local authorities. These include the length of care proceedings within the Family Courts, largely impacted by an overall increased volume in care proceedings nationally and judicial and expert assessor availability. This increases work and time pressures for staff, results in some children remaining in care placements for longer before achieving permanence and causes increased uncertainty and stress for some families whilst decisions are reached about their children's future care arrangements. Westminster has its own in-house assessment model and so we are not reliant on external assessors to the same extent as other authorities but overall our care proceedings are taking much longer than expected because of capacity constraints within the courts.

Placement shortages too are a national and well-known problem. Local authorities are finding it increasingly difficult to source appropriate placements for looked after children in a timely way, which impacts children, their care plans, social worker capacity, and budgets. There are some national initiatives involving more regional collaboration which may have a positive impact on this, and we are involved in discussions in the London region.

We continue to experience a high number of visits to our office by families and young people who may be homeless, many of whom are not owed a housing duty because they have no recourse to public funds (NRPF) or have no local connections. Although for the majority we are able to identify alternative options rather than providing accommodation, these presentations each require significant social work time and complexity, liaising with Housing and Legal services, the Home Office, embassies, other Local Authorities and organisations. Where we are providing families who are NRTPF with accommodation and subsistence these financial commitments are taking longer to reach a conclusion because of delays in the Home Office in reaching immigration decisions.

3.2 Kent County Council and Home Office Judgement regarding Unaccompanied Asylum-Seeking Children (UASC)

Refugee arrivals by small boats across the English Channel result in a very high concentration of UASC presentations in Kent County Council compared to other Local Authorities in the country. The National Transfer Scheme (NTS) was set up to enable equitable and safe transfer of unaccompanied children from the care of one Local Authority to another receiving Local Authority, based on a quota that each LA has a UASC population of up to 0.1% of its general child population. The NTS has remained a voluntary scheme and to date not all Local Authorities are at the full 0.1% quota.

In view of the high numbers of UASC arrivals in Kent, Kent County Council advised the Home Office that they would need to cap the number of UASC they could support. The Home Office have subsequently been using hotels to accommodate the numbers of children arriving in Kent above their 'cap'. On 27th July 2023, the High Court found the Home Office and Kent County Council to be in breach of the law, as they were not providing these vulnerable children and young people with the support services or appropriate accommodation as outlined in the Children Act 1989.

In Westminster, we are above our quota of 30; looking after 52 UASC at this time. It is important to note that all Unaccompanied Asylum- Seeking Children in our care are in appropriate placements; either Semi-Independent Living placements (SIL) or foster care depending on their age and needs. When the Home Office have placed young people in contingency hotels and they subsequently present as under 18, we undertake an initial age enquiry and if deemed that they are under 18, or may be under the age of 23, they come into our care. If they may be under the age of 23, a more thorough age assessment (called a Merton Compliant Age Assessment) is completed and the young person will remain in our care until the assessment is concluded and until future arrangements are made on occasions when they are assessed to be an adult.

The High Court Judgement means that Kent County Council are legally required to take responsibility for all UASC presenting in their area. To manage the significant numbers of UASC presenting in Kent, they have asked Local Authorities to take children from Kent up to their quota. Additionally, the Director Children's Services has made a request for assistance outside the NTS, for LAs to take additional unaccompanied children into their care. Westminster has offered assistance, removing two children from the NTS so that priority can be afforded to Kent, and we have taken two additional children into our care.

There are approximately 200 children in Kent awaiting a move through the NTS. Westminster is generally at or above the 0.1% threshold for NTS and we are fully committed to accommodating our share of unaccompanied children. Westminster plays a leading role in the NTS and we co-ordinate the NTS across all London boroughs.

3.3 Preparation for Inspections

An inspection of our Youth Offending Service is overdue, and we continue to expect notification from His Majesty's Inspectorate of Probation (HMIP) every Friday. Children's Services is also on alert to anticipate a full Inspection of Local Authority Children's Services (ILACS) within the next 12 months. We are continually auditing the quality of our practice and services, including routinely seeking feedback from families and partner agencies of their experience of our practice and staff to ensure there is continued improvement across all areas that will be inspected and receive judgements - children in need, child protection, looked after children and care leavers.

We have been contacted by Skills for Care, which is the strategic workforce development organisation for Social Work and provides the framework for the Assessed and Supported Year in Employment (ASYE) for Newly Qualified Social Workers (NQSWs). ASYE is a national programme which every top-tier local authority is required by the government to deliver to ensure that new social workers have sufficient experience and support to practice and develop. As part of their Quality Assurance, Skills for Care will be visiting us in November to meet with social workers undertaking the ASYE (of which we currently have eleven), their assessors and managers. We are already preparing our documentation ahead of these visits and are planning 360 feedback and evaluation with our current and recent ASYE employees, assessors and managers.

3.4 Westminster Provisional Exam Results

Results day was a day of celebration for many students and schools across the borough, with GCSE and A-level students performing exceptionally well in their exams this year. Bucking the trend in the national headlines, provisional results for Westminster schools for 2023 indicate strong performance overall with outcomes at the end of Key Stage 2 (age 11), GCSE and A Levels being well above national comparators. Outcomes in Early Years Good Level of Development are more in line with national.

Good Level of Development (GLD) outcomes at the end of the Reception Year in Westminster (65.7%) have remained similar to those achieved in 2022 (65.9%). This is slightly below the national average of 67.3%.

In Key Stage 2, the percentage of children reaching Expected Standard in the combined Reading, Writing and Mathematics measure at the end of Key Stage 2 (67%), has improved compared to 2022 (64%). Performance continues to be well above national (60%).

GCSE performance has continued to improve with the return to public examinations. Provisional results show local performance is above both the 2019 and 2022 national averages, with 61.5% of Westminster pupils achieving grades 5-9 in English and mathematics in 2023 and 67% achieving grades 5-9 in All Subjects compared to the national average of 52%.

A level performance in Westminster in 2023 for the top grades A*- A is 33.4%, which exceeds the national average of 26.5%. The percentage of A*- C grades is 79.9% in Westminster, which is also above the national average of 75.4%.

These excellent results are testament to the hard work and dedication of our children and young people through a particularly turbulent time in their education, and the ability of our schools to prepare pupils for external examinations despite disruption in recent years.

3.5 School Uniform Support Fund

The School Uniform Support Scheme is now in its second year and provides financial support to eligible families with the cost of school uniforms. The scheme provides up to £85,500 of funds to Westminster

residents who are eligible for Free School Meals and on roll of a Westminster primary school. This summer, £10,044 has been allocated to 324 families (319 last year) for children that will be starting reception in September, providing £31 per child. A further £68,250 has been allocated to support 455 families (451 last year) for children moving onto secondary school, at a rate of £150 per child. The total spend to date is £78,294 (£77,539 last year).

In this second year of the scheme, and following feedback from schools, checks were made with each school in May to establish the accuracy of the eligible children registered as on roll in Year 6. A methodology to determine the funds to be allocated to schools for the incoming reception cohort was also adapted to ensure the most accurate funds could be allocated to schools. This approach was well received by schools, with funds distributed the week commencing 12 June allowing time for schools to set up their chosen method of disseminating the funds to families, including vouchers or direct payments to families.

The positive impact on families was captured last year when schools were asked for some feedback on the scheme. Some comments are as follows:

‘We’re really glad for this grant as it will be helping us this time a lot. I can’t express my feelings how happy we are. Thanks a lot, to the authorities who are trying to help us in this difficult time. It means a lot to us’.

‘Uniforms can be expensive, so any help is great. My boy started school looking smart and he was happy!’

‘The secondary school uniform was going to cost me well over £250, with the PE kit. This meant that I got everything, I don’t know what I would have done without it. Along with the food vouchers, it made summer bearable.’

3.6 Summer Holiday Activity and Food Programme

The Holiday Activity and Food (HAF) Summer programme has been a success, with up to 49 local organisations providing activities across the borough. Activities included adventure playgrounds, football, basketball, boxing, table tennis, cricket, cooking sessions, arts and crafts, music and dance, youth club and offsite trips. Organisations such as Adventure Play Hub, Al-Ola Supplementary School, Westbourne Park Family and many more, offered inclusive activities for children with additional needs. The Tresham Centre and The Caxton Youth Organisation provided specialist SEND activities for children with higher levels of need.

Additional Funding from the Council allowed 24 of the organisations to expand their HAF provision to families who just fall short of FSM eligibility but are experiencing financial hardship. This funding also allowed 8 organisations that would not have the capacity to run a 4-week HAF programme (required by the DfE) to offer summer provision. For example, Sketch Appeal was able to run a 2-week programme focused on building confidence through creative expression and give participants the opportunity to submit their work to an exhibition. Youth Clubs were able to expand the number of sessions they ran throughout the summer and offer a safe and engaging environment for young people in the evenings and weekends. Additionally, we were able to work closely with the Family Hubs and Family Navigators (who support families to navigate and access services provided by the council and other organisations) to ensure asylum-seeking families placed in hotels accessed holiday provision.

It is anticipated that the combined total of children and young people reached through HAF and the additional summer funding will be around 3,200 – 4,000. Organisations have shared positive feedback

about their programmes, stating that children and young people had the opportunity to try new activities, spend time with friends and enjoy healthy snacks and meals throughout the summer.

3.7 'We Got U, U Got This' Young Person's Mental Health Campaign Update

As reported in previous Policy and Scrutiny Committee papers, 'We Got U, U Got This' is a digital awareness campaign, co- designed and led by local young people, to promote mental health support to young people across Westminster. We have seen widespread interest in the campaign as a result of its promotion across the borough. Printed material has been shared in secondary schools, libraries, leisure centres and youth clubs/hubs. Digital content has received a huge amount of interest, largely thanks to promoting posts and advertisements for the campaign. We have exceeded the target number of visits to the campaign web page at this point in the campaign, with a healthy average visit time of two minutes 42 seconds on each page and clicks on to providers' pages to find out more about their specific support.

- Website visits: 4000 as of July 2023
- TikTok: 42,400 impressions, 181 clicks
- YouTube advertisements: 115,000 impressions
- Google search advertisements: 22,000 impressions, 768 clicks
- Instagram and Facebook: 179,435 accounts reached, 2,427 clicks

The last round of paid advertisements has now come to an end, which concludes the initial campaign.

Our next steps include a full evaluation of the reach and impact of the campaign which we anticipate will be completed by mid- October. This will include referrals to mental health agencies, and continued work with settings to raise awareness of mental health support.

3.8 RAAC guidance for schools

The Department for Education changed its guidance in the last week of August in relation to the management of RAAC where it has been identified in school buildings. So far, only two classrooms in one school in Westminster have been identified as containing RAAC. The school, St Mary Magdalene and St Stephen's CE Primary, has ensured that all of its pupils continue to access full-time education at school whilst the diocese as the responsible body carries out the necessary works. Westminster's surveys of community schools where the council is the responsible body are well underway and no RAAC has been identified to date. Local academy trusts and both dioceses continue to carry out surveys of their own schools and have not reported any evidence of RAAC in their buildings so far, apart from in two classrooms at the primary school referred to above.

3.9 Planned Youth Engagement Summary

There is a lot of ongoing work to ensure that services across the Council are seeking and listening to the voices of young people in our borough. To achieve our commitment in the CYPP, that 'all our young people feel listened to, empowered to take action and have opportunities to co-produce/co-design services that affect them,' we are looking to organise a Youth Voice Summit which will bring together senior stakeholders across the Council, the Youth Council, and young people across the borough to explore how the youth voice is taken into account in the development of all Council services. We continue to work closely with Young Westminster Foundation on their youth review which is underway; this will culminate in a Question-time style event. We are also working with colleagues across the organisation to develop a Youth Voice Network to ensure that all youth engagement is joined up, and can influence the work of the council more broadly.

4. Culture

4.1 Inside Out Festival engagement

The council's free Inside Out outdoor arts festival, taking place throughout August, has been running successfully with most ticketed events being sold out in advance and drop-in events well-attended even during adverse weather conditions. The full programme is found on the council webpage: www.westminster.gov.uk/arts-and-culture/inside-out

The success in attracting audiences has been mainly due to the marketing activity undertaken by cultural partners. However, by 12 August the council's Inside Out programme webpage had received over 12,000 views (well above the 1,000 achieved in the pilot year of 2021) and the resident newsletter Inside Out features had received 1,728 clicks. Local community engagement events were highlighted above others in the newsletter (following councillor direction) and posters were distributed to Libraries.

Paid social media has successfully driven much of the website engagement. There were 62,497 impressions on Twitter and 121,967 impressions on Facebook by 8 August. Press coverage for both Inside Out and its individual projects by 12 Aug included Time Out, The Londonist, London Post and Culture Whisper, Fitzrovia News, BBC London and London LIVE. GLA have added Inside Out to their Great Things to See and Do blog, have featured it in their Culture Newsletter and asked the Mayor's social team to schedule a post.

Each of the partners are required to submit a project monitoring form at the end of the project so the council can evaluate total visitor numbers and demographic data. We expect to have this data available in a report by the end of October.



City of Westminster

Children and Adults, Public Health and Voluntary
Sector Policy and Scrutiny Committee

Date: September 2023

Report: Young People's Mental Health Briefing

Report Author and Contact Details: Sarah Newman, Executive Director for Children's Services
Anna Raleigh, Director of Public Health

Introduction and Contents

This report provides an update on the mental health support initiatives for children and young people delivered across the mental health partnership in Westminster. It sets out the priorities, our approach to delivering these, and offers an overview of areas of interest including local provision such as Mental Health Support Teams, and a focus on Covid Recovery including suicide prevention.

1. Emotional Wellbeing and Mental Health Overview and Strategic Approach

- 1.1. The [Emotional Wellbeing and Mental Health Plan](#) is a Joint Bi-Borough and ICB strategy that sets out our shared ambitions, current provision, key priorities and next steps to improve our offer.
- 1.2. Our shared vision is that our children and young people have good mental health to be resilient and thrive. When support is needed, they should be able to access excellent services in the right place at the right time. Our priorities are:
 - Proactively communicating our mental health support on offer
 - Making mental health everyone's business
 - Creating genuinely supportive services
 - Embedding early intervention services
 - Reducing the waiting times for services
 - Supporting young people transitioning to adulthood
 - Putting the voice of the child at the heart of our work
- 1.3. Our whole system approach is to invest in and promote Prevention and Early Intervention services. Health and the Bi-Borough work together to increase capacity and access to Specialist Services. This includes:
 - Delivery of a **Whole School Approach** by specially trained school nurses, Designated Mental Health Leads, and Mental Health Support Teams for every state school in the borough. We enhance support for special schools through MIND, invest in school

staff and parent wellbeing, and deliver training and from Education Psychology (ELSA).

- **Community Based Support** enhances the wider community offer as some CYP don't access support via schools or Primary Care. We invest in Mental Health Workers in youth clubs, deliver Mental Health First Aid to front-line practitioners and have trauma-informed practice in Early Help.
- **Promotion of the offer** including digital accessibility (Kooth, We Got U, U Got This) with a campaign to **increase awareness** of support available We signpost to online resources and helplines, and have produced videos to reduce the stigma around mental health.
- **Support for vulnerable groups.** There is an effective interface between the Systemic approach delivered in Family Services and CAMHS. We ensure there is delivery and a clear focus for those at risk of exclusion, Serious Youth Violence and domestic abuse
- **CAMHS Transformation delivered by the ICB** by (1) increasing capacity in Specialist CAMHS teams to **reduce wait times and increase contacts**; (2) Work with **Place-Based Partnership** to support the whole system by implementation of **iThrive** to focus on the intensity of needs of the CYP rather than service delivery; and (3) embed the **16-25 model of care** to improve transitions via a multi-agency Triage meeting and new Young Adult CNWL Pathway Leads and Young Adult Psychiatrists in post.

1.4. The appendix sets out a description of the key services and their reach.

2. Public Health Data on Impact of Covid on Children's Mental Health

- 2.1. Nationally, over 1 in 6 children and young people have mental health needs, this equates to about 3,000 children and young people in Westminster. They are almost twice as likely to live in a household that has fallen behind with payments.
- 2.2. Compared to before the pandemic children and young adult mental health service activity has increased by 37% based on NWL health data.
- 2.3. It is important to note that there is more need than the data demonstrates: although stigma associated with mental health is slowly changing, people tend to "suffer in silence".
- 2.4. Locally we know there is an increase in need and complexity of need, providers delivering mild/moderate mental health support are seeing presentations of suicide ideation, emotional dysregulation, and eating disorders.
- 2.5. Public Health developed the following mental health dashboard and update it biannually:

Westminster - Mental health and wellbeing

LOCAL PICTURE

Mental health and wellbeing of children

Survey



Over 1 in 6 (18%)

aged 7 – 16 years in England have mental health needs according to an annual survey

3,000

estimated number of children and young people (aged 7 – 16 years) in Westminster with mental health needs



Increased:
2016: 1 in 9 (12%)
2020: 1 in 6 (17%)
and stable since



Almost twice as likely to live in a household that has fallen behind with payments

General practice



About 1,400

GP appointments related to mental health in those younger than 20 years in 2022/23

The most common mental health reasons for presentation to a GP

- Speech and language (16%)
- Depression (14%)
- Autism (12%)
- Anxiety (11%)

Mental health services



About 1,000

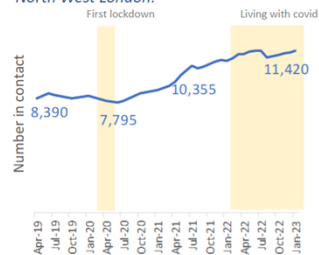
children are in contact with mental health services.



37%

Since the first lockdown, service activity has increased

North West London:



School

730 school pupils



with identified special educational needs where the primary need is social, emotional or mental health. This is above the London average.

Figure 1: Westminster Health and Wellbeing in Children, from the local Bi-annual Mental Health Dashboard (May 2023 version). Individual sources available upon request.

3. EWMH Covid Recovery Support

- 3.1. Public Health invested £3.75m of the Public Health grant into local COVID-19 Recovery programmes to address health inequalities and support recovery. Within Children's Services, key successes include the Youth Mental Health workers and the We Got U campaign.
- 3.2. These developments sit alongside our strong Healthy Early Years and Healthy Schools programme and increasing our School Health (nursing) service to have a dedicated mental health school nurse. In Westminster, we have also supported the expansion of Mental Health Support Teams in schools.

Key strategic developments include the local Suicide Prevention Strategy and building the links between mental health and substance misuse as outlined in the recently published Children and Young People Drugs Strategy 2023-2026 (jsna.info).

- 3.3. There are a broad range of local services that contribute towards improving mental health and emotional well-being throughout the life course, from the healthy early years and healthy school programmes to Active Westminster provision (physical activity is fundamental for whole-system approaches to mental health).
- 3.4. More broadly, services delivered across the partnership, providers have been flexible at adapting and delivering bespoke activities/workshops to meet relevant and emerging needs, e.g. online bullying, masculinity, body image.

- 3.5. Additional mental health support was put in place due to Covid to meet an increase in need. However due to the cost of living crisis, demand for mental health support services continues to be high, and the Council along with partners and providers are adapting services to be responsive to these emerging needs. A wide range of food and activity-based services have also been put in place in response to the cost of living, such as the Holiday and Activity Food offer and Free School Lunch offer.
- 3.6. Below are some examples based on the three tiers of support: universal, targeted and specialist which have been developed since the pandemic.

4. Universal Prevention and Early Intervention Support

Mental Health Youth Worker

- 4.1. The Mental Health Youth Worker service supports children and young people who are accessing youth provision and who are more willing to access support for their MH needs through their established relationships with youth providers. 1:1 work and groupwork sessions are delivered on specific topics identified as well as incorporating wellbeing components into existing sessions delivered by youth clubs.
- 4.2. The Mental Health Youth Worker is also supporting the 5 Youth Hubs to develop and imbed an improved whole setting approach to EWMH and will train and upskill youth workers as part of this to ensure the offer continues in the longer term thereby developing a legacy.

Promotional Campaign

- 4.3. At the end of April, we launched our “We got U, U Got This” mental health campaign which has been designed by and for young people across Kensington and Chelsea and Westminster. The purpose of this campaign is to empower and reassure young residents so that they feel confident accessing services to support their mental wellbeing, particularly our early intervention services such as MIND (mental health support teams in schools) and Kooth (online counselling).
- 4.4. The initial targets for the campaign have been far exceeded and we have seen widespread interest in the campaign as a result of its promotion. Social media adverts have resulted in the following statistics across platforms:
 - TikTok: 42,400 impressions, 181 clicks
 - YouTube ads: 115,000 impressions
 - Google search ads: 22,000, impressions, 768 clicks
 - Instagram and Facebook: 179,435 accounts reached, 2,427 clicks
- 4.5. The campaign continues in the form of physical posters and assets in schools, community centres, libraries, leisure centres, as well as social media pushes on key dates such as school start, exam times, results days, mental health awareness week etc.

Expansion of Mental Health Support Teams

- 4.6. As part of the whole-school approach to emotional wellbeing and mental health, NHS England fund Mental Health Support Teams (MHST) in Schools which are delivered locally by MIND. Initially 33 schools began receiving MHST support when it was launched in 2019, and

a further 11 schools now also receive the service since it was expanded in October 2022, meaning there is almost full coverage across state schools in Westminster.

- 4.7. MHST work with schools and offer mental health and wellbeing support to children/young people with mild to moderate needs, i.e., anxiety, low mood and behavioural difficulties, as well as support to staff and parents to ensure there is a whole school approach to mental health. They deliver both group-based and direct therapy.
- 4.8. On average, per quarter MHST in Westminster deliver 193 workshops to 6013 pupils as part of their whole school approach. Between the period Jan – March 2023, of 145 new referrals received, 101 were for anxiety as the presenting need. Of these 145 referrals received during this period, 94% received 1:1 support and 6% received targeted group work support.
- 4.9. MHST have developed good operational joint working with other providers and partners to ensure effective referral pathways and step-up/step-down depending on presenting needs. For example, there are fortnightly case discussions between MHST and CAMHS to ensure those with higher levels of need are effectively referred for CAMHS support.
- 4.10. There is now good representation and availability of mental health support across all state schools in Westminster, MHST are designed to enhance and complement the existing range of support each school offers and MHST provide bespoke support to schools depending on their gaps and needs.

Re-procurement of the local School Health Service (school nursing)

- 4.11. There has been an increase in funding to the School Health Service to strengthen the offer. As part of the re-procurement increased emotional health and mental health support has been specified, including a Mental Health School Nurse in the borough and specified the provider utilises and develops “the 5 ways to wellbeing” resources in local schools.

CYP Drugs Strategy: the links between mental health and substance misuse

- 4.12. Public Health recently published the CYP drugs strategy outlining how we can support CYP and their families around the harm caused by drugs, including the links between mental health, substance misuse and addiction.
- 4.13. A key recommendation is *education and awareness*: as part of this, Public Health funded the Paul Canoville Foundation and Westminster Archives, to deliver the “Black and Blue project”, an education and drama project supporting year 6 pupils covering topics such as mental health, drugs awareness, overcoming adversity and role models. Paul was the first black footballer to play for Chelsea FC and has an inspiring story to tell. The programme launched at Stamford Bridge in June 2023 and will be offered to all local primary schools.
- 4.14. Another recommendation from the strategy is *safe spaces*: as part of this work Libraries, Public Health and Children’s Services are working together to pilot a Games Library: where children can play (increasingly popular) strategy and board games such as Dungeons and Dragons in safe, fun and inclusive environments.

5. Targeted Support

Peri-natal mental health

- 5.1. Public Health commission the Health Visiting service to support families with under 5s: a recent development is the recruitment of a peri-natal mental health specialist Health Visitor to provide clinical public health nursing expertise for mums who have mental health needs.
- 5.2. We are also developing the local peri-natal Mental Health pathway, workshops planned in October to agree a shared language and make it easier for people to navigate the system and access support when needed. This will benefit whole families and support children to have the *Best Start in Life*.

6. Specialist Support

Suicide prevention

- 6.1. A key update since the pandemic is the development of Kensington and Chelsea and Westminster's Suicide Prevention Strategy, a 3-year plan (2022-25) which aims to provide a suicide-safer community for our residents, frontline services and visitors.
- 6.2. This will be achieved by raising awareness of suicide and self-harm through training; reducing the stigma and risk factors which are linked to seldom-heard groups; promoting local bereavement postvention (an intervention conducted after a suicide, largely taking the form of support for the bereaved including family, friends, professionals and peers) support we have for our communities; continue to use surveillance to influence decision-making. This is part of a collaborative partnership of the NHS, Voluntary Sector and Frontline services.
- 6.3. Specific attention is directed to responding to self-harm amongst children and young people and on the needs of looked-after children, young people leaving care and those in the youth justice system. We have been working with partners such as RETHINK, CNWL, Faith Action, Every Life Matters and local residents with lived experience to develop suicide prevention resources. These resources help residents recognise, understand and support those who might be experiencing suicidal ideation (also called suicidal thoughts or suicidal ideas, a broad term used to describe a range of contemplations, wishes, and preoccupations with death and suicide) and/or have been bereaved as a result of suicide and aims to embed safety plan in different settings.
- 6.4. Our Suicide Safer Communities commitment aims to raise the profile of suicide prevention within Kensington Chelsea and Westminster. Training is being commissioned to upskill our communities; a digital web resource is being developed to amplify local suicide prevention resources and services; and a campaign is planned to raise awareness of local assets available to support residents. The campaign is expected to be launched in Winter 2023.

Specialist CAMHS

- 6.5. The specialist CAMHS services are delivered by CNWL NHS Trust. The services work with children, young people and their families with complex mental health difficulties, in a range of different ways depending on their needs up to the age of 18.
- 6.6. The type of difficulties the services support include complex emotional and behavioural problems, anxiety and depression and very rarely serious mental illness such as psychosis

and eating disorders, hyperactivity or poor concentration (ADHD, ASD) and challenging behaviour.

- 6.7. There has been increased capacity in core CAMHS teams with a large number of posts recruited to and access numbers being set to facilitate achievement of 35% access rate in both Westminster and K&C. At the end of July, Westminster had seen 2,233 children and young people against a target of 929.
- 6.8. It has been well documented that there has been a substantial rise in demand for CAMHS Eating Disorder services nationally since the beginning of COVID. In Westminster, CNWL have increased capacity into CAMHS Eating Disorder to support rises in demand and ensure waiting time targets continue to be met. Additionally, an Eating Disorders Intensive Community Treatment Model is being introduced to increase support for those at the risk of admission/need step-down support.

7. Conclusion and Next Steps

- 7.1. The most effective way to improve children and young people's (CYP) emotional wellbeing and mental health is to focus on prevention and early intervention and doing all we can to ensure children have happy and healthy childhoods, as well as providing mental health support when needed.
- 7.2. Public Health and Children's Services, alongside our partners, have a role in ensuring children have emotionally healthy childhoods and minimising risk factors and enhancing protective factors.
- 7.3. Public Health and Children's Services along with ICB colleagues, work with providers to review and monitor the impact of emotional wellbeing and mental health services. All programmes are evidence-based and progress and outcomes are measured using tools such as the Warwick-Edinburgh Mental Wellbeing Scales, Revised Child Anxiety and Depression Scale (RCADS), Strengths and Difficulties Questionnaire (SDQ), as well as child feedback and case studies.
- 7.4. An upcoming Mental Health Schools Conference is due to take place on 26th September with School Leaders across both boroughs and providers and health partners across the mental health partnership. The objectives of the conference are to further explore the increasing prevalence of mental health concerns and the challenging behaviour that some children are displaying in school, to think together about what is working and share thoughts and ideas on what we could do differently.

8. Appendix: Key Services Description and Reach

Service	Description	Impact
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Kooth	Online counselling service free to all children and young people (aged 11-25), is anonymous and is available until 10 pm every day. The service provides resources for self-help, peer-to-peer support and one-on-one online counselling for those with mild to moderate mental health needs.	117 new registrations 409 logins (as at Jan 2023)
Mental Health Support Teams in Schools	Support for mild to moderate mental health needs in schools and colleges. The support takes the form of one-on-one and group work with low intensity predominantly CBT-based interventions for low mood, anxiety and self-harm	44 school settings (30 Primary Schools; 13 secondary schools/colleges and 1PRU) Between Jan – Mar 2023: 193 workshops delivered to 6013 attendees
Mental Health Youth Workers	This service supports CYP who are accessing youth provision and who are more willing to access support for their MH needs through their established relationships with youth providers.	1 MH youth worker across 4 WCC Youth Hubs, engaging approximately 53 young people a week in workshops
Bi-borough School Health Service	The Bi-Borough School Health Service includes a dedicated Registered Mental Health Nurse providing specialist advice, training and lesson plans	Universal service provided to 22,023 pupils in WCC schools
West London Zone	WLZ operates in selected schools to provide direct support for those who are having difficulties at school. The WLZ programme is a 2-year support plan tailored to each individual. Each child works with an assigned Link Worker who is based in their school. The Link Worker guides, supports and champions each child and is responsible for designing and facilitating the 2-year programme with the child, their family and teachers	9 school settings include Christ Church Bentinck CofE Primary, Churchill Gardens, King Solomon, Marylebone Boys, Millbank Academy, Paddington Academy, Pimlico Primary, St. Augustine's CE High, Westminster Academy

CAMHS	Specialist CAMHS services are delivered by CNWL NHS Trust, part of the ICB, for complex mental health difficulties. The services' psychologists, psychiatrists, and therapists provide assessment and treatment packages for children and young people and their families	67.9% of CAMHS referral to treatment was under 4 weeks 17.9% of CAMHS referral to treatment was over 18 weeks (As at Dec 2022)
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Children and Adults, Public Health and Voluntary Sector Policy and Scrutiny Committee

Date:	21 September 2023
Classification:	General Release
Title:	2023/2024 Work Programme
Report of:	Head of Governance and Councillor Liaison
Cabinet Member Portfolios:	Cabinet Member for Young People, Learning and Leisure and Cabinet Member for Adult Social Care, Public Health and Voluntary Sector
Wards Involved:	All
Policy Context:	All
Report Author and Contact Details:	Linda Hunting lhunting@westminster.gov.uk

1. Executive Summary

1. This report asks the Committee to discuss topics for the 2023/2024 work programme. The proposals set out in appendix 2 have been developed in consultation with senior officers as well as members of the Executive (Cabinet) on their plans for the year ahead to ensure scrutiny is focused on those areas where it may have most impact.

2. Meeting Dates for the 2023/2024 Municipal Year

- 2.1 The Committee is advised that the scheduled meeting dates for the 2023/2024 year are:
 - 5 December 2023;
 - 5 March 2024; and
 - 18 April 2024.

3. Background

- 3.1 Since January, the Policy and Scrutiny team has been supporting the Chair

to consider the work programme for the next municipal year. The process for this included; consultation with the Cabinet Members, consultation with Executive Directors and relevant Heads of Service, following up on previous items and commitments from previous meetings, consideration of forward plans in the Cabinet Portfolios and challenges identified across the Directorates.

3.2 The aim of this process has been to culminate in a work programme which:

- Focuses on what is important;
- Focuses on areas where performance might be improved;
- Focuses on services which are important to residents;
- Focuses on where scrutiny can make a difference and add value;
- Proactively feeds into policy development by contributing to pre-tender considerations or strategy development for example; and
- Uses the insight of backbench Members to act as critical friend to services of the City Council and our partners thereby enabling good governance and excellent services.

4. Draft Work Programme for 2023/24

4.1 The Committee is asked to consider the draft work programme for the next municipal year, 2023/2024, set out in Appendix 2. The Committee is requested to discuss the proposed topics listed as well as provide comments and suggestions.

4.2 When considering the work programme, and agreeing an overall programme of scrutiny activity, the Committee should have regard to whether the work programme is achievable in terms of both Officer and Member time, taking into account that the Committee is scheduled to meet six times per year. Members are also reminded that it is advisable to hold some capacity in reserve for any urgent issues that might arise.

4.3 Each Committee has discretion to establish Task Groups to examine key issues in more detail and also to commission Single Member Studies. The Committee is asked to consider whether they would like to establish a Task Group or commission a Single Member Study. The Committee should be advised that both Members and Officers will only be able to successfully take part in and support a finite number of Task Groups at any one time.

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

lhunting@westminster.gov.uk

Appendix 1: Terms of Reference

Appendix 2: Work Programme

Appendix 3: Action Tracker

CHILDREN, ADULTS, PUBLIC HEALTH AND VOLUNTARY SECTOR POLICY AND SCRUTINY COMMITTEE

COMPOSITION

7 Members of the Council (4 Majority Party Members and 3 Opposition Party Members).

TERMS OF REFERENCE

(a) To carry out the Policy and Scrutiny functions, as set out in Chapter 4 of the Constitution in respect of matters relating to all those duties within the terms of reference of the Cabinet Member for Young People, Learning and Leisure and the Cabinet Member for Adult Social Care, Public Health and Voluntary Sector.

(b) To carry out the Policy and Scrutiny function in respect of matters within the remit of the Council's non-executive Committees and Sub-Committees, which are within the broad remit of the Committee, in accordance with paragraphs 18.2 and 18.3 as well as section 19 of Chapter 4 of the Constitution.

(c) Matters within the broad remit of the Cabinet Members referred to in (a) above which are the responsibility of external agencies.

(d) Any other matter allocated by the Westminster Scrutiny Commission.

(e) To have the power to establish ad hoc or Standing Sub-Committees as Task Groups to carry out the scrutiny of functions within these terms of reference.

(f) To scrutinise the duties of the Lead Members which fall within the remit of the Committee or as otherwise allocated by the Westminster Scrutiny Commission.

(g) To scrutinise any Bi-borough proposals which impact on service areas that fall within the Committee's terms of reference.

(h) To oversee any issues relating to Performance within the Committee's terms of reference.

(i) To have the power to scrutinise those partner organisations under a duty to that are relevant to the remit of the Committee.

(j) To consider any Councillor Calls for Action referred by a Ward Member to the Committee.

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**APPENDIX 2 – Children, Adults, Public Health and Voluntary Sector Policy and Scrutiny Committee
Work Programme 2023 /24 Municipal Year**

ROUND 4 5 December 2023		
Agenda item	Purpose	Responsible Cabinet Member and Executive Director
Cabinet Member Q&A	To update the Committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure Sarah Newman, Executive Director of Children's Services Pedro Wrobel, Executive Director of Innovation and Change
Cabinet Member Q&A	To update the Committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care Pedro Wrobel, Executive Director of Innovation and Change
The Council's Integrated Care Strategy	To update the Committee on the integrated care programme, the use of Council funds, and for the Committee to make future recommendations.	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care
Childcare Sufficiency Assessment Strategy	To review the assessment strategy for how childcare sufficiency is measured through services across Westminster and make recommendations.	Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure Sarah Newman, Executive Director of Children's Services
Work programme	To review the work programme in light of events and recent discussions.	Linda Hunting, Policy and Scrutiny Advisor

ROUND 5 5 March 2024		
Agenda item	Purpose	Responsible Cabinet Member and Executive Director
Cabinet Member Q&A	To update the Committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure

		Sarah Newman, Executive Director of Children's Services Pedro Wrobel, Executive Director of Innovation and Change
Cabinet Member Q&A	To update the Committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care Pedro Wrobel, Executive Director of Innovation and Change
The Council Drug Strategy	To review the Council's current drug strategy and make future recommendations.	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care
Public Health Investment Report	To Committee to review the effectiveness of the public health investment fund, how the Council invests the Public Health Grant, and promotes and protects the health and wellbeing of Westminster residents.	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care
Work programme	To review the work programme in light of events and recent discussions.	Linda Hunting, Policy and Scrutiny Advisor

ROUND 6 18 April 2024		
Agenda item	Purpose	Responsible Cabinet Member and Executive Director
Cabinet Member Q&A	To update the Committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure Sarah Newman, Executive Director of Children's Services Pedro Wrobel, Executive Director of Innovation and Change
Cabinet Member Q&A	To update the Committee on key areas of work within its remit and the Cabinet Member's priorities	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector

		Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care Pedro Wrobel, Executive Director of Innovation and Change
Learning Disability Report	The Committee to review the provisions available for residents with Learning Disabilities and make recommendations.	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector Bernie Flaherty, Deputy Chief Executive and Executive Director of Adult Social Care
Leisure Services Contracts	The Committee to review the current leisure services contracts and programmes, the future of these services in Westminster, and make recommendations.	Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure Pedro Wrobel, Executive Director of Innovation and Change
Work programme	To consider and agree the outline work programme for the Committee for the year ahead, with input from Cabinet Members, Executive Directors and other officers on how to make best use of the Committee's time and where the Committee will have the biggest impact.	Linda Hunting, Policy and Scrutiny Advisor

Unallocated items: this may either be substituted in for a substantive item elsewhere in the year or may be rolled over for future municipal years.

Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure	Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector
Attainment Gap Report	Autism Strategy delivery update
Annual Fostering and Adoption Report	Voluntary Sector Core Funding and Allocation Report - To update the Committee about what level of funds are available to the Voluntary Sector and how funding decisions are managed.
Update on the Annual Youth Justice Plan (after results from the service's inspection have been released).	The Unison Ethical Care Charter - next steps
Westminster Guardian's Report (Corporate Parenting Report)	Update on the Westminster Mental Health Plan for Adults
Westminster Adult Education Service (WAES) Strategic Plan	

Proposed Briefing Sessions:

Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure	Purpose	Proposed Date
Review of primary schools for the 2023/24 academic year	Members to be briefed on falling rolls, potential amalgamations, and financial considerations of this.	Before summer 2023
Active Westminster	Members to consider the strategy being developed to include the service provided in the primary leisure service centres in Westminster.	Now Councillor Sanquest
Westminster Adult Education Service (WAES) Strategic Plan Review	To review the WAES Strategic Plan and for Members to provide feedback on the strategy which considers the future offer of this service in Westminster.	November / December 2023
Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector	Purpose	Proposed Date
TBC		

Forthcoming Written Reports/ Updates:

Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure	Purpose	Proposed Date
Annual Corporate Parenting Report	To update the Committee on the Council's annual review of supporting parents and families with children across the borough.	September 2023
Councillor Nafsika Butler-Thalassis, Cabinet Member for Adult Social Care, Public Health and Voluntary Sector	Purpose	Proposed Date
Adult Social Care Outcomes Framework Data	To update the committee on the Council's results and compare WC results across other Council's nationally and make recommendations for future learning.	December 2023 / Jan 2024
Carer Strategy Report	To update the Committee on the how the Council's strategy for supporting and working with carers across the borough is working.	March 2024

Cabinet Member Updates to the Committee:

Councillor Tim Roca, Cabinet Member for Cabinet Member for Young People, Learning and Leisure	Meeting Expected	Councillor Nafsika Butler-Thalassis, Cabinet Member for	Meeting Expected

		Adult Social Care, Public Health and Voluntary Sector	
Supported Internships Annual Review	After August 2023		
Progression pathways for young people	December 2023		

Potential Visits:

- St. Charles Hospital
- Hallfield Primary School
- Family Hubs
- Voluntary sector organisations in Westminster
- Children in Care Council
- Organisations that look after substance misuse interventions and provide facilities such as (CGL / Turning Point)

Possible Task Groups/ Single Member Studies:

- Primary school capacity, falling rolls, and the development of federations across Westminster
- Autism Strategy delivery update
- How is Meals on Wheels replaced / a food strategy for Westminster residents
- Housing Allocation and Learning-Disabled residents
- Obesity in Westminster

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Appendix 3 - ACTION TRACKER
Children, Adults, Public Health and Voluntary Sector Policy and Scrutiny
Committee

ROUND 1 12 JULY 2022		
Agenda Item	Action	Status/ Follow Up
Item 4 Cabinet Member Updates Policy and Scrutiny Portfolio Overview: Cabinet Member for Adult Social Care, Public Health and Voluntary Sector	That arrangements be made for Members to visit voluntary sector organisations in Westminster.	Ongoing / Member-led
Item 5 Cabinet Member Updates Policy and Scrutiny Portfolio Overview: Cabinet Member for Young People, Learning and Leisure	That the Children and Young People Mental Health Task Group Report be published and that an update on the recommendations contained in the report be circulated to the Committee.	Completed Update in Sep 23 as part of the substantive item on MH and children.
	That details of how the schools were managing the school uniform scheme to be provided to the Committee.	Completed Provided in the Sep CM report.
	That a visit to a family hub to be organised for Committee Members.	In progress / Member-led
Round 3 20 OCTOBER 2022		
Agenda Item	Action	Status/ Follow Up
Item 4 Cabinet Member Updates Policy and Scrutiny Portfolio Overview: Cabinet Member for Young People, Learning and Leisure	More information about the activities provided in the HAF programme and about what is being done to measure the effect of the HAF funding distributed and when this information can be shared with the committee, including, how the funds are spent with each provider.	In progress Update provided 25.11.22 Update provided 20.01.23 Officers to confirm when evaluation / measures information will be available for the Committee.
Item 5 Cabinet Member Updates	Members to request, via Scrutiny Officer, visits to the Crisis House - Paddington, St. Charles and the Gordon Hospital's.	In progress / ongoing Member-led.

Policy and Scrutiny Portfolio Overview: Cabinet Member for Adult Social Care, Public Health and Voluntary Sector		
Item 6 Work Programme	Task Group to consider the falling rolls of primary schools to be discussed and constituted by the Chair, as lead.	In progress / Member-led.
Round 4 5 DECEMBER 2022		
Agenda Item	Action	Status/ Follow Up
Item 4 Cabinet Member Updates Policy and Scrutiny Portfolio Overview: Cabinet Member for Young People, Learning and Leisure	That an optional session be arranged for Councillors to discuss with a Head Teacher /s, Ian Heggs (Bi-Borough Director of Education), and potentially others, the most pressing current issues in the schools and what can be done to support them.	In progress
Item 6 Cabinet Member Updates Policy and Scrutiny Portfolio Overview: Cabinet Member for Adult Social Care, Public Health and Voluntary Sector	Information be provided to the Committee about the Suicide Prevention Strategy for adults and what the Council is doing to prevent suicides in the borough.	Completed Members emailed 220823
Item 8 The Children and Young People's Plan (2023-2026)	The Committee to receive performance data for the priorities and outcomes of The Children and Young People's Plan (2023-2026).	Completed Members emailed 080923
Round 5 28 FEBRUARY 2023		
Agenda Item	Action	Status/ Follow Up
Item 6 Cabinet Member Updates Policy and Scrutiny Portfolio Overview: Cabinet Member for Adult Social Care, Public Health and Voluntary Sector	Officers to provide an update on what types of webinars are currently planned for the future similar to the safeguarding webinar noted in the CM report.	Completed Information emailed 310823
Round 6 18 APRIL 2023		

Agenda Item	Action	Status/Follow Up
Item 4 Cabinet Member Updates Policy and Scrutiny Portfolio Overview: Cabinet Member for Young People, Learning and Leisure	Officers to provide the committee with a presentation about the adult education provision (WAES) in the borough, possibly to also involve the Chair of Governors and members from WAES, to discuss the Strategic Plan and provide Members with an opportunity to provide feedback.	In progress Arranged with officers for December 23. Members to provide a steer on how to take the Partnerships Development Plan forward.
	Officers to provide an update on the progress of the drop-in centre at the Bayswater Children's Centre and for a visit for Members to be arranged.	Completed Updated in July CM report and several Members have now visited the centre.
Item 5 Cabinet Member Updates Policy and Scrutiny Portfolio Overview: Cabinet Member for Adult Social Care, Public Health and Voluntary Sector	Details about services provided for Learning Disabled residents at the Bayswater Centre to be provided.	In progress
	Members requested a demonstration of the new digital social care platform (virtual wallet platform) for residents.	In progress Scheduled for Sep 23.
Round 1 12 JUNE 2023		
Agenda Item	Action	Status/Follow Up
Item 4 Cabinet Member Updates Policy and Scrutiny Portfolio Overview: Cabinet Member for Young People, Learning and Leisure	Information about the training and awareness of MET officers in relation to the stop and search of young Afro-Caribbean people (including examples) to be provided to the Committee.	Completed Updated in July and Members emailed 040823
	Information regarding absent black Afro-Caribbean fathers in relation to the effect that may have on disproportionate stop and search incidents and links to serious youth violence of with the young people of this group.	In progress Update on Black Fathers Unheard scheme to be provided.
	Information about HAF program, including who we are reaching to participate, to be provided after the summer holiday period of activities.	Completed Provided in the July CM report.
	Information on the Children and Young People Substance Misuse Strategy to be provided to the Committee, when appropriate.	Completed Members emailed 220823

	The results of the We Got U, U Got This campaign, to be provided to Members when appropriate.	Completed Updated in July CM report.
	Information on the different levels and type of training that is provided for library staff to be provided to the Committee.	Completed Members emailed 070923
	Information about how the We Got U, U Got This campaign is being made accessible for young people who don't have devices or access to private technology to be provided.	Completed Updated in July CM report.
	Information on the plans for the Queen's Park Family Hub site and what the suggestions are for interim options at the Hub to be provided.	Completed Members updated 040823
Item 5 Cabinet Member Updates Policy and Scrutiny Portfolio Overview: Cabinet Member for Adult Social Care, Public Health and Voluntary Sector	Information about the total cost for a year of Stage 3 of the Ethical Care Charter which provides a link to London Living Wage and other conditions of employment, including travel time, to be provided to the Committee when available.	In progress
Item 7 Independent Review of the Covid-19 Pandemic Response	Information to be provided on Learning Disability mortality in relation to Covid-19 and a breakdown of the data in relation to LD residents.	Completed Members emailed response from ASC 050923
Round 2 27 JULY 2023		
Agenda Item	Action	Status/Follow Up
Item 4 Cabinet Member Updates Policy and Scrutiny Portfolio Overview: Cabinet Member for Adult Social Care, Public Health and Voluntary Sector	That information about the Community Champion Apprenticeship scheme suppliers be provided to the Committee.	Completed Members emailed officer response 060923
	That information about extending cycle training in schools will be provided to the Committee in a future Cabinet Member report.	Completed Members emailed 060923
Item 6 Adult Social Care Annual Complaints Report 2022-23	Councillor Dean will provide the details of the casework regarding an elderly resident and adaptations required in their home to officers.	Completed
	That information will be provided to the Committee about the sub-categories of complaints that make up the 41% result for 'quality of service', as cited in the report.	Completed Members emailed 050923