



City of Westminster

Committee Agenda

Title: **Adults & Health Policy & Scrutiny Committee**

Meeting Date: **Monday 9th April, 2018**

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 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 and Governance Officer.

**Tel: 020 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 Committee and Governance Services in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1. MEMBERSHIP

To note any changes to the membership.

2. DECLARATIONS OF INTEREST

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

3. MINUTES

To approve the Minutes of the meeting held on 31 January 2018.

4. CABINET MEMBER UPDATE

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

REPORT TO FOLLOW

5. STANDING UPDATES

I) TASK GROUPS

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

- **Health & Wellbeing Centres Task Group**
- **Joint Health Overview & Scrutiny Committee**

II) WESTMINSTER HEALTHWATCH

To receive an update on recent work undertaken in Westminster.

The update includes reference to the Healthwatch report 'Charing Cross Hospital Experiences of Today: Questions for Tomorrow'. Copies of the report have been circulated to Committee Members for information, and are available upon request.

(Pages 1 - 8)

(Pages 9 - 12)

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| <p>6. TRI- TO BI-BOROUGH PROGRAMME: ADULT SOCIAL CARE & PUBLIC HEALTH UPDATE</p> <p>To receive an update on progress in establishing a Bi-Borough agreement with the Royal Borough of Kensington & Chelsea for the delivery of Adult Social Care and Public Health.</p> | <p>(Pages 13 - 18)</p> |
| <p>7. CARE QUALITY COMMISSION - HEALTH AND SOCIAL CARE IN WESTMINSTER</p> <p>To receive an overview of Health and Social Care in Westminster from the Care Quality Commission.</p> | <p>(Pages 19 - 54)</p> |
| <p>8. COMMITTEE WORK PROGRAMME AND ACTION TRACKER</p> <p>To consider the Committee's Work Programme for the 2018-19 municipal year, and to note progress in the Committee's Action Tracker.</p> | <p>(Pages 55 - 70)</p> |
| <p>9. ANY OTHER BUSINESS</p> <p>To consider any other business which the Chairman considers urgent.</p> | |

Stuart Love
Chief Executive
29 March 2018

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CITY OF WESTMINSTER

DRAFT MINUTES

Adults & Health Policy & Scrutiny Committee

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Adults & Health Policy & Scrutiny Committee** held on **Wednesday 31 January 2018** in Room 3.1, 3rd Floor, 5 Strand, London WC2 5HR

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

Also Present: Councillor Heather Acton.

1. MEMBERSHIP

1.1 Apologies for absence were received from Councillor Glenys Roberts.

2. DECLARATIONS OF INTEREST

2.1 The Chairman sought any personal or prejudicial interests in respect of the items to be discussed from members and officers, in addition to the standing declarations previously made.

2.2 No further declarations were made.

3. MINUTES

RESOLVED:

3.1 That the Minutes of the meeting held on 22 November 2017 be approved; and

3.2 That the Minutes of the meeting of the Health Policy & Scrutiny Urgency Sub-Committee on 30 November 2017 also be approved.

Matters Arising

3.3 Councillor Burbridge requested that following discussions at a previous Committee meeting consideration be given to programming the following items onto the Work Programme:

- 1) St Mary's Hospital – service provision for local residents; and
- 2) Health Tourism.

4. CABINET MEMBER UPDATE

- 4.1 Councillor Heather Acton (Cabinet Member for Adult Social Services & Public Health) provided a briefing on key issues relating to her portfolio, which included Extra Care Housing; Home Care and Mental Health. The Committee also heard from Gaynor Driscoll (Head of Commissioning, Adults Public Health).
- 4.2 Councillor Acton congratulated the Committee on the production of the Health & Wellbeing Centres Task Group report and endorsed the recommendations contained within it. The Committee also noted that consideration would be given to allocating an additional person to the Health and Wellbeing Board to take responsibility for arts, health and wellbeing.
- 4.3 The Committee commented on the Shisha Event held on 30 November 2017 and stressed the importance of raising public awareness of the dangers of smoking shisha. Councillor Acton provided details of the event which was considered a success, however it was agreed that further work was required in disseminating the message regarding the negative health effects of shisha. The Committee noted that consideration would be provided to increasing funding to raise public awareness of the issues. Central Government was also being actively lobbied on the issue of shisha, in particular in terms of providing greater controls over it through licensing legislation. The Committee was pleased to note that a shisha symposium was scheduled for February which would be run in conjunction with Brent Council.
- 4.4 Concern was expressed by Members over the sexual health profile in Westminster and the high number of sexually transmitted infections. Gaynor Driscoll (Head of Commissioning, Adults Public Health) advised that an outreach service was provided across the borough which provided walk-in access to sexual health services providing more rapid access than many other boroughs. Educational programmes for schools had also been developed to increase the understanding of the issues. A comprehensive range of preventative measures and treatments was now in place as part of a London-wide strategy which was contributing to improving the situation within Westminster. Changes to sexual health services outside Westminster though had resulted in greater numbers of people utilising the Soho facilities. As a result, efforts were being made to ensure the facilities outside London remained accessible and support was being provided to local clinics to guarantee speed of access to services for local residents and prioritising those considered highest risk. Changes to how people utilised sexual health services had been noted and from 1 April 2018 a new online facility would be available which it was hoped would ease the pressure on clinics. The Committee expressed

an interest in receiving an update on the provision of the new online services at their next meeting.

5. STANDING UPDATES

5.1 Committee Task Groups

5.1.1 The Committee received updates on work undertaken by its Task Groups.

5.1.2 Councillor McAllister presented an update on the Community Independence Service (CIS) Single Member Study. The Committee noted that further work would be undertaken at assessing the availability of different care packages and future service requirements.

5.1.3 Councillor Barbara Arzymanow updated the Committee on the work of the Joint Health Overview & Scrutiny Committee which included: an explanation of the Accountable Care System; an overview of the objectives and role of GP Hubs and implementation plans; accident and emergency data and an update concerning the London Ambulance Service.

5.2 Westminster Healthwatch

5.2.1 Godwyns Onwuchekwa (Westminster Engagement Lead, Healthwatch) updated the Committee on recent work undertaken by Healthwatch in Westminster. Activity had focused on care coordination for people with long-term health conditions; mental health day provision in Westminster and project planning for 2018-19. Updates on the Soho Square GP Practice, the Half Penny Steps NHS GP Practice and Charing Cross Hospital were also provided.

5.2.2 The Committee expressed concern that recent Care Quality Commission (CQC) reports produced on local issues had not involved any early consultation with Members. As the issues impacted on local residents it could be expected that draft versions of a report would be circulated to the Committee for comment. Instead the Committee was asked to comment on the reports after they had been produced rather than contributing to them at an earlier stage and help form any recommendations. The importance of collaborative working was highlighted to help achieve common objectives and this was considered an area which required future improvement.

5.2.3 The Committee also discussed the following areas:

- St. Charles Hospital – A lack of transport to the hospital was raised and it was suggested that TfL be requested to assess means of improving transport options for patients.

- Charing Cross Hospital – Members noted the levels of misinformation in circulation regarding the future of the hospital and confirmed the importance of ensuring there was better engagement with patients and local residents.
- Half Penny Steps NHS GP Practice – The Committee expressed concern that approximately a third of those using the walk in service were not registered with a GP. The reasons to understand this figure required examining and it was suggested that this could be commissioned as a future potential piece of work.

5.3 Changes to Arrangements for Shared Services:

- 5.3.1 The Committee received an update from Bernie Flaherty (Bi-Borough Executive Director for Adult Social Care and Health) on progress in establishing a bi-borough agreement with the City Council and RB Kensington & Chelsea for the delivery of Adult Social Care and Public Health.
- 5.3.2 Progress made on the recruitment to the new bi-borough structure was detailed along with the level and types of engagement undertaken with existing staff members. The Committee requested that clarification be provided at a future meeting on the level of public consultation undertaken with regard to the public health budget.

6. **THE HEALTH & WELLBEING CENTRE TASK GROUP**

- 6.1 Councillor Taylor and Artemis Kassi (Policy and Scrutiny Officer) presented the draft report and recommendations of the Health and Wellbeing Centre Task Group. The Committee thanked Councillor Taylor and Artemis Kassi for all their efforts in producing a very comprehensive and informative report.
- 6.2 The Task Group had highlighted how in light of the increase in chronic health conditions the NHS understood it had to rethink its current approach and develop a more holistic model of social care with opportunities for increased levels of integration between both public and private services. Further details concerning the recommendations were noted and the importance of ensuring they were monitored was highlighted.
- 6.3 The Committee welcomed the report's findings and agreed the recommendations contained within it, subject to some suggested minor amendments. Members were pleased to note that the report would be distributed shortly to a wider audience.

7. **DRUG & ALCOHOL WELLBEING SERVICE (DAWS)**

- 7.1 Gaynor Driscoll (Head of Commissioning, Adults Public Health), Bernie Casey (Senior Manager, Change Grow Live), Mark Dronfield (Manager, DAWS) and

Michael Huck (DAWS Peer Mentor and Volunteer Manager) provided the Committee with an overview of the performance of substance misuse services within Westminster following the implementation of the redesigned and re-procured Drug and Alcohol Wellbeing Service (DAWS).

- 7.2 The new asset based model had been introduced in April 2016 in order to change the culture in how substance abuse was dealt with. As part of the new model a specialist alcohol service had been provided and this formed a key part of the whole system approach. The new model had seen improvements in certain service areas which had resulted in positive outcomes for those engaging with the service. Concerns still remained however over performance in engaging new people in services who were non-opiate users and particularly alcohol users. They often included people with complex needs who required intensive levels of treatment. Overall however it was considered that the system-wide approach to substance abuse had led to improvements in outcomes in particular for those entering education, training and employment.
- 7.3 The Committee noted the changing trends in drug use, both in relation to the type of drugs used and demographic of users, and the various efforts being made to engage with the different groups.
- 7.4 Despite the positive elements of the new model Members expressed concern that the levels of substance abuse in Westminster had not reduced. The Committee was informed that work with residents was continuing in order to increase the awareness of the harmful effects of drugs and alcohol. Various initiatives such as 'Dry January' were being promoted along with continued support provided to residents to help ensure any levels of existing substance abuse did not escalate.
- 7.5 Other issues discussed included reaching out to drug users at nightclubs and entertainment areas; rehabilitation services available for rough sleepers and the need to improve the road to wellbeing asset map.

8. WESTMINSTER CLINICAL COMMISSIONING GROUPS - UPDATE

- 8.1 Chris Neill (Deputy Managing Director, Central London CCG), Emma Playford (Senior Engagement & Corporate Affairs Manager, Central London CCG) and Mike Nelson (Assistant Head of Primary Care Commissioning, NHS England) provided the Committee with updates on St Mary's Hospital Urgent Care Centre and Soho General Practice.

8.1 Urgent Care Centre – St Mary's Hospital

- 8.1.1 Dr James King (GP Clinical Lead), Andy Gregory (Managing Director), Amanda Hatch (Clinical Support Manager) and Anita Murphy (Operations Manager, Urgent

Care Centre) were also invited to address the Committee with regards to St Mary's Urgent Care Centre.

- 8.1.2 Chris Neill provided an update on the CQC inspections carried out last year and the subsequent work undertaken with the provider (Vocare Ltd). Since the inspection, where the Centre was provided with a rating of inadequate, performance had improved and was now considered one of the best performing centres in north west London. Several issues still remained however as it was a small service, relying on a small number of staff but overall care services had improved. It was noted that the CQC were scheduled to conduct a further inspection in March 2018.
- 8.1.3 The Committee noted with concern the issues identified by the CQC inspection and requested further details on how they were being addressed. Andy Gregory explained various initiatives had been put in place including installing more experienced leadership throughout the Centre. This had resulted in the delivery of services significantly improving and would ensure the Centre was more clinically-led in future. Further details of the service improvement plan were provided and the Committee was advised that these measures should safeguard against such concerns from arising in the future. The Committee was invited to attend the Urgent Care Centre to experience the service improvements implemented and talk to members of staff working there.
- 8.1.4 The Committee welcomed the significant steps taken to address the issues raised at the Centre and hoped that the CQC report scheduled for March 2018 would provide evidence that the changes implemented had improved service delivery. The Committee stressed the importance of learning from this experience and expected to see more due diligence undertaken by the CCG to ensure future providers of such services had the ability to operate efficiently and effectively immediately.

8.2 Soho Square General Practice

- 8.2.1 The Committee noted the update concerning the management of the provider of the Soho Square General Practice and future patient involvement. Members commented that they expected to see more effective and enhanced communications by the provider at an earlier stage. This would allow the Committee to properly scrutinise the practice as appropriate and also keep patients and community groups informed of any changes to the service before they were implemented. The importance of appropriate consultation was highlighted rather than only being able to comment on any changes after they had already been introduced.

9. CARE HOME QUALITY IN WESTMINSTER

- 9.1 Bernie Flaherty (Bi-Borough Executive Director for Adult Social Care and Health) and Mike Boyle (Director of Commissioning and Enterprise) updated the Committee on the status of care home quality in Westminster. This included details of a recently commissioned care home improvement programme and other initiatives designed to enhance the quality of life for care home residents and for staff working in care homes.
- 9.2 The Committee was pleased to note that there were currently no care homes within Westminster which were classified by ASC as causing concern. Efforts to further improve services continued and a care home improvement programme had recently been commissioned. The programme would be delivered by two recognised care home improvement organisations; 'My Home Life' and 'Ladder to the Moon'. The Committee welcomed the opportunity to invite the two organisations to a future committee meeting to learn more about them and the programme they were delivering.
- 9.3 The Committee was pleased to note that the sharing of best practice between care homes was taking place. Mike Boyle explained that a registered managers network supported by Skills for Care and the London Care and Support Forum met regularly to exchange good practice and support managers in their role.
- 9.4 Members were interested to learn about how measures were implemented to ensure patients drug charts were regularly updated. Bernie Flaherty confirmed that when CQC inspections occurred there was now a much stronger focus on medication, the Council also conducted quality assurance checks with a major focus on medication. It was recognised that this was an area of importance and as such extra training was now in place to support staff with courses provided which included input from the CQC.
- 9.5 It was noted that the Joint Health and Social Care Dementia Programme Board provided oversight for the delivery of new sustainable workforce development models to improve the quality of care for people with complex dementia. The Committee suggested that it would be beneficial if a Scrutiny Member could input into the Board in some capacity to assist in the review process and provide advice where necessary. Bernie Flaherty welcomed the proposal for a member of the Committee to input into the work of the Board.
- 9.6 Other issues discussed included future care home provision and CQC inspections. The Committee welcomed an invite by Mike Boyle to visit care homes within Westminster.

10. COMMITTEE WORK PROGRAMME

- 10.1 Artemis Kassi (Policy & Scrutiny Officer) presented the Committee's Work Programme and Action Tracker.

10.2 The Committee agreed that the next meeting on 9 April 2018 would focus on:

- An update from the Care Quality Commission;
- Inviting the two care home improvement organisations; My Home Life and Ladder to the Moon, to the meeting to discuss their care home improvement programme; and
- Receiving a report on the provision of sexual health care in relation to demand for services located within Westminster by people located from outside the borough and ensuring local residents were therefore not disadvantaged.

10.3 The Committee noted that the following potential items would be allocated at a later date:

- St Mary's Hospital – service provision for local residents; and
- Health Tourism.

The Meeting ended at 9:24pm.

CHAIRMAN:_____

DATE:_____



Adults & Health Policy & Scrutiny Committee

Date:	9 April 2018
Classification:	General Release
Title:	Update Report from Healthwatch Westminster
Report of:	Christine Vigars, Chair Healthwatch Central West London (HWCWL)
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 CWL 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 (Healthwatch CWL) work activity in Westminster

- 2.1 Healthwatch CWL 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 The final draft report is complete and has been shared with the Health and Wellbeing Board (HWBB). The report will be considered at the next HWBB meeting on 24th May along with next steps, as discussed with Central London CCG. Healthwatch would request that the report is shared with the next scrutiny committee.

2.3 Mental health day provision

2.3.1 Healthwatch CWL has shared learning from the process of changing mental health day opportunities with commissioners looking at day opportunities for people with dementia and with mental health needs in Kensington and Chelsea and Hammersmith and Fulham. HWCWL will be able to progress this work as the transition to bi borough concludes and staff start their substantive roles

2.4 Focus for 2018-2019

2.4.1 HWCL is settling on three focuses for the coming year; primary care, young people and the impact locally of the wider north west London NHS system change. Under these headings we'll be working locally to shape delivery. Scoping is already in hand in Westminster for work with young people with the establishment of a project group and in primary care for support work with PPGs and complaints.

3. Issues arising locally

3.1 Soho Square GP Practice

3.1.1 Healthwatch CWL continues to raise concerns about the process in which the proposed changes by Living Care Medical Services (LCMS) in regard to Soho Square GP Practice have been presented, implemented and generally communicated. Although the changes were not implemented on 1 December 2017 as initially put out by the provider, certain aspects of it have been brought in without due agreement and involvement of patients.

3.1.2 Particular concerns include:

- Single doctor: From 1 December 2017, the Surgery has one doctor while it brings in locum doctors from time to time. It is unsatisfactory, if not unsafe for over 5000 patients to be looked after by one doctor.
- Lack of permanent staff: Over the past 3 months, the staff turnover at the Surgery has increased including the resignation of one doctor and the high use of locum healthcare practitioners.
- Inconsistent service provision: Although the Surgery remains open, there have been days when patients were not attended to due to no doctor or Advance Nurse Practitioner (ANP) being on duty. This occurred on three different occasions, one being a full day while the other two were half day each.

- Disruptions to repeat prescriptions: Many patients have raised concerns that their prescriptions were changed or terminated without information or consultation.

3.1.3 Ongoing concerns:

- Proposed changes: the provider's proposed changes were not backed by any evidence or clear and timely consultation with patients and this has resulted in misunderstandings and confusion about what will be changing. There has been a lack of details regarding the impending changes; i.e. while the provider said in January that the telephone triage will be suspended, it has recently returned this to the agenda, but no details of the cost implications to patients has been provided or clarified.
- Healthwatch Central West London feel; that sections 14Z2 of the Health and Social Care Act 2012 which stipulates that CCGs "must make arrangements to secure that individuals to whom the services are being or may be provided are involved... b) in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them", could have informed and supported a more transparent and effective engagement with patients.
- The provider appears not to have carried out any Impact Assessment – Equality or Quality – and therefore does not have any evidence on how these changes would be beneficial to patients who have different levels of vulnerability.
- The provider has not provided evidence that choice and personal care will remain vital components in the new system.
- The provider has offered to install Language Line (LL) and this is welcomed. However, this has not been explained in detail to patients majority of whom does not know what it is, means and how it can impact on their confidentiality and the amount of time they would get in their consultations.
- Patients want the choice of having access to face-to-face appointments with their GP and want a reassurance that this will remain so.
- The provider has not been clear on whether the entire booking system and consultation will be handled through the telephone triage, although this seems to be the proposal. If so, this raises a question as to whether this Surgery is local or virtual. More clarity is needed on this aspect.

3.1.4 LCMS have been asked by the CCG to provide a Practice Plan outlining the changes. This was due on the 21st December and Healthwatch expects this to be made available to both ourselves and the PPG at Soho Square Practice. This has yet not been shared. Healthwatch understands that CL CCG have been working with Living Care and the PPG on concerns.

3.1.5 Healthwatch CWL has formally written to the Central London CCG and NHS England in early February outlining our concerns about the above issues and most especially, the telephone triage system as well as the significant reduction

in doctors' hours. We identified the poor patients' engagement that has surrounded the discussion and requested an explanation on steps commissioners would take to ensure due diligence is followed and a full plan of how they intend to engage patients going forward. Central London CCG have responded and advised they are seeking a practical way forward.

4. Charing Cross Hospital

- 4.1 The report Charing Cross Hospital Experiences of Today: Questions for Tomorrow has been completed and considered at the Joint Overview and Scrutiny Committee for NW London, Imperial College Healthcare NHS Trust Public Board. Copies of the report have been circulated to Committee Members for information.

Carena Rogers

Programme Manager

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March 2018



Adults & Health Policy & Scrutiny Committee

Date:	Monday 9 April 2018
Classification:	General Release
Title:	Tri- to Bi-Borough Programme: ASC & Public Health Update
Report of:	Bernie Flaherty
Wards Involved:	All
Report Author and Contact Details:	Anne Pollock or x2757 apollock@westminster.gov.uk

1. Executive Summary

- 1.1. This report provides the committee with an update on progress in establishing a Bi-Borough agreement with the Royal Borough of Kensington and Chelsea for the delivery of Adult Social Care and Public Health and transition plans to imbed the new Bi-Borough Structures post-March 2018. These proposals are being implemented as a result of the decision (made by Cabinet on 27 March 2017) to serve notice on London Borough of Hammersmith & Fulham to terminate the Tri-Borough s113 agreements currently in place to deliver these services.
- 1.2. A plan is in place to ensure a smooth transition to minimise any risk to on-going service delivery. The majority of changes will 'go live' by 1 April 2018. Where this is not the case, there are sound business reasons and agreement has been reached with LBHF in respect of timings.
- 1.3. The new structures have sought to retain the principles that underpinned the original Tri-Borough agreement. These were agreed with the relevant Cabinet Members and approved by Cabinet in December 2017.
- 1.4. The structures were subject to consultation with staff. Considerable effort has been spent mitigating the potential financial impact of the move to a Bi-Borough service, as well as ensuring that current service provision does not suffer as a result of the uncertainty being experienced by staff.
- 1.5. The Committee last received a detailed update on the competitive assimilation process and a general update on the Programme's progress on 31 January

- 1.6. This paper provides an update on the ASC and Public Health staff moves, transition plans and legal agreement.

2. Recommendations

- 2.1. That the Committee notes the progress made in moving from a Tri-Borough to Bi-Borough structure in Adult Social Care & Public Health.
- 2.2. That the Committee notes the ASC and Public Health-led transition plans to imbed the new Bi-Borough Structures post-March 2018.
- 2.3. That any future Committee updates on the transition period be included in the Cabinet Member Report.

3. Background

- 3.1 In March 2017, Cabinet endorsed a recommendation to service notice to London Borough of Hammersmith and Fulham (LBHF) to terminate the s113 agreements that have been in place since 2012 to share Children's Services, Adult Social Care & Public Health. LBHF had signalled their intent to withdraw but with no indication of when they would serve notice. In order to reduce the uncertainty for staff and the potential impact this might have on service delivery, Westminster City Council (WCC) and the Royal Borough of Kensington and Chelsea (RBKC) agreed to issue termination notices. Both Councils were keen to ensure that new arrangements were in place by April 2018.
- 3.2 Since then, officers have worked to develop alternative structures that maintain the principles of the original Tri-Borough proposition of collaborative working and delivering efficiencies through scale whilst retaining sovereignty. A new Cooperative Agreement is being finalised with RBKC, setting out the new sharing arrangements. A small number of services in both Adult Social Care and Children's Services will continue to be shared with both RBKC and LBHF.

4 Programme Update

- 4.1 The following paragraphs provide an update on the programme to implement changes in response to the need to withdraw from the partnership with LBHF. This programme is being led by the Bi-Borough Director of Adult Social Care.
- 4.2 Since January 2018, the programme has been preparing for the termination of the s113 Agreement on 1 April 2018 and service transition plans are being led by ASC and Public Health to imbed the new structures post-March 2018.
- 4.3 Officers are liaising with BT to update the structures on Agresso.

5. HR Update – ASC & Public Health

- 5.1. The move to a Bi-Borough service represented a significant restructure of resources across ASC, Public Health and Children's Services. However, in practice, the majority of staff (83% in WCC) were unaffected. Their employing borough will remain the same, as will their job description.

- 5.2 Following completion of competitive assimilation and ring-fenced interview process, staff who did not secure a role in the Bi-Borough structure were offered alternative roles and / or redeployment opportunities in LBHF's new sovereign structures.
- 5.3 Remaining Bi Borough and sovereign LBHF vacancies are being progressed to wider recruitment which may create further redeployment opportunities for displaced staff. Staff at risk of redundancy will continue to receive redeployment support via local HR teams and our outplacement support providers.
- 5.4 Member Panels took place for the Adult Social Care Director of Integrated Commissioning in early March. At the time of writing, it has not been confirmed who has been appointed to this role.
- 5.5 Officers submitted a Change Request (CR) to BT for the expected Agresso build work in early January 2018. The detailed structure build requirements per directorate have been provided to BT. Officers continue to liaise with BT to complete the build by April.

6 Adult Social Care & Public Health and Integrated Commissioning Transition Plans and Activities

Staff Moves Programme

- 6.1 The staff moves programme was launched ahead of staff located in LBHF Town Hall moving to Bi-Borough locations on the weekend of 24 March 2018. Together with Bi-Borough and LBHF Corporate Property, Bi-B ASC teams were supported to declutter and archive. Weekly drop in sessions were held in LBHF and Property Services staff were available to support teams.

Bi-Borough Staff Engagement & Service Launch

- 6.2 A series of workshops to develop further the vision for ASC and Public Health have been on-going and a launch event for the new Bi-Borough services will take place in April.
- 6.3 All data is being collated to feedback to the Adult Social Care senior management teams. This will feed into the Bi-Borough launch day on 16 April and support them to create an action plan for the next 3, 6, 9 months.

Transition Plans

- 6.4 Each service has completed plans identifying activities that need to be undertaken as part of the transition and managers will now implement actions.
- 6.5 Teams are in the process of completing handover notes in order to ensure continuity during the transition period.

- 6.6 ASC Financial Services have begun the planning for the next phase of disaggregation. A specific project board has been established, as have terms of reference.
- 6.7 Bi-Borough commissioning activities include an Away Day in March to bring together Public Health, Children's Services and Adult Social Care staff, to introduce strategy and improve staff engagement and understanding of the new integrated model of working. Resourcing has been brought in to coordinate and support the transition implementation and disaggregation from LBHF.
- 6.8 The Adult Social Care and Public Health Transition Plans have been framed around 3 themes; People (e.g. recruitment); Systems & Policies (e.g. IT Data Governance and employee guidance); and Communication & Engagement (e.g. internal and external Comms).
- 6.9 The Programme Board will continue to meet during the transition period to ensure corporate governance of the new Bi-Borough services and the continued shared services with LBHF. Member governance for these matters is being finalised.

7. Contracts

- 7.1 Current WCC practice is to let sovereign contracts. However, there are a number of legacy contracts that were let by one authority on behalf of all three Councils.
- 7.2 A Tri- to Bi-Borough Contracts Working Group (chaired by the Chief Procurement Officer) was established to review the data and mitigate the risks around contracts governing multi-borough services.
- 7.3 In early 2018, there was only one contract in ASC that needed action. However, in this case, sovereign contracts were not suitable so the existing contract will remain in force.
- 7.4 There have been no increases in costs as a result of executing sovereign contracts in place of a single contract executed by one Borough on behalf of two or more Councils. The process of executing sovereign contracts has been broadly an administrative process to separate accountability for the management of services and management of risk and cost.

8. Financial and Resources Implications

- 8.1. In agreeing to serve notice on the s113 agreement with LBHF, WCC agreed to set aside a small budget to resource the restructure of the services.
- 8.2. Officers are currently reviewing the predicted costs against the actual costs of the programme.

9. **Legal Update**

- 9.1. At the time of writing this report, the Cooperative Agreement, which will provide the legal framework for the new Bi-Borough services and structures, is being finalised ahead of the launch of the new Bi-Borough Services in April 2018. Officers are liaising with LBHF to agree the legal arrangement for these continued shared services.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact Anne Pollock x2757
apollock@westminster.gov.uk

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Adults and Health Policy and Scrutiny Committee

Date:	Monday 9 th April 2018
Classification:	General Release
Title:	Health and Social Care in Westminster
Report of:	Care Quality Commission
Cabinet Member Portfolio	Cabinet Member for Adult Social Services and Public Health
Wards Involved:	All
Policy Context:	Building homes and celebrating neighbourhoods
Report Author:	Acting Deputy Chief Inspector London

1. Executive Summary

The Care Quality Commission (CQC) is an executive non-departmental public body of the Department of Health and Social Care of the United Kingdom. It was established in 2009 to regulate and inspect health and social care services in England. The CQC monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety and publishes its findings, including performance ratings.

This report invites the CQC to present to the committee on its work over the past year in the City of Westminster.

2. Key Matters for the Committee's Consideration

- How can the committee make the best use of CQC publications?
- How can the CQC, the committee and other local health and social care partners work more closely together?
- Do the CQC's recent findings indicate any issues that the committee should add to its work programme?

3. Background

The Care Quality Commission (CQC), the independent regulator of health and adult social care in England. The CQC is responsible for making sure health and social care services provide people with safe, effective, compassionate, high-quality care, and encourages care services to improve.

The CQC registers health and adult social care services that meet the 'fundamental standards' of quality and safety. Before a care provider can carry out any of the activities that the CQC regulates, they must register and satisfy the CQC that they will be able to meet a number of legal requirements, including the fundamental standards. Regulated activities include the treatment, care and support provided by hospitals, GP practices, dental practices, ambulance services, care homes and home-care agencies.

The CQC monitors and inspects services to see whether they are

- Safe
- Effective
- Caring
- responsive
- well-led

Once a service has registered with, it is monitored continuously. The information that is gathered, which includes the views of the public, helps the CQC to decide when, where and what to inspect.

Inspections give the CQC an opportunity to talk to staff and people who use services. They also allow the observation of care checking of systems and processes that the service uses. The CQC may also look at people's records to see how their needs are managed.

The CQC asks five questions of all care services:

- Is it safe? Are patients protected from abuse and avoidable harm?
- Is it effective? Does the care, treatment and support achieve good results and help you maintain quality of life, and is it based on the best available evidence?
- Is it caring? Do staff involve patients and treat them with compassion, kindness, dignity and respect?
- Is it responsive? Are services organised so that they can meet patients' needs?
- Is it well-led? Does the leadership of the organisation make sure that it's providing high-quality care that's based around a patient's needs? And does it encourage learning and innovation and promote an open and fair culture?

The CQC is also responsible for monitoring and reporting on the use of the Mental Health Act (MHA), and its findings guide its ratings of services. The CQC visits people whose rights are restricted by the MHA, and act on any matters of concern.

The CQC publishes information about the quality of individual services, including reports and ratings, to help people choose their care. After each inspection, a report is published online. The reports set out what CQC found on each of the five key questions.

The CQC takes action if care services are failing to meet the fundamental standards. The actions taken depend on how serious the problems that have been identified are and how they affect the people who use the service.

The CQC may do the following.

- Give care providers notices setting out what improvements they must make and by when.
- Hold the care provider to account by:
 - issuing simple cautions;
 - issuing fines;
 - prosecuting cases where people are harmed or placed in danger of harm.
- Limit what the care provider may do for a set time.
- Place a care provider in 'special measures', which gives them a clear timetable within which they must improve the quality of care they provide or further action will be taken (for example, their registration can be cancelled).

Between 1st April 2017 and 31st January 2018, the CQC has inspected 88 services in Westminster with the following ratings given

- Outstanding – 5 locations
- Good – 58
- Requires Improvement – 23
- Inadequate – 2

Further detail can be found in the attached report.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact Aaron Hardy ahardy1@westminster.gov.uk

APPENDICES:

Appendix A - Health and Social Care in Westminster March 2018

BACKGROUND PAPERS

This section is for any background papers used to formulate the report or referred to in the body of the report.

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Health and Social Care in Westminster
March 2018

Michele Golden
Acting Deputy Chief Inspector
London

Our purpose and role



- We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve



- Register
 - Monitor and inspect
 - Use legal powers
 - Speak independently
 - Encourage improvement
-
- People have a right to expect safe, good care from their health and social care services

Our current model of regulation



Register

We **register** those who apply to CQC to provide health and adult social care services

Monitor, inspect and rate

We **monitor** services, carry out expert **inspections**, and judge each service, usually to give an overall **rating**, and conduct **thematic reviews**

Enforce

Where we find poor care, we ask providers to improve and can **enforce** this if necessary

Independent voice

We provide an **independent voice** on the state of health and adult social care in England on issues that matter to the public, providers and stakeholders

The landscape of care

Care homes

- 460,000 beds
- 223,000 Nursing home beds
- 237,000 Residential home beds

GP practices

- 58.9 m registered with a GP
- 7,700 GP practices

NHS hospitals

- 93.9 million outpatient appointments / year
- 12.6 million inpatient episodes / year
- 23.7 million A&E attendances / year
- 636,000 baby deliveries / year

England

55.3 m
(45.2m adults)

Dentists

- 22 million adults seen by NHS every 2 years
- 6.8 million children per year

Private hospitals

Over 1,200 private hospitals and clinics

Home-care

500,000 + people receiving home-care support at any one time

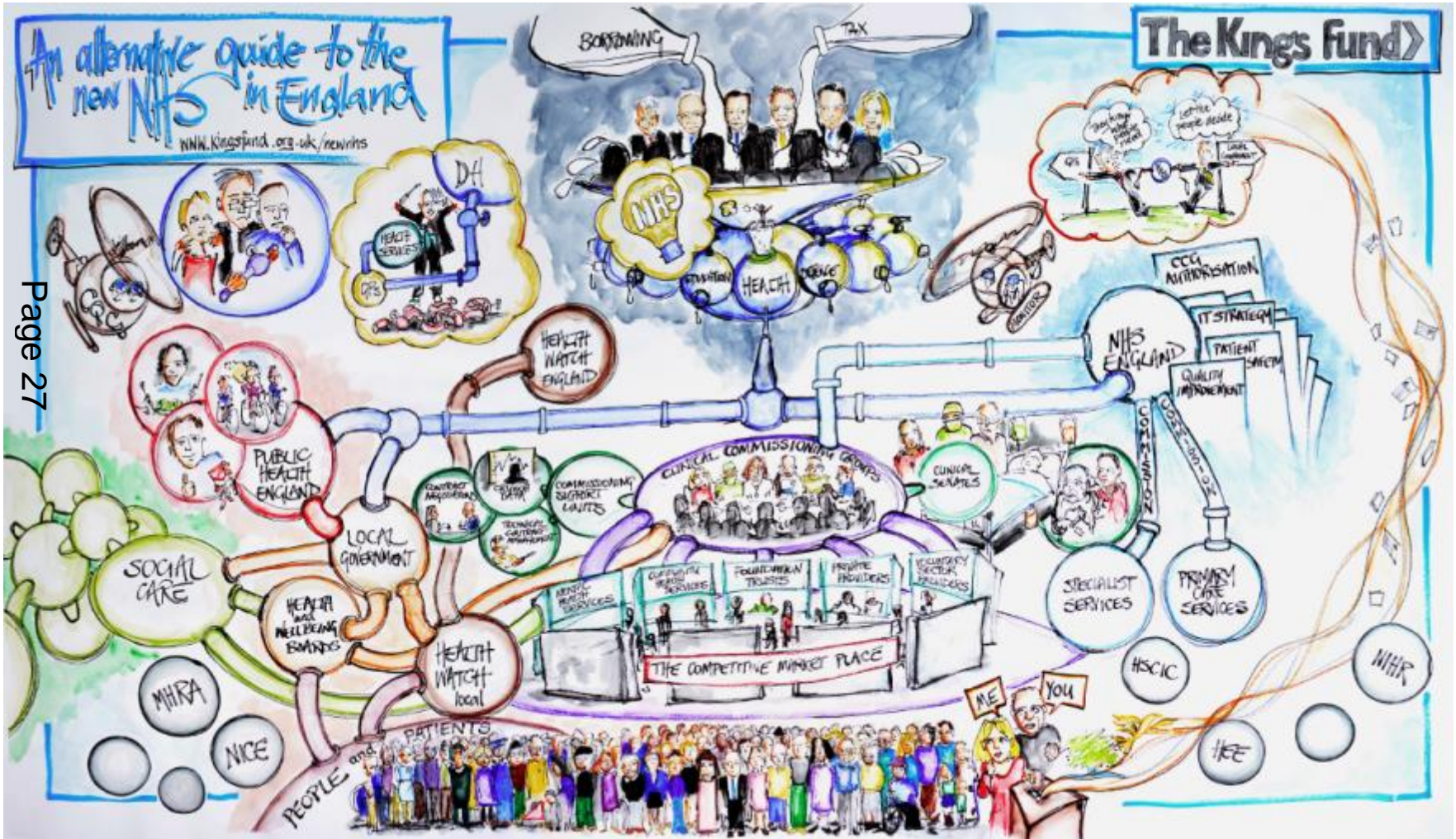
Health & social care staff

- 1.2m NHS staff
- 1.58m in adult social care

Ambulances

- 6.9m calls receiving a face to face response
- 10 NHS trusts
- 251 independent ambulance providers

The system in England





Outstanding

The service is performing exceptionally well.

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Good

The service is performing well and meeting our expectations.



Requires improvement

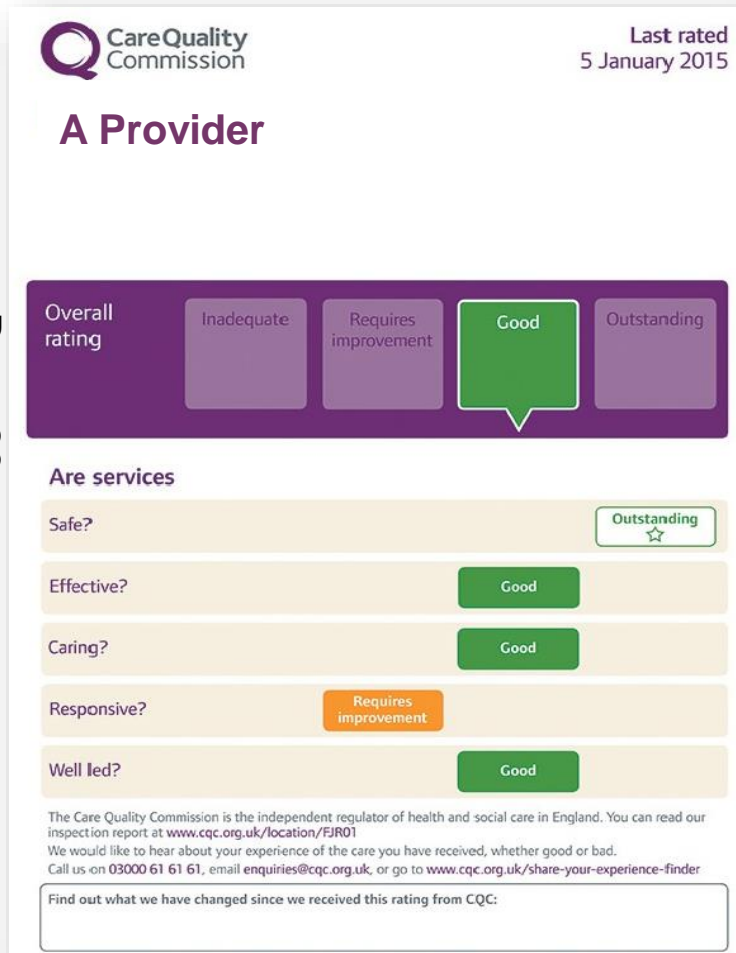
The service isn't performing as well as it should and we have told the service how it must improve.



Inadequate

The service is performing badly and we've taken action against the person or organisation that runs it.

Display of ratings



The screenshot shows a Care Quality Commission rating page for a provider. At the top left is the CQC logo and the text 'Care Quality Commission'. At the top right, it says 'Last rated 5 January 2015'. Below this is the heading 'A Provider'. The main section is titled 'Overall rating' and features five buttons: 'Inadequate', 'Requires improvement', 'Good', and 'Outstanding'. The 'Good' button is highlighted with a green speech bubble. Below this is a section titled 'Are services' with five rows of questions and their corresponding ratings: 'Safe?' (Outstanding), 'Effective?' (Good), 'Caring?' (Good), 'Responsive?' (Requires improvement), and 'Well led?' (Good). At the bottom, there is a text box for feedback and a link to find out what has changed since the rating.

Why? Public able to see rating of service quickly and easily

Where? Providers should display in prominent area in public view and on website

CQC will send a template for completion and display

CQC will check this during inspections

Our ambition for the next five years:
A more targeted, responsive and collaborative approach to
regulation, so more people get high-quality care



Four priorities to achieve our strategic ambition



1. Encourage improvement, innovation and sustainability in care
2. Deliver an intelligence-driven approach to regulation
3. Promote a single shared view of quality
4. Improve our efficiency and effectiveness

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What will our strategy mean for primary care?

- Reduce duplication for providers, agree actions jointly where there are risks of poor care
- Extend inspection intervals for good or outstanding practices
- Focus on understanding innovative models of care and areas where potential risks may emerge



Federations and other new care models: focus on well-led question, consider inspection of sample locations alongside, understanding potential risks using local data

For urgent and emergency care, including OoH and NHS 111: inspect related services at the same time

Our challenge to the primary medical sector



- Invest in strong governance and visible leadership, both clinical and managerial
- Report all safety incidents both within the practice and externally, and embed a culture of learning among staff
- Improve the consistency of quality improvement activity
- Improve access to services
- Consider how providers can integrate and work together to reduce variation in quality
- Improve medicines optimisation through a culture of learning from medicines related safety incidents

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The quality of care across England is mostly good



Much is encouraging – despite challenging circumstances, most people are still getting high quality care

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NHS acute
hospital core
services

55%

good

GP
practices

89%

good

NHS mental
health core
services

68%

good

Adult
social
care

78%

good

Primary medical services

- GP quality is good – 89% good and 4% outstanding – serving 52 million people
- High-performing GP practices collaborating and using non-traditional roles to support and reduce referrals
- Safety is main concern for GPs - poor risk management, learning from incidents and poor leadership
- Rising demand not matched by workforce growth in general practice
- 61% of urgent care and out-of-hours rated good and 8% outstanding
- Online services improving people's access to care – initial concerns around safety and safeguarding have improved on re-inspection
- Improved access needed to speech and language, occupational therapies and diagnostics for children with autism



The purpose of the consultations



How we propose to update our approach and our assessment framework to reflect the changing provider landscape

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more integrated approach that enables us to be **flexible** and **responsive** to changes in care provision

more targeted approach that focuses on **areas of greatest concern**, and where there have been improvements in quality

greater emphasis on **leadership**, including at the level of overall accountability for quality of care

closer working and **alignment** with NHS Improvement and other partners so that providers experience **less duplication**

There are three consultations on these changes: one in Winter 2016/17, one in Summer 2017 and one in early 2018.

Primary medical services regulation



We will begin to implement changes in how we regulate primary medical services in phases.

Change	Timescale
Introducing our new Insight model	June 2017
New assessment framework introduced and inspection interval of up to five years for providers rated good or outstanding	Nov 2017
Refined approach to inspecting and rating population groups and introduction of shorter inspection reports	Apr 2018
Introducing the new system of provider information collections and annual regulatory reviews for good and outstanding services	Later in 2018
Shift to focused, rather than comprehensive inspections of good and outstanding services based on intelligence	

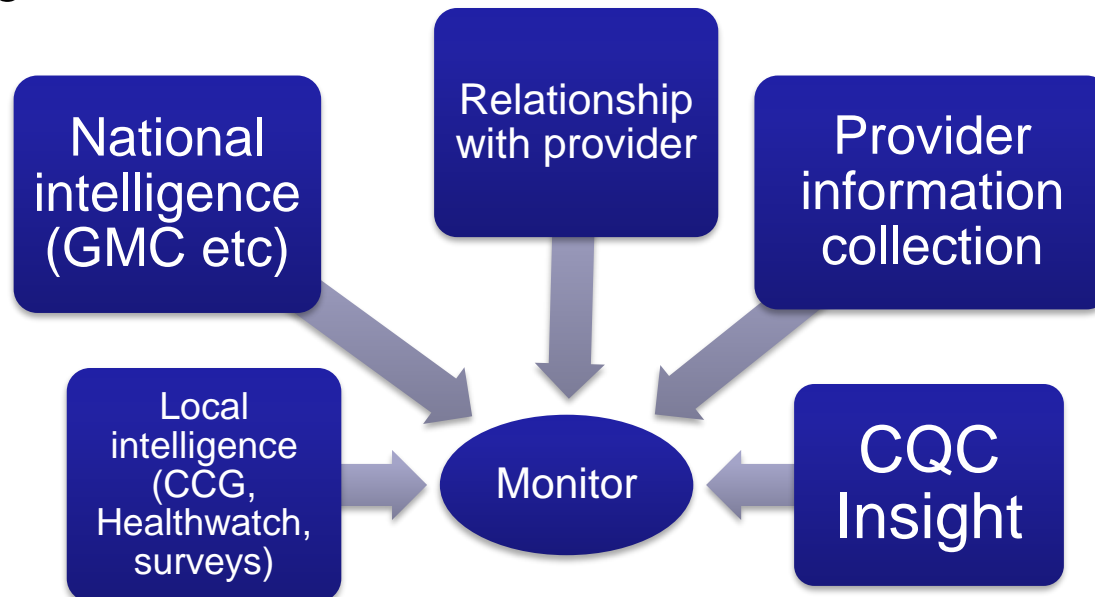
- Holding providers to account at the right level
- Redefining the definition of a registered provider and asking all entities to meet that revised criteria
- Making ownership relationships and links between providers clear to the public
- Introducing digitalised provisions to collect information, having this information available to providers and allowing them to only take action when that information changes
- Implementing in a phased by across different types of providers from 2018/19



How do we monitor services?

- Our monitoring helps us to identify possible changes in quality of care and target our operational activity effectively.
- Refers to all practices, but especially important now as we move to longer inspection intervals for those rated as good and outstanding

• Our intelligence comes from a number of sources:



We encourage national leaders to:



Enable and encourage health and social care partners to establish aligned objectives, processes and accountabilities.



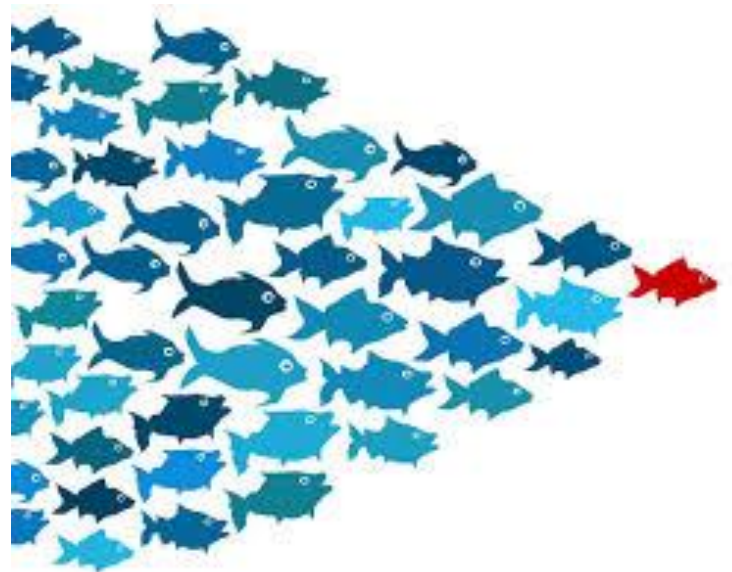
Address the risks in the social care market as a matter of priority and ensure that there is a national focus on joint health and social care workforce strategies.



Enable local systems to invest in out of hospital services to keep populations well through preventative support.

Golden thread connecting vision to delivery through different organisations

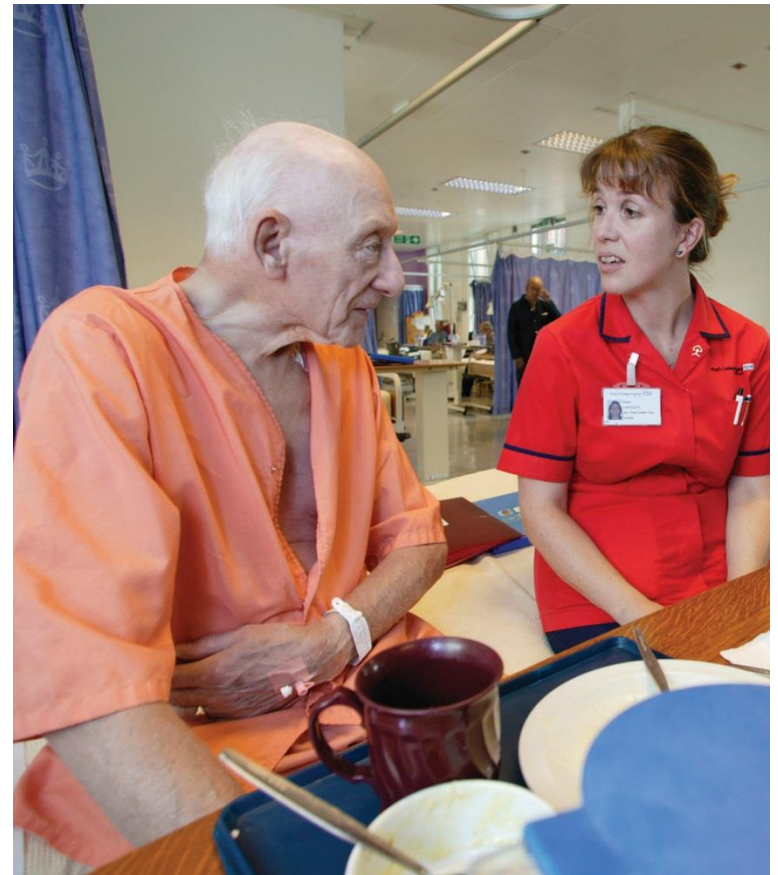
- **Shared vision** and strong leadership
All staff to share that vision and deliver to action
- Work together as part of a system



NHS trust inspections – what we have changed

Changes to KLOEs and inspection methodology

- Focus our inspections where we have the greatest concerns or services that might have improved
- Develop our local relationships with providers, with Healthwatch and local and regional public organisations
- Accommodate new models of care
- Align our approach with NHS Improvement to avoid duplication



Next phase approach for NHS trusts



9 weeks

12 weeks

12 weeks

Provider information request

- Used for monitoring, inspection and rating
- Includes a provider's statement of quality

Regulatory planning meeting

- Internal CQC meeting to determine inspection activity
- Using stakeholder views, CQC Insight, local relationships

Inspection

- Announced well-led inspection
- At least one unannounced core service

Reporting

- Reports will be published on our website

Ongoing monitoring – all year round

- Replacing Intelligent Monitoring with new Insight model
- Strengthened relationship with providers
- Focused inspections if concerns – change core/location rating only
- Continue to listen to people who use services

What we will do differently

- Support innovation by working with providers delivering care in new ways
- Focus more on the quality of care for population groups and how well care is coordinated across organisations
- Rate how well NHS Trusts are using their resources



- Focus resources towards higher-risk applications at registration
- Build and use our insight to target our inspections where risk is greatest or quality improving

What we will do differently



- Expect providers to describe their own quality against our five key questions
- Share data sets with partners, other regulators and commissioners on care quality

- Improve the experience of providers and the public by moving as many interactions as possible online
- Invest in our internal systems and improve our processes to make sure that we can work efficiently and effectively



What will our strategy mean for hospitals?

- Focus on core services that require improvement
- Update ratings based on smaller, more focused inspection; use more unannounced inspections
- Expect providers to describe their own quality against our five key questions
- Work with NHS Improvement to give new ratings on efficient use of resources
- Produce shorter reports, more quickly that make clear how we have come to our conclusion



Hold an annual review of each provider to determine where to focus our inspection activity for the year ahead

Key points

- The majority of **people are receiving good quality care**. This is something to celebrate.
- Over 80% of inadequate services improve on re-inspection but for services that require improvement nearly 40% don't improve and 5% get worse
- We are focusing on encouraging improvement in services rated RI
- We will do this **flexibly and proportionately**, using inspector judgement and existing risk and enforcement frameworks
- We will monitor these services more closely to identify changes in quality (up or down) and respond more quickly, as required

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- The enforcement policy, that was introduced and took effect from 1 April 2015, explains CQC's approach to taking action where we identify poor care, or where registered providers and managers do not meet the standards required in the new regulations.
- The Decision Tree supports and complements the policy
- Specific serious incident guidance details how incidents may trigger civil and/or criminal enforcement actions
- All can be found on our website and are reviewed regularly



Purpose:

- Protect people who use regulated services from harm and the risk of harm, and to ensure they receive health and social care services of an appropriate standard
- Hold registered providers and managers to account for failures in how the service is provided

Principles:

- Being on the side of people who use regulated services
- Integrating enforcement into our regulatory model
- Proportionality
- Consistency
- Transparency



An overview of CQC's civil and criminal enforcement powers

- Requirements (formerly known as compliance actions)
- Warning notices
- S.29 warning notices

Protect people who use services by requiring improvement

Civil enforcement powers

- Impose, vary or remove conditions of registration
- Suspension of registration
- Cancellation of registration
- Urgent procedures

Failing services

- Immediate action to protect from harm
- Time-limited 'final chance'
- Coordination with other oversight bodies

Protect people who use services by requiring improvement

Criminal powers

- Penalty notices
- Simple cautions
- Prosecutions

Holding individuals to account

- Fit and proper person requirement
- Prosecution of individuals

Hold providers to account for failure

Purpose:

Protect people who use regulated services from harm and the risk of harm

Powers:

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Impose, vary or remove conditions of registration

Suspension of registration

- Cancellation of Registration
- Urgent procedures under sections 30 and 31 HSCA 2008

Failing services

Immediate action to protect from harm or time-limited 'final chance'

Requires Coordination with other oversight bodies

Purpose:

- Holding providers and individuals to account for failure

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Powers:

- Simple cautions
- Penalty Notices
- Prosecution



Note: Criminal enforcement action may run parallel to civil enforcement action

Regulation 22 specifies the offences we can prosecute

Location Inspection Directorate	Location Primary Inspection Category	Number of Inspections	Number of Locations
Adult social care	Community based adult social care services	15	12
	Residential social care	8	8
Adult social care Total		23	20
Hospitals	Acute Services - Non Hospital	1	1
	Acute hospital - Independent non-specialist	3	3
	Acute hospital - Independent specialist	5	5
	Acute hospital - NHS non-specialist	1	1
	Acute hospital - NHS specialist	1	1
	Community substance misuse	2	2
	Mental health - community & hospital - independent	6	5
Hospitals Total		19	18
Primary medical services	Dentists	14	13
	GP Practices	26	24
	Independent consulting doctors	31	29
	Remote clinical advice	1	1
	Slimming Clinics	2	2
	Urgent care services & mobile doctors	3	2
Primary medical services Total		77	71
Grand Total		119	109

Location Inspection Directorate	Location Primary Inspection Category	Number of Active Locations With/Without Latest Overall Ratings					Total Number of Active Locations
		Outstanding	Good	Requires improvement	Inadequate	No Published Ratings	
Adult social care	Community based adult social care services		9	4	1	11	25
	Residential social care		8	5		1	14
Adult social care Total			17	9	1	12	39
Hospitals	Acute Services - Non Hospital					32	32
	Acute hospital - Independent non-specialist	3	7	3		21	34
	Acute hospital - Independent specialist	1		1		70	72
	Acute hospital - NHS non-specialist			1		2	3
	Acute hospital - NHS specialist			1		4	5
	Ambulance service					2	2
	Community health - NHS & Independent					3	3
	Community substance misuse					2	2
	Independent consulting doctors					1	1
	Mental health - community & hospital - independent	1		2		5	8
	Mental health - community & residential - NHS					2	2
	Hospitals Total		3	9	8		144
Primary medical services	Dentists					284	284
	GP Practices	2	32	6		3	43
	Independent consulting doctors					149	149
	Prison Healthcare					1	1
	Remote clinical advice					1	1
	Slimming Clinics					2	2
	Urgent care services & mobile doctors				1	4	5
Primary medical services Total		2	32	6	1	444	485



Adults & Health Policy & Scrutiny Committee

Date:	9 April 2018
Classification:	General Release
Title:	Work Programme and Action Tracker
Report of:	Julia Corkey, Director of Policy, Partnerships & Communications
Cabinet Member Portfolio	Cabinet Member for Adult Social Services & Public Health
Wards Involved:	All
Policy Context:	All
Report Author and Contact Details:	Artemis Kassi - Policy and Scrutiny Officer x3451 akassi@westminster.gov.uk

1. Executive Summary

- 1.1 This report presents the current Work Programme for approval based on discussions at the last meeting and with senior officers. It also provides an update on the Action Tracker.

2. Key Matters for the Committee's Consideration

- 2.1 The Committee is asked to:
- Review, approve and, where required, prioritise the draft list of suggested Work Programme items at Appendix 1; and
 - Note the Action Tracker at Appendix 2.

3. Background

- 3.1 This Work Programme takes from the Work Programme agreed at the Committee's last meeting on 31 January 2018. It is presented here for the Committee to review and amend as appropriate.
- 3.2 There have been two key changes to the Work Programme for the Committee's January meeting. Both arose from the committee meeting on 31 January 2018.

At that meeting, Members received an update on the delivery of enhanced care in Westminster's care homes, and it was agreed at that meeting that providers would be invited to the meeting on 9 April 2018. This will now take place later in the year. The second change concerns the scheduling of the report requested by the Committee on the provision of sexual health care in relation to demand for services located within Westminster by people located from outside the borough and ensuring local residents are therefore not disadvantaged. Following officer advice, this will be deferred until the next meeting of 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

APPENDICES:

Appendix 1- Work Programme

Appendix 2 - Action Tracker

Work Programme



Adults, Health & Public Protection Committee

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	Sara 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

29 JUNE 2017

Local plans, priorities and key issues for service development and improvement	To outline to Committee the key priorities and plans for the CCGs	Jules Martin
New Primary Care Strategy	To consult Committee on the draft new Strategy	Jules Martin Chris Neill

ROUND TWO

20 SEPTEMBER 2017

Agenda Item	Reasons & objective for item	Represented by
Cabinet Member Q&A	To receive an update	Councillor Heather Acton - Cabinet Member for Adult Social Care and Public Health

London Ambulance Service	To receive an overview of current key issues and levels of performance	London Ambulance Service (Ian Johns, Catherine Wilson)
CCG Quality Improvements Programme	To receive an update on Westminster CCGs' intended quality improvements for 2017/19	CCGs (Philippa Mardon, Emma Playford, Louise Proctor)
Work Programme		

ROUND THREE

22 NOVEMBER 2017

Agenda Item	Reasons & objective for item	Represented by
Cabinet Member Q&A	To receive an update	Councillor Heather Acton – Cabinet Member for Adult Social Care and Public Health
Tri-borough/Bi-borough	To receive an update on the outcome of the consultation on new operating models being proposed	Siobhan Coldwell
Adults Safeguarding	To receive the Annual Report of the Adults Safeguarding Executive Board	Mike Howard and Helen Banham
Public Health	To receive an update on priorities, budget and operating models	Mike Robinson
Work Programme		

Health Urgency Sub-Committee

30 NOVEMBER 2017

Soho Square General Practice	To receive updates on proposed changes to the services at Soho Square Surgery	Living Care (Provider), CCGs
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ROUND FOUR**31 JANUARY 2018**

Agenda Item	Reasons & objective for item	Represented by
Report from the HWBC Task Group	To receive the report from the Committee's task group and consider recommendations in the context of corporate work on hubs/Church St	Councillor Barrie Taylor
St Mary's Hospital – Urgent Care Centre	To consider the provision of urgent care at St Mary's Hospital	Chris Neill, Emma Playford (CCG) Mike Nelson (NHS England) Vocare (Provider)
The Drug and Alcohol Wellbeing Service	To examine the work and effectiveness of the Drug and Alcohol Wellbeing Service (DAWS) in Westminster	Gaynor Driscoll Mark Dronfield and Michael Huck (DAWS/Turning Point) Bernie Casey (CGL)
The Delivery of Care in Westminster's Care Homes	To review the delivery of care in Westminster's care homes, in response to concerns that had been noted by the Westminster Scrutiny Commission at its meeting on 30 November 2017	Bernie Flaherty, Executive Director ASC Mike Boyle, Director for Strategic Commissioning and Enterprise
Work Programme		

ROUND FIVE**9 APRIL 2018**

Agenda Item	Reasons & objective for item	Represented by
N.B this meeting will take place during purdah		
Health and Social Care in Westminster	To present to the committee the work by the Care Quality Commission (CQC) over the past year in the City of Westminster	Michele Golden, Acting Deputy Chief Inspector London, CQC
Tri- to Bi-Borough Programme: ASC & Public Health Update	To update the committee on progress in establishing a bi-borough agreement with RBKC for the delivery of Adult Social Care and Public Health	Bernie Flaherty, Executive Director ASC

Work Programme		
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UNALLOCATED ITEMS		
Agenda Item	Reasons & objective for item	Represented by
Mental Health	Briefing on Mental Health, including the mental health of young people and the move from a medical model to early intervention and prevention	
How private health care affects Westminster residents	Member request	
Community Services Transformation Programme	Update on the Babylon Health Service: trial success and utilisation rates Service Monitoring Details	
St Mary's Hospital	Update on level of use of services by non-Westminster residents who may come from abroad to receive treatment	
NHS Provider Complaints	To assess complaints from local Provider Trusts as a result of the Francis Inquiry and new Health Scrutiny Powers	
GP Services in Westminster	To consider planning for adequate GP services in Westminster	

TASK GROUPS and STUDIES

Subject	Reason	Type
Community Independence Service	Councillor McAllister has picked up this Single Member Study from Councillor Rowley. Report finalised (October 2017)	SMS – Cllr Patricia McAllister
Health and Well-being Centres	This task group ran from September 2017 to January 2018 with background work/research/preliminary fact-finding visits taking place during August and December 2017. Report finalised (February 2018) and launched (19 March 2018)	Report – Cllr Barrie Taylor
Air Quality Task Group	This task group has concluded its work. Report launched (June 2017)	Report – Cllr Jonathan Glanz

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31 JANUARY 2018		
Agenda Item	Action	Status

<p>Item 4 Cabinet Member Updates: Adult Social Services & Public Health</p>	<p>-The Committee requested details of the public health prevention budget.</p> <p>-The Committee requested an item be included on the agenda for 9 April 2018 meeting on the provision of sexual health care in Westminster. Particular focus to be on the demand for sexual health services located within Westminster by people located from outside the borough and ensuring local residents were therefore not disadvantaged.</p>	<p>Completed</p> <p>Added to the future Work Programme</p>
<p>Item 5 Standing Updates</p>	<p><u>Westminster Healthwatch</u></p> <p>-A request be made to the Care Quality Commission that the Committee be consulted at an earlier stage on any reports produced on Westminster issues.</p> <p>-The Committee requested that TfL be contacted regarding a lack of transport options for patients visiting St Charles Hospital and the possibility be raised of improving existing transport links.</p>	<p>Completed. CQC to attend committee meeting on 9 April 2018</p>
<p>Item 8: Westminster Clinical Commissioning Groups – Update</p>	<p>- The Committee was invited to visit the St Mary’s Hospital Urgent Care Centre to view the service provision and meet staff.</p>	<p>Completed. Committee visit on 23 March 2018</p>
<p>Item 9: Care Home Quality in Westminster</p>	<p>-Two care home improvement organisations “My Home Life” and “Ladder to the Moon” be invited to attend the Committee meeting on 9 April 2018 to provide an update</p>	<p>To be invited to June committee meeting</p>

	<p>on the care home improvement programme.</p> <p>-The Committee was invited to visit care homes within Westminster to observe the high quality service provided for care home residents and staff alike.</p> <p>The Committee requested that a member of the Committee Joint Health and Social Care Dementia Programme Board input into the Board in some capacity to assist in the review process and provide advice where necessary (Bernie Flaherty (Bi-Borough Executive Director for Adult Social Care & Health)).</p>	<p>Scheduled for after the May elections</p> <p>Under review. Committee to be kept advised</p>
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22 NOVEMBER 2017		
Agenda Item	Action	Status

<p>Item 4 Cabinet Member Updates: Adult Social Services & Public Health</p>	<ul style="list-style-type: none"> - The Committee to receive an update at its next meeting on progress in improvements at Vincentian Care Plus, following the recent inspection by the Care Quality Commission. - Consideration to be given to including planning for adequate GP services in Westminster being included in the future Committee Work Programme. - The Committee to receive an update prior to the next meeting on what the increased budget funding for the Sustainability and Transformation Plan for North West London would mean for Westminster. - The Committee to receive an update on progress in the proposals for London devolution, so it can be discussed at the next meeting. 	<p>Completed</p> <p>Added to the future Work Programme.</p> <p>Completed</p> <p>Completed</p>
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Item 5 Standing Updates	<u>Community Independence Service (CIS) Single Member Study.</u> - The findings of the Study to be forwarded to providers before the next meeting of the Providers Board. - The Single Member Study to be reviewed in a year's time, to see how the outcomes were progressing.	Completed Added to the future Work Programme.
Item 8: Work Programme	- A meeting of the Health Policy & Scrutiny Urgency Sub-Committee to take place on 30 November, to discuss proposed service changes at the Soho Square General Practice.	Completed

20 SEPTEMBER 2017

Agenda Item	Action	Status
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Item 4 Cabinet Member Updates: Adult Social Services & Public Health	-The Committee repeated its request to receive the Minutes from North West London STP meetings. -Public Health requested to provide a written briefing on potential Health Visiting savings of £680k, and on how Health Visiting services will be affected. -The Cabinet Member to update/report back on her forthcoming visit to Gordon Hospital. -Consideration be given to undertaking a Health & Wellbeing Survey of Westminster's residents -The Committee requested a briefing on Mental Health, including the mental health of young people and the move from a medical model to early intervention and prevention.	Completed
Item 5 Standing Updates	Health & Wellbeing Task Group •A summary of the report of the all-party Parliamentary Committee on Health & Art to be circulated to Members. Changes to Shared Services •The Chief of Staff to be invited to	Completed Completed

	attend the next meeting on 22 November, to report on progress in the establishment of bi-borough services and on the results of consultation.	
Item 6: London Ambulance Service (LAS) Review of Performance	-The Committee to receive details of the LAS Patient Response Programme. -LAS to provide details of its public engagement policies, and of how the LAS was monitored.	Completed
Item 7: Community Services Transformation Programme	-The Committee to receive an update on the trial of the Babylon Health service being undertaken in Westminster; together with an update on the success of the trial and utilisation rates. -Details of service monitoring to be submitted to a future meeting of the Committee, with representatives from Healthshare being invited to attend	
Item 8: Work Programme	-Consideration to be given to inviting the new Chief Executive of Imperial NHS Trust to the meeting in January 2018, to report on how Imperial had performed in A&E and to inform the Committee of his vision going forward. -The Committee requested a written update on the level of use of services at St. Mary's Hospital by non-Westminster residents.	Completed Completed

19 JUNE 2017

Agenda Item	Action	Status
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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.	Completed
Item 6 Metropolitan Police Service Update and Mayor's Policing and Crime Plan 2017 - 2021	-The Borough Commander to provide Committee Members with details of the siting and coverage of CCTV in Westminster -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	Completed

	<p>trying to achieve and on the resulting outcomes</p> <ul style="list-style-type: none"> -The Committee to receive details of gun crime in Westminster -The Committee requested a future update on progress in Police engagement in schools 	
Item 8 Safer Westminster Partnership	The Committee to receive contact details of the organisations that offered support in connection with domestic violence and Violence Against Women and Girls	Completed
Item 9 Committee Work Programme	<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> <ul style="list-style-type: none"> -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 -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 -Closer consideration to be given to the PREVENT initiative and to the CONTEST sub-group of the Safer Westminster Partnership -Consideration to be given to the level of use of services at St Mary's Hospital by non-Westminster residents 	<p>Completed. CCG presentation on Quality Improvement Programme 2017 - 2019</p> <p>Completed. The LAS will present a paper at the meeting in Sept</p> <p>BPT Committee</p> <p>BPT Committee</p> <p>Addition to the Work Programme</p>

8 MAY 2017

Agenda Item	Action	Status
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Item 3 Minutes	The wording to be expanded to include reference to Members' comments that patients who were ready to be discharged should	Completed
<u>St. Mary's Urgent Care Centre</u>		

<p><u>- Minute 6.6</u></p>	<p>have the opportunity to be assessed formally, and that this should form the basis of any necessary care plan.</p>	
<p>Item 4 Cabinet Member Updates: Adult Social Services & Public Health</p> <p><u>Homecare</u></p>	<p>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.</p> <p>Details of the outcomes and recommendations that may have followed Care Quality Commission inspections of Homecare and care homes in Westminster were also requested.</p>	<p>Completed via briefing note of 9.6.17</p> <p>Sent to Committee on 12.6.17</p>
<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>Requested</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>Requested</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 9.6.17</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>Requested</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>Being updated following feedback from Borough Commander</p>
<p>Item 7 Committee Work Programme</p>	<p>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.</p>	<p>Completed</p>
<p>Item 7 Committee Work Programme</p>	<p>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.</p>	<p>Completed</p>

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