

# Adults, Health & Public Protection Policy & Scrutiny Committee

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Briefing of: CABINET MEMBER FOR ADULTS & PUBLIC

**HEALTH** 

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## 1 Adults

#### **Better Care Fund**

- 1.1 Work continues on key schemes in the Better Care Fund, including development of the Community Independence Service (CIS) and enhancements to hospital discharge.
- 1.2 Following the award of Imperial College, the Lead Provider of CIS, a joint oversight group of health and social care commissioners has met for the first time to review progress. This group will meet monthly.
- 1.3 The pilot to develop and test improved processes for hospital discharge is continuing. Data collection is in progress to inform the pilot. The pilot has generated wide interest and engagement is being taken forward with partners to consider how it could be rolled out further.
- 1.4 The next meeting of the Better Care Fund Board is 14<sup>th</sup> July.

## **Property/New Service Updates**

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

## **Home Care Procurement**

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

- 1.7 The contract for the fourth patch area has not been awarded yet and a mini tender is being rerun this will be completed in July and implementation will be six to eight weeks after the other contracts. The implementation plan will be adjusted to accommodate this.
- 1.8 Adult Social Care staff are still working together on implementation and customers will be informed of any changes.
- 1.9 Work continues on other areas of the service that will impact the new home care service.

## **Care Act Implementation**

- 1.10 Part One of the Care Act has been successfully implemented from 1<sup>st</sup> April 2015. A Quarter 1 National Stock-take is being prepared to feedback to the DoH on how local authorities are performing under the new legislation. Early indicators for the Tri-borough show that there is no major increase in demand for carers assessments or information and advice, as yet, but this will be continuously monitored throughout this transition year.
- 1.11 Part Two of the Care Act, which includes delivery of the cap on care costs, an appeals process and care accounts, will all come into force in April 2016. Workstreams are therefore preparing to implement these changes in accordance with the new Part Two Care Act guidelines, which will be published in October this year. As per DoH recommendations, it is expected that self-funders will be invited to have an early assessment in relation to their care costs from October 2015 onwards.

#### **Taxicard**

- 1.12 Work on developing the Pan-London Eligibility Guide continues. The booklets and application forms are being reviewed and London Councils will be updating them soon. The new Taxicard website has been launched.
- 1.13 London Councils has consulted with boroughs, user groups and Taxicard member on the proposal to introduce a £10 replacement fee for lost/damaged Taxicards and will be reporting to Transport & Environment Committee in October for approval and planned implementation in November.
- 1.14 London Councils was asked by the London Assembly to find out the reason for the decline in the number of trips taken on a yearly basis. London Councils has contacted consultants and to date has received one quote.

## **SHSOP**

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

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

# 2 Public Health

# **School Nursing**

- 2.1 Working jointly with children's services, schools and other relevant partners, we are developing the service specification and procurement strategy for a new integrated school health service.
- 2.2 Arrangements are in place to safely transfer the Public Health Services for 0-5 year olds (Health Visiting and Family Nurse Partnership services) from NHS England to the Local Authority by 1st October 2015. The transfer of these services marks the final part of the overall public health transfer and will join up commissioning for 0 to 19 year olds to improve continuity for children and their families.

#### **NHS** health checks

- 2.3 The final figures for 2014-15 have been confirmed. 6,147 Health Checks were delivered in Westminster between 1<sup>st</sup> April 2014 and 31<sup>st</sup> March 2015. We found that people in the youngest age group (40-49yrs) are most likely to receive an NHS Health Check but 22% of health checks were delivered to people in the oldest age group (60-74yrs). 41% of health checks were delivered to people living in the most deprived areas (using IMD deprivation quintiles).
- 2.4 The results showed that: 69% of patients, in Westminster, who identified as 'high risk' agreed to a referral to MyAction; 15% of all smokers agreed to a referral to smoking support services and; 4% of people who identified as high consumers of alcohol agreed to a referral to alcohol support services. Lastly, 31% of people who identified as 'inactive' agreed to a referral to physical activity programmes.

## **Childhood Obesity**

- 2.5 Mytime Active has been awarded the contract for childhood obesity prevention and healthy family weight services. Mytime Active is a leading provider of these services in the UK and has provided effective services to other boroughs for a number of years. New services will commence in August 2015.
- 2.6 Food growing plots have been installed at King Solomon's Academy and planters have been ordered for the Fisherton Estate. Accompanying education and training programmes for children and their families have been agreed. Officers from Public and Environmental Health are working together to improve food hygiene in fast food outlets in our target wards before bringing them into the Healthier Catering Commitment programme.

#### **Substance Misuse**

- 2.7 The Max Glatt unit closed on 31 March. Spot purchasing arrangements are in place with Equinox Brook drive for complex residents across the Tri-borough. The new agreement with Equinox Brook Drive is working well and so far we have been able to manage our most vulnerable and complex users detox needs through this provider.
- 2.8 Events have been held with service users and colleagues from other Council departments regarding the proposed model for drug and alcohol services. Service user questionnaires have also been used to gain views. These are currently being analysed. The procurement strategy has been cleared through standard governance processes. The service user questionnaire evaluation has been used to inform the specifications. We are aiming to award contracts at the end of November and to deliver the new contracts from April 2016.
- 2.9 A new service user group has been set up across the Tri-borough in order to focus on gaps in services and develop new ideas. Service users groups are responding well to the opportunities to influence service developments and, in some instances, co-design elements within services. Peer-led initiatives are growing and there is a developing momentum to contribute to the workforce via peer mentoring and volunteering.
- 2.10 A peer mentoring and volunteering directory is currently being written for service users and providers. A profile of peer mentoring and volunteering opportunities has been made available and is due to be shared across providers. In addition, we are working with organisations where there are opportunities to access apprenticeships or trainee roles that accept people with substance misuse and offending histories.

#### **Sexual Health**

- 2.11 A review of sexual health services has been completed. We are in the process of engaging with service users through a questionnaire that is currently being developed. The service user survey has been completed in relation to Genito Urinary Medicine (GUM) and we will be completing the sexual health community services survey during Quarter Two. We have identified some inyear efficiencies through the review and have a programme in place to redesign and remodel the community-based sexual health services to focus more on prevention. We have developed an initial business case but this is being looked at again to ensure we accommodate fully the impact of revised levels of financial constraints.
- 2.12 The transformation programme of GUM services is still on-going with the programme moving into Phase Two. The business case is being developed and the pin notice has been posted so providers can register their interest. The follow-on meetings with providers are planned over the next few weeks and the

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

# **Supported Employment**

# Westminster as an Employer

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

# Supported Employment in ASC

- 2.14 Following further discussion, Commissioners are exploring a potential source of funds via Public Health to pilot a short term project to support adults with less/lower complex needs (who do not currently meet criteria to access existing services) into the workplace supported by Westminster Employment Services.
- 2.15 Westminster Employment Team has contacted agencies including Pursuing Independent Pathways, Volunteer Centre Westminster and Westminster Society for People with Learning Disabilities and put them in contact with CJ/Supported Employment Coordinator. The team is also supplying a list of partners that we work with and linking them up with the Supported Employment Coordinator.
- 2.16 Plans are progressing well to introduce another four of the six people lined up for the Amey positions; with work trials being undertaken on cleaning tasks at Lisson Grove Hub. The remaining two people are more complex cases but development has begun on those too.
- 2.17 The additional new post (referred to in the last report) to maintain plants is on course to commence via Amey by the end of August 2015.
- 2.18 We are also exploring with Amey the possibility of creating new posts or job carving existing posts in the Westminster Care Homes around cleaning and catering duties as well as a possible volunteering option for befriending.

# **Funding**

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

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

# 3. Health and Wellbeing Board

# **Health and Wellbeing Board**

- 3.1 The last Health and Wellbeing Board took place on 21<sup>st</sup> May 2015. At this meeting, the Board discussed the North West London Clinical Commissioning Group Mental Health and Wellbeing Strategic Plan alongside developing a new vision for Children and Young People's Mental Health and Wellbeing Services. The Health and Wellbeing Board agreed that services needed to be flexible in both approach and location and that support should be much easier to access. The Health and Wellbeing Board will further develop the vision and consider what this means for health and local authority commissioning later on in the year. The Health and Wellbeing Board also considered the development of the models of care within the Whole System Integrated Care programme underway across Central and West London Clinical Commissioning Groups.
- 3.2 At their next meeting, the Health and Wellbeing Board will invite NHS England to discuss their 5 year plan for the NHS and the role that NHS England should be playing locally in shaping the health and care system through the Health and Wellbeing Board.

# **Primary Care Transformation**

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

# **Primary Care Commissioning**

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

## 4. Health

## **Imperial Stroke Unit**

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

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

## **Maternity Services**

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