



City of Westminster

Committee Agenda

Title:

Adults, Health & Public Protection Policy & Scrutiny Committee

Meeting Date:

Wednesday 29th March, 2017

Time:

7.00 pm

Venue:

**Rooms 5, 6 & 7 – 17th Floor, Westminster City Hall,
64 Victoria Street, London, SW1E 6QP**

Members:

Councillors:

Jonathan Glanz (Chairman)
Barbara Arzymanow
Susie Burbridge
Patricia McAllister
Gotz Mohindra
Jan Prendergast
Glenys Roberts
Barrie Taylor

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

Admission to the public gallery is by ticket, issued from the ground floor reception at City Hall from 6.30pm. If you have a disability and require any special assistance please contact the Committee Officer (details listed below) in advance of the meeting.



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

**Tel: 7641 2802; Email: apalmer@westminster.gov.uk
Corporate Website: www.westminster.gov.uk**

Note for Members: Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions they should contact the Head of Legal & Democratic Services in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1. MEMBERSHIP

To note any changes to the membership.

2. DECLARATIONS OF INTEREST

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

3. MINUTES

To approve the minutes of the meeting held on 1 February 2017.

(Pages 1 - 8)

4. CABINET MEMBER UPDATES

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

The Update from the Cabinet Member for Adult Social Services & Public Health is to follow.

(Pages 9 - 16)

5. STANDING UPDATES

I) TASK GROUPS

a) To receive a verbal update on any significant activity undertaken since the Committee's last meeting.

b) To approve the Terms of Reference for the Health and Wellbeing Centres Task Group.

II) WESTMINSTER HEALTHWATCH

To receive an update on the delivery of current priorities, and on the future Work Programme.

(Pages 17 - 38)

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| <p>6. ST MARY'S HOSPITAL URGENT CARE CENTRE</p> <p>To receive an overview on the delivery and performance of the Urgent Care Centre at St Mary's Hospital.</p> | <p>(Pages 39 - 54)</p> |
| <p>7. UPDATE ON END OF LIFE CARE</p> <p>To assess whether services in Westminster meet best practice standards - and whether funding is being spent in the most effective way.</p> | <p>(Pages 55 - 72)</p> |
| <p>8. COMMITTEE WORK PROGRAMME AND ACTION TRACKER</p> <p>To consider the Committee's Work Programme for the remainder of the 2016-17 municipal year, and to note progress in the Committee's Action Tracker.</p> | <p>(Pages 73 - 90)</p> |
| <p>9. ITEMS ISSUED FOR INFORMATION</p> <p>To provide Committee Members with the opportunity to comment on items that may have been previously circulated for information.</p> | |
| <p>10. ANY OTHER BUSINESS</p> <p>To consider any other business which the Chairman considers urgent.</p> | |

Charlie Parker
Chief Executive
21 March 2017

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CITY OF WESTMINSTER

DRAFT MINUTES

Adults, Health & Public Protection Policy & Scrutiny Committee

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Adults, Health & Public Protection Policy & Scrutiny Committee** held on **Wednesday 1 February 2017**, Rooms 6 & 7, 17th Floor, City Hall, 64 Victoria Street, London SW1E 6QP

Members Present: Councillors Jonathan Glanz (Chairman), Susie Burbridge, Ruth Bush, Gotz Mohindra, Jan Prendergast and Barrie Taylor.

Also Present: Councillors Antonia Cox and the Lady Christabel Flight.

1. MEMBERSHIP

- 1.1 Apologies were received from Councillor Barbara Arzymanow, Patricia McAllister and Glenys Roberts. Councillor Ruth Bush attended the meeting as replacement for Councillor McAllister.
- 1.2 Councillor Jonathan Glanz was nominated to be the new Chairman of the Committee and was duly appointed.

2. DECLARATIONS OF INTEREST

- 2.1 The Chairman sought any personal or prejudicial interests in respect of the items to be discussed from Members and officers, in addition to the standing declarations previously made.
- 2.2 Councillor Jonathan Glanz declared that he was a former paid consultant to MOPAC, and was also formerly a member of the MOPAC Challenge and Business Crime Board. He also declared that he was Chairman of the Safer London Business Crime Reduction Partnership.
- 2.3 Councillor Jan Prendergast declared a non-prejudicial interest in that her husband was an outpatient at St. Mary's Hospital.

3. MINUTES

- 3.1 RESOLVED: That the Minutes of the meeting held on 23 November 2016 be approved.

4. CABINET MEMBER UPDATES

4.1 Cabinet Member for Public Protection & Licensing

- 4.1.1 The Committee received a written update on key issues, which included problems associated with the ongoing rise in the use of the synthetic drug Spice; the Licensing Charter; and the Notting Hill Carnival.
- 4.1.2 Councillor Antonia Cox attended the meeting as the new Cabinet Member, and commented on the City Council's response to the new London Police & Crime Plan, which would need to be submitted by 23 February. Councillor Cox highlighted the need for clarity in the potential impact on the police budget and on future numbers of police officers, and on how policing priorities would be determined. Councillor Cox also considered that the new Plan made inadequate reference to crime caused by foreign offenders, and suggested that the City Council's finalised response should be signed by the Cabinet Member and the Chairman of the Committee.
- 4.1.3 Councillor Cox commented on the proposed consolidation of existing command areas into 12 Metropolitan Police Basic Command Units (BCU's), and expressed concern over the impact of Westminster, RB Kensington & Chelsea and LB Hammersmith & Fulham being combined into one Unit, which could lead to neighbourhoods being neglected.
- 4.1.4 The Committee noted that the London Police & Crime Plan, and proposals for BCU's, were to be discussed in more detail later in the meeting.
- 4.1.5 Councillor Cox highlighted the successful combined operation that had been taken in connection with a number of problem sites for rough sleepers in Westminster, which had included Cathedral Plaza. The operation had included the police, officials from the Home Office and the Romanian police, and had identified 16 European nationals who were to be removed from the UK. The Committee noted that there were currently approximately 260 rough sleepers in Westminster each night, and that a 50% reduction in East European rough sleeping had resulted in displaced indigenous rough sleepers now returning. Sara Sutton (Director of Public Protection & Licensing) confirmed that the City Council sought to prevent rough sleeping and help the individuals concerned who often had complex needs, while also protecting Westminster's communities. The Committee requested statistical details of the regular street counts that were being made.

- 4.1.6 Committee Members discussed the Westminster Rough Sleeping Strategy, and suggested that the availability of hostels should be more widely advertised. The Committee noted that many rough sleepers had complex needs that were being aggravated by the ongoing rise in the use of the synthetic drug ‘Spice’, which could provoke anti-social behaviour which caused problems for outreach workers. Members suggested that many rough sleepers avoided hostels as they wanted single rooms, and highlighted the need for more innovative thinking. The Director of Public Protection & Licensing confirmed that new approaches were being considered, and the Committee requested a substantive update on Westminster’s Rough Sleeping Strategy prior to the re-commissioning of outreach services in 2018.
- 4.1.7 Other issues discussed included the success of No Second Night Out and Operation Unite, and Committee Members commended the valuable service that was being provided by The Passage and the Homelessness Prevention Team.

4.2 Cabinet Member for Adult Social Services & Public Health

- 4.2.1 The Committee received a written briefing on key issues within the Adult Social Services & Public Health portfolio, which included the Better Care Fund; Public Health; and the work of the Westminster Health & Wellbeing Board. Councillor Lady Christabel Flight (Deputy Cabinet Member for Adult Social Services & Public Health) also provided an update on the Oral Health Campaign, and the Committee noted that the Heads of primary schools were to be involved in highlighting the importance of diet and the need for dental checks.
- 4.2.2 Committee Members also commented on the provision of Specialist Housing, and on measures that could be taken to help reduce childhood obesity. Members noted that the draft Health & Wellbeing Strategy Implementation Plan would be referred to the Committee for comment.

5. **STANDING UPDATES**

5.1 Air Quality Task Group

- 5.1.1 The Committee discussed the progress of its Task Groups, and received an update on the meeting of the Air Quality Task Group on 30 January which had been attended by the Chairman. The Committee noted that problems in air quality in Oxford Street had been reduced by 38%, and it had been proposed that the timescale for the introduction of the ultra-low emission zone be brought forward a year. Changes in parking charges for diesel cars in Zone F to the north of Oxford Street had also been publicised and were due to be introduced in April 2017.
- 5.1.2 Members of the Committee were sought to act as deputy for the Task Group.

5.2 Community Independence Task Group

- 5.2.1 A Member of the Committee was also being sought to take forward the work of the Community Independence Task Group, which had been begun by Councillor Ian Rowley.

5.3 Budget Task Group

- 5.3.1 Members noted that Councillor Barbara Arzymanow was representing the Committee on the Budget Task Group.

5.4 Healthwatch Westminster

- 5.4.1 Helen Mann (Healthwatch Programme Manager) presented a summary of progress on the work priorities that had been identified by local residents, which focused on the reconfiguration of Mental Health Services and the Care Co-ordination Service. The Programme Manager highlighted that more work could be undertaken to improve public understanding of the North West London Sustainability & Transformation Plan (STP).

- 5.4.2 The Committee noted that Westminster's Health & Wellbeing Strategy had been published in December 2016, and that Members would have the opportunity to comment on the Implementation Plan before it came into effect in March.

6. MOPAC FUNDING & PROPOSALS FOR METROPOLITAN POLICE BASIC COMMAND UNIT CHANGES

- 6.1 The Committee received a report from Sara Sutton (Director of Public Protection & Licensing) and Mick Smith (Head of Community Safety) on the outcome of discussions with the Mayor's Office for Policing & Crime (MOPAC) about future funding; and on proposals for changes to the Metropolitan Police Basic Command Unit (BCU). The Committee also heard from Chief Superintendent Peter Ayling (Borough Commander), and Sam Cunningham (MOPAC - Acting Director of Integrated Offender Management, Programmes & Neighbourhoods).

- 6.2 As the current Safer Westminster Partnership (SWP) Strategy was coming to an end in 2017, a full Strategic Assessment had been produced to identify the key crime and anti-social behaviour issues that affected the borough. The Assessment had recommended that the new SWP Strategy focused resources on a number of priorities, which included early intervention; reducing repeat victimisation; and targeting prolific offenders.

- 6.3 The London Crime Prevention Fund (LCPF) was also to be re-profiled, with a review of the level of need between boroughs. The Committee noted that although the funding allocation for the first year was to be ring-fenced, a 56%

reduction would be put in place over the following three years. In year 2, 30% of the LCPF would also be set aside to create a pan London commissioning pot, which boroughs would have to bid into. A review of activities and current and future spend was taking place, to understand future delivery and how partnership and cross-border working could be improved.

- 6.4 The new Police & Crime Plan had shifted from setting crime reduction targets, to working closer with police and local authorities to set priorities that were relevant to local communities. The three issues of highest concern and harm had been identified as:
- keeping children and young people safe.
 - tackling violence against women and girls.
 - standing together against extremism, hatred and intolerance.
- 6.5 Action taken to address these issues would be supported by a better police service for London, and by a better criminal justice service. The City Council's submission to the consultation would need to be made by 23 February, prior to publication of the new plan at the beginning of April. The Acting Director of Integrated Offender Management, Programmes & Neighbourhoods agreed to provide Committee Members with copies of the draft Performance Framework and the London Formula.
- 6.6 The Borough Commander commented on police funding and the forthcoming budget reductions, which would be made against an ongoing rise in demand for services in connection with areas such as the marked upturn in protests, and the prolonged security situation. Additional resources also needed to be invested in armed capability and responding to the increase in the problems associated with Spice, while also tackling the huge increase in cybercrime. The Borough Commander acknowledged that it was increasingly unlikely that the Metropolitan Police would be able to sustain the current level 32,000 police officers.
- 6.7 The Borough Commander also commented on the proposals for changes to the Metropolitan Police Basic Command Unit (BCU), under which the existing 33 command areas would be consolidated into 12 BCU's, with Westminster being combined in one Unit with RB Kensington & Chelsea and LB Hammersmith & Fulham. The Borough Commander recognised that Westminster had unique elements for policing, but considered that the proposals offered a number of distinct benefits, which included gaining greater levels of equity between different sized boroughs; and in bringing together specialist and localised levels of child abuse investigation. The proposal would also provide economies of scale in areas such as emergency calls and in the deployment of vehicles. Although the Borough Commander was optimistic about what larger spans of command could offer, he considered it critical that a coherent support structure was developed that would enable that command to work.

- 6.8 MOPAC highlighted the opportunity for the Committee to lobby on behalf of the Metropolitan Police in an extremely challenging time. The Committee noted that the Home Office was still making decisions, and that a united front was needed to promote the needs of London for police funding.
- 6.9 The Committee discussed the need to strengthen co-commissioning with the NHS England and reduce the demand for police involvement to avoid the loss of NHS services through the cut in police budgets.
- 6.10 Committee Members also commented on the risks and benefits of the ongoing growth in private security, which offered a reassurance of safety and security within different environments in the West End. The Borough Commander highlighted the benefits that could be gained from bringing together the security services with some uniformity, and with proper information sharing that was coordinated by the police.
- 6.11 The Committee discussed the future provision of CCTV in Westminster, which was in the process of being decommissioned, and noted that discussions regarding CCTV and wider crime prevention were continuing, with MOPAC considering a London wide proposal.
- 6.12 Other issues discussed included the wider criminal justice system and need to reduce the number of young people held in police custody; and to reduce reoffending through segregation in prisons and youth institutions. Committee Members also commented on the prevalence of foreign nationals in the supply of Spice, and on the overlap between victims and perpetrators.
- 6.13 The Committee acknowledged the ongoing demographic changes and significant increase in population and demand for police services that were taking place, and supported lobbying to ensure that funding for the police in London was maintained and improved, and that Westminster's position as the centre of the capital was recognised in the funding formula.
- 6.14 Committee Members were not convinced that the amalgamation of borders would better address crime issues, and expressed concern that difficulties in effective communication between BCU'S could be exacerbated by differences between policy and procedure. Members also highlighted the need for collaboration in work with gangs; and for joint working to be seamless in the protection of children and young people.
- 6.15 The Committee agreed that it was important that the police had the tools to operate effectively, and were grateful for what the police were able to achieve given the challenges of resources.
- 6.16 The Chairman thanked Chief Superintendent Peter Ayling (Borough Commander), and Sam Cunningham (MOPAC - Acting Director of Integrated

Offender Management, Programmes & Neighbourhoods) on behalf of the Committee, for attending the meeting and for their valuable contributions.

7. COMMITTEE WORK PROGRAMME AND ACTION TRACKER

- 7.1 Muge Dindjer (Policy & Scrutiny Manager) presented the Committee's Work Programme for the remainder of the current municipal year, together with the Committee's Action Tracker.
- 7.2 Members discussed the Agenda for the next Committee in March, and agreed that the issues relating to Children's Healthy Weight and the Health & Wellbeing Strategy Implementation Plan could be considered outside of the meeting. Committee Members also agreed that issues to be included in the Agenda papers would be determined when more information was available.
- 7.3 The Committee agreed to establish a Health & Wellbeing Centre Task Group later in the year, which would be led by Councillor Barrie Taylor, and which would consider the provision of integrated care, acute and secondary care, and mental health.

8 ITEMS ISSUED FOR INFORMATION

- 8.1 The Committee noted that the following papers had been circulated for information separately from the printed Agenda:
- The Notting Hill Carnival – update on activity and options for scrutiny.
 - Better Care Fund - update to Quarter 3 2016/17.
 - Concerns of the Human Trafficking Foundation over child trafficking in Westminster - response from Tri-borough Children's Services.

9 ANY OTHER BUSINESS

- 9.1 No further business was reported.

The Meeting ended at 9.26pm.

CHAIRMAN:_____

DATE:_____

<i>Actions Arising</i>	
Item 4 Cabinet Member Updates: Public Protection & Licensing	The City Council's response to the draft London Police & Crime Plan to be signed by the Cabinet Member and the Chairman of the Committee.
Item 4 Cabinet Member Updates: Public Protection & Licensing	The Committee to be provided with statistical details of the regular street counts of rough sleepers in Westminster.
Item 4 Cabinet Member Updates: Public Protection	The Committee to be provided with a substantive update on Westminster's Rough Sleeping Strategy, prior to the re-commissioning of outreach services in 2018.
Item 4 Cabinet Member Updates: Adult Social Services & Public Health	The draft Health & Wellbeing Strategy Implementation Plan to be referred to the Committee for comment.
Item 5 Standing Updates: Air Quality Task Group	A Member of the Committee is sought to act as deputy for the Task Group.
Item 5 Standing Updates: Community Independence Task Group	A Member of the Committee is sought to take forward the work begun by Cllr Ian Rowley.
Item 6 MOPAC Funding & Proposals for Metropolitan Police Basic Command Unit Changes	That MOPAC provide Committee Members with copies of the draft Performance Framework and the London Formula.
Item 7 Committee Work Programme	The Committee to determine the Agenda items that will be considered at the next meeting on 29 March.



City of Westminster

Adults, Health & Public Protection Policy & Scrutiny Committee

Date: 29th March 2017

Briefing of: Councillor Antonia Cox, Cabinet Member for
Public Protection & Licensing

Contact Details: Joe Penny x 5772
jpenny@westminster.gov.uk

1 Police and Crime Plan response

- 1.1 A letter, signed by the Leader of the Council, Cllr Glanz and myself, has been sent to MOPAC outlining the Council's response to the consultation. The response addresses a range of topics within the plans, but concentrates on the new processes for local priority setting and our stance against the proposed Borough Command Unit (BCU) merger.
- 1.2 During the consultation process, Westminster has continued to state its strong opposition to the possibility of Westminster's BCU being merged with Kensington and Chelsea and Hammersmith & Fulham. Westminster's unique crime profile, particularly around the West End, requires its own local command structure. Additionally, there is a significant risk that the resources available to keep non-West End neighbourhoods safe would be further diluted as a result of a move to a multi-borough BCU structure.
- 1.3 Secondly, whilst we whole-heartedly welcome the removal of the MOPAC 7 and the introduction of locally set police priorities, we do not believe that these can be set at a borough-wide level. The unique characteristics of the West End will inevitably distort the crime picture in Westminster and there is a real risk that residential neighbourhoods outside the West End would not be a priority for policing. Furthermore, there is also a potential conflict between local priorities and high-harm priorities, which require different resolutions in terms of how resources will be deployed to meet London's needs.

2 London Crime Prevention Fund

- 2.1 MOPAC have given, in principle, approval to our London Crime Prevention Fund proposals for 2017/18 and 2018/19. This is subject to the provision of additional details on some elements, specifically on agreed outcomes and targets, and more detailed financial breakdown in some areas. We are awaiting final confirmation of the funding and a full update will be presented in the new report.

3 Night time economy and Licensing Charter

- 3.1 The Westminster Licensing Charter continues to develop positively, with an increased focus on voluntary improvements in standards by licensed premises to protect vulnerable individuals. A series of discussions have been held with the Heart of London Business Alliance BID (HOLBA), where the principles of the Charter were discussed with a range of businesses in the pilot area.
- 3.2 Officers are currently working on the development of a Best Bar None (BBN) scheme, which encourages licensees to assess their operation and identify any areas for improvements. The scheme will also recognise good practice with an accreditation scheme. The introduction of BBN will be the catalyst for the wider Licensing Charter, which is hoped to improve overall partnership working in the pilot area.
- 3.3 Simultaneously, the council has been successful in applying to become a part of the Home Office's Local Alcohol Action Area (LAAA) Programme, using the Charter as the basis of the bid. This is a national programme with three aims; to prevent alcohol-related crime and disorder, to reduce negative health impacts and to diversify the night time economy. Being part of the LAAA programme will give Westminster access to a wider network of support and exposure to new ideas from across the country.
- 3.4 The Charter, which is ran as a pilot in a defined geographical area, will also help inform our wider development of a vision and a plan for the night time economy across the city. As part of this, the council is supporting a 'hackathon' being organised by King's College London, the Centre for Urban Science and Progress (CUSP), New York and the University of Warwick for researchers and students to uncover new insights into Westminster at night. This will build on our own understanding and provide us with another layer of analysis on which to base our future strategic thinking.

4 Gambling

- 4.1 Officers are currently working on the potential developments to the Council's Statement of Licensing Principles for gambling, with a view to implementing

the research findings from the Council's earlier research study in area based vulnerability. This piece of work will continue through to the spring, where it is planned that a new draft Statement of Principles will be presented. The aim will be to release a new version of the Council's Statement of Principles on early 2018, following a public consultation.

- 4.2 Within this, there is also the possibility for a partnership approach, with a national gambling care provider, to be developed. This partnership will enable the Council and the care provider to target areas where there are higher concentrations of vulnerability, with gambling support information and counselling.

5 Tent Encampments

- 5.1 After a review of Highways Act legislation, City Inspectors have carried out a number of proactive operations to target tents pitched on the public highway across the City. The use of tents by rough sleepers has been a developing trend, which has caused particular concern, as often, they can restrict and limit the effectiveness of our outreach engagements, further entrenching individuals in their already vulnerable lifestyle. We are clear that for the individuals, our overall aim to seek to prevent them from becoming further entrenched and that any activity will be coupled with an social care offer.
- 5.2 Since the beginning of February, 34 tents (15 of which have required court orders), have been removed. Operations continue to run on a weekly basis, ensuring prompt removals. In particular, City Inspectors were able to remove a large encampment in Rathbone Place in the same afternoon, after a complaint from the local University.

6 Operation to tackle spice and associated Anti-Social behaviour

- 6.1 An operation is underway to target specific individuals involved in spice use and dealing, as well as other anti-social behaviour across the City. With the use of resources from the police, City inspectors and rough sleeping services, the operation has resulted in: 49 dispersals, 52 stop searches, 2 CPN's and 13 arrests.
- 6.2 Plans are now being developed engage over two hundred problematic individuals and furthermore, victim support plans have also been developed to keep businesses and residents informed of our efforts to tackle spice. Resident and business feedback has also been used to inform a crime prevention design survey, which is being completed by the Police. The survey's aim is to identify measures to improve the physical environment and it is due to be completed shortly.

7 Violence Against Women & Girls (VAWG) funding

- 7.1 Westminster has been awarded £470,000 of additional funding from the Department for Communities & Local Government to support victims of domestic abuse following a competitive bidding process. This additional funding will deliver two projects to support women and girls at risk of violence.
- 7.2 Firstly, we will deliver additional specialist refuge spaces for Arabic speaking women, with enhanced therapeutic support, at a refuge in Hammersmith and Fulham. This will be run by the Iranian and Kurdish Women's Rights Organisation (IKWRO), with assistance from Women's Trust.
- 7.3 We are also using this funding to support female rough sleepers who have, or are experiencing, violence and abuse. We will provide dedicated emergency accommodation and seek to improve the success of follow-on housing options. A small team of mobile advocates will be recruited to provide intensive support to survivors with multiple and complex needs. Furthermore, we will test the feasibility of adopting the Housing First approach, in order to support women applying for housing support after fleeing domestic violence and abuse.
- 7.4 In addition, we have bid for £450,000 annually over the next three years to enhance our specialist service response to victims of all forms of violence against women and girls. The funding has been made available by the Home Office under their VAWG Transformation Fund and if successful, will provide additional support for, among other things: young people transitioning from social care between 18 and 24 years of age.

8 CCTV Decommissioning

- 8.1 Following Cabinet's decision to decommission Westminster's crime and disorder CCTV network, a programme of decommissioning work has been taking place across the city. Engineers are currently decommissioning specific camera sites following completion of works at the Trocadero. The Trocadero is due to be cleared of all remaining equipment and furniture by the 12th March 2017. The facility will then be handed over to the landlord, prior to our lease expiring at the end of March.

9 Prevent Funding & Delivery 2017-18

- 9.1 Confirmation of funding has been received from the Office for Security & Counter Terrorism (OSCT), for the Council's Prevent programme during 2017-18. This will be a significant uplift on existing funding levels. A proposal for spending, in relation to both projects and staffing has been approved and

submitted to the Home Office for consideration and ministerial approval. This includes a new staffing proposal, which would expand the current team. The project proposal that has been submitted is based on the threat faced by the City. This includes the continuation of existing successful projects and also new proposals.

10 CONTEST (Home Office Counter Terrorism Strategy) update

- 10.1 The Westminster Contingency Planning Team, under the 'Prepare' banner, has recently completed the delivery of 14 training courses to 900 Westminster based Metropolitan Police officers. The training focused on the roles of different services during a major incident, explaining the role of the local authority and outlining the specialist resources available if an incident were to occur. This programme is now being rolled out, in similar fashion, to London Fire Brigade officers. In addition, the teams have completed an extensive business continuity exercise for all Westminster services (Operation Chicago), and recommendations from this exercise are now being implemented.
- 10.2 In relation to Prevent, all of the projects commissioned this year are underway. This includes: 8 series of the Prevent Parenting Programme, Challenging Extremist Narratives and the Youth Mentoring project. The first series of the Gangs and Radicalisation project has been completed and three further cohorts are due to be completed by March.
- 10.3 Additionally, Westminster has worked with the City of Westminster College to commission a play, My Brothers and Sisters, which looks at the risks of radicalisation for young people. The play, which was performed for two weeks in February/March at the College, has been made available to local schools, colleges and youth projects.

11 Safer Westminster Partnership (SWP) Governance

- 11.1 The Safer Westminster Partnership has recently refreshed its governance arrangements and has now incorporated a more problem oriented approach, through the creation of individual Victim, Offender and Location Boards. The boards will focus on addressing the most prolific offenders, work with the highest repeat victims and ensure partners make the best use of resources.
- 11.2 This structure provides a more streamlined approach, which will enable cross cutting themes such as employment and mental health to be discussed in relation to all victims or offenders, rather than separate groups.
- 11.3 In keeping with this new approach and our new community safety strategy, the SWP's agreed vision for 2017/18 is:

- Making Westminster safer, through working in partnership, to reduce the risk and harm of crime and ASB, whilst focusing on protecting the most vulnerable within our communities.

Underpinning this vision will be two cross cutting themes:

- Intervening early with families and young people, in order to reduce their risk of victimisation and prevent future offending.
- Working in collaboration with partners to focus on the key contributing factors that reduce victimisation and offending.

11.4 Action plans are currently being developed for each of the boards, in order to reflect the priorities identified from the Strategic Assessment and a new strategy is being drafted.

11.5 Performance delivery against the priorities will be reported to the Executive Management Team and the Adults, Health and Public Protection Policy & Scrutiny Committee.

12 Westminster Letting Agents Project

12.1 Trading Standards are currently undertaking a project which aims to influence letting agents to comply with legislation that requires them to be members of one of three redress schemes, and to ensure that they abide by obligations to be transparent with their fees and charges. Officers in Public Protection and Licensing have written to over 120 agents, advising numerous agents to make changes in order to ensure compliance.

12.2 We are in the process of taking action against six letting agents, sending notice of our intention to fine them by way of fixed penalty notice (up to a maximum £5,000).

12.3 Westminster Trading Standards sit on the Letting Industry Council and this has helped us to raise the profile of the work Westminster does in ensuring compliance with the legislation and supporting those landlords who wish to comply.

13 Food Hygiene takeaway ratings

13.1 A recent article in the London Evening Standard revealed that Westminster has the best food hygiene takeaway ratings. In a league table of ratings analysed, Westminster was found to be the capital's most hygienic place to

pick up a takeaway, with not one outlet receiving fewer than two stars under the hygiene rating scheme.

- 13.2 Safety of the public is a top priority for the Environmental Health Food Safety Team. Every year, the officers inspect approximately 2000 food establishments and investigate hundreds of complaints to ensure that food sold in Westminster is safe and premises are hygienic.

14 Shisha update - symposium and enforcement activity

- 14.1 On the 22nd February, colleagues from Public Protection and Licensing attended the Shisha Symposium, which launched Westminster's Shisha Strategy. Officers made a short presentation on our enforcement against shisha premises in Westminster. The symposium was an opportunity to share good practice and to understand the challenges face by other local authorities.
- 14.2 City Inspectors continue to target non-compliant shisha premises and there are a number of prosecutions pending in relation to breaches of the Health Act. Officers have also applied for a number of warrants on premises that have been refusing access.

15 Street Entertainment

- 15.1 Following Cllr Aiken's roundtable with street entertainers, BIDs and local councillors in November 2016, street performers have been encouraged to begin development of a Street Performer Association in the Leicester Square area, similar to the one already in place in Covent Garden. This includes engagement with all performers in the local area and with local business/residential interest, in order to develop a relationship between all stakeholders. It is the responsibility of the performers to deliver this and the council strongly believes that it is in the interests of performers to make this approach work.
- 15.2 The Council still continues to enforce against problematic street performers where necessary, using the Anti-social Behaviour, Crime and Policing Act 2014. Action is taken by the council when any of the following behaviours are exhibited:
- Obstruction (including by the crowd gathered to watch the performance);
 - Threatening any person with violence and/or using abusive, offensive, threatening or intimidating language towards any person;
 - Causing noise nuisance by playing loud and/or amplified music, shouting or singing over the microphone; or
 - Demanding money from members of the public

- 15.3 Where an officer identifies an individual or group of people that is exhibiting any one of the above behaviours, they will speak to the performer to ask them to change their behaviour. If the performer chooses not to change their behaviour, they may be immediately served with a written warning. If they further refuse to modify their behaviour, the officer will serve a CPN if they can evidence that there is a detrimental impact on local businesses or residents.
- 15.4 The council will continue to monitor the impact of this approach closely and will review its effectiveness in the summer.

16 Innovative use of Anti-Social Behaviour legislation to address Rogue Landlords

- 16.1 In the spirit of City for All, Residential Services are addressing Rogue Landlords through the development of an innovative legislative approach, which has already led to a landmark prosecution.
- 16.2 Katia Goremsandu, dubbed the worst landlord in Britain by the media, was handed a Criminal Behaviour Order (CBO) by Westminster City Council in conjunction with the London Borough of Haringey, after breaching an Improvement Notice.
- 16.3 The CBO, which has been issued in conjunction with the Housing Act 2004, is the first in London and only the second nationally. The power is usually used to manage the behaviour of individuals, such as gang members and repeat offenders who cause alarm, harassment and distress to their victims.
- 16.4 The conditions within the CBO manage her business practice across both boroughs. Lasting for a period of ten years, if breached, Ms Goremsandu could now face a custodial sentence rather than be awarded a fine. In addition to this order, Ms Goremsandu was fined £3,500, along with a £120 victim surcharge, and was ordered to pay £7,645 costs.
- 16.5 In 2015, Ms Goremsandu topped the Ministry of Justice's record of landlords prosecuted for providing poor quality or unlicensed homes after multiple prosecutions by Haringey Council. To date she has been responsible for 48 offences and 9 convictions under the Housing Act 2004 across the two boroughs. In October 2015, Haringey Corner Magistrates found her guilty of wilful refusal to pay £71,000 of fines and costs.



Project scoping paper 'Health & Wellbeing Centres' Scrutiny Task Group

<p>Objective(s) <i>Specific, Measurable, Achievable, Realistic Timescale</i></p>	<p>Following the motion passed at full council in January 2017 to promote the development of Health & Wellbeing Centres and the decision of AH&PP P&S Committee, the Task Group would:</p> <ul style="list-style-type: none"> • Undertake research to inform the development of H&WB Centres in Westminster. • Establish the association between H&WB Centres and joint work with the NHS on Family & Older people's Hubs. • Inform such developments / propose good practice in the context of integrated services with a broad range of service providers. <p>The Task Group will commence work in June 2017 and finish by January 2017.</p>
<p><i>What changes benefits, or other effects would you like to happen as a result of any recommendations</i></p>	<p>Health and Wellbeing Centres offer a range of services that deliver care and support beyond simple treatment of medical conditions - addressing physical, mental and social wellbeing as defined by WHO "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity".</p> <p>In addition to a more holistic health ethos, H&WB Centres also help individuals navigate relevant local networks, for example charities and community groups, and the promote aspects of self-care.</p> <p>The ambition of the research / analysis being to inform / support the development of bespoke Health & Wellbeing Centres and / or to inform the programme of work on Hubs being led by Councillor Robathan.</p>
<p>Terms of reference</p>	<p>Task Group aims :</p> <ul style="list-style-type: none"> • To research / identify models of Health & Wellbeing Centres for Westminster. • Scope the value of Centres to encompass services for all ages / providing a range of health and wellbeing services. • Currently, such services to include health and social care; mental health support, sport and leisure; voluntary sector care and General Practitioner / Nursing care. • The task group would also work with service users to explore the value of their voice in influencing the shape of service provision. • To undertake this research the Task Group would need to contact a range of agencies, including both Clinical Commissioning Groups in Westminster; Acute & Mental Health Trusts; Tri Boro Social Services and Public Health; Sports and Leisure providers and Advice services



Project scoping paper

‘Health & Wellbeing Centres’ Scrutiny Task Group

Gathering evidence	<p>Evidence to be gathered by:</p> <ul style="list-style-type: none"> • Literature review - including agencies such as The Kings Fund; On-Line advisory services; All Parliamentary Group on Art & Health • Meetings with key stakeholders / experts. • Visits to existing & good practice sites • Face-to-face meetings with professionals and voluntary stakeholders.
	<ul style="list-style-type: none"> • Task group membership to be open to Members of Health & Social Care / Regeneration & Leisure scrutiny committees. • Co-opted membership expertise (e.g. GPs / RcN / Mental Health Trust); the voice of Youth (Westminster Youth MP) • Cllrs Acton and Robotham’s Deputy Cabinet members to be kept advised and offered open invitations to Task group events
	<p>Site visits to include Bromley By Bow Centre (Tower Hamlets); Popular & Limehouse Health Network CIC; St Charles Hospital (WLCCG); Kingsbury Centre (Brent) and the proposed ‘Hub’ site in Church Street.</p>
	<p>The task group to be informed by existing policy developments in the integration of services (e.g. NWLondon STP)</p>
Witnesses / method of contact	<p>Healthwatch- to understand people’s experiences of integrated services and what they would find useful in a Health & Wellbeing Centre.</p>
	<p>Neighbourhood Fora / QPCC</p>
	<p>A wider call for written evidence</p>
	<p>Early years network / One Westminster</p>
	<p>Open Age Network / MIND</p>
	<p>Contributions from think tanks- The Kings Fund</p>
	<p>Contributions from service providers e.g. GP’s and nurses</p>
	<p>Contributions from the LGA and DCLG.</p>
Timescale	<p>June 2017-January 2018</p>
Intended recipients of outcome report / Workshop	<p>Cabinet members for ASC and Public Health and Cabinet member overseeing the hubs work.</p>



Project scoping paper

'Health & Wellbeing Centres' Scrutiny Task Group

ROI (Success measurement)	<ul style="list-style-type: none">• To have contributed towards / influenced the quality of Hubs projects and to have helped to promote the concept of one or more Health and Wellbeing Centres being set up in the borough.• To have developed these proposals with the voice of service users
Other items for inclusion in the project scope	

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Adults, Health & Public Protection Policy & Scrutiny Committee

Date:	29 th March 2017
Classification:	General Release
Title:	Healthwatch update
Report of:	Christine Vigars- Chair of Healthwatch
Cabinet Member Portfolio	Cabinet Member for Adult Social Services & Public Health.
Wards Involved:	All
Policy Context:	Building Homes and Celebrating Neighbourhoods
Report Author and Contact Details:	Helen Mann-Programme Manager helen.mann@healthwatchcentralwestlondon.org

1. Executive Summary

The enclosed Work Plan outlines the priorities and core work of Healthwatch Central West London for the years 2016-18 as agreed under current contract.

2. Key Matters for the Committee's Consideration

This report serves to update the Scrutiny committee on the current work being carried out across the three boroughs by Healthwatch Central West London with a more detailed update of recent work in Westminster in the appendix.

3. Background

Workplan attached appendix 1.

Westminster update appendix 2.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact Helen Mann
helen.mann@healthwatchcentralwestlondon.org

Healthwatch Central West London
Work Plan 2016 – 2018

CORPORATE CONTEXT

Strategic objective	Main activities 2016/2017	Outputs/outcomes
<p>Healthwatch CWL contributes to maintaining and improving good patient and user experience</p>	<ol style="list-style-type: none"> 1. Engagement <ul style="list-style-type: none"> ▪ Engage with local residents through a diverse range of activities ▪ Engage with provider organisations through a diverse range of activities 2. Representation <ul style="list-style-type: none"> ▪ Represent diverse patient and service user views in each of the three boroughs ▪ Attend key fora in each borough – quality committees; PPI committees 3. Dignity champion work <ul style="list-style-type: none"> ▪ Develop our Dignity Champions approach through additional training ▪ Conduct DC visits. 	<p>A range of “events” including:</p> <p>Information days, community events, meetings etc to increase the number of people who share their experiences and help us shape our work (1)</p> <p>The OSC and Health and Wellbeing boards in each borough have robust Healthwatch representation and input (2)</p> <p>A measurable improvement in the diversity and numbers of the membership.</p> <p>Providers have information to shape future services. (2)</p> <p>Healthwatch have input and feedback from the key provider fora to include in our reporting. (2)</p> <p>Recruitment, induction and training for existing and new DCs by end March 2017. (3)</p>

	<p>4. Produce a “map” of the key fora by end of February 2017</p>	<p>Completion and reporting on at least 7 DC visits by May 2017(3)</p> <p>Map is available to train new staff and volunteers(4)</p>
<p>Healthwatch CWL promotes effective and targeted patient and public involvement in health and social care</p>	<p>1. Report our findings:</p> <ul style="list-style-type: none"> • Baseline of PPG activity across K and C • Produce closing report on PPG project in H and F • Westminster PPGs to be invited to workshops where space permits <p>Deliver and Support others to deliver workshops with PPI involvement in Health and Social Care with CCGs and other providers</p> <p>2. Develop our approach around research methodologies through:</p> <p>Training staff</p> <p>Processes to collect data</p>	<ul style="list-style-type: none"> ▪ Reports, findings and activities publicised through a range of media to a wide range of stakeholders. (1) ▪ 2 Healthwatch workshops and Workshops delivered as required by other Health and Social care provider (1)

	<p>3. Promote our strategy for supporting a move from consultation to co-design and co-production</p> <p>4. Support to PPGs across all three boroughs through workshops both on our own and in conjunction with others</p>	<p>Staff trained (2)</p> <p>New process in place to collect data and plan projects (2)</p> <p>Publish work on co-design and co-production.(3)</p> <p>A range of stakeholders attend workshops around sustainability and function of PPGs and GP surgeries feedback demonstrates value.</p>
<p>Healthwatch CWL champions consumer rights and responsibilities and acts as a source of information and knowledge on health and social care</p>	<p>Signposting</p> <p>Questioning and understanding the provision and issues around signposting across the boroughs through an event and feedback from local stakeholder</p>	<p>Current signposting provision identified</p> <p>Recommendations made in order for signposting to be improved</p> <p>Event bringing providers of signposting services together to explore overlap, gaps and share knowledge and good practice scheduled for April 2017</p>
<p>Healthwatch Central West London is a well-respected independent organisation and is consistently striving to improve our performance</p>	<p>Independent</p> <p>Healthwatch becomes independent from Hestia and administration undertaken to ensure suitable governance and due diligence agreed.</p>	<p>Independence achieved in 2017</p> <p>New systems and governance in place demonstrate independent organisation to include</p> <ul style="list-style-type: none"> ▪ Staff employed by Healthwatch CWL

		<ul style="list-style-type: none"> ▪ Insurance, bank account and other administration arrangements in HW name Demonstration of competency against tender requirements which Hestia bid against
	<p>Well respected Healthwatch is called upon for contribution to engagement and consultations and reports by providers</p> <p>Comprehensive communications plan</p>	<ul style="list-style-type: none"> ▪ Contribution of work to CCGs, Trusts and other stakeholders through workshops, reports, events, contract monitoring group and seeking feedback from stakeholders ▪ Targeted communications through a diverse range of media reaches a variety of stakeholders reflecting service user and member base in all three boroughs
	<p>Improve performance of organisation by</p> <ol style="list-style-type: none"> 1. recruitment training and retention of new trustees 2. Review of our internal systems – new finance system; appoint specialist HR support to replace Hestia 3. Office move to be completed by March 2017 	<p>Corporate and local governance demonstrates LA requirements. Wide range of relevant skills amongst Board members</p> <ul style="list-style-type: none"> ▪ New systems to be put in place are more and tailored towards the needs of newly established organisation during 2017 <p>Improve team effectiveness and consolidate overhead costs – completed by March 17</p>

BOROUGH CONTEXT

Locality	Priority arising from the engagement exercise	Quarter 3 October – December 2016	Quarter 4 January to March 2017	April – July 2017	August 2017 – March 2018
Three borough	Ensure that the user voice is central to the development of the new Home care contract across the three boroughs		Produce initial proposal to scope out size and potential deliverables for the project		
	Ensure that the local voice is included in any development and plans around the STP	Report to Health and Wellbeing Boards and OSCs Support to workshops run by CCGs Publicise STP events Attendance at STP events			
	Mental health – issues identified during engagement exercises covering day services; SPA; dementia; young people; life expectancy			An event with key stakeholders already involved in co design and co-production of mental health	

				services across the patch to identify whether there are any gaps in service user engagement in any of the topic areas	
	<p>Young people:</p> <p>Build base of young people who can be involved in co-design of new services</p> <p>Build base of young people's experiences of health and social care to identify key trends and issues</p>		Develop and produce a report on engagement plan including actions to date.		
This activity is detailed for each borough	Engagement of local residents to build membership and build support for the user voice in Health and social care		Ongoing engagement events one per quarter in each borough .	Ongoing	Ongoing
Westminster	Support the user voice in the reconfiguration of	Meetings with commissioners to	<ul style="list-style-type: none"> ▪ Support with commissioner 		

	Mental health day services in Westminster	encourage co-production approach (completed)	<ul style="list-style-type: none"> led workshops Support service users to look at alternative options 		
	Ensure the involvement of a local service user voice in the Care Coordination Services.		<ul style="list-style-type: none"> Build representation and feedback to CHL via input from info and engagement events Status report to CHL and CMG 		
	<p>Ensure there is are effective mechanisms for capturing the Patient and service user voice</p> <p>Develop more effective approach to the engagement and feedback cycles</p>	<ul style="list-style-type: none"> A series of “events” to give information about Healthwatch and offer different ways to share experiences and become more involved Feedback activity to included in quarterly monitoring reports 	<p>A series of “events” to give information about Healthwatch and offer different ways to share experiences and become more involved</p>		

	Effective Intelligence gathering and representation	Presentation of an OSC report Presentation of a Health and Wellbeing Board report Report to contract monitoring group			
	Local coordination Build membership via engagement activity Via relationships, “up-sell” so that some people become more involved in coordination of activity by borough, and representation of the borough	Report on progress	Report on progress		
Kensington and Chelsea	Social isolation for older people		An event with providers to understand the range of activity to address this issue and identify why this is coming up as an issue despite such investment and	Report on findings with recommendations – early May tbc	

			activity		
	Patient and service user voice	Activity report on actions to build base of people sharing their experiences Quarterly report of issues and learning	Activity report on actions to build base of people sharing their experiences Quarterly report of issues and learning		
	Ensure effective intelligence gathering and representation	Presentation of an OSC report Presentation of a Health and Wellbeing Board report Report to contract monitoring group			
	Local coordination <ul style="list-style-type: none"> ▪ Build membership via engagement activity ▪ Via relationships, “up-sell” so that some people become more involved in the work of Healthwatch 	Report on progress	Report on progress		

Hammersmith and Fulham	White City and Edward Woods Estate and young people	Discovery activity to understand current situation	Report on findings		
	Patient and service user voice	<ul style="list-style-type: none"> ▪ Activity report on actions to build base of people sharing their experiences (complete) ▪ Quarterly report of issues and learning to be included in OSC CMG reports, etc 			
	Effective Intelligence gathering and representation	<ul style="list-style-type: none"> ▪ Presentation of an OSC report ▪ Presentation of a Health and Wellbeing Board report ▪ Report to contract monitoring group 			
	Local coordination <ul style="list-style-type: none"> ▪ Build membership 	Report on progress	Report on progress		

	<p>via engagement activity</p> <ul style="list-style-type: none">▪ Via relationships, “up-sell” so that some people become more involved in coordination of activity by borough, and representation of the borough				
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Westminster Healthwatch Activity update Jan- March 2017

Mental health day service review

- Continue to represent service users views at the Westminster MH Day Services Transition steering group and to request better communication about the changes to services and process used to design new model of support.
- Publicised Westminster Mental Health Market Day, Abbey Centre through HW Twitter account. Attended the event, joined in activities and hosted a stall. Spoke to service users attending the event about their views on changes.
- Arranging visits to current mental health day services to capture people's experiences of the co-design workshops, how the changes are being implemented and what communication they are receiving on the changes.

Reflections: There are still concerns about how well the changes are being communicated to local people, especially those who are not currently using mental health day services. The service users I spoke to at the Market Day event appeared mostly positive about the changes. The Market Day was full of energy and was well attended. I would now like to gather views of service users away from the positivity of an event.

Changes to primary care support for people with long term conditions

- Set up project group with older people's group at The Advocacy Project and have agreed a project plan. The aim is to maximise our presence at GP surgeries and to be able to engage more widely across seldom heard groups.
- Working with older people's group to finalise survey questionnaire to understand people with long-term conditions' experiences of care coordination in Westminster
- Meeting arranged with Care Coordinator to gather intelligence about their role.
- Undertaken wider evidence gathering on care coordination and expectations of service users.
- One Westminster have agreed to be involved in supporting information gathering around the signposting element of CCS and to promote the survey to their member organisations.

Reflections: Members of the older people's group are enthusiastic about the issue of care coordination, many of them have a range of long term conditions and have experienced difficulties getting support. Regular project meetings are now set up and the work can progress.

General Westminster

Meetings

- Radhika Howorth, PPI Communications lead CLCCG regarding communications on STP
- Emma Playford, PPI lead Central London CCG to discuss better user representation at CCG Board meetings and primary care co-commissioning committee.
- Linda Burrige, Patient Engagement Manager, Guy Young Head of Patient Involvement and Mick Fisher, Head of Public Affairs at Imperial Healthcare. Agreed to meet regularly, to share information with each other, and promote each other's work.
- Met with Labour Councillors from North Westminster to inform them of the work that Healthwatch is doing in Westminster and to share evidence. Agreed to meet on a regular basis going forward.

Committees, Groups and Forums

- Represented HW at Westminster HWB. We stated the importance of continuing engagement around the STP and local plans, concern over how long regeneration plans are taking for the Church Street area and the importance of transition age data inclusion in the JSNA on young people
- Represented HW at CL CCG Quality, Risk and Safety Committee, attending meetings bi-monthly
- Attended BME Health Forum meeting and participated in discussions on SEND provision in Westminster based on information gathered from parents.
- Participated in CNWL's consultation event on clinical quality strategy

Volunteer activity

- Chaired 2 Breathe Easy member meeting
- Attended South Locality GP meeting
- NIHR Biomedical Research Centre PPI Panel
- Attended Pimlico Library Health event January 24th - (low attendance)
- Attended Westminster Community Network
- Attended Penfold Hub - open introduction session to Penfolds services
- Social Value Strategy session City Hall (talking about 100k contracts)
- Attended 2 NIHR Biomedical Research Centre PPI Panel meetings
- Attended CLCH Inner London committee
- Attended Kings Fund seminar on Hospital Transfer
- Talked to St Marys COPD rehab class seminar
- Participated in Wellington House - PPV meeting draft list of indicators - HCF
- Attended CLCCG User Panel and PPG workshop focused on improving CCG engagement
- Attended meeting on L&Q Plaza merge with sheltered Housing orgs - gave STP info
- Participated in European Patient Ambassador Program (EPAP) - teleconference for newsletter and Sheffield meeting

Written evidence

- Local Committee member provided written comments on air quality for City of Westminster Council based on views collated from local Breathe Easy members.

Outreach

- North Westminster Food Bank
- Mosaic Community Trust Women's Day Event
- Westminster Mental Health Providers Market Day

Networking

- Attended Church Street Networking Lunch. Met with other organisations and promoted the work that HW is doing in Westminster. One Westminster expressed an interest in supporting our project on CCS and potentially joining Local Committee.
- Attended South Westminster Health and Wellbeing Network
- Attended North Westminster Health and Wellbeing Network

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Adults, Health & Public Protection Policy & Scrutiny Committee

Date:	29 March 2017
Classification:	General Release
Title:	Accident and Emergency service performance at St Mary's Hospital
Report of:	Professor Tim Orchard- Divisional Director for Medicine and Integrated Care and Jules Martin- Managing Director CL CCG.
Cabinet Member Portfolio	Cabinet Member for Adult Social Services & Public Health -Councillor Heather Acton
Wards Involved:	All
Policy Context:	Building Homes and Celebrating Neighbourhoods
Report Author and Contact Details:	Claire Braithwaite, Divisional Director of Operations for Medicine and Integrated Care, Imperial College Healthcare (claire.braithwaite@imperial.nhs.uk) Daniel Heard, Urgent Care Delivery Manager, Central London Clinical Commissioning Group (daniel.heard@nhs.net)

1. Executive Summary

- 1.1 This report to the Adults, Health & Public Protection Policy & Scrutiny Committee from Imperial College Healthcare NHS Trust ('the Trust') and Central London Clinical Commissioning Group ('the CCG') responds to the request for a report on the performance of the Accident & Emergency (A&E) service at St Mary's Hospital.
- 1.2 Previously, the Trust submitted a report and attended the meeting of the Committee held on 23rd November 2016, which focused on the plans to redevelop and refurbish the St Mary's Hospital site, to ensure it continues to provide safe and efficient care as well as an excellent patient experience into the future.

2. Key Matters for the Committee's Consideration

2.1 Committee is asked to:

- Note and comment on the performance information provided in the report
- Identify any areas for improvement that they would suggest the Trust and Clinical Commissioning Group focus on.

3. Background

3.1 Imperial College Healthcare NHS Trust overview

3.1.1 The Trust provides acute and specialist healthcare for a population of nearly two million people in North West London, and more beyond. We have five hospitals – Charing Cross, Hammersmith, Queen Charlotte's & Chelsea, St Mary's and Western Eye – as well as a growing number of community services.

3.1.2 With our academic partner, Imperial College London, we are a founding member of one of the UK's six academic health science centres (which has expanded to include Royal Brompton & Harefield NHS Foundation Trust and the Royal Marsden NHS Foundation Trust), working to ensure the rapid translation of research into better patient care and excellence in education. We are also part of Imperial College Health Partners, the academic health science network for North West London, spreading innovation and best practice in healthcare more widely across our region.

3.2 St Mary's Hospital

3.2.1 St Mary's Hospital in Paddington, is the major acute hospital for North West London as well as a maternity centre with consultant and midwife-led services. The hospital provides care across a wide range of specialties and runs one of four major trauma centres in London in addition to its 24/7 A&E department.

3.2.2 St Mary's Hospital was founded in 1845, with the foundation stone being laid by HRH Prince Albert, as a voluntary hospital for the benefit of the sick poor of North and North West London, and has been based at the same site in Paddington for over 150 years. The hospital originally opened with 50 beds in what is now the Cambridge Wing.

3.2.3 The hospital has a proud history of excellent care and innovation. Today, we provide a wide range of healthcare services for more than 500,000 adults and children each year.

3.2.4 The hospital has grown and evolved since it opened in 1845, in order to meet vastly changing needs. Milestones include the discovery of penicillin in 1928, the creation of the NHS in 1948, pioneering robotic surgery in 2001 and, in more recent times, the development of our major trauma centre.

3.3. Emergency Care Services

3.3.1 The Trust's emergency care services include accident and emergency (A&E) departments, urgent care centres (UCC) and specialist emergency centres. A&E services are located at St Mary's and Charing Cross hospitals. We also operate UCC services at Charing Cross and Hammersmith hospitals. Additionally, there is a UCC at St Mary's Hospital, which is run by Vocare Ltd (since April 2016), and commissioned directly by Central London Clinical Commissioning Group

3.3.2 The Trust's hospitals are also the home to some of London's specialist acute medicine centres:

- Major trauma centre at St Mary's Hospital
- Hyper acute stroke unit at Charing Cross Hospital
- Heart attack centre at Hammersmith Hospital
- 24 hour ophthalmic emergency service at the Western Eye Hospital.

3.3.3 We report on the total waiting time in our A&E departments and all of the UCCs located on Trust sites.

3.3.4 Accident and Emergency services in England broadly consist of two different types of services:

- Emergency Department – which provide care for a medical emergency, when life or long term health is at risk, for example head injuries, serious injury or bleeding, severe breathing difficulties, heart attacks etc.
- Urgent Care Centre – which can be based on a hospital site or stand-alone in the community, are often GP-led and provide patients with urgent advice or treatment in cases that are not life-threatening or life changing for examples, cuts and abrasions requiring stitching, fractures, minor illnesses etc.

A&E waiting time standard and patient types:

Total waiting time in the A&E department: measured from the time of arrival and registration on the hospital information system to the time that the patient leaves the department to return home or to be admitted to a ward bed (including the A&E department observation beds).

National waiting time standard: national minimum threshold is 95 per cent of A&E patients seen in four hours.

Patient categories:

- **Type 1** A consultant-led 24-hour service with full resuscitation facilities; applies to emergency departments at Charing Cross and St Mary's hospitals
- **Type 2** A consultant-led single specialty A&E service (e.g., ophthalmology) applies to emergency department at Western Eye Hospital.
- **Type 3** Minor injury units/Urgent care centres: applies to UCCs at Charing Cross, Hammersmith and St Mary's Hospitals.

3.4. A&E monthly performance 2016/17 (April 2016 to February 2017)

Figure 1 shows performance against the national waiting time standard for all A&E patients. Overall monthly performance for the period April 2016 to February 2017 has been between 84% and 90%, and follows the expected seasonal pattern. Performance for this period represents a deterioration of 4.8% on average when compared to the same time last year.

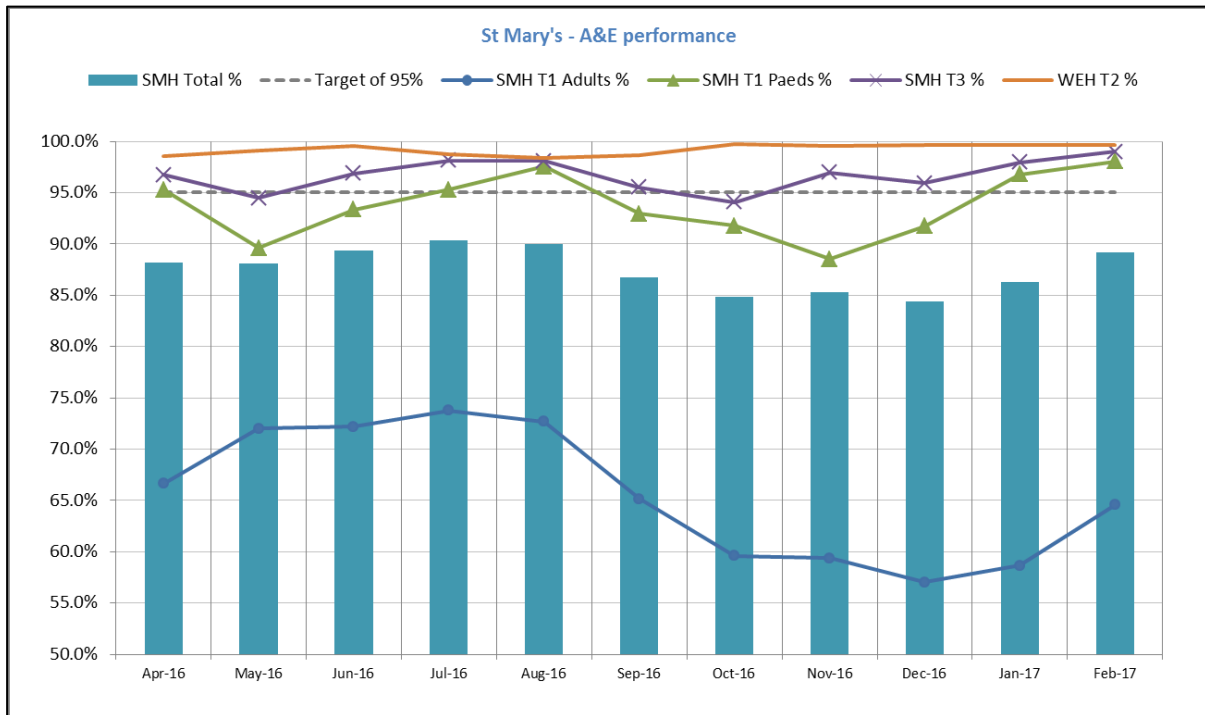


Figure 1 – St. Mary's A&E performance by type 2016/17

Figure 2 shows activity and performance for the national waiting time standard at St Mary's Hospital (SMH) and Western Eye Hospital (WEH) by patient category for the period April 2016 to February 2017 compared with the same period last year (please see enlarged version in Appendix 1).

Reporting period: April to February	SMH T1 Adults Attends	SMH T1 Adults Breaches	SMH T1 Adults	SMH T1 Paeds Attends	SMH T1 Paeds Breaches	SMH T1 Paeds	SMH T3 Adults / Paeds Attends	SMH T3 Adults / Paeds Breaches	SMH T3 Adults / Paeds	WEH T2 Attends	WEH T2 Breaches	WEH T2 %	SMH all attends	SMH all breaches	SMH all %
16/17	47,601	16,303	65.75%	16,983	1,100	93.52%	48,038	1,598	96.67%	41,944	336	99.20%	112,622	19,001	83.13%
15/16	43,588	11,081	74.58%	23,390	1,274	94.55%	44,163	1,008	97.72%	43,856	573	98.69%	111,141	13,363	87.98%
% variance	9.21%	47.13%	-8.8%	-27.39%	-13.66%	-1.0%	8.77%	58.53%	-1.0%	-4.36%	-41.36%	0.5%	1.33%	42.19%	-4.8%
# variance	4,013	5,222		-6,407	-174		3,875	590		-1,912	-237		1,481	5,638	

Figure 2 – St. Mary's A&E activity and performance (2016/17 compared with 2015/16)

Figure 2 demonstrates that there has been a significant increase in Type 1 adult A&E attendances at St Mary's Hospital from April to February 2016/17 compared with the same period in 2015/16, which has impacted on performance.

The increase in adult activity at St Mary's includes a 16.6% increase in ambulance arrivals and a 4.4% increase in demand for resuscitation.

The impact of this higher than planned volume of patients and the increased acuity of patients attending the A&E department, combined with effect of operational difficulties in the St. Mary's Urgent Care Centre (see below), has led to the deterioration in waiting time performance between 2015/16 and 2016/17.

Figure 3 shows the St Mary's Hospital A&E performance for the national waiting time standard compared to the performance across the London region as a whole for 2016/17.

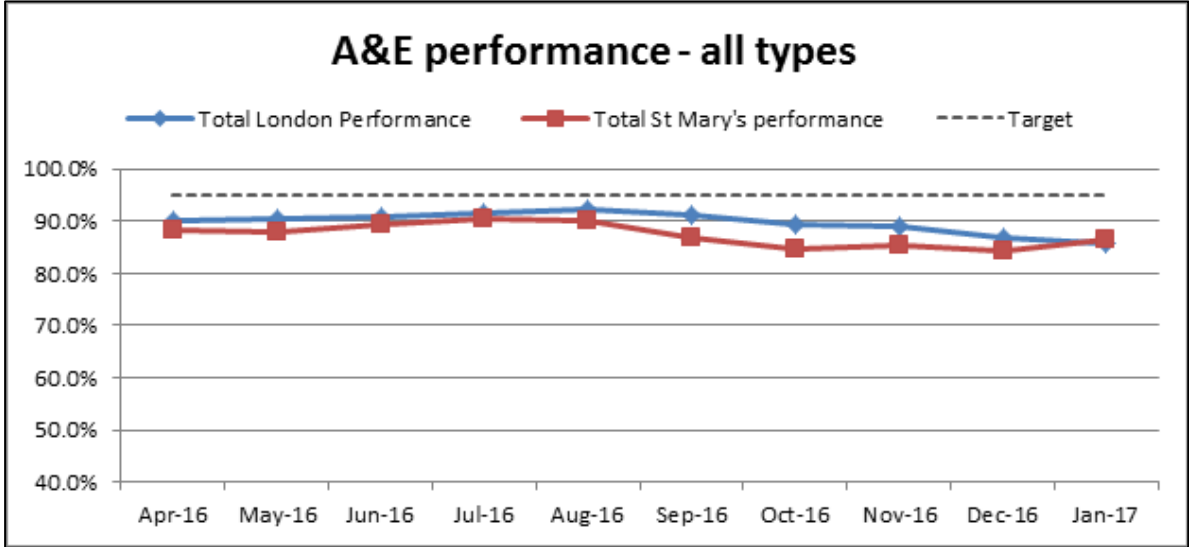


Figure 3 – London region and St. Mary's A&E performance for all patient types 2016/17

3.5 Complaints and Patient Feedback

If the Trust is not able to resolve a patient's concerns informally with the staff caring for them or via the Patient Advice and Liaison Service (PALS), then the patient has the choice to make a formal complaint. So far during the year 2016/17 (April-February), the number of formal complaints relating to the Emergency Department at St Mary's Hospital totals 48. Figure 4 shows a breakdown of complaint themes.

THEME	Complaints received
Clinical Treatment - Accident and Emergency	14
Emergency Department/MIU waiting time	4
Loss of/damage to personal property including compensation issues	4
Care needs not adequately met	3
Communication with patient	2
Communication with relatives/carers	2
Misdiagnosis	2
Other	2
Accuracy of health records (e.g. errors, omissions, other patient's records in file)	1
Attitude of Medical Staff	1
Cannula management	1
Care needs not identified (inc. e.g. therapy needs)	1
Clinical Treatment - Paediatric	1
Delay or failure to receive scans / x rays	1
Discharged too early	1

Discharge at inappropriate hour	1
End of life care/Liverpool Care Pathway	1
Failure to provide adequate care (inc. overall level of care provided)	1
Incorrect Entry On Medical Records	1
Rudeness	1
Transport (Ambulances)	1
Treatment delayed	1
Wait for operation/procedure	1

Figure 4 – Complaints relating to St Mary’s Emergency Department 2016/17

During the same time period, the number of complaints closed totals 59 (with all but one responded to on time). Of the complaints closed:

- 14 were upheld
- nine were partly upheld
- 36 were not upheld

No cases went to the Parliamentary and Health Service Ombudsman for St Mary’s Hospital Emergency Department during this time period.

3.5.1 Friends and Family Test

The ‘friends and family test’ is a national tool that provides people who use NHS services with an opportunity to give feedback on their experience.

The Trust friends and family test results for 2016/17 (April-February) for the emergency departments at St Mary’s Hospital (SMH) and Western Eye Hospital (WEH) are shown in the table below. The results indicate the percentage of people who would or would not recommend our services to their friends and family if they required similar treatment.

A&E FFT	Apr-16		May-16		Jun-16		Jul-16		Aug-16		Sep-16	
Site	% Rec	% Not rec	% Rec	% Not rec	% Rec	% Not rec	% Rec	% Not rec	% Rec	% Not rec	% Rec	% Not rec
SMH	94%	2%	88%	8%	93%	4%	92%	5%	95%	2%	94%	4%
WEH	99%	0%	98%	0%	97%	1%	96%	1%	94%	4%	93%	3%

A&E FFT	Oct-16		Nov-16		Dec-16		Jan-17		Feb-17	
Site	% Rec	% Not rec	% Rec	% Not rec	% Rec	% Not rec	% Rec	% Not rec	% Rec	% Not rec
SMH	88%	7%	94%	4%	88%	9%	93%	5%	92%	4%
WEH	94%	2%	96%	3%	94%	2%	92%	2%	91%	6%

Figure 5 – Friends and Family test results for St Mary’s Hospital (SMH) and Western Eye Hospital (WEH) A&Es 2016/17

3.6. Pathway from the St. Mary's Hospital Urgent Care Centre (UCC)

Vocare assumed responsibility for the operation of the UCC at St. Mary's in April 2016. A new service model was put into place at this point and following this the service has experienced difficulty with managing waiting times for streaming, delivering a consistent streaming service and maintaining adequate staffing levels, particularly overnight.

The operational issues associated with these difficulties have resulted in longer than usual waits for patients to be streamed to the UCC and to the A&E department, an increase in patients streamed to the A&E department that could have received treatment in the UCC and an increase in the number of late referrals (Adult Type 1) from the UCC to A&E.

Central London Clinical Commissioning Group and Vocare have agreed and implemented a recovery plan to address these issues which has resulted in number of improvements.

3.6.1 Performance against the assessment within 20 minutes standard

The national urgent care standards require that 95% of all patients presenting for urgent care are assessed within 20 minutes of arrival. An assessment is the process used to identify what form of care the person requires and could either be a visual observation by a senior clinician who would also ask the patient a series of straightforward questions, or a lengthier triage process during which more detailed clinical observations would be taken.

From April to November 2016, Vocare were able to assess only 43% of patients within 20 minutes of their arrival. As well as not meeting contract requirements, this impacted on waits for treatment in the A&E department and therefore on the Trust's improvement trajectory. Although some improvement was seen in late 2016 and early 2017, it was not sufficient to meet the contract standards and in January 2017 the CCG followed the contract process to develop an improvement plan with Vocare. This plan centred on changing the process and workforce in respect of the streaming process, major changes being rolled out on the 17th February 2017. The change in process was compliant with the urgent care streaming guidelines that are being developed across London. Since the implementation of the plan, performance has risen to 96% of patients being seen within 20 minutes of arrival.

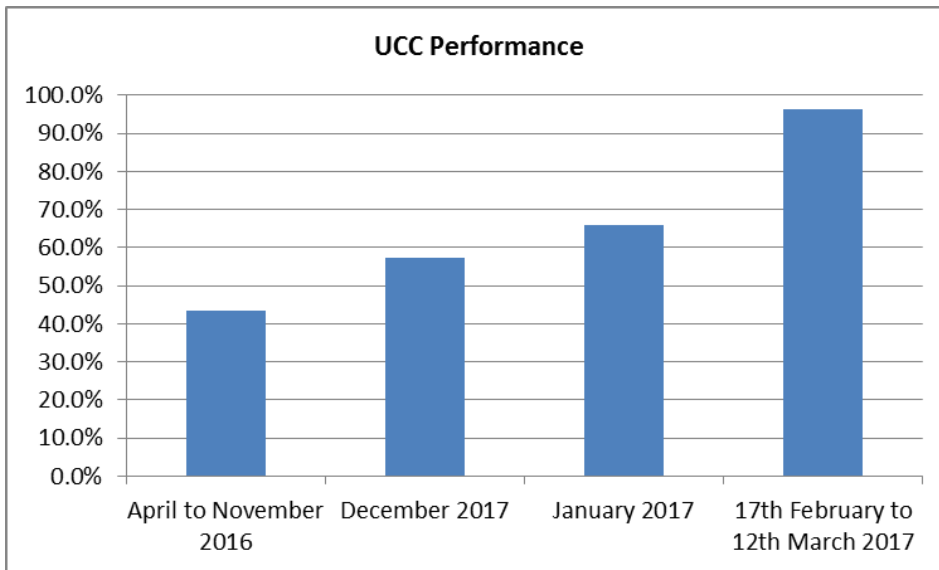


Figure 6 – St. Mary’s UCC performance against the waits for assessment within 20 minutes standard

An audit of the new streaming processes will be held on the 30th March 2017 and conducted by clinicians from the Trust, Vocare and the CCG. This will assess the effectiveness of the new process, identify numbers of inappropriate streams to A&E by the clinical streamers and also review the reasons why patients have been redirected late in the process to the A&E department after first being streamed to the UCC. Lessons will be identified from this process that will be used to refine both the streaming process and the operation of urgent care pathways further.

3.6.2 Performance against the national waiting time standard

Vocare have since the start of the contract met the national standard of treating 95% of patients within 4 hours of arrival. From April 2016 to December 2016 their performance was that 96.2% of patients were treated within 4 hours. This however reflected that that were a material number of people waiting more than 4 hours for treatment and since December, performance has improved significantly, rising to 98% in January 2017 and 99.3% in February 2017.

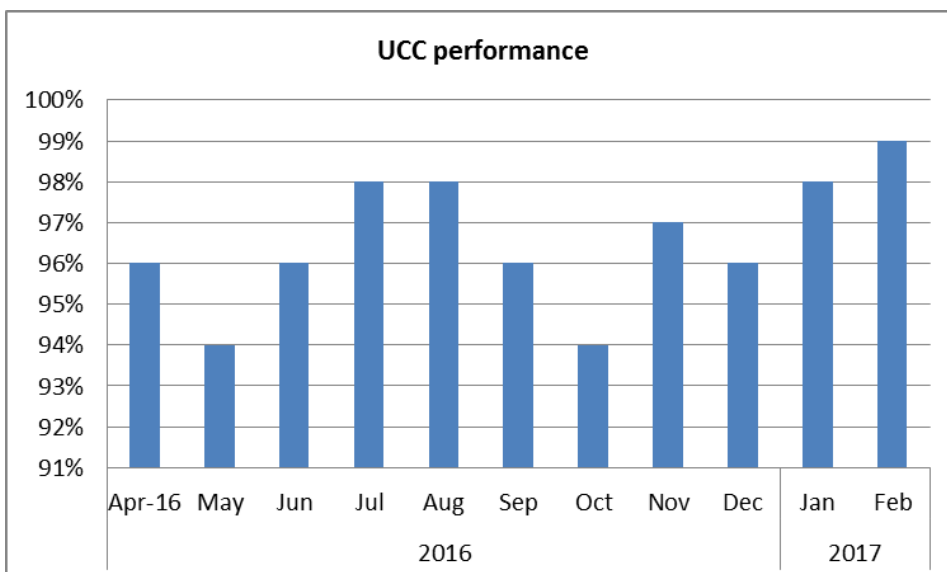


Figure 7 – St. Mary’s UCC performance against the waits for treatment within 4 hours standard

Further developments to improve the operation of the UCC will focus largely on integrated working with other relevant agencies and processes, including:

- The development of pathways with the Community Independence Service that will allow community healthcare to respond rapidly to people who have requested urgent care;
- Improved pathways into the UCC from the 111 and ambulance services;
- Supporting un-registered patients to register for a GP, either through direct registration through the UCC where this is possible (i.e. if the patient lives locally) or through connection into registration teams within the patients place of residence;
- To support access to out of hours primary care provision, details of which are supplied in Appendix 2.

3.6.3 Complaints and Patient Feedback

Date (Month & Year)	Complaints	Total patients seen
April 2016	0	1405
May 2016	3	4005
June 2016	3	4174
July 2016	4	4522
August 2016	3	4387
September 2016	7	4462
October 2016	4	4383
November 2016	4	4175
December 2016	6	4456
Total	34	35969

Figure 8 - number of complaints received for Vocare per month since the start of the service

The number of complaints received is low in comparison to numbers seen. Vocare are investigating ways to increase the level of feedback provided by patients as part of a review of patient experience gathering across the service. The nature of complaints received to date varies between poor standard of premises, waiting times and staff attitude or conduct. It is difficult to establish themes when numbers are so low, however Vocare do report on a monthly basis through Contract Performance meetings on the outcomes of each complaint.

Feedback on patient experience of the services provided are gathered in a number of ways including: on-line surveys and postal surveys, questionnaires at the Urgent Care Centre, compliments received, and complaints received. Commissioners are awaiting a report from Vocare on patient experience within the first year of the service and recommendations from the provider on how to meet any emerging themes.

3.7 Mental Health Specialists in A&E

There has been a significant increase in the number of patients attending the A&E department that require input from mental health services secondary to legislation that designates A&E departments as safe places to accommodate those in crisis. To support this, the Trust has augmented the nursing establishment in A&E with registered mental health nurses. In addition to this, the department has access to a mental health liaison service on a 24/7 basis. This service is commissioned directly by local Clinical Commissioning Groups and is provided by Central and North West London NHS Foundation Trust.

Further discussion is required about the future configuration of the liaison psychiatry service as the current offering does not meet the standards of a “Core 24” service. Core 24 is defined in national guidance as the minimum specification to provide A&E departments and acute care inpatient wards with 24 hour rapid access to specialist mental health assessment within 1 hour and 24 hours respectively, and is aimed at avoiding unnecessary admission. Patients requiring admission to a mental health bed that present to St. Mary’s A&E, particularly those needing Child and Adolescent Mental Health Services, routinely experience significant delays waiting for transfer.

3.8 Refurbishment and expansion of capacity in the A&E department

The increase in both activity and acuity has been particularly challenging to accommodate as the A&E department is currently undergoing refurbishment. The refurbishment has been funded by Imperial College Healthcare Charity and is due for completion in May 2017. The purpose of the refurbishment is to improve patient experience and strengthen the quality of clinical care delivered within the A&E department by improving the environment. Specifically the refurbishment will:

- Increase the number of resuscitation bays from four to six;
- Create a new ‘Clinical Decisions Unit’ for Paediatric patients;
- Create a new ‘Combined Assessment Space’ for ambulance and self-presenting patients.

3.9 Other Improvements to our emergency care services

The Trust has developed an on-going and extensive programme to improve the whole urgent and emergency care pathway with the aim of reducing waits, improving patient flow, and managing increased demand.

From January 2017 the new role of Patient Flow Co-ordinator was introduced in the A&E Department to support delivery of rapid and efficient treatment pathways.

The Trust has also extended the opening hours of the ambulatory emergency care (AEC) service at St Mary’s. The AEC service is closely integrated with the medical and surgical take and provides specialist diagnostics and treatment for patients who have urgent needs but are well enough to go home in between procedures or consultations and, essentially, to be cared for on an urgent outpatient basis. The AEC service has been operating at St Mary’s since 2012/13 when it started as a small scale pilot, and has been running successfully on weekdays ever since. It now

operates extended opening hours of 08:00 to 22:00, Monday to Friday, and 08:00 to 20:00 at weekends. A permanent staffing model is in place, supported by the A&E and the acute medical and surgical teams on rotation.

In addition, the Trust has created a 12-space surgical assessment unit in the Paterson building to enable faster access to a specialist surgical opinion where required. The unit has been operational since January 2017.

To support further improvements in performance over the coming months the Trust has launched a programme of immediate and longer term developments. The programme focuses on the following work streams:

- Streamlining and avoiding unnecessary hospital admissions;
- Improving emergency department operations;
- Efficient specialist decisions and pathways;
- Improving capacity availability through more effective management of inpatient beds;
- Improving our ward and discharge processes.

The Trust has established a 4 Hour Performance Steering Group, which is chaired by the Director of the Division of Medicine and Integrated Care and attended by the Chief Executive Officer to oversee the activities within the five work streams. Each work stream is led in partnership by a senior clinician and a senior manager.

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

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APPENDICES:

Appendix 1- St Mary's A & E Activity and Performance (2016/17 compared to 2015/16)

Appendix 2- Primary Care Extended Hours Services

Appendix 1 - St. Mary's A&E activity and performance (2016/17 compared with 2015/16)

Reporting period: April to February	SMH T1 Adults Attends	SMH T1 Adults Breaches	SMH T1 Adults %	SMH T1 Paeds Attends	SMH T1 Paeds Breaches	SMH T1 Paeds %	SMH T3 Adults / Paeds Attends	SMH T3 Adults / Paeds Breaches	SMH T3 Adults / Paeds %	WEH T2 Attends	WEH T2 Breaches	WEH T2 %	SMH all attends	SMH all breaches	SMH all %
16/17	47,601	16,303	65.75%	16,983	1,100	93.52%	48,038	1,598	96.67%	41,944	336	99.20%	112,622	19,001	83.13%
15/16	43,588	11,081	74.58%	23,390	1,274	94.55%	44,163	1,008	97.72%	43,856	573	98.69%	111,141	13,363	87.98%
% variance	9.21%	47.13%	-8.8%	-27.39%	-13.66%	-1.0%	8.77%	58.53%	-1.0%	-4.36%	-41.36%	0.5%	1.33%	42.19%	-4.8%
# variance	4,013	5,222		- 6,407	-174		3,875	590		- 1,912	- 237		1,481	5,638	

Appendix 2- Primary care Extended Hours Service

	Appointment slots per hour
<p>Central Westminster Connaught Square, 41 Connaught Square, W2 2HL <i>Extended appointment times:</i> Monday to Friday: 6.30pm-8.00pm Saturday and Sunday: 8am-4pm</p>	<ul style="list-style-type: none"> a minimum of 5 GP appointments per hour <p>(40 appointments per day on weekends) (7 appointments per week day)</p>
<p>South Westminster Pimlico Health @ the Marven, 46-50 Lupus Street, SW1V 3EB <i>Extended appointment times:</i> Monday to Friday: 6.30pm-8pm Saturday and Sunday: 10am-6pm</p>	<ul style="list-style-type: none"> a minimum of 5 appointments per hour per GP a minimum of 4 appointments an hour per nurse <p>(72 appointments on weekend-per day) (13 appointments per weekday)</p>
<p>Central/North Westminster The Westbourne Green Surgery, Health at the Stowe, 260 Harrow Road, London W2 5ES <i>Extended appointment times:</i> Monday to Friday: 6.30pm-8pm Saturday and Sunday: 12pm-8pm</p> <p><i>*Exclusive of bank holidays. Some appointments will be available on Bank Holidays at two GP sites.</i></p>	<ul style="list-style-type: none"> a minimum of 5 GP appointments per hour <p>(40 appointments per day on weekends) (7 appointments per week day)</p>

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Adults, Health & Public Protection Policy & Scrutiny Committee

Date:	29 March 2017
Classification:	General Release
Title:	UPDATE ON END OF LIFE CARE
Report of:	Liz Bruce-Tri Borough Executive Director of Adult Social Care Services & Jules Martin - Managing Director of Central London Clinical Commissioning Group (CCG)
Cabinet Member Portfolio	Adult Social Services & Health
Wards Involved:	All
Policy Context:	Building Homes and Celebrating Neighbourhoods
Report Author and Contact Details:	Colin Brodie, Public Health Knowledge Manager, cbrodie@westminster.gov.uk Andrew Pike, Assistant Director of Communications, CWHHE CCGs andrew.pike@nw.london.nhs.uk

1. Executive Summary

- 1.1 This report summarises the work and findings of the Joint Strategic Needs Assessment (JSNA) on End of Life Care including the recommendations for key partners. The JSNA was presented for discussion and approved by the Westminster Health & Wellbeing Board.
- 1.2 The report also summarises the local direction of travel for End of Life Care in Westminster, and continuing progress made against the JSNA recommendations since publication of the report.

2. Key Matters for the Committee's Consideration

- 2.1 The Adults, Health & Public Protection Policy & Scrutiny Committee are invited to consider and endorse the End of Life Care JSNA report and recommendations.
- 2.2 The Adults, Health & Public Protection Policy & Scrutiny Committee are invited to note progress made against the recommendations. The responses will form

the basis of recommendations that will be incorporated into a short report that will be submitted to the relevant Cabinet Member(s) for a response.

3. Background

- 3.1. People approaching the end of their life experience a range of physical symptoms, and emotional and spiritual needs. To manage these issues effectively requires integrated and multidisciplinary working between teams and across sectors regardless of whether the person is in their home, in hospital, a care home, or hospice.
- 3.2. Families and carers of people at end of life also experience a range of challenges and will have their own specific needs which must be addressed before, during and after the person's death
- 3.3. While some people experience good and excellent quality end of life care, many people do not. In order to address this variation and identify local issues for end of life care a request for a JSNA was submitted and approved by the JSNA Steering Group, a sub-group of the Health & Wellbeing Boards, July 2014
- 3.4. The JSNA provides a comprehensive evidence base to inform local strategic and commissioning approaches to end of life care. It draws on a range of information and data, both quantitative and qualitative, including national and local data, policy and strategy, literature, as well as views of patients, service users and the public. It provides an opportunity to understand the whole landscape for people approaching end of life, and their carers' and to highlight areas of improvement to be addressed in joint strategic planning.

Joint Strategic Needs Assessment Findings and Recommendations

3.5. *Tri-borough Population and number of deaths*

The percentage of either gender at all ages over 65 for the three boroughs is significantly low compared with England. The exception is in the Royal Borough of Kensington & Chelsea for those aged 85+ for both genders, with the percentage of women over 85 years close to the England average, but with a significantly higher percentage of males older than 85 years because of the Royal Hospital Chelsea, a home for retired soldiers.

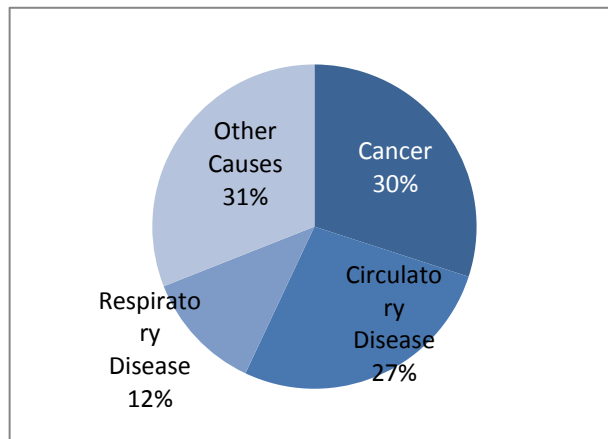
The death rate is low compared to other areas, even when taking into account the age distribution of the population. There have been an average of 2,815 deaths per year between 2006 and 2014. Despite an increasing and aging population the number of deaths has reduced by 19 each year.

The median age at death is 83 years for women and 76 years for men, compared to national figures of 85 for women and 82 for men. Median age at death varies from 66 years in Earl's Court to 88 years in Pembridge.

The number of deaths that occur is not likely to change significantly over the next ten years. This takes into account the small increase in the ageing population predicted by the Office for National Statistics and the expected reduction in death rates.

3.6 **Cause of death**

On average there are 844 (30%) deaths per year due to cancer, 768 (27%) due to circulatory disease, 341 (12%) deaths due to respiratory disease and 863 (31%) deaths due to other causes. The percentage of deaths due to cancer is significantly higher in the north of Westminster City Council and is significantly associated with an older median age at death.



Examination of deaths in the three boroughs is complicated by the geography and the different populations of the organisations responsible for providing services. There are a number of different populations to examine: Resident, Registered, Residents who are Registered, and Registered who are not Resident. Additionally, those who die may do so anywhere in the country.

The overarching theme emerging from the JSNA (a joint local authority and Clinical Commissioning Group description of the current and future health and wellbeing needs of its local population, along with the priorities for action) is the need for a whole scale 'culture shift' for all practitioners that may come into contact with dying people, to consider End of Life care as 'everyone's business' and not just a service provided by specialist palliative care.

- 3.7. The recommendations were drawn from the evidence contained in the JSNA and in development with key stakeholders. Many of the recommendations cut across a number of different themes and service areas, and were presented in a format for commissioners to consider whether they are appropriate for local implementation.
- 3.8. Recommendation 1 refers to an ambition for the local delivery of high quality, person- centred end of life care designed to improve the experience of the dying person and their families, carers and friends. Recommendations 2 to 5 describe the culture, governance, processes and systems that need to be in place in order to achieve this ambition

- 3.9. The detailed recommendations are presented in the End of Life Care JSNA Key Themes document but are also summarised below.

Recommendation	Summary
<p>Recommendation 1: Maximise choice, comfort and control through high quality effective care planning and co-ordination</p>	<p>Everyone with a life limiting long term condition should have care plans which address their individual needs and preferences, particularly as they approach the last phase of life. Their care must be coordinated, with a clear oversight of the respective roles and responsibilities of all health, social care and third sector service providers.</p>
<p>Recommendation 2: Promote end of life care as ‘everybody’s business’ and develop communities which can help support people</p>	<p>The overall focus of end of life care must be a community model, with input from specialist services when needed. Local leaders, commissioners, professionals and our populations should generate a culture where talking about and planning for the last phase of life is ‘normal’, and all practitioners are willing and able to give end of life care.</p>
<p>Recommendation 3: Identify clear strategic leadership for end of life care across both social care, health and the independent sector</p>	<p>A lead organisation should be identified with responsibility for ensuring developments are cohesive. Leadership should reflect a community based model across a range of services, with a clearly articulated end of life care vision and ambitions.</p>
<p>Recommendation 4: Develop a coordinated education and training programme for practitioners, the person dying, carers and for family and friends (if they wish)</p>	<p>Formal and informal training and education programs for all frontline practitioners needs to be coordinated, systematic, visible and evaluated, in line with good practice guidelines.</p>
<p>Recommendation 5: Everyone should have easy access to evidence and information</p>	<p>More information needs to be easily available. Accessibility in terms of language, style, culture and ability should be reviewed. Evidence and information must be available to commissioners and providers and used to actively improve services.</p>

4. END OF LIFE CARE IN WESTMINSTER LONDON/CURRENT WORK PROGRAMMES

4.1. Recommendation 1: Maximise choice, comfort and control through high quality effective care planning and co-ordination.

Central London CCG utilise the Co-ordinate My Care (CMC) system along with the other 31 CCGs across London to record the care plan of those identified as being at the end of life. The CMC platform has been updated to facilitate the creation and updating of records and the Three Borough End of Life Care Steering Group regularly review the reports and discuss what additional support can be provided to increase the number of patients whose care information is shared on the system.

4.2 Central London Community Healthcare (CLCH) have convened six working groups closely aligned to the recommendations of the JSNA with three groups looking at:

- High quality, relationship centred, compassionate care
- Advance care planning/risk stratification
- Assessment and care planning

The individual working groups report back on the progress of achievement against each of the outcomes, to the newly formed End of Life Care Operational Group.

4.3. Recommendation 2: Promote end of life care as ‘everybody’s business’ and develop communities which can help support people

Supporting people in the Last Phase of Life (LPOL), has been identified as a priority area in both the Health and Webbing Strategy for Westminster 2017-2022 and the North West London (NWL) Sustainability & Transformation Plan (STP) submitted in October 2016. The shift to consider people in the last phase of life rather than those at the end of life recognises the more gradual functional decline that characterises the progression of various long term conditions and increasing frailty. This reinforces the need to recognise when people are in the last phase of life and to have discussions at an early stage with them and their families regarding their preferences and what support is required. This will allow a shift from an existing hospital- based model of care, often through emergency services, to a new community and person-focused model of delivering care with input from specialists when needed.

4.3 The CCG are also working with the new provider of the Community Independence Service to consider how the service can work alongside local hospices, district and community nursing, primary care practitioners and specialist palliative care teams to provide support to those in the last phase of life.

4.5 Recommendation 3: Identify clear strategic leadership for end of life care across both social care, health and the independent sector

In the North West London area, a programme of work is being undertaken as part of the STP to improve the quality of care for people who are in their 'last phase of life'. This includes patients in Westminster.

4.6 Providers working across Westminster have end of life care strategies with key leaders within the organisations identified and governance mechanisms in place for monitoring progress.

4.7 Imperial College Healthcare NHS Trust (ICHT) and Chelsea & Westminster NHS Foundation Trust both have organisational end of life care strategy documents. The CLCH End of Life Care Strategy (2015-2018) was launched in March 2015 and sets out plans to improve end of life care and the experience for people and carers using CLCH services at the end of their lives. This encompasses improving access to end of life care services, improving choice and the coordination of services to reduce inequalities of service provision and increasing the proportion of patients who are cared for and die in their preferred place of care.

4.8 The strategy covers generalist and specialist palliative care, including care given in all settings of CLCH (at home, all community based services, in-patient, specialist in-patient palliative care services, day Hospice, specialist community palliative care services, prison health, nursing and residential care).

4.9 The Health & Wellbeing Board approved the End of Life Care JSNA at their meeting on 21 January 2016 and agreed to take on a leadership role for End of Life Care, providing a steer for local implementation.

4.10 The inpatient and community End of Life Care services are monitored regularly, through a number of quality indicators that include using carer feedback to improve services. In 2017/18 the CCG will build on these indicators by introducing a new Commissioning for Quality & Innovation (CQUIN) to specifically measure carer feedback.

4.10 Recommendation 4: A coordinated education and training program for practitioners, the person dying, carers and for family/friends (if they wish)

The NWL LPOL programme has identified consistent training and education across the NWL Collaboration of CCGs as one of the six key interventions and discussions have been initiated with HENWL to agree a funding mechanism.

4.11 The CLCH EOLC Strategy includes a working group dedicated to training and education which categorises staff groups and supports the delivery of appropriate training in relation to the end of life care components of their jobs.

- 4.12 ICHT and CLCH have delivered end of life care training to staff including difficult conversations training.
- 4.13 The dementia workforce development programme is due to commence in February 2017. It will include a range of modules, including a focus on end of life care and dementia. The modules will include a range of learning approaches including e-learning, workshops, training and a communication strategy.
- 4.14 The module will focus on living well with dementia and supporting a person with dementia to die well, or as they would have wished. It will include exploring advanced decision making, the range of symptoms that a person with dementia may experience at the end of life. It will also include supporting family carers and help them to understand what is happening at the end of life.

4.15 Recommendation 5: Everyone should have easy access to evidence and information

One of the interventions which has been recommended and prioritised by the North West London Last Phase of Life programme, is to deliver a telemedicine clinical support facility to help staff in care homes (initially) to be able to access generalist healthcare and end of life care advice and support

- 4.16 The service will be staffed by experienced, clinical professionals who are capable of providing rapid triage and advice / guidance to both clinical and non-clinical staff. Best practice from elsewhere, particularly Airedale - <http://www.health.org.uk/gold-line> - has shown that this model allows professionals and carers to better facilitate the wishes of patients at the end of their life. It also helps support them to enable people to die in their preferred place and can also reduce inappropriate A&E attendance and hospital admissions. Working with Social Finance, we will be looking to implement something similar in our care homes, in the first instance. The next phase of the programme will then be to focus on the CCG's wider cohort of residents, including those people being cared for by district nursing, intermediate care services and by formal and informal carers. One of the interventions which has been recommended and prioritised by the North West London Last Phase of Life programme is to deliver a telemedicine clinical support facility, to help staff in care homes (initially) to be able to access generalist healthcare and end of life care advice and support. The next phase of the programme will then be to focus on the wider cohort of residents, including those people being cared for by district nursing, intermediate care services and by formal and informal carers.
- 4.17 The service will be staffed by experienced clinical professionals who are capable of providing rapid triage and advice / guidance to both clinical and non-clinical staff. Best practice from elsewhere has shown that this model allows professionals and carers to better facilitate the wishes of patients at the end of their life and support them to die in their preferred place, and can also reduce inappropriate A&E attendance and hospital admissions

5. CONSULTATION

- 5.1. A workshop was held at the Black & Minority Ethnic Health Forum in June 2015. Feedback from the workshop was incorporated into the findings, particularly the Policy and Evidence Review (Supplement 2)
- 5.2. A workshop was held at the End of Life Care Steering Group in September 2015 to inform the development of the recommendations. The End of Life Care Steering Group consists of CCG and GP End of Life Care leads as well as community and secondary care providers
- 5.3. CCG and GP End of Life Care leads were interviewed for the JSNA.
- 5.4. The draft JSNA was disseminated to key stakeholders in November 2015, including colleagues in Local Authority, Adult Social Care, CCGs, Central London Community Healthcare, Hospices, Specialist Palliative Care Teams, Healthwatch, and Community and Voluntary organisations. Feedback was collated and reviewed by the Task and Finish Group and informed the final report.

6. EQUALITY IMPLICATIONS

- 6.1. JSNAs must consider the health, wellbeing and social care needs for the local area addressing the whole local population from pre-conception to end of life.
- 6.2. The “local area” is that of the borough, and the population living in or accessing services within the area, and those people residing out of the area for whom CCGs and the local authority are responsible for commissioning services
- 6.3. The “whole local population” includes people in the most vulnerable circumstances or at risk of social exclusion (for example carers, disabled people, offenders, homeless people, people with mental health needs etc.)

7. LEGAL IMPLICATIONS

- 7.1. The JSNA was introduced by the Local Government and Public Involvement in Health Act 2007. Sections 192 and 196 Health and Social Care Act 2012 place the duty to prepare a JSNA equally on local authorities, CCGs and the Health & Wellbeing Boards.
- 7.2. Section 2 Care Act 2014 imposes a duty on local authorities to provide or arrange for the provision of services that contribute towards preventing, delaying or reducing care needs.
- 7.3. Section 3 Care Act 2014 imposed a duty on local authorities to exercise its Care Act functions with a view to ensuring the integration of care and support provision with health provision to promote well-being, contribute to the prevention or delay of care needs and improve the quality of care and support.

- 7.4. JSNAs are a key means whereby local authorities work with CCGs to identify and plan to meet the care and support needs of the local population, contributing to fulfilment of local authority s2 and s3 Care Act duties.

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

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APPENDICES:

Joint Strategic Needs Assessment - End of Life Care Key Themes Report

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LONDON ASSEMBLY

Health Committee

Page 65

END OF LIFE CARE IN LONDON

The London Assembly Health Committee has been investigating the quality of care people receive at the end of their lives. This report summarises our key findings and suggests some areas for further investigation.

End of life care in London

Key findings from our investigation

There is huge variation in the quality of care people receive at the end of their life in London. Statistically, Londoners receive some of the very best and the very worst end of life care in the country. Overall, London performs poorly in end of life care compared with the national average.

Access to services is unequal. Some people are less likely to receive good quality specialist end of life care. Their diagnosis, whether they live alone, their cultural background and sexual orientation all affect the chances of a person receiving the care they need and want.

Older people struggle to access the care they need, particularly if they live alone. As the number of older people who live alone grows, this will place further strain on hospital services.

Fewer than half of London local authorities include end of life care as part of their Health and Wellbeing Strategies. Without this focus on end of life care provision, services struggle to meet local needs.

Many people, including medical professionals, find discussions of death and dying very difficult. But communication between individuals, families, and health and social care providers is an essential part of good end of life care.

What is end of life care?

A person approaching the end of their life will have a range of needs that can be met by family and friends, and health and social care providers.

The best care will be a package of care measures, tailored for the individual, that could include:

- Managing symptoms, including relief from pain
- Supporting with practical arrangements to reduce anxiety
- Helping to achieve a sense of resolution and peace
- Providing practical support with daily activities such as washing or dressing.

Expert guests at our meeting in October 2015 made a joint statement setting out their six ambitions for delivering better end of life care:

- Each person is seen as an individual.
- Each person gets fair access to care.
- Comfort and wellbeing are maximised.
- Care is coordinated.
- All staff are prepared to care.
- Each community is prepared to help.

End of life care across London

There are significant variations in the provision of end of life care services across London. Even where services exist, these cannot be accessed at all times and by all who need them. In the absence of other options, many people will end up in hospital when they neither need or wish to be there.

Only 8 out of 33 London Clinical Commissioning Groups (CCGs) scored above the national average for end of life care quality indicators.

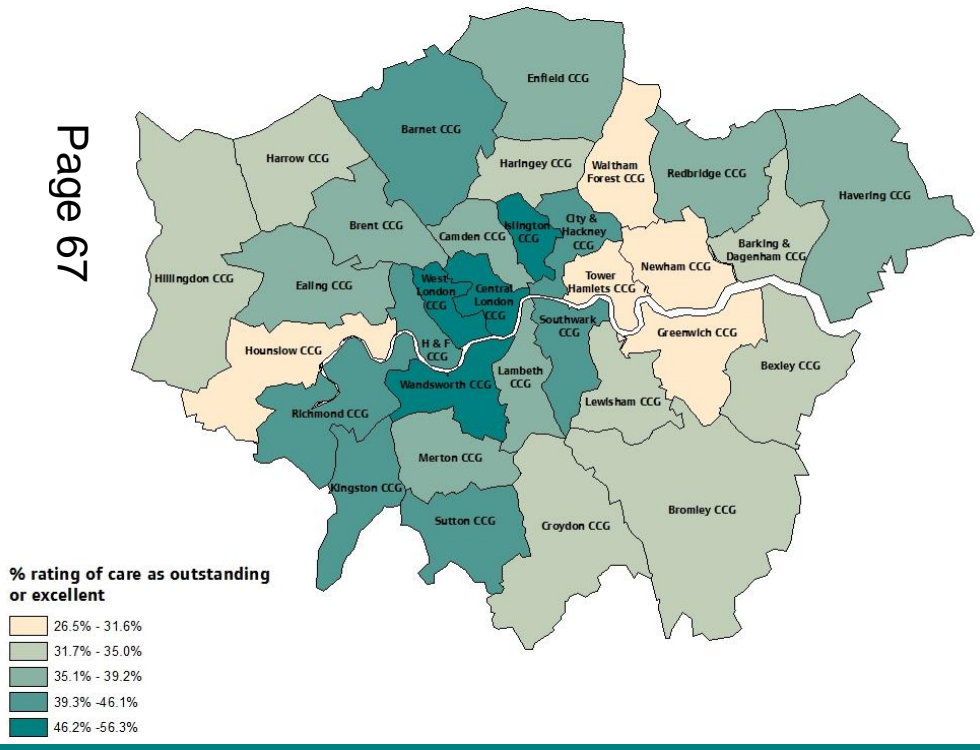
London CCG spend varies from £540 to £3,740 per death.

70% of London hospitals cannot provide specialist palliative care services seven days a week.

One in five community palliative care services is unable to provide out-of-hours services.

Figures from the Pan-London End of Life Alliance

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“Each CCG has an end of life care lead; the challenge is to help them understand what a good death looks like, help them see where they stand on that benchmark, and encourage them to shift the funding.”

Dr Caroline Stirling,
Clinical Director for End of Life Care, NHS England (London)

Access to services

Evidence shows that certain groups of people are less likely to access specialist end of life care. Factors include:

Age: Older people are less likely to access specialist care. This may be in part because they are unaware of services that are available to them.

Diagnosis: The majority of palliative care services in London are geared towards cancer patients. People with other conditions, such as motor neurone disease and chronic obstructive pulmonary disease are less likely to receive specialist care.

Who you live with: If a person lives with family or a carer they are more likely to have an advocate for their care and wellbeing, as well as assistance with transport, treatment, organisation and personal care. They are also more likely to discuss their wishes for their end of life care.

Beliefs: Some religions and cultures do not believe in predicting death or planning for it. This can make it difficult or impossible to create effective care strategies.

Deprivation: The relationship between deprivation and access to health services is complex, but evidence suggests that people in poorer postcodes are less aware of end of life care options and how to access them.

Health inequalities persist across London. Commissioning the right services will depend on accurately assessing the needs and priorities of local communities, including the marginalised.

33% of people who die are over the age of 85, but this group makes up just 15% of hospice users.

Only 24% of London patients accessing palliative care have a non-cancer diagnosis.

70% of LGBT people surveyed felt isolated from end of life services by the language used.

"We know that hospices provide the gold standard for end of life care and deliver high quality care across London, yet...poorer people die in a hospice less frequently than their well-off peers."

Dr Jonathan Koffman, Kings College London

"BAME groups ... face several challenges in relation to end-of-life care including language barriers, cultural differences around talking about the end of life and preparing for death and – for some – low trust in health services leads to them not accessing services and not planning ahead."

Compassion in Dying written response

End of life care for older people

Older people, and especially the very old, face additional challenges towards the end of life. Often they have multiple health conditions, and they are more likely to be socially isolated and lonely. This can lead to increasing practical challenges in looking after themselves and managing their conditions.

Older people are more likely to have multiple health issues. There are additional challenges to good end of life care when a person has multiple health conditions, such as cancer with dementia. These include predicting when death will occur and ensuring that wishes are established before capacity is lost.

Suitable housing allows older people to stay at home when they receive end of life care. But much of London's current housing stock is not fit for this purpose, and with a shortage of hospice and care home places, hospital can be the only remaining option.

Loneliness can make it harder for older people to get the care they need. Three in ten people over the age of 80 are lonely.⁶ Without supportive networks and relationships, it can be difficult for them to navigate the health and care system or to make their wishes known. Loneliness also increases pressure on local authority services, and can be the tipping point for an individual being referred to adult social care.⁷

Currently there are around 124,000 people aged 85+ (the 'oldest old') living in London. By 2035 this figure is projected to have more than doubled to around 266,000.²

75% of people aged 75 or over who live alone are women.³

Around 10% of London households are occupied by a person aged over 65 who lives alone.⁴

1 in 3 people over 65 will die with dementia (but not necessarily of dementia).⁵

"Assumptions around older people and the frail elderly need to be challenged: typically, that they are more accepting of their fate and circumstances."

Dr Jonathan Koffman,
King's College, London

"The [people] we have – the majority are over 75 – do not receive any visitors at all, have nobody to get their shopping, nobody to pop in and have a cup of tea with, to share concerns with or any happy memories."

Deborah Hayes, Age UK

Talking about end of life care

Involving people in decisions about their end of life care options is critical.

But many people, including medical professionals, find discussions of death and dying very difficult. This needs to change if we are to support people to plan for the end of life.

Effective communication is an important component of good end of life care. Joined-up communication between service providers is vital. But conversations between individuals and their families, and more widely in society, are just as necessary. These conversations need to start early so that individual care plans can be developed, recorded and shared to ensure seamless care.

Health and care professionals: We need more skilled staff in all primary care settings (including nursing and care homes) who can initiate sensitive conversations about end of life and establish a trusting relationship to enable further discussion. They should aim to establish preferences and priorities for place and care of death, extent of treatment, and support for those important to the dying person. Ensuring that wishes are recorded and can be shared across care providers and services would greatly improve end of life care.

Communities: Increasing public discussions about death and dying, in culturally appropriate ways, can break down the barriers that prevent some people accessing the care that is right for them. Many people do not get the care they want because they do not know who to ask. Local strategies should identify ways to make sure that information reaches people who need it most.

Mandatory staff training in end of life care is only available in one in five hospital trusts.

24% of Londoners have asked a family member about their end of life wishes.

71% of Londoners agree that if people became more comfortable discussing dying it would be easier to have end of life wishes met.

"It takes communities working together to ensure that people who are dying receive the care and support that is right for them."

Claire Henry, Chief Executive, National Council for Palliative Care

"It requires an overt conversation with the patient and their loved ones, saying "We are having this conversation. We have made this decision".

Dr Caroline Stirling, Clinical Director for End of Life, NHS London

Next steps

We have written to the Mayor urging greater focus on end of life outcomes in developing mayoral policy.

But much more can be done at a local level to improve end of life care across London. Local authorities are best placed to understand the needs of their local communities. By developing clear strategies and sharing good practice at a local level, more people will receive good end of life care in London.

Health and Wellbeing Boards can:

- Ensure that end of life care is included in their Health and Wellbeing Strategy.
- Work with local partners to raise awareness of the services available in their areas, particularly for marginalised groups.

Health Overview and Scrutiny Committees can:

- Examine end of life care in their area or sub-region, to determine whether services are meeting local needs, and how effectively they are engaging with individuals and communities.

The evidence base from our investigation is available to support future work at a local level. Please visit

www.london.gov.uk/endoflifecare

How can end of life care in London be improved?

- Increase the focus on end of life care in Health and Wellbeing Boards and CCGs.
- Provide end of life care training to all social and healthcare staff.
- Ensure equitable access in boroughs to community nursing and specialist palliative care.
- Highlight the need to shift resources from acute and community providers to manage care out of hospital.
- Assess and respond to the need for housing and support for the increasing number of older people in London.
- Raise awareness of end of life care options locally.

“How we care for people at the end of life is a measure of the compassion of our society. It is vital that here in London we make quality of death, as well as quality of life, the best it can be.”

Dr Onkar Sahota, Chair of the London Assembly Health Committee

About the investigation

The Health Committee issued a call for evidence and held a public meeting to discuss end of life care in London. At the meeting, the Committee was joined by a panel of experts:

- Dr Caroline Stirling, Consultant in Palliative Medicine and Interim Clinical Director, End of Life Care, NHS England (London region)
- Claire Henry, Chief Executive, National Council for Palliative Care
- Brian Andrews, Chair, Pan-London End of Life Alliance Lay Representatives Board
- Deborah Hayes, Director of Individual Services, Age UK East London
- Dr Jonathan Koffman, Senior Lecturer in Palliative Care, Kings College London
- Meeta Kathoria, Head of Programmes- Service Development, Marie Curie

The Committee is grateful to our guests and to all the organisations who submitted information to our review and also to John Powell, ADASS National Lead on End of Life Care, for his contributions.

End notes

1. Unless otherwise stated, figures and statistics in this document are taken from the Pan-London End of Life Alliance written submission to the Health Committee investigation November 2015
2. Office for National Statistics census data 2011
3. Age UK statistics 2015
4. Office for National Statistics census data 2011
5. The Alzheimer's Society 2015
6. Office for National Statistics "Nine things you might not know about older people in the UK" October 2015
7. The Campaign to End Loneliness 2015

About the Health Committee

The London Assembly Health Committee scrutinises the work of the Mayor and reviews health and wellbeing across London, with a particular focus on public health issues and reviewing progress of the Mayor's Health Inequalities Strategy.

Its members are:

- Dr Onkar Sahota AM (Chair)
- Andrew Boff AM (Deputy Chair)
- Kit Malthouse MP AM
- Murad Qureshi AM
- Valerie Shawcross CBE AM

You can find out more about the work of the committee at

<http://www.london.gov.uk/about-us/london-assembly/health-committee>

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Adults, Health & Public Protection Policy & Scrutiny Committee

Date:	29 March 2017
Classification:	General Release
Title:	Work Programme and Action Tracker Update
Report of:	Director of Policy, Partnerships & Communications
Cabinet Member Portfolio	Cabinet Member for Adult Social Services & Health Cabinet Member for Public Protection & Licensing Chairman of the Adults, Health & Public Protection Policy & Scrutiny Committee
Wards Involved:	All
Policy Context:	Building Homes and Celebrating Neighbourhoods
Report Author and Contact Details:	Muge Dindjer x2636 <u>mdindjer@westminster.gov.uk</u>

1. Executive Summary

- 1.1 This report presents to Committee the latest version of the work programme and action tracker for their consideration. A more detailed version of next work programme will be presented to committee at the next meeting.

2. Key Matters for the Committee's Consideration

- 2.1 The Committee is asked to:
- Note the current version of the work programme and action tracker
 - Consider the scope of the items for the meeting in May 2017
 - Identify any areas of particular interest for inclusion in the work programme using the list at Paragraph 3.2 as an aide memoir.

3. Background

- 3.1 This report presents items for the rest of this municipal year and some potential items to consider for the year ahead. Further research will be done to inform next year's work programme to be presented to committee in May. Members are asked to consider this draft and provide feedback. Members will remember that the Children's Healthy Weight item (originally due in March) has been replaced by a request for a briefing. The report also provides updates on actions from previous meetings.
- 3.2 A number of issues and risks have been identified from the Adult Social Care and Public Health departmental business plans that could inform the committees work programme for the year ahead. These are listed below. This work will be repeated for the Public Protection portfolio and the Chairman will also meet with key officers from health partners, the relevant cabinet members and chief officers to inform the work programme for the year ahead. This is therefore an incomplete longlist just to aid initial discussion.

Potential areas to examine for ASC

- STP Delivery
- Continued integration of health and social care
- Care Act responsibilities- improving the percentage of clients and carers receiving assessments
- How successful are we being pushing demand upstream/prevention?
- Management of commissioning- is this as effective as possible?
- ASC market fragility
- Customer journey/transformation
- Public health-prioritisation and loss of ring fenced budget
- Estates

Potential areas for Public Protection

- Policing plan implementation
- Borough Command Unit


If you have any queries about this Report or wish to inspect any of the Background Papers please contact Muge Dindjer x2636

mdindjer@westminster.gov.uk

APPENDICES:

Appendix 1- Annual Work Programme

Appendix 2 - Action Tracker



Work Programme

Adults, Health & Public Protection Committee
ROUND ONE (22 JUNE 2016)

Agenda Item	Reasons & objective for item	Represented by:
1. Reviewing the Community Independence (CIS) review 1 year on-	One year on review of performance to include: <ul style="list-style-type: none"> Personalised budgets and relevant KPI's 	<ul style="list-style-type: none"> Imperial Chris Neill Anne Elgeti
2. Holding to account the work of the Westminster Health and Wellbeing Board including the Sustainability and Transformation Plans.	To assess and review the work of the Westminster Health and Wellbeing Board and to review performance against Health and Wellbeing Strategy. To understand the purpose and progress of the Sustainability and Transformation Plans in Westminster.	<ul style="list-style-type: none"> Liz Bruce CCG's Meenara Islam
3. Public Protection data requirements	For committee to agree the set of data they wish to receive regularly following consultation	<ul style="list-style-type: none"> Muge Dindjer
4. Work programme	To agree the annual work programme.	<ul style="list-style-type: none"> Muge Dindjer

ROUND TWO (21 SEPTEMBER 2016)

Agenda Item	Reasons & objective for item	Represented by:
1. Review Service outcomes in Public Protection	To assess the outcomes for service users /assess how new service is meeting its objectives following reconfiguration.	<ul style="list-style-type: none"> Councillor Aiken Stuart Love
2. Cumulative Impact (Stress) Areas for Licensing Deferred	To receive a report on current cumulative impact areas and whether any new areas are being considered.	<ul style="list-style-type: none"> Chris Wroe
3. Update on the work of the Safer Westminster Partnership	Annual Review as per the committees statutory obligations	<ul style="list-style-type: none"> Councillor Aiken Mick Smith

4. Update on the Sustainability and Transformation Plan	To receive a report on the draft STP and identify any recommendations to the cabinet member.	<ul style="list-style-type: none"> • Liz Bruce • CCG's
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ROUND THREE (23 NOVEMBER 2016)

Agenda Item	Reasons & objective for item	Represented by:
1. St. Mary's Hospital Redevelopment and Transport Strategy	To review and scrutinise the plans of Imperial Healthcare.	<ul style="list-style-type: none"> • Michele Wheeler-Director of Redevelopment-St Mary's • Justin Sherlock-Transport Consultant
2. Developing the Westminster Joint Health & Wellbeing Strategy 2017-21	To consider progress in the development of the Strategy.	<ul style="list-style-type: none"> • Sara McBride-Tri borough Director for Whole Systems? tbc
3. Safeguarding Adults- Annual Review to include update on Safer Recruitment.	<p>The Committee needs to assure itself annually that the Adult's Safeguarding Review report is robust.</p> <p>To include safer recruitment.</p>	<ul style="list-style-type: none"> • Helen Banham-Strategic Lead in professional standards

ROUND FOUR (1 FEBRUARY 2017)

Agenda Item	Reasons & objective for item	Represented by:
1. Better Care Fund- requested as a briefing	Review post-Council Tax funding increase	<ul style="list-style-type: none"> • Sarah McBride • CCGs
2. MOPAC Funding	MOPAC funding and Proposals for Metropolitan Police Basic Command Unit changes	<ul style="list-style-type: none"> • Stuart Love • Sara Sutton • Chief Superintendent Peter Ayling • Sam Cunningham-MOPAC
3. Work Programme and Action Tracker	A report to update the committee on the work programme and Action Tracker	<ul style="list-style-type: none"> • Muge Dindjer

ROUND FIVE (29 MARCH 2017)

Agenda Item	Reasons & objective for item	Represented by:
1. Cabinet Member Update	Cabinet member Q and A	<ul style="list-style-type: none"> • Councillor Heather Acton-Cabinet member for Adult Social Care and

		Public Health
3. UCC and A & E progress report	To consider a progress report and receive information on Urgent Care and A & E performance in St Mary's.	<ul style="list-style-type: none"> Imperial Healthcare Trust and CCG's.
2. End of Life Care-	To assess whether services in Westminster meets best practice standards and whether funding is being spent in the most effective way. Nationally 65% of healthcare spend occurs in the last 6 months of life	<ul style="list-style-type: none"> CCG's and Public Health
5.Work Programme and Action Tracker	A report to update the committee on the work programme and Action Tracker	<ul style="list-style-type: none"> Muge Dindjer
ROUND SIX (8 MAY 2017)		
Agenda Item	Reasons & objective for item	Represented by:
1. Review of core drug and alcohol services	To assess the new service one year after implementation.	<ul style="list-style-type: none"> Gaynor Driscoll
2. Dementia	To examine the current provision of services for those living with dementia and their carers and understand how the service is planning for the increase in demand. 45% increase in incidence of dementia is expected over the next 15 years.	<ul style="list-style-type: none"> Mike Robinson Liz Bruce Stella Baillie
3. Review of Licensing Policy	To receive a further report on the review of Licensing Policy, this will include case studies/witnesses.	<ul style="list-style-type: none"> Chris Wroe
4 .Work Programme and Action Tracker	A report to update the committee on the work programme and Action Tracker	<ul style="list-style-type: none"> Muge Dindjer

Other Committee Events & Task Groups		
Briefings	Reason	Type
Safer Westminster Partnership	To assess the work of the Safer Westminster Partnership. Please note that this is one of the statutory duties of the Committee.	Considered at Committee in September 2016
NHS Provider Complaints	To assess complaints from local Provider Trusts as a result of the Francis Inquiry and new Health Scrutiny powers.	A potential briefing
CIS Impact-	Councillor McAllister has picked up this Single Member Study form Councillor Rowley.	SMS- Councillor McAllister
Supporting the development of health and wellbeing centres	Committee has agreed to establish this task group.	Councillor Barrie Taylor
Air Quality Task Group	This Committee has representation on this Task Group due to report shortly.	Councillor Jonathan Glanz.




ROUND ONE (19 JUNE 2017)		
Agenda Item	Reasons & objective for item	Represented by:

ROUND TWO (20 SEPTEMBER 2017)		
Agenda Item	Reasons & objective for item	Represented by:

ROUND THREE (22 NOVEMBER 2017)		
Agenda Item	Reasons & objective for item	Represented by:

ROUND FOUR (31 JANUARY2018)		
Agenda Item	Reasons & objective for item	Represented by:

ROUND FIVE (9 APRIL 2018)		
Agenda Item	Reasons & objective for item	Represented by:



Action Tracker

Adults, Health & Public Protection Committee
27 January 2016

Agenda Item	Action	Status
Item 4 Chairman's Q&A	That Westminster's Clinical Commissioning Groups be requested to provide details of the ongoing rise of tuberculosis in Westminster, together with details of trends, origins, and containment - with consideration being given to adding the issue of tuberculosis to the Work Programme.	Circulated with the Agenda papers for the meeting on 21 March.
Item 5 Cabinet Member Updates	The Cabinet Member for Public Protection agreed to investigate concerns over whether the recent stabbing on Goldney Road had been handled in the correct manner by both the Police and the Integrated Gangs Unit (IGU).	Briefing sent to Members on Friday 29 January.
Item 5 Cabinet Member Updates	Health colleagues to be asked to provide a written briefing on their plans for change and strategic aims, and on proposals for the associated consultation with the City Council, for circulation to Committee Members.	To be covered between the Shaping a Healthier Future update at the April meeting, and the Health & Wellbeing Board strategy and the sustainability and transformation plans in June.
Item 6 Committee Task Groups	A further letter to be sent to the Children's Commissioner asking for a response to the initial letter which set out the findings of the Task Group, together with the key issues that the Commission should	Completed.

	focus on in its statutory investigation of the discharge of vulnerable young people moving from hostels into private rented accommodation across London.	
Item 6 Committee Task Groups	Healthwatch Westminster to provide Committee Members with the findings of a review of Perinatal Services led by Westminster's CCG's.	Briefing sent to Members on Thursday 28 January.
Item 8 Regulation of Investigatory Powers (RIPA)	The revised draft RIPA Policy and Procedure document to be presented to the Committee for initial comment, before being submitted to the Cabinet Member for Public Protection for approval.	Included in the Agenda for the meeting on 21 March.

21 March 2016		
Agenda Item	Action	Status
Item 5 - Cabinet Member Updates	The Cabinet Member for Adults & Public Health to review the publicity given to the launch events for the new Drug and Alcohol service.	Response included in the Cabinet Member update given at the April meeting.
Item 5 - Cabinet Member Updates	The Cabinet Member for Adults & Public Health to provide details of the sexual health services that were currently being provided in Westminster, together with details of their location and how they were staffed and funded.	Details included in the Cabinet Member update given at the April meeting.
Item 5 - Cabinet Member Updates	The Cabinet Member for Public Protection to comment on the recent stabbing incidents	Completed.

19 April 2016

Agenda Item	Action	Status
Item 3 – Minutes: Issues Arising	The Scrutiny Manager to research existing services which sought to tackle isolation among older people	Completed.
Item 5 - Cabinet Member Updates	Committee Members to be provided with an update and analysis from Public Health on the impact of the new legislation relating to Club Drugs, and what was being done.	Details included in the Cabinet Member update given at the June meeting.
Item 5 - Cabinet Member Updates	Committee Members to be provided with the relevant papers regarding the Joint Health & Wellbeing Strategy refresh, which had been submitted to the meeting of the Westminster Health & Wellbeing Board in March.	Completed.
Item 6 - Standing Updates	Tamara Barnett to be invited to a future meeting, to brief the Committee on the work of the Human Trafficking Foundation.	Tamara Barnett to attend the June meeting.
Item 6 - Standing Updates	Committee Members to receive a briefing on the details and parameters of the new Healthwatch contract, together with information on the KPI's.	Briefing sent on 14 June.
Item 7 - Implementation of Shaping a Healthier Future	Committee to be provided with a briefing giving clarification of death rates and whether there was any gender or ethnic disproportionality, and on the methodology that had been used in determining that the clinical benefits of SaHF had the potential to save more than 300 lives a year.	Completed Briefing circulated on 19.4.16
Item 8 - Annual Work Programme 2016-17	Committee Members were asked to consider which KPI's they wished to receive data on regularly, regarding data that the City Council collected or had access to in terms of crime and community safety.	Completed.

Agenda Item	Action	Status
Item 5 Cabinet Member Updates: Adults & Public Health	A paper on the proposed Prioritisation Framework being drawn up by the Westminster Health & Wellbeing Board to be submitted to the Committee for comment and input at its meeting in November.	Completed.
Item 5 Cabinet Member Updates: Adults & Public Health	Committee Members to receive a copy of Westminster's Better Care Fund application which had been submitted to the Department of Health	Completed.
Item 5 Cabinet Member Updates: Adults & Public Health	Suggested that Tamara Barnett met with Children's Services to make them aware of the training that was available for foster carers.	This has been completed on email.
Item 6 Task Groups – Human Trafficking	Suggested that it would be useful to provide a briefing on Human Trafficking to elected Members in the north of the borough.	This meeting has now taken place.
Item 6 Task Groups – Human Trafficking	<p>Agreed that the Committee would:</p> <ul style="list-style-type: none"> i) Promote the free October Conference, on how local authorities can best tackle human trafficking in light of the Modern Day Slavery and Care Acts, to relevant Councilors and Officers related to Community Safety, Child and Adult Safeguarding, Housing and Violence against Women & Girls. ii) Consider how the City Council could contribute to the agenda of this Conference and have broader input. (iii) Write to relevant Directors in Adult Social Care, Children's Services and Public Protection, asking how they: <ul style="list-style-type: none"> • identify victims leaving safe 	<p>The conference has been postponed to 2017 and will be promoted within the Council when announced.</p> <p>Completed</p>

	<p>houses to ensure that the ongoing support provided by the City Council was compliant with new legislation and represented best practice</p> <ul style="list-style-type: none"> • improve access to intelligence • identify and protect child victims of trafficking <p>(iv) Ask the Director of Adult Safeguarding and Director of Housing to provide a briefing on how the City Council supported adult victims of trafficking after they were recognised as trafficked; had leave to remain; and had left a safe house.</p>	Completed
Item 7 Westminster Health & Wellbeing Board	Committee to receive a briefing paper on NHS England's plans for pharmacy services and whether pharmacies would be asked to have a greater role.	Distributed to committee 22.9.16
Item 7 Westminster Health & Wellbeing Board	The City Council's Policy & Communications Department to be requested to draw up proposals for the publication and distribution of consultation on the draft joint Health & Wellbeing Strategy, and to share the consultation programme with Committee Members.	Completed
Item 10 Public Protection Data and Information	The paper on public protection data to be made available to the forthcoming meeting of the Westminster Scrutiny Commission as a background paper for the discussion on Committee Work Programmes.	Completed.
Item 11 Annual Work Programme 2016-17	The approved Committee Work Programme for 2016-17 to be published.	Completed.

21 st September 2016		
Agenda Item	Action	Status
Item 4 Cabinet Member Updates: Public Protection	The Cabinet Member to contact the Police regarding the need for residents to receive a response to reports and concerns raised through calls to the 101 service.	Completed
Item 4 Cabinet Member Updates: Public Protection	The Cabinet Member to contact the Rough Sleeping Team to ensure that Ward Members received follow-up information on specific cases that had been raised.	Completed
Item 4 Cabinet Member Updates: Public Protection	The Cabinet Member to receive future copies of the quarterly crime 'dashboard', which sets out the most recent data.	Due with next dashboard which is in discussion with Stuart Love and the Chairman
Item 4 Cabinet Member Updates: Public Protection	The Cabinet Member to write to all Councilors offering to visit their Wards to undertake public protection and licensing audits, and to discuss issues that fell within her portfolio.	Completed
Item 4 Cabinet Member Updates: Adults & Public Health	The Cabinet Member to be asked to provide a written response on the impact that that the Key Performance Indicator targets not being met had on the delivery of out of hospital care.	Covered in the Cabinet Member update of 23.11.2016 Appendix B
Item 4 Cabinet Member Updates: Adults & Public Health	A progress report on the review of priorities for Public Health to be provided for Committee Members.	Covered in the Cabinet Member update of 23.11.2016 Appendix C
Item 5 Standing Updates	Details of the operational plan and key performance indicators for the new Healthwatch contract to be submitted to the next meeting of the Committee in November.	On the November agenda

<p>Item 7 Update on Progress of the Safer Westminster Partnership</p>	<p>The Director of Public Protection & Licensing to provide a report on the new Policing & Crime Plan and on the implications it may have on existing projects, when it becomes available.</p>	<p>On track</p>
<p>Item 7 Update on Progress of the Safer Westminster Partnership</p>	<p>Details of the outcome of discussions with MOPAC about future funding for the SWP, and for initiatives such as the integrated gang projects, to be reported at the forthcoming meeting of the Committee in February 2017.</p>	<p>Due in February</p>
<p>Item 9 Update on the North West London Sustainability & Transformation Plan (STP)</p>	<p>The Tri-Borough Executive Director of Adult Social Care to provide Committee Members with clarification of how the Council Tax increase of 2% in respect of the adult social care precept was being spent by the City Council.</p>	<p>Completed</p>
<p>Item 9 Update on the North West London Sustainability & Transformation Plan (STP)</p>	<p>The Committee had the following feedback on the draft STP:</p> <ul style="list-style-type: none"> • There is a need for early engagement with LA's, service users and other partners • A need for greater emphasis on mental health and social isolation and • They had concerns over the implementation of the 7 day GP service. <p>The Committee to receive the next draft of the STP for final comment, prior to its submission to NHS England on 21st October.</p>	<p>Letter sent from the Chairman to the Cabinet Member and response received.</p> <p>Scrutiny's response submitted to NHS England.</p> <p>Received and final version post submission also shared with Scrutiny in November.</p>
<p>Item 10 Committee Work Programme 2016-17</p>	<p>A further report on the review of Licensing Policy to be added to the Agenda for the meeting in February 2017, which would</p>	<p>Completed</p>

	include case studies from the Mayfair area. Consideration to also be given to inviting expert witnesses from the area to contribute to the discussion, together with representatives from the Planning and Licensing services.	
23rd November 2016		
Agenda Item	Action	Status
Item 4 Cabinet Member Updates: Public Protection	The potential role of Scrutiny in establishing a bidding strategy for MOPAC to be included in the discussion on future funding at the forthcoming meeting in February.	Main item on February Agenda
Item 4 Cabinet Member Updates: Public Protection	Clarification of the outcome of the discussion on future funding for Westminster's Integrated Gangs Unit by the Children, Sports & Leisure Policy & Scrutiny Committee to be obtained.	Email to Committee on 23.1.2017
Item 4 Cabinet Member Updates: Public Protection	The concerns of the Human Trafficking Foundation over a recent raid on sex work premises by the police that had been conducted in violation of the Association of Chief Police Officers rules to be raised with the Police.	Letter sent from the Chairman. Response received from Borough Commander-to be sent with Committee papers on 24.1.2017
Item 4 Cabinet Member Updates: Public Protection	The concerns of the Human Trafficking Foundation over child trafficking in Westminster to be raised with the Interim Tri-Borough Director of Children's Services.	Letter sent from the Chairman
Item 4 Cabinet Member Updates: Public Protection	Consideration be given to convening a cross-portfolio scrutiny examination of public safety concerns arising from the forthcoming 50 th anniversary of the Notting Hill Carnival, which would include representation from the police	Short brief to be sent with Committee papers on 24.1.2017

	and the community.	
Item 9 Committee Work Programme 2016-17	The Borough Commander to be invited to attend the meeting in February 2017 to participate in the discussion on MOPAC funding. Consideration to also be given to inviting a representative from the Home Office.	The Borough Commander and MOPAC are attending.
Item 9 Committee Work Programme 2016-17	The report on End of Life Care to be rescheduled to the meeting in March 2017.	Completed
Item 9 Committee Work Programme 2016-17	The review of the Better Care Fund to be dealt with by way of a separate briefing.	Completed. Circulated to committee on 30.1.2017

1 st February 2017		
Agenda Item	Action	Status

Item 4 Cabinet Member Updates: Public Protection & Licensing	The City Council's response to the draft London Police & Crime Plan to be signed by the Cabinet Member and the Chairman of the Committee	Signed by the Leader, Cabinet Member and Chairman of the Committee and submitted on 1 st March. Circulated to Committee on 1 st March 2017.
Item 4 Cabinet Member Updates: Public Protection & Licensing	The Committee to be provided with statistical details of the regular street counts of rough sleepers in Westminster.	Completed and circulated to Committee on 15 th February 2017.
Item 4 Cabinet Member Updates: Public Protection	The Committee to be provided with a substantive update on the Westminster Rough Sleeping Strategy, prior to the re-commissioning of outreach services.	Completed and circulated to Committee on 15 th February 2017
Item 4 Cabinet Member Updates: Adult Social Services & Public Health	The draft Health and Wellbeing Strategy Implementation Plan to be referred to Committee for comment.	This is still in production and will be shared with committee once completed.

<p>Item 5 Standing Updates: Air Quality Task Group</p>	<p>A Member of the Committee is sought as a deputy for Councillor Glanz.</p>	<p>No one has been identified. However the Task Group completes its work in March.</p>
<p>Item 5 Standing Updates: Community Independence Task Group</p>	<p>A Member of the Task Group is sought to take forward the work begun by Cllr. Rowley</p>	<p>Councillor McAllister has taken on this work and the first meeting with officers takes place on 28th March.</p>
<p>Item 6 MOPAC Funding & Proposals for Metropolitan Police Basic Command Unit Changes</p>	<p>That MOPAC provide Committee Members with copies of the draft Performance Framework and the London Formula</p>	<p>The draft Performance Framework was circulated to Committee on 15th February. The London Formula has been requested and is still awaited.</p>
<p>Item 7 Committee Work Programme</p>	<p>The Committee to determine the agenda items that will be considered at the next meeting on 29th March.</p>	<p>Completed</p>