



City of Westminster

Committee Agenda

Title: **Adults, Health & Public Protection Policy & Scrutiny Committee**

Meeting Date: **Wednesday 20th September, 2017**

Time: **7.00 pm**

Venue: **Room 3.1, 3rd Floor, 5 Strand, London WC2 5HR**

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 5 Strand 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

I) To approve the Minutes of the meeting held on 19 June 2017.

II) To receive and endorse the Minutes of the meeting of the Health Policy & Scrutiny Urgency Sub-Committee held on 29 June 2017.

(Pages 1 - 16)

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 Public Protection & Licensing. The briefings also include responses to any written questions raised by Members in advance of the Committee meeting.

(Pages 17 - 30)

5. STANDING UPDATES

I) TASK GROUPS

To receive and endorse the draft Terms of Reference for the Evening and Night Time Economy Joint Task Group with the Business, Planning & Transport Policy & Scrutiny Committee.

To also receive a verbal update on any significant activity undertaken by the Committee's Task Groups since the last meeting:

(Pages 31 - 42)

- **The Evening and Night Time Economy Joint Task Group**
- **The Health & Wellbeing Centres Task Group**
- **Community Independence Service Single Member Study**
- **Joint Health Overview & Scrutiny Committee**
- **Patient Transport Working Group**

II) WESTMINSTER HEALTHWATCH

To receive an update on recent work undertaken in Westminster.

III) CHANGES TO ARRANGEMENTS FOR SHARED SERVICES

To receive an update on progress. (*Report to follow*)

- | | | |
|------------|---|------------------------|
| 6. | LONDON AMBULANCE SERVICE - CURRENT ISSUES AND PERFORMANCE | (Pages 43 - 64) |
| | To receive an overview of key issues and current performance following the recent inspection by the Care Quality Commission. | |
| 7. | CENTRAL LONDON CLINICAL COMMISSIONING GROUP - QUALITY IMPROVEMENTS PROGRAMME | (Pages 65 - 80) |
| | To receive a general update on Central London Clinical Commissioning Group's intended quality improvements for 2017-18. | |
| 8. | COMMITTEE WORK PROGRAMME AND ACTION TRACKER | (Pages 81 - 90) |
| | To consider the Committee's Work Programme, and to note progress in the Committee's Action Tracker. | |
| 9. | ITEMS ISSUED FOR INFORMATION | |
| | To provide Committee Members with the opportunity to comment on items that may have been previously circulated for information. | |
| 10. | ANY OTHER BUSINESS | |
| | To consider any other business which the Chairman considers urgent. | |

Charlie Parker
Chief Executive
12 September 2017

This page is intentionally left blank



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 **Monday 19 June 2017**, Rooms 3.6 & 3.7, 3rd Floor, 5 Strand, London WC2 5HR

Members Present: Councillors Jonathan Glanz (Chairman), Barbara Arzymanow, Patricia McAllister, Gotz Mohindra, Jan Prendergast and Barrie Taylor.

Also Present: Councillors Antonia Cox and Iain Bott.

1. MEMBERSHIP

1.1 Apologies were received from Councillor Susie Burbridge.

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. No further declarations were made.

3. MINUTES

3.1 The Committee received the draft Minutes of the meetings held on 29 March and 8 May 2017.

3.2 The Minutes of the meeting of 29 March were still subject to discussion, and would be submitted to the forthcoming meeting of the Health urgency Sub-Committee for approval. The Minutes of the meeting held on 8 May were approved as a correct record.

3.2 Matters arising

3.2.1 At the last meeting of the Committee on 8 May, it had been agreed that the scheduled presentation by the Central London Clinical Commissioning Group on

local plans and priorities for service development and improvement in the local NHS be deferred, and considered at a later date by the Health Urgency Sub-Committee. Members noted that the Sub-Committee would be meeting on Thursday 29 June at 4.00pm to receive the presentation, and to also receive a paper on the Primary Care Strategy over the forthcoming year.

4. CABINET MEMBER UPDATES

4.1 Cabinet Member for Public Protection & Licensing

- 4.1.1 Councillor Antonia Cox updated the Committee on key issues within her portfolio, which included the vision and plan for the Evening and Night Time Economy; anti-social behavior; and the Westminster Licensing Charter. Members also heard from Councillor Iain Bott (Deputy Cabinet Member for Public Protection & Licensing), Sara Sutton (Director Public Protection & Licensing), and Chief Superintendent Peter Ayling (Borough Commander).
- 4.1.2 The Committee noted that knife crime was becoming a critical issue across London. The Borough Commander commented that although Westminster was statistically among the most effected boroughs, with an increase in the number of offences and people being injured who were aged under 25, this could be misleading as the number of arrests had included people found with knives following street searches. Many of the victims and perpetrators had also been non-residents of Westminster.
- 4.1.3 Committee Members commented on the possible impact of stop and search, which had a 20% success rate. The Borough Commander acknowledged that measures needed to be taken to avoid this resulting in fractured relationships between the Police, communities and young people, and considered that every stop and search offered an opportunity to improve community relations.
- 4.1.4 In addition to the work Integrated Gangs Unit (IGU), a significant increase in intelligence and interventions, had been gained from focussing on partnership working and prevention in schools. The Committee recognised the value of credible people and family members standing up to speak against knife crime and to stop lives being put at risk. The level of violence and murders that were being seen in other parts of London were not occurring in Westminster, and the Borough Commander considered that the borough was being made safer through engagement with young people and communities, and from the tactics and increased enforcement that were being taken in the West End.
- 4.1.6 The Committee discussed the Westminster Licensing Charter, which was to be launched in July, and noted that the Mayor's Office for Policing & Crime (MOPAC) was preparing supplementary guidance on the Night Time Economy

which sought to protect residents and to contain harm. The effect of the Night Time Tube would be assessed once the service had become established.

- 4.1.7 Other issues discussed included the benefits of premises providing intoxicated customers with a safe space in which they could recover; and street based anti-social behaviour in Cathedral Piazza caused by rough sleepers.

4.2 Cabinet Member for Adult Social Services & Public Health

- 4.2.1 Councillor Heather Acton provided a written update on key issues relating to Adult Social Care, Public Health, and the Westminster Health & Wellbeing Board.
- 4.2.2 Committee Members commented on progress in the Sustainability & Transformation Plan (STP), and repeated the request to receive the Minutes from North West London STP meetings.

5. **STANDING UPDATES**

5.1 Committee Task Groups

- 5.1.1 The Committee received updates on progress made by its Task Groups.
- 5.1.2 Councillor Taylor informed the Committee that preparations for the Health & Wellbeing Centre Task Group had continued, with work due to commence in June and ending in January 2018. A number of visits and meetings had been planned, and the Task Group would take account of the recommendations of the all-party Parliamentary Committee on Health & Art, which were to be published in July.
- 5.1.3 Councillor McAllister updated the Committee on the work of the Community Independence Task Group, which had recently undertaken an informative visit to the Community Independence Service at Lisson Grove. Although information had been received from the Imperial Healthcare Trust, it had been incomplete, and Members highlighted the need for the Trust to have more manageable Key Performance Indicators. Discussions were taking place with City West homes to adapt ground floor flats when they became available; and the Task Group had noted the impact on the budget for Adult Social Care from keeping people out of hospital and seven day working. The Task Group had also found that there was currently a difference in confidence levels between GPs in West and Central London when using the Community Independence Service.
- 5.1.4 Councillor Arzymanow commented on the work being undertaken on the quality, efficiency and response times of the London Ambulance Service (LAS). The Committee agreed that the LAS should be invited to present their vision for the LAS to a future meeting; and that the LAS also be invited to give their perspective

on the proposed redevelopment of the St. Mary's Hospital site, and on any impact that may have arisen from the introduction of the cycle super-highway.

- 5.1.5 Muge Dindjer (Scrutiny Manager) invited Members to become involved in a joint cross-cutting Task Group with the Business Planning & Transport Policy & Scrutiny Committee, which would seek to inform work being done by the Executive to develop a new vision for the Evening and Night Time Economy. It was noted that the report and recommendations of the Air Quality Task Group which would inform future policy development, were also about to be published.
- 5.1.6 Councillor Bott informed the Committee that the recommendation report of the Childhood Obesity Task Group would also now be published, for broader debate and consultation.

5.2 Healthwatch

- 5.2.1 The Committee received a written update on recent work undertaken in Westminster, and noted that Olivia Clymer had recently joined Healthwatch Central West London as the new Chief Executive Officer.

5.3 Changes to Arrangements for Shared Services:

- 5.3.1 The Committee received a written update on progress in work being undertaken to terminate the current arrangements for shared services, and to establish bi-borough arrangements between the City Council and RB Kensington & Chelsea.
- 5.3.2 A further update on changes to shared services would be submitted at the next meeting.

6. METROPOLITAN POLICE SERVICE UPDATE – AND MAYOR'S POLICING & CRIME PLAN 2017-2021

- 6.1 Chief Superintendent Peter Ayling (Borough Commander) updated the Committee on implementation of the Mayor's Policing & Crime Plan, together with other key issues which included proposals for the Basic Command Unit model, and potential changes to the neighbourhood policing structure. In addition to the focus on mandatory high harm crime, which included Sexual Violence, Child Sexual Exploitation and Weapon Based Crime, it had been agreed that the Policing & Crime Plan would include local prioritisation for Non-Domestic Violence with Injury (VWI) and Personal Robbery.
- 6.2 As part of the implementation process, a Control Strategy for 2017 had been developed which sought to focus on the four priority areas of Keeping Young People Safe; Foreign National Offenders; the Night Time Economy; and Drugs and Vulnerability. The Borough Commander commented that the priorities and key objectives sought to align with those of the Safer Westminster Partnership,

and could only be achievable through partnership working. It was noted that a Knife Crime Strategy for 2017 had also been developed.

- 6.3 The Committee agreed that under Section 100 (A) (4) and Part 1, paragraph 3 of Schedule 12A to the Local Government Act 1972 (as amended), the public and press be briefly excluded from the meeting during the consideration of confidential information that had been provided by the Police to Committee Members, as it was considered that in all the circumstances, the public interest in maintaining the exemption outweighed the public interest in disclosing the information that had been given. Following a brief discussion on the confidential data, the press and public were readmitted.
- 6.4 The Committee discussed neighbourhood policing, and noted that elements of the proposed Basic Command Units and the commitment of resources were still being refined. The Borough Commander commented on the current high levels of pressure and demand on the Police service that had arisen from the increase in terror attacks, knife crime and moped enabled crime, and in the number of public demonstrations. The Police were also having to deliver more reassurance activity in response to the terror threat, which added to the strain on resources and affected officer response times.
- 6.5 The Borough Commander commented on the ongoing rise in the number of police attendances which involved mental health related issues, and highlighted the need for interventions and a collaborative approach which could include dedicated health workers being involved the custody process. Although the Police were reviewing how they could work more closely with the health service and other partners, this had become more difficult following the reductions in resources for Adult Social Care. The Committee noted that many of the people involved in police attendances who were suffering from mental health issues were not residents of Westminster.
- 6.6 The Committee commented on the 20% success rate of stop and search, and on the possible impact it could have on communities. The Borough Commander acknowledged that people who lived in areas with high levels of knife crime could be subject to more instances of stop and search, and agreed that people needed to be aware of the means in which to complain. It was noted that people carrying knives were at significantly greater risk of experiencing harm.
- 6.7 The Borough Commander reported that the programme for re-commissioning CCTV in Westminster was now gaining momentum, and that a network of 59 cameras in high-crime areas would be coming on-line. Although the Police considered that there was a compelling case to create a network with cameras being monitored at peak periods, there would not be the resources to monitor all of the cameras at all times, and the re-establishing of general monitoring would be dependent on revenue streams. The Police recognised that there could be opportunities to link with other CCTV networks in Westminster, and it was noted

that a review of CCTV was currently being undertaken by a pan-London Task Force. The Borough Commander agreed to provide Committee Members with details of the siting and coverage of CCTV in Westminster.

- 6.8 Committee Members commented on the issue of organised crime, and noted that the Plan had not included any reference to guns. The Borough Commander confirmed that gun crime in Westminster was very low, but recognised that instances were given a high profile. Drugs remained the common thread between knife crime and guns, with disputes being more focussed on drugs market territory than post codes. The Borough Commander highlighted the need to understand the drugs market and disrupt criminality, and for the Police to seek greater visibility and engagement with young people and schools. The Borough Commander agreed to also provide an overview of drugs and vulnerability, together with details of what the Police were trying to achieve and on the resulting outcomes. The Committee also asked to receive details of gun crime in Westminster, together with a future update on progress in school engagement.
- 6.9 The Committee discussed the statistics that had been given in the report, and noted that the long term trend for crime in London was continuing to decline. The Borough Commander commented that the overwhelming majority of victims and offenders dealt with by the Police were non-residents of Westminster.
- 6.10 Other issues discussed included the need for extended and enhanced support following prison discharge, to avoid reoffending.
- 6.11 Councillor Barrie Taylor asked that his dissent to the exclusion of the press and public during the consideration of information which the police considered to be confidential be recorded.

7. UPDATE ON PROPOSALS FOR A CRIME PREVENTION CO-COMMISSIONING FUND FOR LONDON

- 7.1 Sara Sutton (Director of Public Protection) provided an update on the potential implications for Westminster of the award of crime and disorder reduction grants for 2017-19, which were received through the London Crime Prevention Fund (LCPF). The Director also commented on the development of a co-commissioning fund made up of 30% of what had previously been borough funding, and on the potential for this to meet Westminster's funding gap in community safety services for 2018/19 and beyond.
- 7.2 At this stage there had been few, if any formal decisions made on the specifics of the co-commissioning funding, but several consistent themes had emerged from meetings of working groups. These had included
- Projects needed to be based in London and/or be of benefit solely to London.
 - Only 5-8 projects were expected to receive funding
 - Sub-regional projects must cover a minimum of 3 boroughs.

- 7.3 The Director set out the draft timeline for the development and allocation of co-commissioning funding, in which the next key milestone would be the launch of the prospectus at the end of June. It was intended that the expressions of interest would be understood by November, for funding and implementation of the Phase 1 projects in April 2018. It was recognised that the timescales for co-commissioning were tight, and that the procurement process was still to be defined.
- 7.4 The Committee discussed the proposed selection process, in which stakeholders and partner agencies would meet for 'market testing' days that would narrow down and select offers for greater scoping before possible selection. It was acknowledged that Westminster had gained significant experience in co-commissioning through Tri-borough shared services, and was in a good position to take a lead role in the process.
- 7.5 Other issues discussed included the future of the police station at Paddington Green; the relocation of resources from the north and central neighbourhoods to Church Street; and the value of Police visits to primary schools.

8. SAFER WESTMINSTER PARTNERSHIP

- 8.1 Sara Sutton (Director of Public Protection) updated the Committee on the restructure of governance arrangements for the Safer Westminster Partnership (SWP), which had aimed for a more streamlined problem-oriented approach that would enable cross-cutting discussion in areas such as employment and mental health for all victims or offenders. The changes had included the introduction of a multi-agency Executive Group and the creation of Victim, Offender and Location boards, which were sub-groups that would focus upon evidenced-based priorities and target resources in problem locations. The Executive group sought to ensure the accountability and delivery of the aims and directives of each of the sub-groups. The new structure also included a CONTEST board, which would focus on Counter Terrorism work. The theme of mental health ran through each of the boards, and it was intended that the SWP would have closer links to Westminster's Health & Wellbeing Board, and with Westminster's Adult and Children's Safeguarding Boards. It had also been proposed that each sub-group should consider external funding which could support co-commissioning.
- 8.2 The Committee discussed the restructure and work of the SWP, and noted that streams of activity were focussed on the most vulnerable Wards together with the West End. It was noted that street based Anti-Social Behaviour (ASB) was often caused by people who were not residents of Westminster, and could become a greater problem during the summer. Plans on dealing with Anti-Social Behaviour were currently being developed for endorsement by the SWP, and Sara Sutton agreed to provide Committee Members with a detailed update on proposals.

- 8.3 Committee Members commented on the importance of Westminster's Integrated Gangs Unit and cross-border collaboration, and asked to receive contact details of the organisations that offered support in connection with domestic violence and Violence Against Women and Girls.
- 8.4 The next strategic assessment of the SWP would be presented to the Committee at its meeting in November, together with half-year performance data.
- 8.5 The Committee wished to formally record its thanks to the Director of Public Protection, the Borough Commander and staff in Adult Social Care, together with their respective teams, for their on-going work during the current time of pressure, and in connection with the Grenfell Fire.

9. COMMITTEE WORK PROGRAMME

- 9.1 Muge Dindjer (Policy & Scrutiny Manager) presented the Committee's Work Programme and Action Tracker.
- 9.2 The Health Policy & Scrutiny Urgency Sub-Committee would be meeting on 29 June, to consider presentations on the plans and priorities of Westminster's Clinical Commissioning Groups (CCGs), together with the draft Primary Care Strategy. Members suggested that it would be useful to receive details the CCGs' forward plan, in order that it could be taken into account in the Committee's own Work Programme.
- 9.3 The Committee agreed that the London Ambulance Service should be invited to present their vision of the future of the service; and to provide their perspective on the proposed redevelopment of the St. Mary's Hospital site, and on any impact that may have arisen from the cycle super-highway.
- 9.4 Following recent events at Grenfell Tower, fire safety in Westminster's housing stock was to be reviewed by the Housing, Finance & Corporate Services Policy & Scrutiny Committee. Members highlighted the need to ensure that Westminster had an effective Emergency Plan, and suggested that the Committee review the City Council's ability to co-ordinate services if a similar issue was to arise in Westminster. Members similarly suggested that closer consideration could be given to the Prevent initiative and to the CONTEST sub-group of the Safer Westminster Partnership, to establish whether radicalisation was a significant issue in Westminster.
- 9.5 It was agreed that the Work Programme could also include scrutiny of the level of use of services at St. Mary's Hospital by non-Westminster residents, who may come from abroad to obtain treatment in London.

10. MUGE DINDJER

- 10.1 The Committee noted that Muge Dindjer (Scrutiny Manager) was retiring, and would be leaving the City Council at the end of June. Members wished to record their thanks for the valuable work she had undertaken in support of the Committee.

The Meeting ended at 9.07pm.

CHAIRMAN: _____

DATE: _____

This page is intentionally left blank



CITY OF WESTMINSTER

DRAFT MINUTES

Health Policy & Scrutiny Urgency Sub-Committee

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health Policy & Scrutiny Urgency Sub-Committee** held on **Thursday 29th June 2017**, at 4.00pm in Rooms 3.6 & 3.7, 3rd Floor, 5 Strand, London WC2 5HR

Members Present: Councillors Jonathan Glanz (Chairman), Barbara Arzymanow and Barrie Taylor.

Also in attendance: Councillor Jan Prendergast.

1 MEMBERSHIP

- 1.1 There were no changes to membership. Apologies for absence were received from Councillors Susie Burbridge, Patricia McAllister and Gotz Mohindra.

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 tabled by the Adults, Health & Public Protection Policy & Scrutiny Committee. No further declarations were made.

3 MINUTES

- 3.1 At the recent meeting of the Adults, Health & Public Protection Policy & Scrutiny Committee on 19 June, it was agreed that the updated Minutes of the meeting on 29 March would be submitted to the Sub-Committee for sign-off.
- 3.2 **RESOLVED:** That the Minutes of the meeting of the Adults, Health & Public Protection Policy & Scrutiny Committee held on 29 March 2017 be approved as a correct record.

4 NHS PLANS AND PRIORITIES

- 4.1 Westminster's Clinical Commissioning Groups (CCGs) had requested the opportunity to present NHS Plans and Priorities for Westminster to Committee Members. As there was no capacity on the Agenda for the meeting of the Adults, Health & Public Protection Policy & Scrutiny Committee on 19 June, and as the next meeting would not be until September, it had been agreed

that the presentation would be made at a meeting of the Health Policy & Scrutiny Urgency Sub-Committee. It had also been agreed that the presentation would provide the opportunity for the Central London CCG to present their draft Strategy for Primary Care and Community-Level Commissioning for 2017-20.

4.2 The Sub-Committee Heard from Chris Neill (Deputy Managing Director, Central London CCG); Philippa Mardon (Deputy Managing Director, Central London CCG); and Dr Paul O'Reilly (Governing Body GP member – Central London CCG). The Committee also heard from Ashfaq Khan (Collaborative Pharmacy Manager for Central London, West London, Hammersmith & Fulham, Hounslow and Ealing CCGs); and Dylan Champion (Interim Head of Health Partnerships – Westminster and Kensington & Chelsea). Helen Mann (Healthwatch Programme Manager) and Carena Rogers (Healthwatch Engagement Lead for Westminster) also attended the meeting, and provided a user perspective on the items being discussed.

4.3 It was noted that the presentation and covering report on improving health and care in Westminster included input from the West London CCG, and that the Central London CCG would be addressing the Sub-Committee on behalf of both organisations.

4.4 Improving Health and Care Together in Westminster

4.4.1 The Sub-Committee received a high-level summary which provided an overview of the priorities of the local CCGs. Members also received an update on planning, with a particular focus on the draft Primary Care Strategies that were being developed by the CCGs and were now subject to consultation. The plans and priorities included:

- improving Local Specialist Services - including the work being undertaken to improve the St. Mary's Hospital site;
- transforming Community Services - including district nursing and specialist services provided in people's homes; and
- strengthening Primary Care and General Practice in the area.

4.4.2 Members also received an update on the delivery of the North West London Sustainability & Transformation Plan (STP), and how it aligned with the Westminster Health & Wellbeing Strategy. The local NHS was continuing to work with the Health & Wellbeing Board and with officers at the City Council in the Better Care Fund plan, and in strengthening and renewing joint working in commissioning services for children and young people.

4.4.3 The Sub-Committee discussed the roles and responsibilities within the health service, and noted the culture change that was being sought by NHS England, which required CCGs to work more closely with partners and to take the experiences of GPs and patients into account when making improvements. Sub-Committee Members highlighted the need for the CCGs to acknowledge the requirement for them to formally consult with local authorities, which had been set out in the 2012 Health & Social Care Act. It was also agreed that the discussion at the Sub-Committee would be in addition to any further consultation that may be required.

- 4.4.4 The CCG commented on the efficiencies being sought in pathways for Community Services, which included direct commissioning with providers to enable better contract management. The Sub-Committee discussed the potential impact of the proposals, and highlighted the need to remain aware of any unforeseen circumstances that may arise while the changes were taking place. Work was being undertaken to further develop the Community Independence Service, which sought to develop more effective partnership working when patients were discharged from hospital, and it was noted that City West Homes wished to become an active partner in providing community care.
- 4.4.5 Work on Intermediate Care was ongoing, and the use of existing beds was being reconfigured to enable more patients to continue rehabilitation at home with the support of Community Services. The CCG confirmed that the City Council would be included in the formal consultation if any significant changes were to be made in bed base use and numbers.
- 4.4.6 The Sub-Committee discussed the processes for community discharge, and commented on the aim to develop a local market for acute and mental health care. Although the CCGs were seeking to provide services on a large scale, they acknowledged the need to recognise that different groups of people had different levels of need.
- 4.4.7 Members discussed the proposed changes to services, and suggested that it could be better to continue to offer people the good treatment currently provided, rather than a wider service which could be of poorer quality. The Sub-Committee expressed concern that the proposals for podiatric services could affect some patients and groups more than others, and could put GPs under pressure to make a means test assessment of individual patients. Concern was also expressed that there could be duplication in the advice and guidance being offered by the CCGs' Weight Management Service with that being provided by Public Health.
- 4.4.8 The Sub-Committee highlighted the importance of effective service monitoring, and the CCG's confirmed that Equality Impact Assessments (EIAs) had been carried out, and that arrangements for performance management put in place. Members asked to receive details of the criteria and findings of EIAs that had been undertaken, and agreed that the Assessments were an important issue which could be added to the Committee's Work Programme for more detailed discussion later in the year.
- 4.4.9 The CCG presented the proposals for the Choosing Wisely scheme for North West London, which sought to achieve savings through GPs asking patients if they were willing to buy certain medicines or products without a prescription. The list of medicines and products which could be bought without a prescription included Paracetamol and Antihistamines, and GPs would not see people on these issues regularly unless there was a need for a medical opinion. It was intended that waste would be reduced through patients being asked to order their own repeat prescriptions. Consultation on the proposed scheme was ongoing.

4.4.10 The Sub-Committee acknowledged that medicines could be bought cheaper directly from a local chemist or supermarket than by prescription, and that the process of procuring medicines could also add to the overall cost. Members expressed concern that the list of non-prescribed medicines could be too extensive, and that the role of GPs could become unclear. Although it was acknowledged that pharmacists could give good advice, it was suggested that if put in place, the scheme should be part of a national strategy rather than a local initiative. It was also suggested that savings could be achieved by GPs holding their own stock of some of the cheaper, more freely available medicines.

4.4.11 Members recognised the benefits of pooled funding for the provision of services, but highlighted the need for money provided by the City Council to be allocated for Westminster residents rather than for shared tri-borough services. The CCG agreed to provide details of the funds that were being received from NHS England for local commissioning, together with local initiatives that were also being driven by NHS England, which included cancer services and the STP. The Sub-Committee also sought details of the reconciliation of GP numbers in Westminster within the context of the STP.

4.5 Central London's Primary Care Strategy: Community-Level Commissioning in Westminster 2017-2020

4.5.1 The Sub-Committee received details of the vision for the provision of health and services in Central London for the period 2017-2020, which would be based on transformed and sustainable primary care. To achieve this, the CCGs were seeking a new approach to supporting people, which would be founded on increased engagement and integrated working between partner services across health, care and the voluntary sector. It was intended that patients would also have access to a much broader range of services, which would include wellbeing, sports and leisure. The draft Strategy was about to be published for consultation, prior to being formally adopted.

4.5.2 In developing the Strategy, the CCG had focused on the annual budget for the health and care sector in North West London, which was currently between £400 and £500 million. The CCG was keen to integrate services locally, and to also integrate the way the funding was used.

4.5.3 Although the Strategy did not solve all of the existing problems, the CCG felt that the proposals were the best option in seeking to mitigate pressure in a number of areas. These included optimising economies of scale without diminishing the local relationships to manage work-load crisis, and beginning to move toward mitigating the issue of premises. The CCG invited suggestions and advice from the City Council as how the proposals could be further improved.

4.5.3 The Sub-Committee discussed the proposed Strategy, and highlighted the need for the CCGs to establish a full engagement programme that will ensure effective public consultation and involvement. Healthwatch considered that inadequate notice was being given for people to be able to attend workshops on the proposed changes, and suggested that a lack of engagement could result in scepticism in future consultation. The CCG acknowledged that public

involvement needed to be systemic, and confirmed that consideration was being given to how it would engage with patients in future. It was noted that user panels and patient participation groups could be self-selecting, and did not necessarily give a representative view of service users.

4.5.4 Members highlighted the benefit of partnership working in raising capital and in making premises available for GP services, together with the need for the City Council to be included in property discussions where additional capital could be gained through Section106 agreements. The CCG agreed that it would seek to work more closely with Westminster on the development of new buildings and estates such as Chelsea Barracks, and in the Church Street regeneration. The Sub-Committee also highlighted the need to ensure that an adequate number of GPs and GP practices would be available in areas of major residential development; and to take into account opportunities for sites which may be situated on the border between different CCGs.

4.5.5 The Sub-Committee discussed the proposals and associated consultation for the Choosing Wisely scheme, which sought to achieve savings through patients buying routine medicines or products without seeking a prescription. The CCG considered that the scheme would align with the self-care agenda, which encouraged patients to take back control and avoid waste by ordering the medicines that they needed. Members expressed concern over safety issues that could arise from medicines being stockpiled or out of date, and acknowledged the benefits of GPs having a good awareness of the medication being taken by patients. The Sub-Committee also highlighted the importance of the patient experience and effectiveness of the system being monitored, should the scheme be introduced.

4.5.6 Members commented on the current lack of facilities for needle exchange and disposal in Westminster, and stressed the need for the service to be expanded. Other issues discussed included improvements in the management of diabetes that had been achieved through investment in data monitoring; and the value of signposting in GP surgeries.

4.6 The Sub-Committee noted the CCGs' Plans and Priorities and the draft Primary Care Strategy, and agreed that further consideration would be given to the issues that had been raised.

4.7 The Sub-Committee thanked the representatives from the Central London CCG for the presentations; and also thanked Healthwatch Westminster for their contributions.

5. ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS URGENT

5.1 There was no urgent business to raise.

The Meeting ended at 6:10 pm.

CHAIRMAN: _____ **DATE** _____



City of Westminster

Adults, Health & Public Protection Policy & Scrutiny Committee

Date: 20th September 2017

Briefing of: Councillor Heather Acton, Cabinet Member for Adult Social Services & Public Health

Briefing Author and Contact Details: Lexi Cotoulas
lcotoulas@westminster.gov.uk
0207 641 4299

1. Actions requested by the Committee

1.1. The most recent KPI analysis of Adult Social Care (ASC) and Public Health programmes, submitted to the Audit and Performance Committee is attached in Appendix A of this report for the Committee's reference.

2. Adults

2.1 Better Care Fund

2.1.1 Following the publication of final guidance in July, considerable work has been undertaken to produce the Better Care Fund Plan 2017-19.

2.1.2 The first stage was to submit at the end of July proposals to utilise the additional £8.72 million of funding allocated to Westminster City Council as part of the Improved Better Care Fund Initiative. Agreement has been reached with the Clinical Commissioning Groups (CCGs) to utilise:

- £2.128m (24%) of the funding to uplift payment rates for domiciliary and residential care in order to increase market stabilisation;
- £3.82m (51%) to provide additional care capacity to meet increasing demographic pressures and more complex care needs; and
- £2.172m ((25%) to establish a joint Transformation Fund with Health Commissioners to assist with delivering the Central Government Vision for Integrated Health and Social Care Services by 2020; and to improve residents experiences of being discharged from hospitals.

- 2.1.3 A key focus for the Improved Better Care Fund Plan submission was on developing plans to improve hospital discharge arrangements.
- 2.1.4 A national dashboard mechanism has been developed by NHS England and indicates that Westminster already performs well, achieving a national rank of 5th and a nearest neighbour rank of 3rd. Indicators measured within the dashboard include:
- Non elective admissions;
 - Admissions to residential and care homes;
 - Effectiveness of reablement;
 - Delayed transfer of care.
- 2.1.5 The full Better Care Fund Plan 2017-19 had to be submitted to the Department for Communities and Local Government (DCLG) and NHS England on Monday 11 September. Considerable work was undertaken to agree an acceptable financial settlement between the Councils and the CCG.
- 2.1.6 The Plan was also updated to reflect the priorities set out in the new Joint Health and Wellbeing Strategy 2017-22 and the North West London Sustainability and Transformation Plan. Key priorities include:
- Re-commissioning the Community Independence Service in order to reduce the number of non-elective hospital admissions and to improve hospital discharge;
 - Developing a whole systems approach to the delivery of out of hospital services including community nursing, primary care and social care. In order to deliver the Central Government Vision of Integrated Health and Social Care by 2020.

2.2 **Extra Care Housing**

- 2.2.1 The two Extra Care Housing schemes - 60 Penfold Street and Leonora House, continue to provide a good service for Westminster residents. The quality of care in both schemes is high, with a focus on a personalised approach and a commitment from staff to engage residents in their local community and help them to stay as independent as possible. Penfold's processes are robust and the scheme is well-led. Leonora House is also well-led but some improvement work is required on training schedules and audit of medication charts. These issues are being addressed by the service.
- 2.2.2 In recent consultation meetings, residents spoke positively about the care they receive, the upkeep of their accommodation and the 24-hour support on site. It was hard for residents to identify any changes or improvements and it appears that people most value the total experience of living in good accommodation

with 24-hour support and access to social inclusion. More opportunities for trips, and some minor improvements in food (Leonora) and bathrooms (Penfold) were raised.

2.3 Care Homes (Older People Residential and Nursing Care)

- 2.3.1 Adult Social Care (ASC) Commissioning makes regular visits to inspect care homes within Westminster and the homes are also inspected regularly by the Care Quality Commission (CQC). There are open and structured communication channels for the sharing of intelligence and information on care home services between the CQC and ASC.
- 2.3.2 A Care Homes Improvement Plan has been jointly developed with health and ASC commissioners, Healthwatch Central West London and Safeguarding leads. This plan has been linked to the work of the North West London Sustainability and Transformation Plan (STP) Delivery Area 3 which is focused on the needs of Older People.
- 2.3.3 Care homes improvement has been agreed as one of four strategic priorities by the Joint Executive Team (JET) - a joint meeting of the Directors from ASC and the Managing Directors of the CCGs. As part of this programme, a joint proposal from two recognised care home improvement organisations, My Home Life and Ladder to the Moon, has been worked up, to support the care home manager and the whole care home staff team to secure the necessary performance and cultural improvements. This jointly funded programme will initially prioritise those care homes judged to be 'Requiring Improvement' by CQC and then be widened so that all care homes in Westminster can benefit.
- 2.3.4 ASC Commissioning made a successful application to the NWL Change Academy for facilitation of a series of four workshops, to take place between September and November 2017, focused on the delivery of the care home improvement plan. These workshops will bring together all stakeholders from across commissioning, Healthwatch, primary and secondary care and a care home owner and manager.

2.4 Mental Health Day Services Consultation

- 2.4.1 **Safe spaces** – Single Homeless Project (SHP) continue to run the safe spaces at The Abbey Centre in partnership with SMART with seven service users regularly accessing this. This is a drop from the previous cohort that used the Recovery Support Services (RSS) drop-in services at Lupus Street and St Mary's Terrace, where they had 45 active customers. This is largely a result of customers requiring a lot of engagement, encouragement and motivation to access new provision, as well as customers now accessing universal services due to the transitioning work that SHP has undertaken. Despite these challenges SMART continues to promote their service.
- 2.5 **Partnership working and revisiting the care navigators plus service** - Partnership working between SHP, SMART and The Abbey Centre is very positive. Quarterly meetings have been established with key stakeholders

including CCG, Health Watch, and providers to ensure that there is oversight on this piece of work, and at all future meetings there will be service user representatives on the group to ensure that they have true choice and control around future developments. The last meeting was held on the 30th August.

3 Public Health

3.1 0-5 Health Visiting and Family Nurse Partnership (FNP)

3.1.1 A contract variation has been issued to the provider for Health Visiting and FNP varying the contract values from the 1st of July 2017 until the 30th of September 2017. A new contract will be issued commencing the 1st of October 2017 to 30th September 2019, in collaboration with children's commissioning. Work is also underway to ensure that a 0-19 Child Health Commissioning strategy is ready for the end of October 2017. This includes benchmarking, reviewing all commissioned services, undertaking some soft marketing with providers and undertaking questionnaires and focus groups with families.

3.2 Mental Health

3.2.1 **Director of Public Health Annual Report** - In September the Director of Public Health will publish his Annual Report on Mental Wellbeing. Titled 'Roads to Wellbeing' the document will act as a call to action for a greater focus on promoting mental wellbeing across the life course at an individual, community, organisational and population level.

3.2.2 **Refresh of the Suicide Prevention Strategy** - Work has commenced on refreshing the current 2013-18 Suicide Prevention Strategy. A multi-agency group has been established to undertake this work over the next few months.

3.3 Oral Health Campaign

3.3.1 Public Health and Communications are preparing a campaign aimed at children and families to reduce consumption of sugary drinks and snacks as part of a borough-wide Sugar Smart campaign to be delivered later this year. An Animation 'The Tale of Triumph over Terrible Teeth', developed from an idea Councillor Christabel Flight had, has been produced and is expected to launch later this year. The short animation will be used to increase awareness of tooth decay and have an impact on the burden currently experienced by local children.

3.4 HIV

3.4.1 A Pre Exposure Prophylaxis (PrEP) pilot run at 56, Dean Street by Chelsea and Westminster NHS Foundation Trust is reporting a significant reduction in patients being diagnosed as HIV positive over the past 12-24 months.

3.4.2 PrEP is a tablet to be taken regularly, which provides protection you from HIV. Taking PrEP once a day maximises protection against HIV by around 99%.

3.4.3 The success of the pilot has generated increased activity which in turn is putting pressure on current capacity. We expect to see an increase in costs (although the cost of the tablet is funded by NHS England, the additional screening and tests are funded by the local authority).

3.5 **Seasonal Flu Campaign**

3.5.1 The annual seasonal flu campaign gets underway in September and will run over the Autumn and early Winter. The local authority will be working with the NHS and Public Health England to promote the uptake of flu vaccine in our local population focusing on the over 65s and designated vulnerable groups with the aim of reducing hospital admission and premature death.

4 **Health and Wellbeing Board**

3.1 The Health and Wellbeing Board met on 13th July. The Board discussed the Better Care Fund, developing Westminster's Primary Care Strategy and the annual report of the Director of Public Health. The next meeting is scheduled for the 14th September.

3.2 Following the agreement earlier in the year of a new Joint Health and Wellbeing Strategy 2017-2022, work has now been undertaken to develop an Implementation Plan and work programme for the Health and Wellbeing Board in 2016/17.

3.3 Three key priorities have been identified by the Board for focus in 2017/18. These are:

- **Care Coordination** – this will build on work led by Central London Health Watch to consider the benefits of existing arrangements for providing personalised care coordination using care navigators; and in turn will support the development of a long term out of hospital and integrated health and social care strategy for the Borough;
- **Mental Health and Wellbeing** – this will draw on work underway as part of the Director of Public Health's Annual Report, which this year focuses on the key issue of mental wellbeing. The Board will also review progress in delivering Sustainability and Transformation Plan Delivery Area 3: Improving Outcomes for Children and Adults with Mental Health Needs;
- **Children and Young People and Prevention** - this will examine existing work underway, identify good practice and develop proposals for improvement.

3.4 In addition the Health and Wellbeing Board will play a key role in overseeing and shaping the development and implementation of the BCF Plan and the delivery of the STP Plan. Key transformation projects underway include:

- Developing future commissioning options for the Community Independence Service ahead of the end of the current contract in July 2018;
- Working with the CCG and other key stakeholders to develop a long-term out of hospital or integrated health and social care strategy, that will deliver the Central Government Vision of Integrated Health and Social Care by 2020.

5 Health

4.1 **Sustainability and Transformation Plan**

- 4.1.1 Work has continued over the summer to progress the implementation of the North West London STP Plan. A programme delivery infrastructure has now become well embedded based around 5 STP Delivery Areas which are aligned with Health and Wellbeing Priority Areas.
- 4.1.2 The diagram below provides an overview. Council Officers are involved and participate in each key STP Delivery Area and the Cabinet Member for Adult Social Care and Public Health continues to represent the Tri Borough on the North West London Health and Social Care Transformation Board, which acts as the Programme Board for the delivery of the overall STP.
- 4.1.3 Progress with the delivery of the STP continues to be monitored by the Health and Wellbeing Board and it is anticipated that during the Autumn some changes will be made to the governance arrangements for delivering the plan.

If you have any queries about this report or wish to inspect any of the background papers please contact Lexi Cotoulas x4299 lcotoulas@westminster.gov.uk

Appendix A

Key Performance Indicators

Quarter 1 figures reported in the table below are year-to-date, April 2017 to June 2017, unless indicated.

Performance Indicator	2016/17 Performance	2017/18 Target	Quarter 1 position (YTD)	Target Assessment	Direction of Travel
Adult Social Care					
Proportion of adults with a learning disability known to Adult Social Care in paid employment	9.2%	9.2%	9.5% (38/388)	On track to achieve target	Stable
Proportion of adults in contact with Mental Health services in paid employment	6.8%	7%	6.4% (55/851)	On track to achieve target	Stable
Percentage of clients who require long term service after completing a reablement package	29%	29%	36% (53/148)	At risk of missing target	Deteriorating
Service commentary: Too early to make judgement about outturn as only two months of data. Position will be monitored through monthly local reporting					
Overall satisfaction of people who use services with their care and support	59.5%	N/A Context	56.1%	N/A	Deteriorating
The proportion of people who use services who find it easy to find information about support	72.7%	N/A Context	71.4% (weighted)	N/A	Deteriorating
Delayed transfers of care, acute days attributed to social care (cumulative)	826	1,103	101	On track to achieve target	Improving
Percentage of carers receiving an assessment or review	85%	90%	14.9% (92/619)	On track to achieve target	Stable
Total number of new permanent admissions to residential care of people aged 65 years and over	37	95 (combined)	4 (Cumulative)	On track to achieve target	Stable
Total number of new permanent admissions to nursing care of people aged 65 years and over	55	95 (combined)	7 (Cumulative)	On track to achieve target	Stable
Adults receiving a personal budget to meet their support needs	92.1%	90%	92.6% (1,499/1619)	On track to achieve target	Improving
Public Health					
Service Commentary: Public Health performance indicators all have a lag reporting time of 1 quarter. The most up to date figures available as at Q1 are for Yearend. All targets at yearend were achieved.					
Percentage of children who received a 2-2.5 year review	100%	100%	Update available Q2	N/A	N/A
Number of residents reached through community champion activities	17,545	10,000	Update available Q2	N/A	N/A
Number of NHS health checks taken up by eligible population	6,465	8,747	Update available Q2	N/A	N/A

Performance Indicator	2016/17 Performance	2017/18 Target	Quarter 1 position (YTD)	Target Assessment	Direction of Travel
Service Commentary: National guidance states that each LA should aim to deliver health checks to 15% (6560) of the eligible population. Locally WCC has set an ambitious target of 20% (8747). We have achieved an annual outturn of 15.5% for 2016/17.					
Stop Smoking Services – number of 4 week quits	1,558	1,500	Update available Q2	N/A	N/A



City of Westminster

Adults, Health & Public Protection Policy & Scrutiny Committee

Date: 20th September 2017

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

Contact Details: Tom Maksymiw x 5772
tmaksymiw@westminster.gov.uk

1. Berwick Street Market

- 1.1 The vacant pitches on the Berwick Street Market were advertised in April and applications were invited for street trading licences for the available pitches. The five criteria that applications would be scored against were included in the advertisement. There are currently 16 pitches that are vacant on Monday to Saturday, one pitch that is vacant on Wednesday and Saturday, and nine pitches that are vacant on Saturday only.
- 1.2 We have received 50 applications for the 16 available pitches. As the number of applications exceeds the number of available pitches, a Sub-Committee hearing has been arranged to determine the applications. This is due to take place at the end of September.
- 1.3 The formal notices of the hearing have been sent to all applicants. The Sub-Committee will determine, on the basis of announced criteria, which applicants should be granted a licence and the remaining applications will be refused.

2. Restricting sales of Noxious Substances

- 2.1 Trading Standards have commenced a project aimed at restricting the sales of noxious substances which may be used to harm others, working jointly with the police to tackle this issue.
- 2.2 The team have identified approximately thirty independent premises that we would like to join a voluntary scheme in Westminster, agreeing to keep logs of sales made and refusing sales to children, or where they have any other concerns regarding potential purchasers. Trading Standards are also working with major supermarkets get their buy-in.

3. Notting Hill Carnival Update

- 3.1 Following Carnival in 2016 Mayor's Office for Policing and Crime (MOPAC) and other partners, including Westminster City Council, commissioned a review of the crowd dynamics in order to address possible crowd safety issues. Movement Strategies were appointed and completed a report which identified site wide issues for Notting Hill Carnival as well as specific recommendations.
- 3.2 As a result of this and multi-agency debriefs, a number of measures were implemented for the 2017 event. These included redesign of the barrier plans, additional toilets, an earlier start time and finish time, reduction in number of sound systems and floats, additional counter terror measures and revised contingency plans. The City Council also contributed to the funding of the event management company put in place to manage this year's event.
- 3.3 Notting Hill Carnival 2017 started at an earlier time of 9.15am on Sunday 27 August 2017 with an opening ceremony of contemplation and support for Grenfell and a 9:30am start on the Monday.
- 3.4 A minute's silence was held at 3pm on both days, which was successful with the floats and the sound systems largely adhering to the silence. A quiet zone was also introduced on Ladbroke Grove where participants, including floats, could pay their respects to Grenfell by turning down the music on their floats.
- 3.5 Public Protection and Licensing officers were assigned to the footprint undertaking a number of roles to support the aspirations for a safe and secure carnival. This included having officers dealing with licensed/unlicensed activity, food hygiene, health and safety, illegal street trading and noise.
- 3.6 Over the weekend a total 8 noise complaints about carnival were received by WCC. There were 8 seizures for illegal Street Trading, 3 interventions with mobile traders and 11 interventions with forecourt traders. The teams worked closely with Veolia, our waste collection contractors, to return the streets back to normal as soon as possible following carnival.
- 3.7 On Monday evening, there were some significant crowding issues and in the interest of public safety a decision was taken by our Gold Commander, following advice from the police, to delay closing down of sound systems by 30 minutes to 7.30pm to help facilitate pedestrian movement in and around the carnival footprint and to tackle crowd density.
- 3.8 Overall casualty and crime figures were down on last year, although a number of notable incidents occurred, including a number of assaults on police officers.
- 3.9 The initial feedback on the changes specifically implemented by the City Council has been positive. The additional toilets resulted in less street urination on both days and it is considered that the revised barrier systems offered improved safety and access for residents and emergency services.

- 3.10 Whilst there were a number of positive measures implemented this year it is clear that a number of challenges remain and that further changes will be required to ensure a safe and secure carnival going forward.
- 3.11 Full internal and multi-agency de-briefs are planned over the coming months and this will include feedback to the strategic partners group, chaired by MOPAC, on crowd safety matters. Plans to hold a joint post-Carnival meeting for residents are also in place. I will provide further update on this to the committee in due course.

4. Rough Sleeping Strategy Launch

- 4.1 The rough sleeping commissioning team are working closely with stakeholders, CMC and PPC to launch the Westminster Rough Sleeping Strategy on Tuesday 12 September from 11am. We look forward to launching the event with representatives from St Mungo's, the Passage, CSTM, Veteran's Aid, Homeless Health, Westminster BIDs and the Metropolitan Police. The attendance at the launch goes some way to demonstrate our commitment to ensure that all partners work together to address the complex challenges that surround rough sleeping in Westminster and beyond.
- 4.2 One of the commitments of our strategy was to open a brand new assessment centre, which has now been done. By working over short periods of time in an intensive way we anticipate that more people will be able to find a route off the street quickly and sustainably. Since the assessment centre launched at the beginning of June we have developed a successful and sustained routes off the streets for an individual with complex needs on average every three days.
- 4.3 In addition, our current work ensures 75% of new people found rough sleeping in Westminster do not spend a second night on the streets. I am encouraged by our progression towards our strategic goal of preventing anyone rough sleeping for a prolonged period on the streets of Westminster.
- 4.4 There is still more work to do to achieve our goal. In the next few months, Public Protection officers will be working closely with Housing & Regeneration to ensure the joint working between homelessness and rough sleeping services is as seamless as possible.

5. London Crime Prevention Fund

- 5.1 The co-commissioning fund was created by the Mayor's Office for Policing and Crime (MOPAC) from 30% 'slice' of funding previously allocated directly to boroughs, to incentivise more collaborative working between areas and agencies. Workshops were held in early July 2017 to bring stakeholders together under a number of priorities (see below) as part of a 6 week expression of interest (EOI) process. EOIs were submitted to address one or more of four chosen priorities for the first tranche of the fund:

- Youth Offending
- Sexual Violence
- Child Sexual Exploitation
- Female Offending

5.2 The deadline for the submission of EOI to the London Crime Prevention Co-commissioning Fund passed on Monday 14 August 2017. Westminster led on or partnered on 8 EOIs as follows:

- Increase capacity of sexual violence services across London through provision of ISVAs and counselling / therapeutic support in Rape Crisis Centres
- Tackling harmful sexual behaviours in young men
- Expanding elements of the successful Integrated Gangs Unit model into neighbouring boroughs of Brent, Kensington, and Hammersmith
- Supporting young people at risk of exclusion through targeted early intervention in Secondary Schools and into the community
- Supporting young people identified as at risk of future negative outcomes through the use of predictive analysis and supportive interventions with families of primary school children
- Improving co-ordination and availability of diversionary activities for young people through the Young Westminster Foundation
- Intervening with young people involved in or at risk of involvement in so-called 'County Lines' offending / drug dealing
- Outreach and support for women exiting prostitution, identifying trafficking and exploitation concerns in the process

5.3 EOIs will now go to a series of evaluation panels with representatives of the co-commissioning working group and the Deputy Mayor for Policing & Crime. Final decisions as to which EOIs will be developed into full proposals will be discussed at London Councils Leaders Committee in late September with EOI leads informed by 29 September 2017. Successful EOIs will then progress to the development stage whereby they will have two months to work with partners to address any queries raised by evaluation panels, and to develop more detailed project implementation plans before final funding decisions are made in December 2017.

5.4 The co-commissioning fund is one potential route through which we might begin to meet the 56% funding reduction Westminster experienced through the new LCPF allocation process; however, at this early stage there do not appear to be significant opportunities for this.

6. Review of recent incidents that have impacted on and received support from the council

6.1 During 2017, there have been terrorist attacks on Westminster Bridge and at the Palace of Westminster, London Bridge and Manchester. The threat level has been raised to critical for the first time since 2011. All of these incidents have had some degree of impact on the council. In addition, a number of

councils have had a role in the recovery operation following the tragic fire at Grenfell Tower in Kensington and Chelsea, with Westminster City Council taking a lead role and providing most of the day to day resource to support the operation.

- 6.2 Whilst a significant number of colleagues from the Public Protection and Licensing directorate worked closely with the Royal Borough of Kensington and Chelsea (RBKC) and the Grenfell Fire Recovery team, to support the response in the aftermath of the tragic fire, officers from across the directorate also worked extremely hard to ensure a 'business-as-usual' service was maintained across Westminster.
- 6.3 All of these incidents have tested the council's ability to respond within the framework of counter terrorism, major incidents and the Civil Contingencies Act. They have also challenged our emergency and business continuity plans. Whilst these incidents have demonstrated our ability to respond and expertise in this area, they have also prompted us to review our contingency planning arrangements and to consider what changes need to be made and where additional capacity or resilience needs to be created.

7. Licensing Charter

- 7.1 The Licensing Charter will be formally launched on 30 October 2017. The Licensing Service, Communications team, Best Bar None and HOLBA are working together to plan the event. The aim of the launch event will be to explain the purpose and vision of the Licensing Charter and to enable key stakeholders to meet each other and promote the charter to perspective businesses.
- 7.2 Invites will shortly be sent to key stakeholders and potential businesses who we hope will sign up to the charter.

8. Residential Services work on fire safety

- 8.1 The Residential Services private sector housing enforcement team are currently linking in with colleagues in other service areas and the London Fire Brigade to make contact with owners of high rise blocks within the borough in order to ensure that housing in our borough is safe.
- 8.2 In addition to the above, Residential Services have also undertaken a number actions to safeguard tenants from a fire safety perspective in the aftermath of the Grenfell Tower tragedy, including providing fire safety advice to managing agents, HMO licence holders, manager of private purpose built blocks and registered housing providers operating within Westminster.

9. Street Entertainment

- 9.1 In response to a rise in complaints seen in 2016/2017 a dedicated busking team was set up in January 2017. The team provides a street presence in Trafalgar Square, Leicester Square and Oxford Circus between the hours of 13:00 –

19:00. They proactively engage with street entertainers to ensure that noise does not rise to unreasonable levels and also provide a fast response to complaints that are received in this area. Alongside this, the council was seeking to support a voluntary approach to managing street entertainment based on the development of Street Performers Associations (SPAs) where street entertainers themselves take the lead in managing negative impacts and promoting good behaviour. However, the development of this SPA has stalled and is now considered unlikely to progress.

9.2 In the months April to August 2017 the Noise Team received a total of 863 complaints of noise from street entertainers. This is a 41% decrease compared to the 1460 complaints received in the same period in 2016. However, it is recognised that some complaints may go directly to the officers.

- April saw a 34% decrease from 262 complaints to 172
- May a 48% decrease from 329 to 173
- June a 38% decrease from 278 to 173
- July a 45% decrease from 363 to 198
- August a 35% decrease from 228 to 147

9.3 Whilst this approach can be considered successful, it is very resource intensive and reduces the capacity the council has to manage other issues across the City. It is also recognised that concerns relating to street entertainment from residents and businesses remain. As such, the council has committed to do a further review of the options available to manage and/or regulate street entertainment, during the autumn. This review will also include consultation with officers from the RBKC, who announced that they were considering licencing such activity in May.

Draft Terms of Reference for a Joint Task Group on the Evening and Night Time Economy

Background

As part of our ambitions for a world class economy, within City for All, the Council has committed to set out a clear vision and plan for our night time economy, to promote the interests of residents, businesses and visitors. This will include the launch of a pilot for the Westminster Licensing Charter in Leicester Square and Piccadilly Circus, setting clear standards for how we work with the night-time industry to promote responsibility and growth.

Purpose

Work has commenced on developing the future vision and plan for the City. The Executive have made it clear that they would like full member engagement in this development and hence Scrutiny can contribute to this thinking and gathering of evidence from different stakeholders. Scrutiny would take evidence from key sectors and make some recommendations back to the Cabinet Member.

Membership

Membership would be drawn from members of the Adults, Health and Public Protection and Business, Planning and Transport P & S Committees. The Chairman would be decided from between these committees and the membership of the committee could be up to 8 Councillors with a suggested quorum of 4.

Timetable and Process

The Scrutiny process will form part and inform the Council's wider deliberations. It is understood that the Cabinet Member for Public Protection and Licensing along with the Chairman for Licensing Committee will be holding closed sessions when all members can come and give their views to them. This will inform an "early thinking report".

At this stage the Scrutiny Task Group will convene and hold a few themed sessions examining each aspect of the issue in turn.

Over the summer officers will develop the scope and launch a call for evidence (July- October?) so that all stakeholders can contribute their thoughts, concerns and help us to identify any opportunities.

Meeting 1- September-

- agree Terms of Reference
- Consider whether any research needs to be commissioned to inform the work
- receive "early thinking report from the Cabinet Member and Chairman of Licensing
- Focus on Entertainment- officer report plus external stakeholders identified as witnesses

Meeting 2-October

Focus on Transport

Receive a report from officers and from TfL offering combined data about the impact of the night tube on the evening and night time economy and on public protection

Meeting 3-November - Retail and Economy

Focus on retail and the wider impact on business, jobs and economic development and hear from some external witnesses.

Scrutiny would then report its findings and recommendations back to the cabinet member for them to be fed into the new vision and plan for the night time economy. If at this stage the Cabinet Member felt it was necessary, this report could go to full Council along with the members' proposals on the recommendations.

Scope

The Joint Task Group will investigate the early thinking on the Council's new vision for an evening and night time economy. Using the experience and intelligence of the scrutiny members, the task group will draw evidence from a range of officers and stakeholders to fully understand;

- The current evening and night time economy
- The rationale for a new Vision and the evidence for the early thinking
- The views of all stakeholders
- Best practice from other cities and
- The impact of the night tube on crime, employment and the economy
- The impact on other sectors including retail and culture/entertainment

Adults Health & Public Protection Policy & Scrutiny Committee

Date:	20 th September 2017
Classification:	General Release
Title:	Update Report from Healthwatch Westminster
Report of:	Christine Vigers-Chair of Healthwatch CWL
Cabinet Member Portfolio	Cabinet Member for Adults Social Services & Health
Wards Involved:	All
Policy Context:	City for Choice
Report Author and Contact Details:	Carena Rogers - Healthwatch Carena.Rogers@healthwatchcentralwestlondon.org

1. Executive Summary

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

2. Update on Healthwatch Central West London (HWCWL) work activity in Westminster

2.1 HWCWL has two focused projects in Westminster, identified through consultation with local people – how well care coordination is working for people with long-term health conditions in the borough, including how user experience is informing evaluation of the service; and ensuring that service users are fully included in planned changes to mental health day provision in Westminster.

2.2. **Care coordination for people with long-term health conditions**

2.2.1 This work is being coproduced with through a project group established with members from the Advocacy Project's Older Adults Group. We meet every two weeks.

2.2.2 A public survey is currently live asking people with long term health conditions living in Westminster, and/or their carers, about the type of support they receive from through their GP practice, how well that meets their needs, and whether there is any other support they need.

2.2.3 Six focus groups with people with long-term health conditions living in Westminster, and/or their carers are being held through August and September to get greater detail on their experiences of managing their condition and support available through their GP practice. Emerging themes include

- There are differences in information and support offered through different GP practices
- Continuity of care is important – being able to see the same GP
- Professionals often dismiss symptoms as part of the aging process and no help is offered
- People are generally not aware of Care Plans
- Carers would like access to a different Care Navigator to the one that the person they care for has

2.2.4 A survey for GP practices is currently live and asks about the type of support offered to patients living with long term health conditions, how well the Care Coordination Service is working, whether referrals were being made into the service, and to ask about satisfaction with the service. Responses to this has been slow and the end date will be extended.

2.2.5 Healthwatch will provide an overview of findings for the Health & Wellbeing Board in November.

2.3 **Mental health day provision**

2.3.1 HWCWL has worked with service users to design a workshop on coproduction for commissioners within the Council to assist them in working to these principles at all levels of service change or commissioning of services. The workshop will be delivered in October and is being championed within the Council by the Commissioner responsible for the mental health day opportunities.

2.3.2 HWCWL is currently working with the Westminster Mental Health Day Opportunities Strategy Group to ensure that service user and carer representatives are an equal part of the group and that the principle of 'nothing about me, without me' underpins all the work of the group going forward.

2.3.3 People currently using Westminster mental health day opportunities have told HWCWL that generally they are happy with the activities on offer but concerns remain about where they can get help when they are feeling unwell, or they need assistance filling in official forms. They reported that not everyone had a care coordinator so did not have a direct person they could go to, they had to contact the duty team who then did not know their personal history. There remains some confusion about personal budgets and how to manage these.

3. Primary Care Strategy

3.1 Healthwatch met with the Managing Director and Deputy Managing Director of Central London CCG to talk about public engagement on their draft Primary Care Strategy. We invited them to talk to our Local Committee and other local people about the proposed changes. This meeting took place on 7th September and Chris Neill, Deputy Director, gave an overview of proposed changes and took questions from attendees.

3.2 About 35 people attended the meeting and were members of the public and voluntary sector representatives. A range of issues were raised by attendees, including:

- Concern about elderly healthcare offered through GPs, with some confusion about the age at which a person should be eligible for a yearly health check-up. There seemed to be variation in who was offered this and how to access it.
- Better communication about what people can expect is needed; without this people will continue to slip through the gaps.
- What help is available for people who may have health problems but are unaware of them and their needs present in other ways? At the moment, it is difficult to get help for them as a neighbour, if you ring the CIS they want more information than is available.
- Health services are fragmented and while sometimes this is necessary it often causes problems – for example the need to go to different places to have blood tests, be weighed and measured and have respiratory tests has resulted in an operation being delayed.
- Concerns were raised about the number of missed appointments and whether this is indicative of people just not turning up, or whether the culture of appointment booking in the NHS did not work for some patients – for example through text messaging. There needs to be non-digital ways of booking appointments and being notified about them.
- Problems with booking appointments at GP surgeries were raised. One example was even though the patient has a known respiratory condition that sometimes needs urgent attention, the only system available to get an emergency appointment seemed to be by queuing outside surgery regardless of weather conditions. In response information was given about extended access GPs and how to book through 111.
- A question was also asked about how GP surgeries could be made more accessible for young people. In response information was given on how to

access records online and apps, such as Babylon which enable access to health advice.

4. Engagement to support the implementation of the Health and Wellbeing Strategy

4.1 HWCWL has worked in partnership with representatives from Westminster City Council and Central London CCG to agree principles for and an approach to be taken in engaging with the local people on different aspects of the Health and Wellbeing Strategy for Westminster. This will be presented to the Health and Wellbeing Board on the 14th September 2017.

5. Engagement with Central London CCG

5.1 HWCWL has commented on and made recommendations for improvement of Central London CCG's draft Engagement and Communication Strategy.

5.2 HWCWL recommended a clearer focus on how patient and public are going to be involved in consultation, participation and co-design/coproduction. An explanation of how their experiences will be used to shape provision and how this will be measured is also needed. Our full comment and recommendations can be read at Appendix 1

5.3 HWCWL has joined a working group set up by Central London CCG to inform their approach to coproduction. The first meeting of this group is scheduled for 4th October 2017.

6. Issues arising locally

6.1 Podiatry

6.1.1 HWCWL attended a joint meeting with engagement leads from Central London CCG, West London CCG, H&F CCG, and CLCH to feedback comments we had received on podiatry and to make recommendations.

6.1.2 Concerns raised with us included:

- podiatry now charges £18 for a toenail clip, with no prior warning - this was previously at no charge.
- Changes were made to podiatry services with limited communication available for patients beforehand.
- People are unhappy that they are being sent to unregulated, unsupervised nail spas.
- No longer having contact with the service may have a personal effect on patients who are otherwise quite socially isolated.

6.1.3 HWCWL raised the following questions:

- Is there sufficient capacity in the private sector to pick up the amount of Podiatry work which will be released through low-low patients no longer using the CLCH service?

- Had an evaluation of possible efficiency savings been done prior to evaluating issues arising from high service demand?
- Important to brief all community pharmacists on the changes and ensure they receive leaflets to share with patients
- Ensure GPs are engaged with clearly and effectively around changes in referral culture
- Will the CCGs work with providers to use patient profile information to inform approaches?

6.1.4 HWCWL gave feedback on sending out co-produced communications on Podiatry service changes, including additions to Podiatry patient leaflets:

- 10 self-care tips leaflet is a good idea, but they seem very adult focused. Can we have a children and young people's version, which looks at issues specific to them e.g. taking care of your feet during school activities
- Ensuring that it is clearly communicated to patients that they can go back to their GP if their foot condition changes or they have concerns at a later date.
- Providing information on what types of circumstances or observations might prompt a patient to go back to their GP.
- Signpost to pharmacists where appropriate
- Information on nail bars and what to look for to determine whether it is "good" or "bad"
- Talk to BME Health Forum re ensuring accessibility of output
- Use everyday language in the leaflets – no jargon
- Healthwatch is also willing to help get out information through their mailing list and direct contacts

7. Dignity Champions Enter and View visits

- 7.1 In June 2017, Healthwatch Dignity Champions visited Princess Louise nursing home in Kensington and Chelsea. This home also has residents from Westminster. The visit to the home follows a recent CQC inspection which rated the home: 'requires improvement.'
- 7.2 During both visits we found the staff to be caring and respectful of the residents. There is huge range in the level of care required by residents from those who require one to one care to those who are still able to maintain a much greater degree of independence. Most feedback that we received was around the food and lack of on-site kitchen. The full report is available on our website.
- 7.3 HWCWL is planning to undertake further Dignity Champion Enter and View visits in Westminster, including to St Mary's Hospital and is currently looking at how to incorporate these into our work plan.

APPENDIX 1

Comments on Central West London Clinical Commissioning Group's Engagement and Communications Strategy 2017 – 21

Healthwatch Central West London August 2017

Overarching comments

Overall, Healthwatch is pleased to see CLCCG's engagement and communication plans brought together into one document. Once finalised it should be a useful resource for CLCCG to set out their commitment to, and to measure their outcomes in engagement, consultation, providing information, partnership working and inclusion of stakeholders in central London.

As this document will be publicly available it needs more clarity about its purpose, how it will be monitored and evaluated and how people can get involved. It would be useful to have an overview of the Engagement and Communications Team and their role within CLCCG.

Using the Vision as the starting point is good, and everything else within the document should follow on from this, setting out how each part of the plan delivers the Vision.

Putting the Key Messages right at the end of the document is not useful, they would be better situated with the Vision with an explanation of what they are and how they relate to this strategy. Then you could set out how CLCCG's engagement and communications strategy is working to support these key messages and give clarity to what you are trying to achieve through your strategy.

A clearer focus on how patient and public are going to be involved in consultation, participation and co-design/coproduction would be useful. An explanation of how their experiences will be used to shape provision and how this will be measured is also needed.

Timeframe for strategy

Developing an Engagement and Communications Strategy for a CCG that covers a four-year period is highly ambitious; in the field of healthcare a lot can change in that time-period.

Therefore, it would be useful to also include an outline of how the effectiveness of the strategy against the overarching Vision of CLCCG is to be monitored, evaluated and reported on.

In addition, a timeframe for a refresh of the strategy is needed so that it remains an active document that has a continuing use.

Wildly Important Goal

Wildly Important Goals (WIGs) are an interesting tool in helping an organisation to have high performing teams and achieve organisational outcomes. However, the document does not give any information on why this mechanism was chosen and the benefits of using it and will make it hard for anyone who was not at the workshop in July to understand the rationale for this tool.

The WIG identified in the Engagement and Communication Strategy is time limited until March 2018, once the system for engagement is developed the WIG is no longer needed. There needs to be an explanation of how a new WIG will be identified to replace it, who will be part of the decision-making process, and the time frame for this.

Achieving the Wildly Important Goal

It would be helpful to include an example of a 'You said, We did' so that it is clear the level at which this will happen at. Is it just about improving engagement and communication, or is it about improving systems, structures and services within the CCG?

Having knowledge and skills to produce easy read versions of documents is important and we are pleased to see that all CLCCG engagement team members have had training in this. However, it would also be useful to organise a review panel for documents produced, to ensure that you maintain quality and accessibility.

Likewise, it would be beneficial to produce the style guide for writing in plain English with others to ensure that it meets the accessibility needs of the local population.

There also needs to be a reference to the NHS Accessible Information Standard and what you will do to ensure that you comply with this.

Embedding our principles

Under patient and public engagement and communications you state that 80% of engagement opportunities will be advertised at least 4 weeks in advance. We presume that it is not 100% because you are anticipating that some of this work may need to be reactive, or short notice because of factors outside of your control. This needs to be made clear, by stating for example that 20% of engagement may be a result of unanticipated need for engagement or communication.

You need to set out what the mechanism is for reporting against whether you meet the 80% target and how that will be publicised.

Whilst it is reasonable to give 4 weeks' notice for people or groups of engagement opportunities, if you want organisations or groups such as Healthwatch to publicise these opportunities, we need more notice so that we can incorporate it in our own communications plans.

The internal communications section needs to include actions for reporting on findings from engagement and communication internally, how that feeds into decision-making, and how you will know that you have successfully included stakeholder views in CLCCG decision-making and plans for improvement.

Does the primary care strategy have a standalone engagement and communications plan? We would be happy to work with you on developing this.

Can you explain what the primary care membership is?

This section is not completed, so it is not possible to give full feedback.

Audience and stakeholders

The tool that you have chosen to determine levels of interest and influence amongst your stakeholder and audience groups is useful. It would also be helpful to have explanations of what is meant by 'interest' and 'influence'; without this it is unclear what the table represents. For example, grassroots voluntary and community groups are in the low interest and low influence section, and other voluntary and community groups are in the high interest but low influence section. However, if influence is understood in terms of reaching different sections of the population and changing behaviours, or disseminating information then both these groups are highly influential.

This section also needs to include how you will engage with groups. It might be useful to look at Hammersmith and Fulham's engagement and communication strategy as they have thought this through more.

Tools and channels

This is a comprehensive list of current activity. It would be useful to set out how you are intending to bring innovation and fresh thinking into the tools and channels that you already use. At the moment digital and social media are only included at the informing level but there are different platforms that you could consider to support some of the other levels.

For example, Yammer and Slack are both potential platforms to support working groups; closed Facebook groups are also good for developing single interest group activity; and support for virtual PPGs may mean that more groups are active in central London.

Appendix III of the draft Strategy

We are unclear what this diagram is setting out. It is not referenced in the document and there is no explanation of a Patient Reference Group model. Without knowing the purpose of this, it is difficult to comment on whether this model is useful. Does

this replace the Patient User Panel? What are the implications for patients and public in feeding in and being part of the Governing Body?

Carena Rogers

Westminster Engagement Lead, Healthwatch Central West London

This page is intentionally left blank



Adults, Health & Public Protection Policy & Scrutiny Committee

Date:	20 September 2017
Classification:	General Release
Title:	London Ambulance Service – Current Issues and Performance
Report of:	Director of Policy, Partnerships & Communications
Cabinet Member Portfolio	Cabinet Member for Adults Social Services & Public Health Cabinet Member for Public Protection & Licensing Chairman of the Adults, Health & Public Protection Policy & Scrutiny Committee
Wards Involved:	All
Policy Context:	Building Homes & Celebrating Neighbourhoods
Report Author and Contact Details:	Artemis Kassi - Policy & Scrutiny Officer x 3451 akassi@westminster.gov.uk

1. Executive Summary

- 1.1 In response to the request as part of the Committee Work Programme, the London Ambulance Service have provided an overview of the ongoing increase in demand for ambulance services, together with current key issues and levels of performance.

2. Key Matters for the Committee's Consideration

- 2.1 The Committee is asked to:
- Consider how (increased)demand is being managed
 - Consider the action being taken in response to the findings of the CQC inspection
 - Note how the Ambulance Service has improved
 - Note the impact of the St Mary's redevelopment and the Cycle SuperHighway on response times
 - Consider the future performance of the Ambulance Service

3. Background

- 3.1 This was raised during the meeting on 9 June 2017 as part of the discussions concerning the Committee's Work Programme. At that meeting, the Committee had agreed to invite the London Ambulance Service to present its vision of the future of the service to the Committee.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact Artemis Kassi x3451

akassi@westminster.gov.uk



London Ambulance Service



NHS Trust



Page 45

Westminster Health Overview and Scrutiny Committee 20th September 2017



How we care for the capital



**2 Emergency
Operations Centres**



**Non-Emergency
Transport Service**

Operating out of over 70 sites



Motorcycle response unit



111 Services
(recently rated as Good by CQC)



Cycle response unit



2 HART teams



Some facts about London



Multicultural

Capital city



300

languages



Page 47

8.8m

Population



- CRITICAL**
An attack is expected imminently
- SEVERE**
An attack is highly likely
- SUBSTANTIAL**
An attack is a strong possibility
- MODERATE**
An attack is possible but not likely
- LOW**
An attack is unlikely

On severe alert



Tourism

Population swells everyday



Seat of Government & Monarchy



5

STPs in London



5

Police forces



32

Clinical
Commissioning
Groups



3

Airports



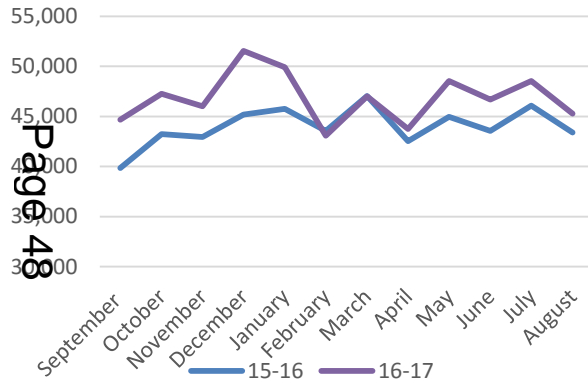
The London Ambulance Service today



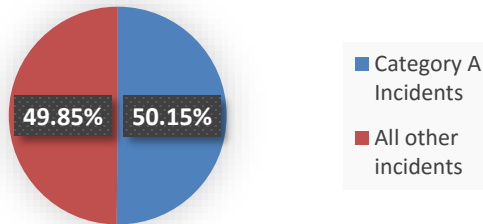
Demand is increasing

Total incidents – **up 3.3%** from last year
(August 16- August 17)

Cat A incidents – **up 6.6%** from last year
(August 16 – August 17)



Total Incidents- Cat A share



1.9m calls

Demand for our services increases year on year, last year we responded to over 1.9m calls and 1.1m incidents



Growing number of frail and elderly people with complex health needs are living alone, and therefore more likely to call upon the LAS

4,893 staff

63% of which are frontline
Our staff are changing – more graduates, more women, higher expectations, no longer a “job for life”



Average job cycle time is **80 minutes**

Average time on scene is **44 minutes**

Pan-London Service



Patients with dementia, mental health needs and obesity provide increasing challenges for our services



Demand for our services keeps increasing



Page 49

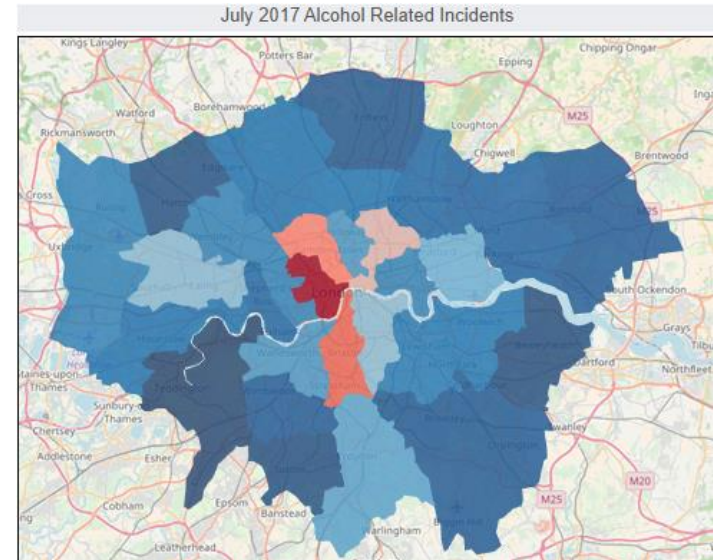
- North West London has seen a 9.2% increase in demand since 1st April, higher than any other area in London.
- Central London CCG which is closely mirrors the Westminster local authority area, has seen an increase of 11.9% in demand since 1st April, an extra 701 calls than predicted.
- Three specific areas of growth in Central London CCG have been noted: Unconscious/fainting, falls & NHS111 transfers.
- These three areas represent 39% of total call volume this year.
- We are working with NWL CCG collaboration 'demand management forum' to address demand throughout the NWL STP area.



Managing demand



- We are working with Central London CCG to reduce pressure on our Service. Specifically we are reviewing calls from hostels & the homeless population.
- We are working closely with MPS to understand their increase in activity- 37% over the past 3 years
- We have taken a proactive approach to demand management on social media such as the recent **#NotAnAmbulance** alcohol campaign running in August. Alcohol calls in Central London CCG were at the lowest level this August compared to the previous 8 years, with crews attending 290 patients in Central London CCG compared to between 470 – 340 calls in previous Augusts.

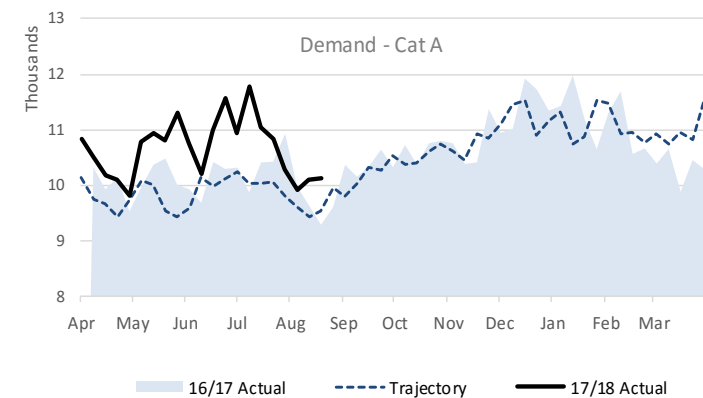
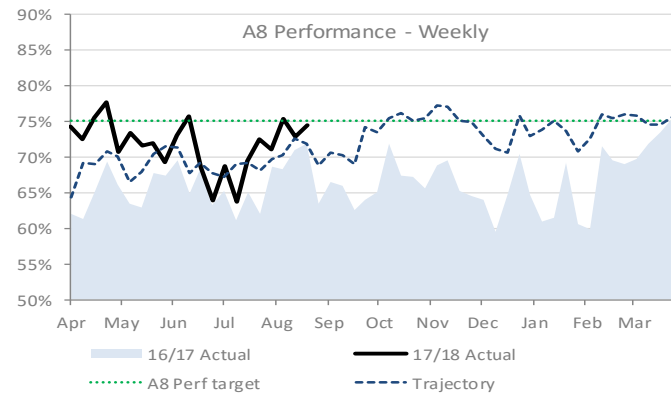


Performance – across London



Page 51

- Demand has increased by 7,888 calls for 2017 Q1 compared to 2016 Q1 (a 6% increase)
- Despite the increase in demand, performance increased from 65.9% for 2016 Q1 to 71.8% for 2017 Q1 for Cat A8 calls (seriously ill and life threatening)



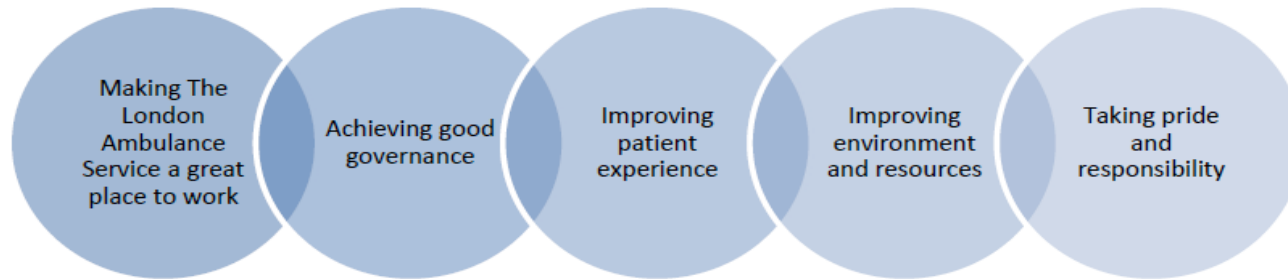
CQC

- CQC visited in June 2015- Trust was placed in special measures
- LAS published our Quality Improvement Plan in January 2016, setting out the measures to get us out of special measures.



Page 52

CQC revisited the Trust to undertake a comprehensive inspection of the Service on 7th, 8th, & 9th February 2017. They issued an updated report in June 2017.



Our rating in 2015

Our rating in 2017



Domain	Rating
Safe	Inadequate
Effective	Requires improvement
Caring	Good
Responsive	Requires improvement
Well-led	Inadequate

Domain	Rating
Safe	Requires improvement
Effective	Good
Caring	Outstanding
Responsive	Good
Well-led	Requires improvement

Page 53



How we have improved



Strengthened leadership



- Strong governance arrangements offering better scrutiny and oversight
- Greater recognition, management and recording of risks

Page 54



Increased our frontline capacity through recruitment

Frontline turnover **16%** → **8%**
 Frontline vacancies **28%** → **10%**

Taken action on Bullying and harassment: employing a specialist and speak up Guardian; revising our processes and improving our training so that we address issues and tackle them early



Improved our systems of Medicines Management

800 new drug packs

Perfect  Ward



We can now track drugs administered to individual patients, and drug usage by clinician through our new MedMan system

Improved vehicles and equipment



60 new FRUs



New make ready service in 5 hubs with full roll out by end July 2017

Not experienced harassment, bullying or abuse from managers

2014/15	2015/16
69%	76%



Further medications management changes



State-of-the-art medicines cupboards and locker system

- Meet 1973 Custody Regulations for Controlled Drugs
- Cabinets and safes are purpose built to store medications
- Access control system supported by CCTV
- Audible and visual alarms systems built in to maximise security and storage compliance

Page 54



Room design includes built in infection prevention control features including specialised lighting and wipe clean floors and doors



How we have improved



Resilience – HART



Significant improvement has been made in EPRR demonstrated through compliance with national standards (CQC report 2017)



Invested £10m in Quality improvement programme and £20m in new vehicles

Introduced a new appraisal system designed in partnership with staff



11% → 75.3%



Restated our vision and Values and built these into our new appraisal system

Care | Clinical Excellence | Commitment

Addressed under reporting of risks and incidents

Introduced Datix web and trained managers in risk which has resulted in a 47% increase in incidents being reported and better quality, up to date risk registers more reflective of local issues and worries



Warning notice amended to a requirement notice in June 2017

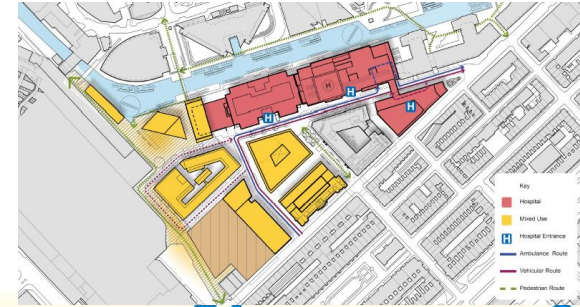
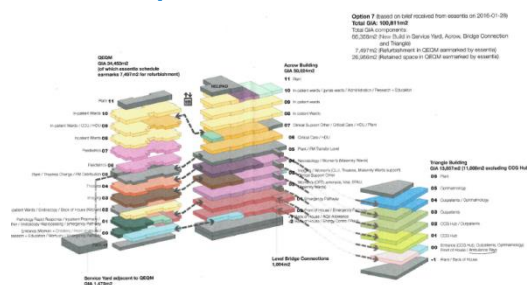


St Mary's Hospital Redevelopment



- The LAS has been in conversation with Imperial College Hospital NHS Trust since late 2014 regarding the proposed redevelopment of the St Mary's Hospital site.
- We will work with Imperial College Hospital NHS Trust when designing the Emergency Department and ambulance bays, as and when the time comes.
- We will also work with them during their initial stage of development of the outpatients building to minimise disruption to our services.

Page 57



The Cube Development



Page 58

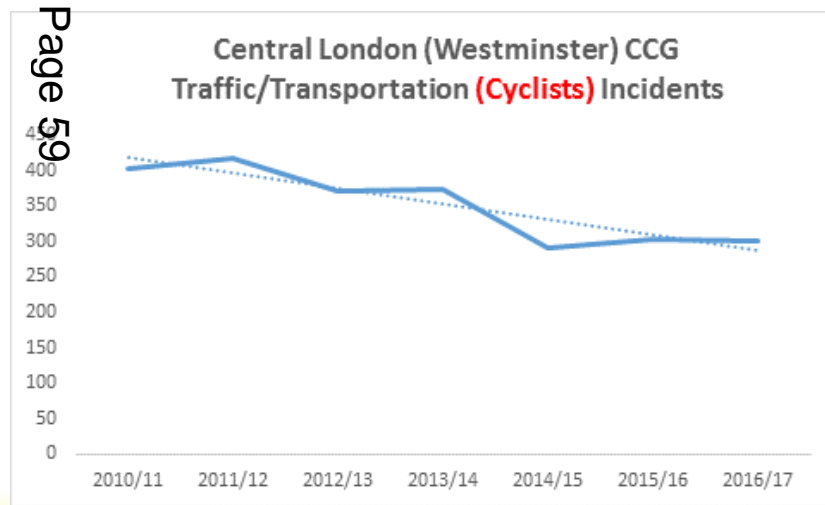
- Both the LAS and Imperial College Healthcare NHS Trust have raised serious concerns about the ability of St Mary's hospital to operate a busy emergency department and one of London's four major trauma centres for the following reasons:
- One of the main concerns centres around the partial diversion of London Street and the impact this will have on journey times to and from the hospital, on an everyday basis and during a major incident.
- Other concerns have also been raised about the design of the access road and the development's servicing yard, both increasing congestion for ambulances to access the hospital.

Cycle Superhighway



Since CS8 has been in operation in 2011 we have seen a reduction in cycle-related road traffic collisions within Central London CCG.

Again, it is very difficult to link this directly to the Cycle Superhighway 8 introduction but it may be partly due to improvements in road safety for cyclists.



TFL report a 54% increase in cycling along the East-West CS since construction



Cycle Superhighway

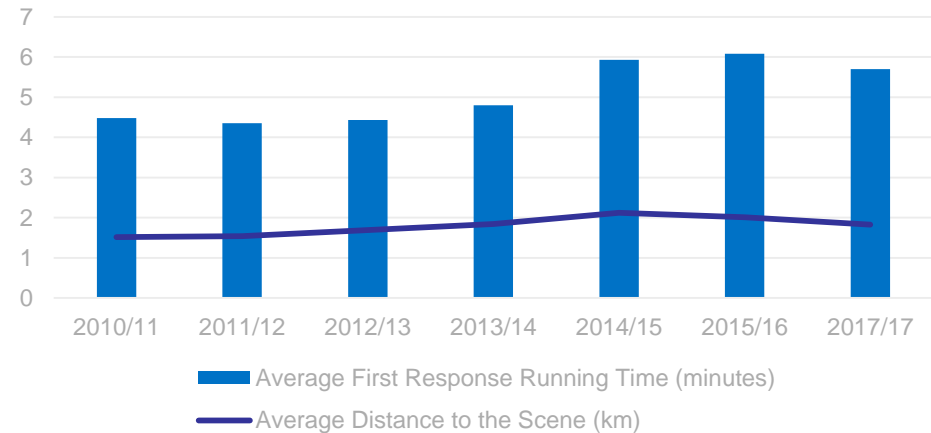
The Cycle Superhighway 8 (CS8) and the East-West Cycle Superhighway both pass through Westminster.

The East-West Superhighway has been under construction since March 2015 and the most part is still under construction around St James's Park. CS8 has been fully operational since July 2011.

It is impossible to directly link the construction of the Cycle superhighways to an increase in our response times due to the number of variables at play.



Running time and distance to scene for first responding vehicle



Working with private providers



We work with private providers such as St John Ambulance at large events like the Notting Hill Carnival, the London Marathon and New Years Eve.

For large events we operate Joint Control Rooms and have joint mobile response teams that treat patients.

We also work with them in Event Liaison teams at some events & stadia where we provide a management presence only.



Looking forward

- We will continue to build on the positive steps made since the CQC visited in February such as our clinical care, our capacity and performance and our staff morale and culture.
- We are working to make LAS Great: great for patients and great for staff.
- We are setting a strategic direction in partnership with our patients and the public, commissioners and staff.
- In the face of increasing demand we will deliver an urgent and emergency care service that responds to our patients needs now and in the future.





**Thank you.
Any Questions?**



This page is intentionally left blank



Adults, Health & Public Protection Policy & Scrutiny Committee

Date:	20 th September 2017
Classification:	General Release
Title:	Update on Quality Improvements Programme for Central London CCG
Report of:	Philippa Mardon, Deputy Managing Director, Central London CCG
Cabinet Member Portfolio	Cabinet Member for Adult Social Services & Public Health
Wards Involved:	All
Policy Context:	Health & Wellbeing Strategy 2016-21
Report Author and Contact Details:	Philippa Mardon, Deputy Managing Director, Central London CCG – Philippa.Mardon@nhs.net

1. Executive Summary

- 1.1 Health colleagues were asked to provide a general update on Central London's Clinical Commissioning Groups intended quality improvements for 2017-18.
- 1.2 This is a programme of initiatives that has the potential to improve the quality and experience of services for the population of Westminster. In recent years healthcare has developed along separate disciplines and specialities that work in isolation rather than having a larger perspective of the whole health system. This has led to increased focus on acute care and not prevention, with systems geared to offering the best treatment rather than investing in prevention. Additionally, efforts to improve quality of service and realise cost efficiencies within different areas of related care can create more costs if they are not viewed from a whole system perspective.
- 1.3 Quality is a primary driver for this programme of work as it has been evidenced across the U.K that focussing on quality will realise benefits for patients, with a high likelihood of improving value for patients and the whole system as a whole, whilst recognising that considering quality without regard for costs is unsustainable for the system.

1.4 The purpose of the report is to enable the committee to assess the proposed quality improvements and offer support and direction on how we might manage and develop this programme further.

2. Key Matters for the Committee's Consideration

2.1 The Committee is asked to:

- Comment on the proposed programme of quality improvements.
- Offer further advice on potential opportunities for consideration in this programme.

Central London CCG

Quality Improvement Programme 2017-2019

Page 67

Philippa Mardon, Deputy Managing Director CL CCG

1. Context and Scope

- This pack has been developed to outline the identified Quality, Innovation, Productivity and Prevention (QIPP) Programme for Central London CCG 2017-2019
- Central London CCG have worked to develop these schemes in collaboration across NWL where applicable

Page 68

Some of these schemes are already in implementation and have the potential to deliver savings for our system, others are still under development

- This pack outlines;
 - Services areas
 - Options for delivery where known
 - Other potential areas for change

2. Central London CCG – Achievements

Central London CCG has successfully implemented a number of schemes where we will be monitoring the system efficiencies alongside the quality of the pathway from a patient perspective:

Dermatology - GPwSI (General Practitioner with Special Interest) led pilot launched on 1st July where patients are offered access to GP's with enhanced Dermatology skills in local practices; these GP's are supported by a Consultant who can advise on care or see patients with complex needs in a multi disciplinary team (MDT) environment.

MSK & Pain Management – A single point of access for all referrals which are triaged by subject matter experts who manage individualised care for all patients to ensure they see the right clinician at the right time as close to home as possible.

Faecal Calprotectin – Increased awareness of the appropriate use of this test for differential diagnosis of IBD and IBS will speed up diagnosis and ensure that treatment or further referrals are processed much faster than current practice. To ensure that GPs are aware of NICE recommendations on re-test intervals and red flag symptoms which may result in inappropriate requests for FC testing (dependent on age of patient).

3. Central London CCG – Pathways in development

- Ophthalmology – A self-referral approach for patients to see high street optometrists with minor eye conditions and cataracts.
- Gynaecology/Urology – Consultant triage, with care planning and advice & guidance, Continence services will be maintained as a community service being delivered as close to home as possible
- Neurology - the pathway is being developed from a NWL perspective, a focus on those pathways that may be delivered in a community setting. E.g. Parkinson
- Gastroenterology – Further work to develop a more streamlined pathway for patients
- Cardiology - the pathway is being developed from a NWL perspective, Consultant triage, with care planning and advice & guidance. GP Education to support keeping patients in primary care wherever possible.
- Diabetes – Central London CCG is part of a collaboration of CCGs which have been awarded funding to provide education within primary care so that patients can be cared for as close to home as possible. The development of a community led diabetes service will be rolled out in 2018-19
- Cancer - support primary care to increase participation in cancer screening at a local level

4. Community Dermatology

Project : Implementation of GP with Special Interest (GPwSI) Led Community Dermatology Pilot Service (CDS) is completed
Rationale: The previous service experienced issues in responsiveness, recruitment and patient access. As a result the previous provider served notice.

Enhance GP resilience to improve the management of chronic disease in primary care, which aligns to *STP Domain 2: Enhancing quality of life for people with long-term conditions.*

Improve the clinical interface between primary and secondary care, which aligns to *STP Domain 4: Ensuring that people have a positive experience of care.*

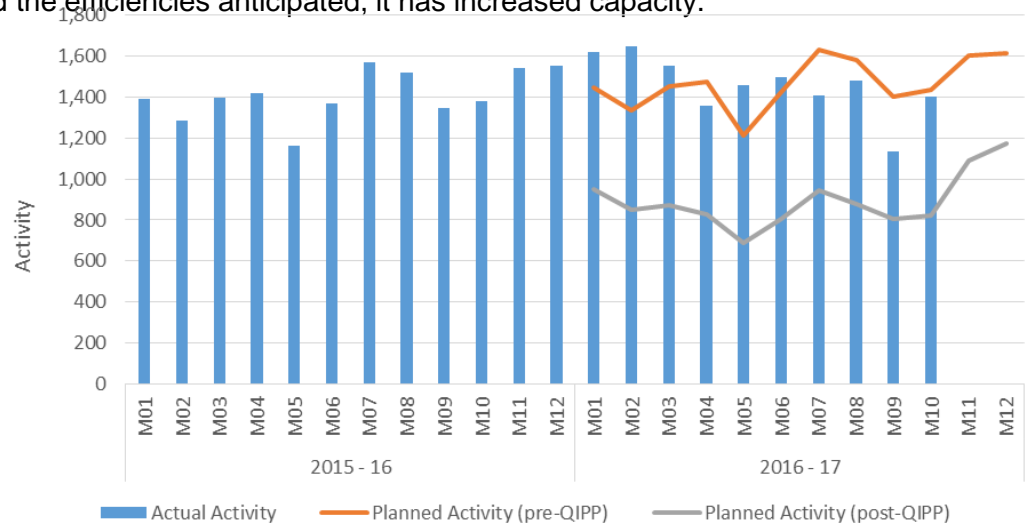
Joint

Working: We have a shared pathway with CWHHE (Central, West, Hammersmith and Fulham, Hounslow and Ealing CCG) colleagues, CL has experienced GPwSI in place and several about to qualify – others will need to have a training programme in place.

Page 71
 Current Service:

The current service has not delivered the efficiencies anticipated, it has increased capacity.

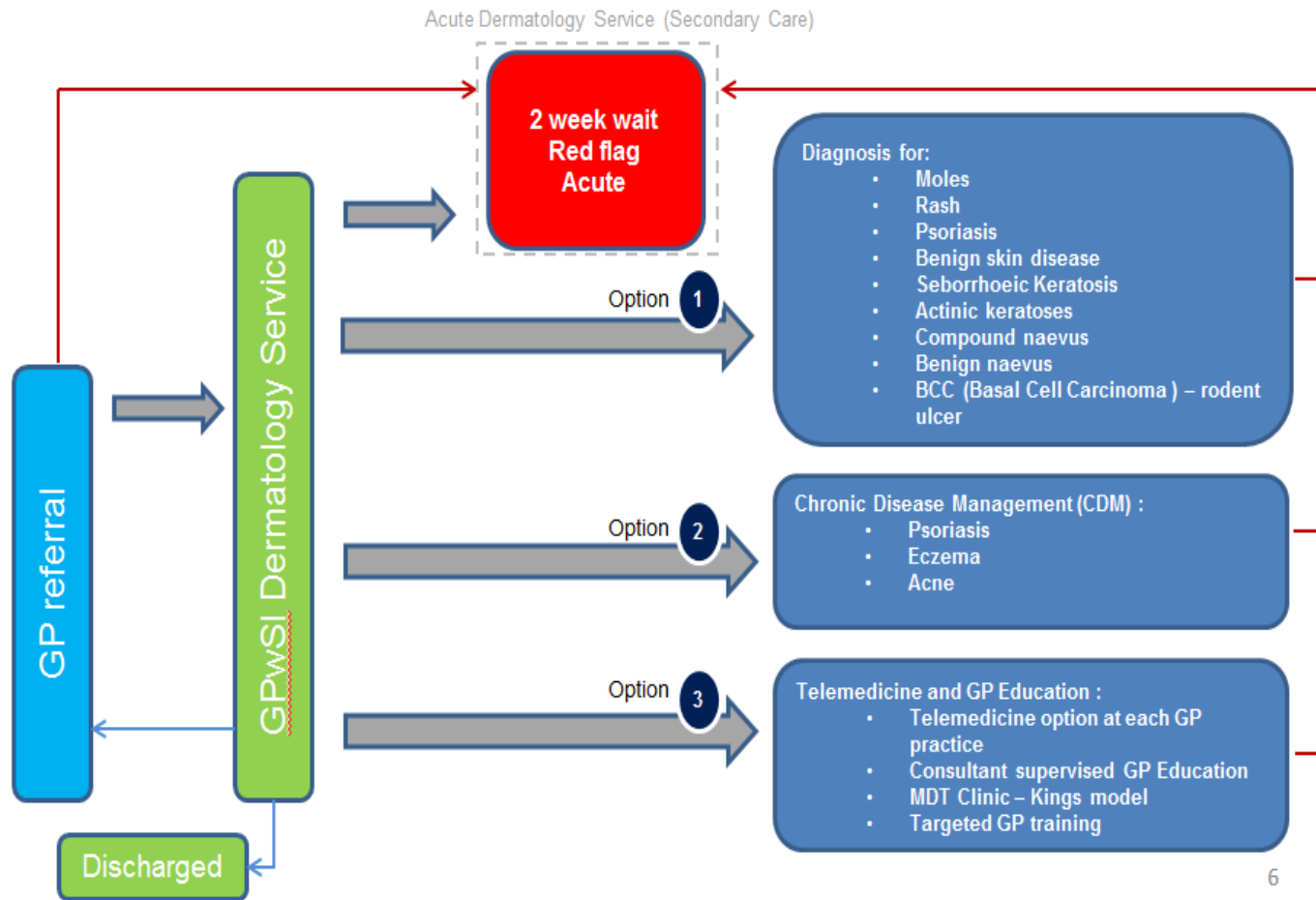
Month	Actual Activity	Planned Activity (pre-QIPP)	Planned Activity (post-QIPP)	Planned Reduction	Actual Reduction
Apr-16	1,617	1,446	949	-498	171
May-16	1,649	1,335	850	-485	314
Jun-16	1,551	1,453	872	-581	98
Jul-16	1,356	1,473	830	-644	-117
Aug-16	1,460	1,210	688	-522	250
Sep-16	1,498	1,425	808	-618	73
Oct-16	1,407	1,632	943	-689	-225
Nov-16	1,479	1,582	881	-701	-103
Dec-16	1,136	1,400	806	-594	-264
Jan-17	1,401	1,434	821	-613	-33
Feb-17		1,603	1,091	-512	
Mar-17		1,616	1,175	-442	
Grand Total	14,554	17,610	10,713	-6,898	
YTD	14,554	14,391	8,447	-5,944	163



4. Community Dermatology Pathway

The following pathway has been co-produced with clinicians and patients. To develop a best practice pathway that provides care for the patient in the right place at the right time

Page 72



5. Community Ophthalmology

Project: Establishment of a primary eye care service pilot delivered by Community Optometrists has been agreed and implementation is underway.

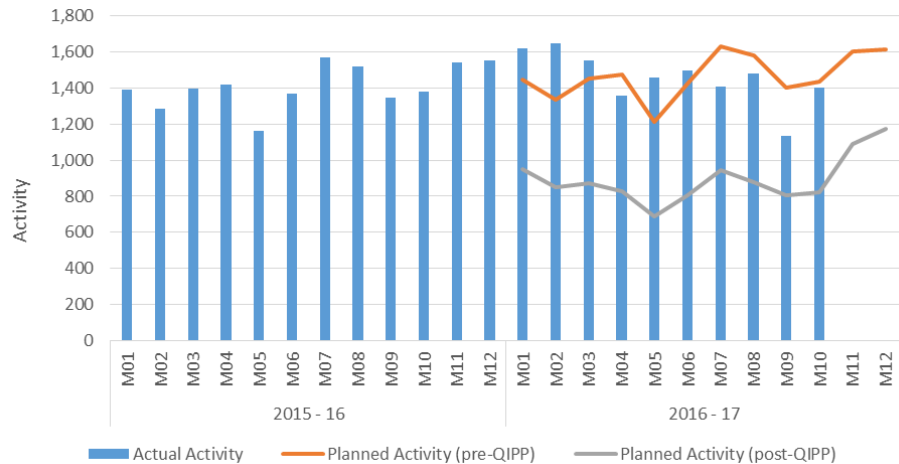
Rationale: There is an opportunity to improve the patient experience and reduce costs by improving the role of Local Optometrists

Joint Working: Shared proposal with all our partners, Hounslow have just gone live with a similar service to the one we have in place. Ealing also keen to develop a similar service.

Current Service: The current service has not achieved the QIPP targets attached to it, and therefore this has highlighted an opportunity for re-design.

Page 73

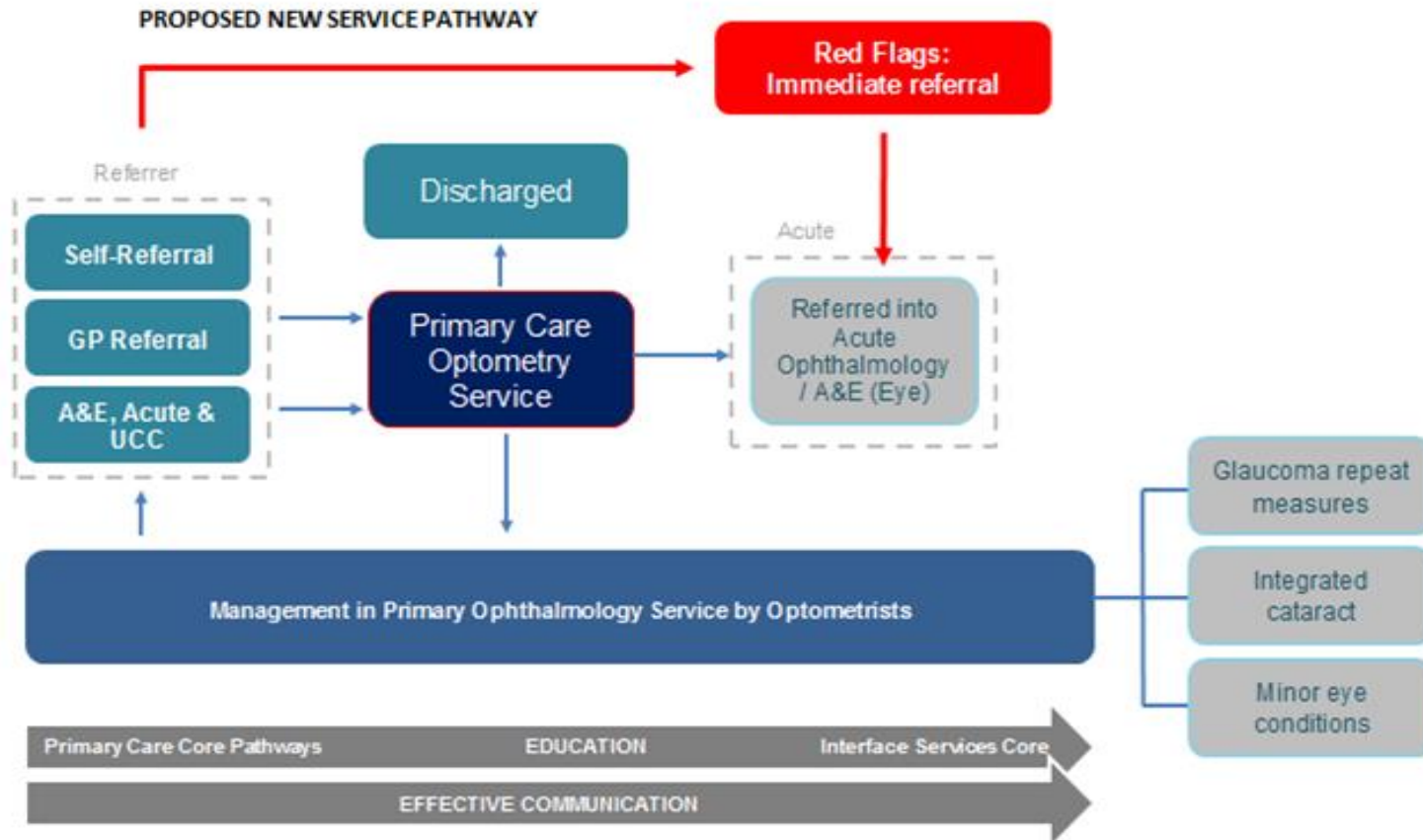
Month	Actual Activity	Planned Activity (pre-QIPP)	Planned Activity (post-QIPP)	Planned Reduction	Actual Reduction
Apr-16	1,617	1,446	949	-498	171
May-16	1,649	1,335	850	-485	314
Jun-16	1,551	1,453	872	-581	98
Jul-16	1,356	1,473	830	-644	-117
Aug-16	1,460	1,210	688	-522	250
Sep-16	1,498	1,425	808	-618	73
Oct-16	1,407	1,632	943	-689	-225
Nov-16	1,479	1,582	881	-701	-103
Dec-16	1,136	1,400	806	-594	-264
Jan-17	1,401	1,434	821	-613	-33
Feb-17		1,603	1,091	-512	
Mar-17		1,616	1,175	-442	
Grand Total	14,554	17,610	10,713	-6,898	
YTD	14,554	14,391	8,447	-5,944	163



5. Community Ophthalmology Pathway

The following pathway has been co-produced with clinicians and patients. To develop a best practice pathway that provides care for the patient in the right place at the right time

Page 74



6. Community Gynaecology

Project: Re-design the current service to remove the community service with triage at front door of acute and e-referral advice & guidance in place

Rationale: Re-provide the Continence Service as a tri-borough community provision.
Re-design the care pathway to facilitate an improved service delivery model.
Streamlining patient access to care.

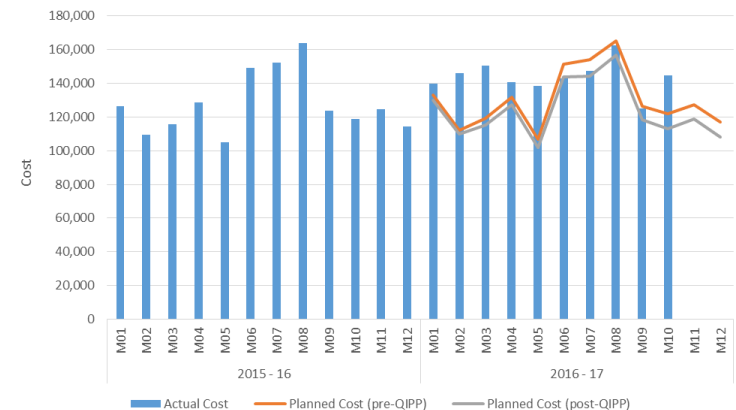
Joint Working: This is a CL only service, once the pathway is finalised we will share with colleagues

Current Service: The current service has not realised the efficiencies identified in the business case

Page 75

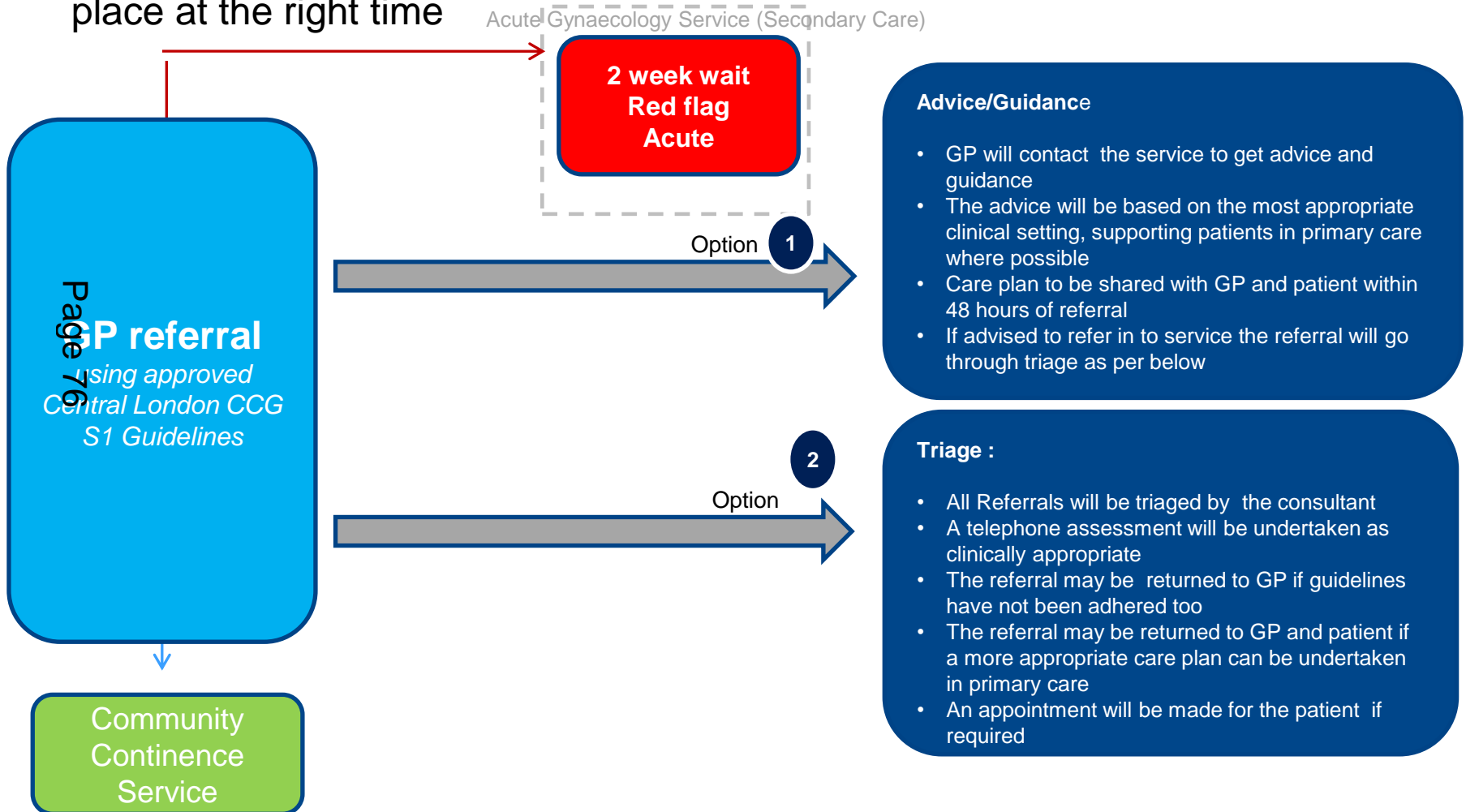
Acute and Community Cost for Urology and Gynaecology QIPP Schemes

Month	Actual Cost	Planned Cost (pre-QIPP)	Planned Cost (post-QIPP)	Planned Reduction	Actual Reduction
Apr-16	£139,839	£132,963	£129,878	-\$3,085	£6,876
May-16	£146,221	£112,049	£109,784	-\$2,265	£34,173
Jun-16	£150,650	£119,399	£115,233	-\$4,167	£31,251
Jul-16	£140,752	£131,716	£127,107	-\$4,609	£9,036
Aug-16	£138,312	£106,865	£102,006	-\$4,859	£31,447
Sep-16	£143,109	£151,209	£143,785	-\$7,424	-\$8,099
Oct-16	£147,409	£154,160	£144,039	-\$10,121	-\$6,751
Nov-16	£162,735	£165,278	£156,769	-\$8,509	-\$2,543
Dec-16	£125,150	£126,212	£118,372	-\$7,840	-\$1,062
Jan-17	£144,543	£121,832	£113,109	-\$8,722	£22,711
Feb-17	£0	£127,373	£118,948	-\$8,425	
Mar-17	£0	£117,241	£108,019	-\$9,222	
Grand Total	£1,438,721	£1,566,296	£1,487,050	-\$79,246	
YTD	£1,438,721	£1,321,681	£1,260,082	-\$61,599	£117,040



6. Community Gynaecology Pathway

The following pathway has been co-produced with clinicians and patients. To develop a best practice pathway that provides care for the patient in the right place at the right time



7. Mental Health – Current Schemes

As part of the Mental Health Programme there are the following schemes being delivered;

Placements

– working to repatriate patients who have been placed out of sector, monitoring and maintaining appropriate levels of care

Personality Disorder

– to review and redesign of current pathway due to complexity for patients

Acute

– work with our current provider to map and understand how the pathway will support the system and patients to navigate more easily

Psychiatric Liaison Services

– review current provision to ensure that the system is supported and receiving value for money

IAPT

– increased provision for people with long term mental health needs, consolidation of current service provision

Page 77

8. Community Services – Current Schemes

As part of the Community Services Transformation Programme there are the following schemes being delivered;

Falls

– working with our current provider to redesign the falls service for further integration with other services, and to reduce duplication

End of Life

– map current utilisation to assess value for money, and identify any efficiencies that can be made

Community Nursing

– review and working to realign case management function to find system efficiencies

Diabetes

– review current provision to identify opportunity to improve service and identify any efficiencies that can be made

Intermediate Care

– realign bedded provision based on population need, and to identify any efficiencies that can be made

9. Next Steps

- Planning for 2018-19 to include new opportunities and areas for service transformation including;
 - Sleep Apnoea pathway
 - Community Radiology
 - Pathology
 - Haematology pathway
 - Orthotics
- Evaluate the pilots of models of care currently transformed in 2017-18
 - Dermatology
 - MSK
 - Ophthalmology
- Embed co-production as a way of learning from patients to further improve pathways

This page is intentionally left blank



Adults, Health & Public Protection Policy & Scrutiny Committee

Date:	20 September 2017
Classification:	General Release
Title:	Work Programme and Action Tracker
Report of:	Director of Policy, Partnerships & Communications
Cabinet Member Portfolio	Cabinet Member for Adults Social Services & Public 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:	Artemis Kassi - Policy & Scrutiny Officer x 3451 akassi@westminster.gov.uk

1. Executive Summary

1.1 This report updates the Committee's Work Programme and the Action Tracker.

2. Key Matters for the Committee's Consideration

2.1 The Committee is asked to:

- Review the draft list of suggested items on the Work Programme (Appendix 1)
- Finalise items for the November meeting
- Note the Action Tracker

3. Background

- 3.1 There are two substantive changes to the Work Programme at this stage. The first change is the potential addition of three items. All three items arose at the Committee meeting on 19 June 2017.
- 3.2 The first item concerns the drug market and knife crime. The Committee requested a future update on progress in Police engagement with young people and schools.
- 3.3. The second item concerns the PREVENT initiative. The Committee discussed giving closer consideration to the PREVENT initiative and to the CONTEST sub-group of the Safer Westminster Partnership.
- 3.4 The third item concerns St Mary's Hospital. The Committee discussed giving consideration to the level of use of services at St Mary's Hospital by non-Westminster residents, who may come from abroad to obtain treatment in London.
- 3.5 The Committee may wish to deal with these items as substantive agenda items at a subsequent meeting or to receive a briefing.
- 3.6 A further substantive change to the Work Programme concerns an item currently on the November agenda. The proposed agenda item concerns how business can support best practice in public safety, with the objective of identifying how business does and/or support the Police to help reduce crime. There is a joint Adults, Health & Public Protection/ Business, Planning & Transport Task Group which is about to begin work examining the evening and night time economy and this agenda item may be more comprehensively dealt with in the context of the joint Task Group's work.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact Artemis Kassi x3451

akassi@westminster.gov.uk

APPENDICES:

Appendix 1- Annual Work Programme

Appendix 2 - Action Tracker



ROUND ONE (19 JUNE 2017)		
Agenda Item	Reasons & objective for item	Represented by:
Policing Plan Implementation including the BCU		Peter Ayling Sara Sutton
Safer Westminster Plan	To consider objectives and plans for the year ahead and a progress report on performance	Sarah Sutton Mick Smith
MOPAC Funding	To consider the prospectus for co commissioned funding and influence the expression of interest	Stuart Love Sara Sutton

Health Urgency Sub-Committee 29th June 2017		
Local plans, priorities and key issues for service development and improvement	To outline to Committee the key priorities and plans for the CCG's.	Jules Martin
New Primary Care Strategy	To consult Committee on the draft new Strategy	Jules Martin Chris Neal

ROUND TWO (20 SEPTEMBER 2017)		
Agenda Item	Reasons & objective for item	Represented by:
Cabinet Member Update	To receive an update	Councillor Heather Acton - Cabinet Member for Adult Social Care & Public Health
CCG Quality Improvements Programme	To receive an update on Westminster's CCG's intended quality improvements for 2017-18.	CCG's
London Ambulance Service	To receive an overview of current key issues and levels of performance.	London Ambulance Service

ROUND THREE (22 NOVEMBER 2017)

Agenda Item	Reasons & objective for item	Represented by:
Examining the links between substance abuse, mental health and the criminal justice system	The criminalisation of health problems and the impact on services	Westminster magistrates
How can Business support best practice in public safety?	To identify how business does/could support the Police to help reduce crime.	Amy Lane-night czar and BIDS?

ROUND FOUR (31 JANUARY 2017)

Agenda Item	Reasons & objective for item	Represented by:
Report Back from HWB Centre Task Group & Corporate work on Hubs?	To receive report back from the committees task group and consider recommendations in the context if the corporate work on the hubs	Councillor Barrie Taylor

ROUND FIVE (9 APRIL 2017)

Agenda Item	Reasons & objective for item	Represented by:
N.B this meeting will take place during purdah		

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.	To be Considered at Committee
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. This will run from September to January with the background working taking place over the summer.	Councillor Barrie Taylor
Air Quality Task Group	This task group has concluded its work and the report is being launched on 14.6.2017.	Councillor Jonathan Glanz.



Agenda Item	23 rd November 2016 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 and the community.	Short brief to be sent with Committee papers on 24.1.2017

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- sent to Committee 30.1.17

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.	Requested update (Sept 2017). This is still in development via HWB and will be shared with Committee once completed.

Item 5 Standing Updates: Air Quality Task Group	A Member of the Committee is sought as a deputy for Councillor Glanz.	No one has been identified. However the Task Group completes its work in March.
Item 5 Standing Updates: Community Independence Task Group	A Member of the Task Group is sought to take forward the work begun by Cllr. Rowley	The Task Group has now completed its work and delivered its report.
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	The draft Performance Framework has been circulated. The London Formula has been requested and is still awaited.

8th May 2017		
Agenda Item	Action	Status
Item 3 Minutes <u>St. Mary's Urgent Care Centre - Minute 6.6</u>	The wording to be expanded to include reference to Members' comments that patients who were ready to be discharged should have the opportunity to be assessed formally, and that this should form the basis of any necessary care plan.	Completed
Item 4 Cabinet Member Updates: Adult Social Services & Public Health <u>Homecare</u>	Members requested details of the IT that was available for Homecare; and asked that the next Cabinet Member update include information on the Homecare contract, with details of hourly rates and whether an allowance was made for travel time. Details of the outcomes and recommendations that may have followed Care Quality Commission inspections of Homecare and care homes in Westminster were also requested.	Completed via briefing note of 9.6.17 Sent to Committee on 12.6.17

<p>Item 4 Cabinet Member Updates: Adult Social Services & Public Health</p> <p><u>Smoking</u></p>	<p>To investigate whether other local authorities have extended the places where smoking is not permitted to include Council housing.</p> <p>John Forde (Deputy Director of Public Health) to provide the Committee with a link to the video being offered by the 'Kick-it' campaign.</p>	<p>Completed via briefing note as above.</p>
<p>Item 4 Cabinet Member Updates: Adult Social Services & Public Health</p> <p><u>Sustainability & Transformation Plan (STP)</u></p>	<p>Details of the feedback received from NHS England to the submission made by North West London; together with the minutes from North West London STP meetings were requested.</p>	<p>Both have been requested again.</p>
<p>Item 4 Cabinet Member Updates: Adult Social Services & Public Health</p> <p><u>Air Quality and Planning</u></p>	<p>Clarification sought of the influence that the City Council could have through planning decisions which improved public health by reducing the pollution caused by buildings.</p>	<p>Completed via briefing note as above</p>
<p>Item 4 Cabinet Member Updates: Adult Social Services & Public Health</p> <p><u>Mental Health Day Services</u></p>	<p>An update requested on the effectiveness of Mental Health Day Services and safe spaces</p>	<p>A response has been received, and is being clarified.</p>
<p>Item 4 Cabinet Member Updates: Adult Social Services & Public Health</p> <p><u>Mental Health Day Services</u></p>	<p>Clarification sought on whether Westminster's Troubled Families were linked with the Family Information Service and Employment Support.</p>	<p>Completed via briefing note sent out 09.06.2017</p>
<p>Item 4 Cabinet Member Updates: Public Protection</p> <p><u>Anti-Social Behaviour</u></p>	<p>Sara Sutton (Director Public Protection & Licensing) to provide the Committee with details of the work of Street Based Anti-Social Behaviour Task & Finish Group.</p>	<p>Completed.</p>
<p>Item 4 Cabinet Member Updates: Public Protection</p> <p><u>Moped Crime</u></p>	<p>A joint letter would be sent to the Borough Commander from the Committee and Cabinet Member highlighting their concerns regarding the rise in moped enabled robbery.</p>	<p>Completed.</p>

Item 7 Committee Work Programme	The agenda for the next meeting in June to focus on implementation of the Policing Plan and Borough Command Units; MOPAC Funding; and the Safer Westminster Partnership.	Completed
Item 7 Committee Work Programme	The presentation by Westminster's CCG's on local plans, priorities and key issues for service development and improvement, to be received at a meeting of the Health Urgency Sub-Committee, to be arranged as soon as possible after the General Election on 8 June. The presentation to also look at the Primary Care Strategy over the forthcoming year.	Completed

19 June 2017		
Agenda Item	Action	Status
Item 4 Cabinet Member Updates: Adult Social Services & Public Health	The Committee repeated its request to receive the Minutes from the North West London STP meetings	Request repeated.
Item 6 Metropolitan Police Service Update and Mayor's Policing and Crime Plan 2017-2021	<p>-The Borough Commander to provide Committee Members with details of the siting and coverage of CCTV in Westminster</p> <p>-The Borough Commander to provide an overview of drugs and vulnerability as one of the priorities set out in the Control Strategy for 2017; together with details of what the Police were trying to achieve and on the resulting outcomes</p> <p>-The Committee to receive details of gun crime in Westminster</p> <p>-The Committee requested a future update on progress in Police engagement in schools</p>	Information requested.

<p>Item 8 Safer Westminster Partnership</p>	<p>The Committee to receive contact details of the organisations that offered support in connection with domestic violence and Violence Against Women and Girls</p>	<p>Completed – with details provided to the Committee.</p>
<p>Item 9 Committee Work Programme</p>	<p>The Committee to receive details of the CCGs' forward plan, in order that it could be taken into account in the Committee's own Work Programme</p> <p>-The London Ambulance Service to be invited to present their vision of the future of the service; and to provide their perspective on the proposed redevelopment of the St Mary's Hospital site, and on any impact that may have arisen from the cycle super-highway</p> <p>-Following recent events at Grenfell Tower, the Committee agreed that it should review the City Council's ability to co-ordinate services if a similar issue were to arise in Westminster, and ensure that it has an effective Emergency Plan</p> <p>-Closer consideration to be given to the PREVENT initiative and to the CONTEST sub-group of the Safer Westminster Partnership, to establish whether radicalisation was a significant issue in Westminster</p> <p>-Consideration to be given to the level of use of services at St Mary's Hospital by non-Westminster residents, who may come from abroad to obtain treatment in London</p>	<p>CCG presentation on Quality Improvement Programme 2017 - 2019 at the meeting in Sept</p> <p>Completed. The LAS will present a paper at the meeting in Sept</p> <p>Addition to the Work Programme</p> <p>Addition to the Work Programme</p> <p>Addition to the Work Programme</p>