



City of Westminster

Committee Agenda

Title: **Family and People Services Policy and Scrutiny Committee**

Meeting Date: **Monday 18th June, 2018**

Time: **7.00 pm**

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

Members: **Councillors:**

Nafsika Butler-Thalassis
Maggie Carman
Lorraine Dean
Peter Freeman
Jonathan Glanz
Patricia McAllister
Emily Payne
Selina Short



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

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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. ELECTION OF CHAIRMAN/MEMBERSHIP

To elect a Chairman of the Family & People Services Policy & Scrutiny Committee.

2. DECLARATIONS OF INTEREST

To receive declarations by Members and Officers of any personal or prejudicial interests in matters on this agenda.

3. MINUTES

To approve the Minutes of the meeting of the Adults & Health Policy & Scrutiny Committee on 9 April 2018.

(Pages 1 - 8)

4. POLICY AND SCRUTINY PORTFOLIO OVERVIEW

To receive an update from the Cabinet Member for Family & People Services on the following:

- 1) A summary of the service areas
- 2) Cabinet Member priorities for the year ahead; and
- 3) Any key service updates/issues

(Pages 9 - 20)

5. 2018/19 WORK PROGRAMME

To consider the Committee's Work Programme for the 2018-19 municipal year, and to nominate representatives for the North West London Joint Health Overview & Scrutiny Committee.

(Pages 21 - 28)

6. ANY OTHER BUSINESS

To consider any other business which the Chairman considers urgent.

**Stuart Love
Chief Executive
8 June 2018**



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 **Monday 9 April 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 No declarations were made.

3. MINUTES

RESOLVED:

3.1 That the Minutes of the meeting held on 31 November 2018 be approved, subject to the following revisions:

i) Minutes - Matters Arising

Minute 3.3: That the paragraph be amended to read: "Councillor Burbridge requested that consideration be given to the future Work Programme including the provision of services at St Mary's Hospital for local residents and international visitors."

ii) Cabinet Member Update

Minute 4.2: That the second sentence be amended to read: "The Committee also noted that consideration allocating specific responsibility for arts, health and wellbeing to a member of the Health & Wellbeing Board."

Minute 4.3: That the last sentence be amended to read: “The Committee was pleased to note that officers from the City Council were liaising closely with officers from LB Brent, who had attended the February symposium and November event, and that further follow-up work was planned.”

Minute 4.4: That the sixth sentence makes reference to facilities “outside Westminster”, and not “outside London”.

iii) Work Programme

Minute 10.3: That the paragraph be amended to read: “The Committee agreed that potential items for the future Work Programme would include the provision of services at St Mary’s Hospital for local residents and international visitors”.

4. CABINET MEMBER UPDATE

- 4.1 Councillor Heather Acton (Cabinet Member for Adult Social Services & Public Health) provided a briefing on key issues within her portfolio, which included implementation of the Better Care Fund Plan; changes to mental health day services; and tackling poor oral health amongst children across the borough. The Committee also heard from Bernie Flaherty (Bi-Borough Executive Director for Adult Social Care & Health), Mike Robinson (Director of Public Health), and Mike Boyle (Tri-Borough Director for Strategic Commissioning & Enterprise).
- 4.2 The Cabinet Member commented on the difficulties some patients were having in obtaining repeat prescriptions, and on the potential for fraud. The Committee noted that NHS England had changed how repeat prescriptions were regulated, and had requested that pharmacists sought to avoid wastage by not automatically renewing prescriptions. This had led to problems in some practices who were being inflexible in their interpretation of the guidance, as elderly and infirm patients had difficulties in getting to their GP to obtain repeat prescriptions. The Committee agreed that best practice in approving and obtaining repeat prescriptions should be established, and circulated to GPs in Westminster.
- 4.3 The Committee discussed progress in the ongoing programme to halt and reverse the rising trend in childhood obesity, and noted that the City Council had been working with schools, hospitals and businesses to reduce sales and availability. Members also acknowledged the link between sugar and Attention Deficit Hyperactivity Disorder (ADHD).
- 4.4 Committee Members highlighted the problems that a young person had experienced in obtaining funding for a FreeStyle Libre Sensor, which was a personal device that automatically measured and stored glucose levels in diabetics. The Committee noted that the introduction of new technology in the

health service needed to follow a process, and agreed that the Clinical Commissioning Group should be asked to advise on how this and similar situations could best be dealt with. Members commented that Diabetes UK were hoping to finance some of the costs of the devices, and were intending to make an announcement later in the month.

- 4.5 Members also expressed disappointment over the time being taken by CityWest Homes for aids and adaptations, which was currently 18 weeks for urgent work and 45 weeks for non-urgent. Councillor Acton confirmed that this fell within the portfolio of the Cabinet Member for Housing, and that she had passed on Members' comments.
- 4.6 The Cabinet Member highlighted ongoing concerns relating to the GP practice at Soho Square, which would be discussed in more detail later in the agenda (Minute 6).

5. STANDING UPDATES

5.1 Committee Task Groups

- 5.1.1 The Committee received updates on activity undertaken by its Task Groups since the last meeting.
- 5.1.2 Councillor Taylor and Artemis Kassi (Policy & Scrutiny Officer) updated the Committee on the report of the Health & Wellbeing Centre Task Group, following its successful launch on 19 March. Interest in the report had been shown by the All Party Parliamentary Group on Art & Health, and by the Centre for Public Scrutiny.
- 5.1.3 Councillor Arzymanow commented on the recent meeting of the Joint Health Overview & Scrutiny Committee, which had been hosted by Westminster on 13 March. The Committee had discussed A&E performance in North West London, which although below the national waiting time target of 95%, had improved. A&E performance at Imperial had continued to be lower than other Trusts in North West London, and had been affected by the closure of wards at St. Mary's due to the condition of the building. The Committee also considered implementation of the Sustainability & Transformation Plan (STP) for North West London, and highlighted the need for hospital discharge teams to develop stronger links with Housing which could make a significant contribution to integrated care. Other issues discussed had included the NHS pilot on the use of Apps that supported people in managing conditions such as diabetes.
- 5.1.4 Committee Members commended the ride out with the London Ambulance Service (LAS) and visit to the Urgent Care Centre at St Mary's Paddington. The opportunity to ride out with the LAS would remain available to new Members following the forthcoming election.

5.2 Healthwatch

- 5.2.1 Godwyns Onwuchekwa (Westminster Engagement Lead, Healthwatch) updated the Committee on recent work undertaken by Healthwatch in Westminster. Following consultation with local people, activity had focussed on two projects: the effectiveness of care co-ordination for people with long-term health conditions; and ensuring that service users were fully included in planned changes to mental health day provision.
- 5.2.2 The Committee received the Healthwatch Central West London report 'Charing Cross Hospital: Experiences of Today, Questions for Tomorrow', which sought to provide patients' views and experiences, and build a comprehensive picture of the current situation at the hospital. The report had highlighted the need to develop and implement a clear and robust communications and development strategy, and to provide clear information on how decisions about the future of the hospital would be made. Members highlighted the need for the report to have greater emphasis on the views and experiences of Westminster's residents.
- 5.2.3 Healthwatch also continued to raise serious concerns about the Soho Square GP practice, which was to be discussed in more detail later in the agenda (Minute 6).

6. SOHO SQUARE GP PRACTICE

- 6.1 The Committee expressed serious shared concerns had been expressed over the ongoing situation at the Soho Square GP practice; and in the failure of the contract between the Central London Clinical Commissioning Group (CCG) and the operator Living Care Medical Services. Issues relating to the nature, implementation and communication of proposed changes had been previously discussed at a meeting of the Health Urgency Sub-Committee on 30 November 2017, and undertakings given by the operator had not been met. Councillor Heather Acton (Cabinet Member for Adult Social Services & Public Health) and Godwyns Onwuchekwa (Westminster Engagement Lead, Healthwatch) also shared Members' concerns, and contributed to the discussion.
- 6.2 Councillor Jonathan Glanz commented that although the Soho Square practice was in his Ward, the Committee was concerned with the broader implications relating to the provision of services; the implementation and communication of changes; and the lack of interaction with the CCG to determine what was happening.
- 6.3 The Committee noted that since the meeting of the Urgency Sub-Committee, the situation at Soho Square had continued to deteriorate, with the GPs now having left and been replaced by locums. On several occasions the practice had been open to patients, but with no medical staff who could offer advice or authorise repeat prescriptions, which had resulted in patients having to go to A&E. Many

patients also preferred not to have appointments with different locums who may not speak their language, and had begun to register with other GPs. The Soho Square practice continued to receive funding for its registered patients, while not providing a service.

- 6.4 The Committee noted that NHS England had changed its contractual obligations for GP practices, and were concerned that the contract model could have implications for the overall direction of travel for the 27 GP practices in Westminster, and across London and the country as a whole.
- 6.5 Michele Golden (Acting Deputy Chief Inspector – Primary Medical Services Care Quality Commission London) was attending the meeting for another agenda item, and agreed to arrange an inspection of the Soho Square practice as soon as possible and take any action that was required. The Care Quality Commission (CQC) considered that being able to keep the practice open but not allowing any patients to be seen was a fault in the contract, which could be replicated across the country. Healthwatch offered to share details of specific incidents with the CQC, to assist in their inspection.
- 6.6 Members wished to formally record its dissatisfaction and public criticism of the failure of the CCG to attend the current meeting, despite invitations from the Committee and the Cabinet Member, as the issues could not be addressed without their involvement. Healthwatch had also written formally to the CCG to complain about the situation and to request a meeting and details of the business case for the proposed changes, but had received no response.
- 6.7 The Committee agreed that a joint letter with the Cabinet Member should be sent to Westminster's MPs, highlighting the ongoing issues at the Soho Square practice and difficulties in working with the CCG. It would also be suggested that the MPs consider referring the potential implications of the NHS model contract to the Secretary of State.

7. TRI TO BI-BOROUGH PROGRAMME - ADULT SOCIAL CARE & PUBLIC HEALTH UPDATE

- 7.1 Bernie Flaherty (Bi-Borough Executive Director for Adult Social Care & Health) updated the Committee on progress made in the transition from a Tri-Borough to Bi-Borough structure in Adult Social Care and Public Health. The majority of changes had come into effect on 1 April 2018, and it was anticipated that all adult services would be disaggregated by October. A launch event was to take place later in the month, which would acknowledge the good work that had been done and look towards Bi-Borough working.

- 7.2 Measures had been taken to mitigate the potential financial impact of the move to a Bi-Borough service, and to ensure that the current service provision did not suffer as a result of the uncertainty being experienced by staff.
- 7.3 A number of legacy contracts remained, and officers were liaising with LB Hammersmith & Fulham to secure the legal agreement for these continued multi-borough services, until the contracts ended or were due for renewal.
- 7.4 The Committee also discussed progress in the recruitment of Bi-Borough Directors; and the Change Request to BT to migrate services from Agresso into the new Bi-borough arrangements.

8. CARE QUALITY COMMISSION – HEALTH & SOCIAL CARE IN WESTMINSTER

- 8.1 The Committee received a presentation on the work of the Care Quality Commission (CQC) from Michele Golden (Acting Deputy Chief Inspector – Primary Medical Services London), together with the work that had been undertaken in Westminster over the past year. In order to supply health and social care in England, providers needed to be registered, and services were monitored, inspected and regulated by the CQC to ensure they met fundamental standards of quality and safety. Regulated services included the treatment, care and support provided by hospitals, GP practices, ambulance services, care homes and care home agencies. Hospitals were inspected at least every three years, and General Practices at least every 5 years. The CQC published its findings and performance ratings, and earlier inspections could be triggered if problems were reported, or if a practice had a change of provider.
- 8.2 Between 1 April 2017 and 31 January 2018, the CQC had inspected 88 services in Westminster, of which 5 locations had been rated 'outstanding'; 58 had been 'good'; 23 had 'required improvement'; and 2 had been 'inadequate'. The Committee noted that 7% of care providers in London required improvement, or had been rated inadequate.
- 8.3 In establishing ratings, the CQC asked five key questions of all care providers, which considered the safety of patients and the effectiveness and level of care; and the leadership of the services; and how responsive they were to people's needs.
- 8.4 The CQC took action if services were failing to meet the fundamental standards of the key questions. Measures that were available depended on how serious the problems were, and how they affected the people who used the service. The CQC could hold providers to account by issuing cautions and fines, and by prosecuting cases where people were harmed or placed in danger of harm. Providers could also be placed in 'special measures', which gave a clear timetable for improvements to avoid further action or the cancellation of the registration. As

closing a GP practice could impact 5,000 patients, taking enforcement action was difficult, and suspensions were always made in association with the NHS or Clinical Commissioning Group to ensure continuity of care. Care providers could challenge actions through civil tribunal.

- 8.5 The CQC acknowledged the changes that were taking place in health and social care, and over the next five years would be seeking to improve regulation, and to become more targeted, responsive and collaborative.
- 8.6 The Committee discussed the criteria under which the inspections were made, and noted that poor ratings could be improved through additional inspections after providers had responded to recommendations.
- 8.7 Members highlighted the value of sharing the best practice that may have been identified in the CQC inspection reports; and noted progress in the 'ghost patient' programme being promoted by NHS England, which sought to reduce the number of patients registered with GP practices that had either died, or who had left the country but could return for prescriptions.
- 8.8 The Committee discussed how people could become involved in inspections in Westminster, and Michele Golden confirmed that patients could comment and share their experiences by contacting the CQC through its website, by email or telephone, or by other means such as Healthwatch and patients' surveys. Members agreed that information on how patients and residents could contribute should be shared as widely as possible.
- 8.9 Although the CQC was unable to share draft reports, Michele Golden agreed to let the City Council know when inspections were taking place in Westminster, and would provide copies of completed reports. The CQC also agreed to attend future meetings of the Committee, at least on an annual basis, to present a Westminster focussed report that would link with inspection reports and highlight what was working well, together with issues of concern.

9. COMMITTEE WORK PROGRAMME

- 9.1 Artemis Kassi (Policy & Scrutiny Officer) sought suggestions for the Committee's future Work Programme.
- 9.2 It was agreed that following the local election, the next meeting in June should focus on a report by Chief Officers on key issues within the service area and Cabinet Member portfolio, which would serve as an induction for new Members. The induction would also consider the role and limitations of Scrutiny, and inform the Committee's Work Programme.

9.3 It was also agreed that the report on sexual health would be deferred from the meeting in June until October, and that consideration should be given to inviting the Care Quality Commission to future meetings, at least on an annual basis, so they may provide an overview of inspections carried out in Westminster.

9.4 Members suggested that the future Work Programme could also the regulation of doctors, and it was hoped that there would be the continued opportunity to ride out with the London Ambulance Service.

10. COUNCILLOR BARRIE TAYLOR AND COUNCILLOR GLENYS ROBERTS

10.1 Members wished to record their thanks to Councillor Barrie Taylor and Councillor Glenys Roberts, who would not be standing for re-election, for their contributions and work carried out in support of the Committee.

The Meeting ended at 9:12pm.

CHAIRMAN: _____

DATE: _____



Family and People Services Policy & Scrutiny Committee

Date: Monday 18 June

Title: Policy and Scrutiny Portfolio Overview

Briefing of: Councillor Heather Acton, Cabinet Member for Family Services and Public Health

Briefing Author and Contact Details: Charlie Hawken
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1. Portfolio Overview

1.1 Family Services and Public Health is a new portfolio, combining the previous Adult Social Services and Public Health portfolio with Children's Services. The Cabinet Member has direct responsibility for:

- Adult Social Care
- Children's Services and Safeguarding
- Public Health
- Health and Wellbeing Board
- Relationship with the NHS
- Contracts

2. Adults Social Care

Transition to Bi Borough shared services commissioning

2.1 There has been steady progress on the transition to Bi-Borough arrangements and some early work on integration between Adults, Children's and Public Health commissioning and commercial functions. This includes the adoption of the Westminster Contract Management Framework. Chris Greenway the new Bi-Borough Director of Integrated Commissioning joined on the 16th May.

Community Independence Service

2.2 The current Community Independence Service (CIS) contract with CNWL (Central & North West London) Foundation Trust, ends 31st July 2018. CLCCG (Central London CCG) is leading on the new contract procurement and negotiations with CNWL on behalf of the three boroughs and three CCGs. The contract duration will be for eight months, with the ability to extend a

further year until April 2020. By this date the three CCGs are aiming to have new structures in place locally to deliver the CIS by a lead provider, this could be via an MCP (Multi-speciality Community Provider) or similar integrated service delivery model.

- 2.3 The total financial envelope of the contract has reduced by £400k as a result of differing approaches by the three CCGs. For example, in Central London, contrary to the other two CCGs, they no longer want a GP and Pharmacy service within CIS. Hammersmith and Fulham wants the service to continue with the current model and budget, but in West London they want to increase the CIS Liaison capacity to support the 'Home First' (Discharge to Assess) project, which they believe will help to manage demand on acute services.
- 2.4 The Bi-Borough and Hammersmith & Fulham Council's contribution to the CIS service remains constant. We are committed to reviewing the service before April 2020 when the local health structures, and service delivery models will look different, aiming to align Adult Social Care teams within the overall service.
- 2.5 The new specification is largely agreed except the area of KPIs (Key Performance Indicators) and the QIPP (Quality, Innovation, Productivity, Prevention) savings attached. However, CLCCG is confident that the new contract will be signed so that the new service will be mobilised in August 2018.

Quality Assurance (QA)

- 2.6 The new Quality Assurance Team was formed in March 2018 to focus on improving the quality of support received by service users and listening to them to develop services that reflect needs and aspirations and promotes independence in all community settings.
- 2.7 There is a framework to monitor services based within the Bi Borough, to ensure compliance with regulatory expectations and improved outcomes. Users and carers are being supported to participate in the design, delivery and monitoring of services. This will support the market to improve and provide the preferred options for people in receipt of services.
- 2.8 Some of the key work the Commissioning, Quality and Contracts teams have been involved with are outlined below:

Vincentian Care Plus (VCP)

- 2.9 VCP is a domiciliary care agency located in Westminster where quality related issues remain. The team has been working very closely with the Care Quality Commission (CQC) and VCP to address concerns highlighted within the report published on the 25th October 2017 following their inspection on the 11th August 2017. The report gave them the determination of 'inadequate' with 'inadequate' in safe and well led, and 'requires improvement' in effective, caring and responsive. The teams are offering every support possible to the

provider in order to address the concerns highlighted and to emphasise the need for sustainability and ongoing improvement. A new manager was appointed by VCP last month, as recommended by WCC and CQC, and we shall continue to monitor the situation.

St George's Nursing Home

- 2.10 St George's Nursing Home also has ongoing quality related issues. On the 10th April 2018 the home was inspected by CQC and rated 'inadequate' overall, with 'safe' and 'well led' rated 'inadequate', "effective, caring and responsive" were all rated 'requires improvement' The determination report was published on the 29th May 2018. The QA team has been working closely with the home and with CQC to support them in addressing the issues outlined within the report.

Anchor Trust - Norton House

- 2.11 Norton House is a nursing home with a determination of 'good' overall, following their last inspection on the 24th January 2017. The home is currently undergoing a planned major works programme. Environmental improvements include redecoration of all corridors and communal lounges. Anchor Trust is engaged in the Bi-borough Care Home Improvement Programme (CHIP).

Care UK – Forrester Court

- 2.12 Forrester Court is a nursing home located in Westminster and it received an improved determination of 'good' in April 2018 following its inspection in February 2018. The report affords them 'good' in all domains. The home is currently undergoing a major redecoration programme. Additional works include structural changes on the ground floor, which includes relocation of the entrance to the nursing unit and opening up the corridor to make it more open plan. Care UK is engaged in the Care Home Improvement Programme.

Certitude's Domiciliary Care Services

- 2.13 Westminster Council commissions support for people with learning disabilities and autism from Certitude. In April Certitude's Domiciliary Care Agency, received a CQC 'Outstanding' inspection rating. Only 2% of adult social care in England receives an 'Outstanding' rating from the CQC, so this is excellent, and we aim for all services to be outstanding.

Personalisation

- 2.14 Personalisation is about putting the service users at the heart of what we do, so that they choose the support they need and have control over their life. In Bi-Borough it will support several work strands and areas including:
- **Health partnerships:** Putting the person first in the approach to health so people receive support when, where and how they want it.

- **Operational Care and Assessment processes and Mental Health:** Making assessment and care planning more personalised, maximising choice and control.
- **Integrated commissioning:** Involving service users, their families, and local residents to improve health and wellbeing and maximise independence.

2.15 An Expression of Interest for bid funding has been submitted for digital innovation programme to enhance in way we work, co-produced with service users.

Meals on Wheels

2.16 The meals service ends in April 2019. Work is underway with Public Health and other stakeholders to review the current service model and look at delivery options.

2.17 The Cabinet and Deputy Cabinet Member are planning to attend a market engagement day with organisations who might be involved in future arrangements.

Mental Health Day Services

2.18 Services continue to be offered at the Abbey Centre and Beethoven Centre provided by Single Homeless Project and SMART. Providers need to continue to work with operational teams to ensure sufficient people with personal budgets are accessing services and that these reflect peoples' needs and interests.

2.19 The providers have developed extensive programmes from workshops in place with Central North West London NHS Trust, addressing anxiety and trauma along with healthy eating, gardening, singing and peer mentoring. Providers have also been encouraged to develop a greater e-market place presence to attract more awareness and interest in their services and there is on-going work to support the move from block arrangements to personal budgets.

Supported Accommodation for People with Severe and Enduring Mental Illness

2.20 There is ongoing partnership working with the Housing Prevention Team and key stakeholders to finalise a procurement strategy for all supported accommodation for people in Westminster with Severe Mental Illness. Tendering will be undertaken in two phases across 2018 and 2019. As part of the procurement strategy, consultation has begun with existing providers and landlords in advance of the retender.

2.21 A series of workshops are being scheduled for early July to include a market event for providers to outline the strategy and obtain feedback, stakeholder and operational teams workshop and a service user drop in session. The

feedback from events will inform the development of the service specifications and key performance indicators.

Section 75 Integrated Mental Health and Dual Diagnosis Services

- 2.22 An audit by Mazars was carried out in January 2016 on the section 75 agreements that were held in relation to the Integrated Mental Health and Dual Diagnosis Services. An action plan with five areas for improvement was shared with three areas that required action. A recent follow up audit in March-April 2018 was carried out by Mazars which found all the areas have now been evidenced and met for Westminster.

Services for residents with a learning disability

- 2.23 The new arrangements to support the commissioning and provision of Learning Disability support, designed as part of the Learning Disability Programme, are now in place. These include:
- A single dataset to help track performance and identify demographic trends
 - A new governance structure
 - A new Section 75 agreement that clarifies expectations from investment in health and social care in joint work.
- 2.24 The remaining elements of the programme are due to be completed by the end of June. They are; the redesign of the joint Learning Disability team, including a capacity review, and a review of cost effectiveness in micro-commissioning.
- 2.25 A Transition Learning Disability Board has been established to sustain the momentum of the programme of work as the new arrangements are embedded. Details will be presented as part of the 'you said, we did' section of the draft Joint Learning Disability Strategy 2018 – 2021. The draft strategy will be consulted on from this month, and amended in response, to be launched in late October following due governance.

3. Public Health

Sexual Health

- 3.1 The implementation of the Genito Urinary Medicine service and the e-based system from 1st April 2018 means the new operating model is embedded into clinics. The model includes diverting people with no symptoms to use online services to ensure those needing an appointment can be seen promptly, and to reduce the transmission and acquisition of sexually transmitted infections (STI) and unplanned pregnancies. The clinics continue to develop services to target high risk patients and report activity levels have remained constant.

- 3.2 The e-service offering the home based testing service has exceeded its targets in the initial two months and of the 10,000 people signposted to e services to date, Westminster residents are the second highest users.

Substance Misuse

- 3.3 Within Westminster the drug and alcohol wellbeing service (DAWS) has opened and is accessible 6 days and 4 evenings a week. There are three well attended hubs in Wardour Street, 209a Harrow Road and The Abbey centre.
- 3.4 A partnership between the alcohol service (TAS), DAWS and Westminster Children's Services has led to an Alcohol & Drugs Consultation Clinic being set up for Social Workers and family practitioners, supporting with advice, information and referral pathways for alcohol and/or drugs clients on their caseloads.
- 3.5 Closer working with Rough Sleeping commissioners has led to a more strategic approach with hostels, including shared data. This means that DAWS, TAS and hostel managers have a more accurate overview of levels of need and more effective working partnerships. Similarly, work with probation services has led to the development of a new Probation Link Model to improve pathways to substance misuse services and to increase numbers of treatment and successful completion outcomes for those in the criminal justice system.

Public Health Commissioning

- 3.6 The PH commissioning team has moved to the Integrated Commissioning Directorate as part of the recent bi-borough restructure. Close links will be maintained with PH to ensure commissioning decisions continue to be taken in the context of the PH priorities and outcomes framework.

My Westminster Projects

- 3.7 We have funding from the Leader's My Westminster fund for two projects.

Westminster Sings

- 3.8 An event was held in May at which choirs and the public sang to promote the importance of singing groups for positive mental health, and to promote the funding for choirs. So far, has been allocated to two new choirs and we are assessing other applications. Only four applications were made for "pop up" funding from existing choirs, so we may transfer some of this fund to help set up more new choirs.

Stopping Isolation

- 3.9 A project to ensure no one feels lonely in Westminster will provide funding for existing organisations to reach out to the forgotten few – the harder to reach who remain isolated in their own home.

4. Children's Services

Priority areas

- 4.1 **Local Authority Children Services (ILACS) inspections readiness** Ofsted have now published the new framework for the inspection of Children's Services, known as the Inspection of Local Authorities' Children's Services (ILACS). We are likely to receive a 'Focused Visit' in August looking at our children in need, first response and early help services. Our priority is to maintain the high quality of services provided and therefore have a successful inspection under the new Ofsted inspection framework. The focused visit in August will result in a published narrative letter but will not contain a judgement and therefore our current outstanding grade will remain in place.

Strategic Review of Social care placements including Local offer for Looked After Children and Care Leavers

- 4.2 The sufficiency duty forms a core part of how we meet our broader responsibilities as corporate parents to ensure that we have enough placements available locally that can meet the needs of our population of children in care. The majority of our children in care are placed with foster carers in London, but we have a small number of children placed with foster carers outside London and some children in residential children's homes. Care placements represent the highest area of expenditure within the Family Services Directorate. We are currently reviewing our sufficiency strategy which will set out our vision and intended outcomes through the provision of placements for children in care in the Bi-Borough. Responding to the views and experiences of young people in/leaving care and the national and local context, the strategy will detail key actions and developments required to achieve these outcomes.

Assessments as interventions

- 4.3 The Access and Assessment team, who respond to initial referrals about children and make decisions about how to respond, is working on different approaches influenced by Systemic practice family therapy principles, which informs our social work intervention model. Our aim is to work with families through ensuring good quality relationship building from the first point of referral, intervening with the consent and co-operation of families wherever possible, leading to sustained change and reduced re-referrals. Techniques being piloted in the team include using robust 'Team around the Family' meetings within 2 weeks of referrals, using clinical input from family therapists at the point of referral and examining our use of powers to investigate

safeguarding concerns under the Children Act 1989, and whether in some cases this can be done with consent and co-operation.

Early Help Exclusions Pilot

- 4.4 We are planning to implement an Exclusions Pilot in September 2018, working with 3 primary schools and the Westminster Education Centre. Our aim is to work with children at risk of exclusion in year 6 and year 7 as they are transitioning from primary to secondary school. We plan to tackle the underlying issues that lead to exclusion, by intervening early and acting as quickly as possible to prevent pupils from being excluded, providing alternatives that support families to tackle the barriers to their child's engagement or progress in education.

Passenger Transport

- 4.5 The Passenger Transport Procurement Strategy was formally approved in January 2018 for the provision of transport services for children and young people with SEND and vulnerable adults. The service design has been informed by an engagement-led strategy, involving significant consultation with a range of key stakeholders including parents, carers and schools who have been involved throughout the process. For taxi services, a successful procurement with a competitive response from the market has been completed and is due to go live in August 2018, subject to sign-off on the award report in July 2018. Procurement activity for minibus services will commence from October 2018 followed by a contract start date of September 2019.

Commissioning and Services Update

Perfect Pathways Project Update

- 4.6 The overarching aim of Perfect Pathways was to co-develop (with local families) an improved system for providing targeted support for Children with SEND, whilst also improving the experience and outcomes for families. The project engaged parents, practitioners, and providers in a collaborative process of change. The detailed engagement work looked to deploy creative and meaningful approaches to engagement to gather both insight into issues faced in the system and ideas for improvement. The service improvement objectives that Perfect Pathways set out to achieve are summarised as follows:
1. Create an infrastructure that supports parents to confidently negotiate the local offer to access the right support at the right time;
 2. Provide a more graduated local offer that's better able to meet the diverse needs of both children and parents and build resilience, and;
 3. Shift the allocation of resource towards early intervention to improve children's outcomes and achieve better value for money.

- 4.7 Following this detailed engagement in 2017 four service recommendations were identified. The paragraphs below outline progress against each of the recommendations.

An improved referral model and Front Door for SEND

- 4.8 The *introduction of a consistent front door for Health Notifications into the Local Authority (when various health services identify that a child may have SEND) and other referrals* will signpost families to the most appropriate source of information, advice and support. This could be to the Local Offer or directly to non-statutory services that don't require assessment for access. In some instances, families will be referred to the new Front Door Panel for a multi-agency view on the most appropriate course of action and to access a wider range of support. The service is expected to be fully operational by July 2018.

A new Short Breaks core offer

- 4.9 Access to Short Breaks is now more streamlined with the recent introduction of a light touch assessment (which does not require a social worker assessment) and a fairer panel process for all families, which considers the impact on the family and siblings as well as the child when assessing the need for a package of support.
- 4.10 The Short Breaks core offer is now being re-shaped within existing expenditure. The current contracts with the Westminster Society have been extended for up to 21 months (from 01/04/2018) to enable work with families and providers to continue to develop the short break offer to better meet the needs of local families. We will now be working with the Westminster Society to explore how existing resources can be used more creatively to begin making some more immediate changes that local families want. Pilot family days and family trips out in the Summer holidays are scheduled and we are working with the Westminster Society to increase the number of Sunday drop-ins.
- 4.11 We know that Short Break offer in the South of Westminster is limited and work is underway to identify a venue which would be suitable for all disabled children. In the meantime, families can access the service at Marlborough School, which opened in Easter.
- 4.12 An Inclusion Officer has also been appointed who can support families who want their child or young person to access more mainstream activities. This might include offering practical advice to a mainstream setting, training to upskill their workers and/or 1:1 support if needed.

An early intervention Key Worker Service/re-shaped Portage home learning

- 4.13 Portage helps children become school ready by developing the capacity of parents and carers to support their child through developmental activity. *The existing service has been offering both Portage and informal key*

working. Key Workers, directing traffic from the Front Door, can enable parents to be supported through a more coherent set of pathways. This service will help them to navigate the SEND support system, access the right services at the right time to avoid escalation, and be empowered to manage their lives more effectively.

- 4.14 The Portage Service (currently provided by KIDS) is now in the process of transferring into the wider Short Breaks structure where they will expand their remit to support families with children aged 0-8 years. This is expected to complete in June 2018 and Key Workers will also be offering a range of parenting techniques, ideas and skills to support families from July 2018. Three new keyworkers will also be employed to support families with children who are 9-18 years.

My Westminster Projects

- 4.15 The Leader's My Westminster funding is designed to invest in local community and voluntary groups to support projects which matter to residents.

Stay Safe

- 4.16 £72k of the funding will be used for a 'Stay Safe' programme to help local organisations tell young people about how youth crime, harassment and gang culture affects their friends and communities and increase the take-up of a range of support services for children and young people. The funding has been awarded to the Young Westminster Foundation for two years from 1st April 2018, who will work in partnership with organisations including Victim Support and Redthreads to deliver a programme through local youth clubs Avenues and Bangladesh Marylebone Society, to help young people in areas of the borough with some of the highest rates of crime.

N in theory

- 4.17 £72k has also been awarded to Caxton Youth Club to deliver an Employment Support and Independence Skills programme for young people with special educational needs and disabilities aged 16-25 years old. The programme will support 30 young people per year by developing their practical skills such as money management, use of public transport, and CV writing; developing their aspirations and plans for future employment; and arranging work placements, volunteering and job opportunities with local employers in Westminster.

5. Unaccompanied Asylum Seeking Children

- 5.1 The council currently has 67 Unaccompanied Asylum Seeking Children (UASC) in the care population. Our National Transfer Scheme threshold is currently 28 UASCs (0.07% of the child population), thus we are 39 UASCs over our threshold.

- 5.2 These 39 are on the transfer list to other local authorities (who are under their 0.07% threshold), however good practice guidance is suggesting that for young people who have been with an authority for more than one month, they may be best placed to remain there. This then in theory means placements in receiving authorities are freed up for newer arrivals. Our responsibility is to accommodate these children in accordance with the Looked After Children guidance of the Children's Act 1989 and offer the same service that we would to all children in care. Each case is allocated to a social worker, an assessment of their needs is completed and they are accommodated as Looked After Children.

Trusted Relationships Bid

- 5.3 Westminster have submitted a bid to the Home Office for Trusted Relationships Funding, requesting £340,000 to work with young people at risk of criminal and sexual exploitation, gangs involvement and county lines across Westminster, Kensington and Chelsea, and Hammersmith and Fulham, which would further our reach with young people and our multi-agency approach. Westminster's expression of interest was successful and a final bid was submitted on 05.06.18. Outcomes will be known in September 2018.

Health and Wellbeing Board

- 5.4 At the Westminster Health & Wellbeing Board's most recent meeting on 24 May, the Board considered a report on patients and their carer's experiences of living with long term health conditions in Westminster. The Board also reviewed the final draft of the Children and Young People Special Educational Needs and Disabilities Joint Strategic Needs Assessment. Finally, the Board participated in a workshop to develop a work programme for the next year.

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Family & People Services Policy & Scrutiny Committee

Date:	18 th June 2018
Classification:	General Release
Title:	2018/19 Work Programme
Report of:	Director of Policy, Performance & Communications
Cabinet Member Portfolio	Cabinet Member for Family & People Services
Wards Involved:	All
Policy Context:	All
Report Author and Contact Details:	Aaron Hardy x 2894 ahardy1@westminster.gov.uk

1. Executive Summary

1. This report presents suggested topics for the Committee to consider when deciding its 2018/19 work programme.

2. Key Matters for the Committee's Consideration

2.1 The Committee is asked to:

- Review the list of suggested items (Appendix A) and decide which of these items or other topics should be prioritised on the 2018/19 work programme.
- Comment on and note the proposed terms of reference for the North West London Joint Health Overview & Scrutiny Committee (Appendix B)
- Nominate one voting Member and one substitute Member to the North West London Joint Health Overview & Scrutiny Committee.

3. Topic Selection

- 3.1 The proposed list of topics (Appendix A) has been compiled by policy and scrutiny officers in collaboration with services. The Committee will also have received a report from the Cabinet Member for Family & People Services. These reports detail upcoming issues in their portfolios that may highlight

potential topics for the work programme. Members may also have their own suggestions.

3.2 When deciding which topics to include on the 2018/19 work programme, the Committee is encouraged to consider:

- Which items can scrutiny add most value to;
- When would be the best time to consider an item;
- Which items would enable scrutiny to contribute most to the Council's priorities;
- What is the most appropriate way to consider a topic (e.g. Committee report, Task Group or another approach); and
- Which items would help the Committee best reflect the voice and concerns of residents.

3.3 The Family & People Services Policy & Scrutiny Committee is responsible for discharging the Council's statutory responsibilities under Section 7 and 11 of the Health & Social Care Act 2001 with regard to any planned substantial developments and variations to NHS services. One of the ways that this responsibility can be carried out is through joint working with other authorities on the North West London Joint Health Overview & Scrutiny Committee (NWL JHOSC) that Westminster has been a member of since its creation. The Committee can nominate one voting member to sit on the NWL JHOSC. The Committee can also nominate a substitute, or choose to appoint a substitute on an ad-hoc basis. The proposed terms of reference for the NWL JHOSC are attached at (Appendix B).

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 - Suggested topics

Appendix B – Proposed terms of reference for the North West London Joint Health Overview & Scrutiny Committee

Policy & Scrutiny Topic Selection Campaign 2018/19
Family & People Services Policy & Scrutiny Committee

High Priority Topics

Health devolution

- Monitoring the implementation of the memorandum of understanding on health devolution in London
- North West London Joint Health Overview & Scrutiny Committee

Governance in the North West London Health Service

- Reviewing the governance systems in place in the health service in North West London
- North West London Joint Health Overview & Scrutiny Committee
- September 2018

Medium Priority

Mental health put of borough placements

- The Government has set a target of ending out-of-area mental health care by 2020/21 but last year almost 6,000 patients in England were sent elsewhere - a rise of almost 40% in two years. How is this affecting Westminster residents, what are the reasons behind this, how we can we improve this and achieve the government's target?
- Committee meeting

Mental health patients' experience of the criminal justice system (with City Management & Public Protection Committee)

- To understand the experiences people with mental health issues have of the criminal justice system. Is the criminal justice system able to treat people with mental health issues? Are their needs met in a way that enables them to access justice? Are alternative pathways available and utilised?
- Task Group (Joint CMCPP and FPS)

Government's green paper on social care

- To understand the impact on Westminster and inform future priorities
- Briefing note
- Autumn 2018

Support for addicts

- Review support for addicts in Westminster. How has the removal of the ring-fenced drug and alcohol budget affected services and outcomes in Westminster? Nationally, interventions have fallen, budgets have fallen by

15%, drug-related deaths are at a record high and hospitals receive over 1m alcohol and drug related admissions a year.

- Task Group/Committee meeting

Support for young carers

- What support does the council offer to young carers? Can we do more to help them and those they care for?
- Committee meeting

Thirty hours free childcare

- To review the uptake and provision of free childcare in Westminster. Is there enough capacity in Westminster? What is the uptake? How has it affected providers in the city?
- Committee meeting

Child sexual exploitation

- Update on the project focusing on perpetrators of CSE being run in partnership with Community Safety, Barnardo's and 7 other London local authorities.
- Committee meeting

Preparedness for SEND inspection

- To review the council's readiness for SEND inspections. What will Ofsted be looking for? Can we learn anything from other inspections that have already taken place? What kind of preparations are the council doing?
- Committee meeting

Transfer to universal credit (with Housing, Finance & Customer Services Committee)

- Review the effect of the transfer to universal credit on Westminster's residents
- Committee meeting

Female genital mutilation

- Update on FGM project
- Committee meeting

Youth violence (with City Management and Public Protection Committee)

- Review youth violence in the borough and the initiatives to combat it. Could focus on the integrated gangs unit work, what has it achieved? Done in light of funding challenges, is the integrated gangs unit value for money? Should we be pushing for more funding? Are there other ways of delivering the same outcomes?
- Task group (CMCPP and FPS)

Adolescent mental health in the 21st Century

- A review of the effect of technology on the mental health of young people
- Task Group

Low Priority

Home conversions

- Could home conversions for elderly residents help reduce and pressure on services? Does Westminster currently operate a scheme with the same aims/outputs? How could a scheme be funded? What would the outcomes for residents be?
- Committee meeting

Life chances

- What are the life chances for young people in Westminster? Possible focus on children living in workless and homeless households. How can we improve the life chances of those children? What are the barriers they currently face?
- Task Group

Local Children's Safeguarding Board

- Annual review of safeguarding children annual report. How is the board working? Are there any significant areas of concern?
- Briefing on key areas to identify future priorities
- October 2018

Adults Safeguarding Board

- Annual review of safeguarding adults annual report. How is the board working? Are there any significant areas of concern?
- Briefing on key areas to identify future priorities
- October 2018

Private health care

- Review of the private healthcare market in Westminster. What effect does it have on our residents? What is the quality of the services provided? Does it have an effect on the NHS?
- Task Group

London Ambulance Service

- Follow up on 'requires improvement' report from June 2017 and action taken to improve the service.
- Committee meeting
- September 2018

Pathways between social care and the London Ambulance Service

- Investigate ways to ensure that patients with social care rather than urgent medical needs are directed along the correct pathways.
- Task Group

Fostering

- Review of fostering in Westminster following the independent national review and the government's response. What is the quality of fostering in Westminster? Do we have enough capacity? What are the outcomes like for foster children?
- Committee meeting

**The North West London
Joint Health Overview & Scrutiny Committee**

Terms of Reference

1. Membership

Membership of the Joint Health Overview and Scrutiny Committee (JHOSC) is one nominated voting member from each participating council, plus one other nominated member to whom the vote can be transferred (on the basis of that member being an elected member of the council they are representing).

Alternatively, a Borough can nominate one voting member only. A substitute member can be nominated by the Borough. The vote can also be transferred to the substitute member where he or she is an elected member of the council and the voting member is unavailable.

The JHOSC consists of the following authorities:

- London Borough of Brent
- London Borough of Ealing
- London Borough of Hammersmith & Fulham
- London Borough of Harrow
- London Borough of Hounslow
- Royal Borough of Kensington & Chelsea
- London Borough of Richmond
- City of Westminster

2. Quorum

The committee will require at least six members in attendance to be quorate.

3. Chair and Vice Chair

The JHOSC will elect its own chair and vice chair. Elections will take place on an annual basis each May, or as soon as practical thereafter, such as to allow for any annual changes to the committee's membership.

The Chair and Vice Chair shall not be members of the same authority or the same political party.

4. Duration

It is important the JHOSC operates on the basis of being able to contribute to the effective scrutiny of cross-borough health issues. The JHOSC should provide a forum for cross borough engagement and consultation between its member local authorities, and health service commissioners and providers. As such, it is proposed that the committee will also hold an annual review in May each year, or as soon as practical thereafter, where it will consider and decide whether there is a need for the

JHOSC to continue. This would not preclude individual local authorities from giving notice at the JHOSC annual meeting of their intention to withdraw from the JHOSC.

5. Remit of the JHOSC

The Committee's remit will be based on performing the following functions

1. To scrutinise the work of the health service commissioners and provider in North West London. Including, but not limited to:
 - a. The 'Shaping a Healthier Future' reconfiguration of health services in North West London
 - b. The North West London sustainability and transformation plan (STP)
 - c. The plans and actions by the North West London Collaboration of Clinical Commissioning Groups (NWL CCGs), focussing on aspects with cross borough implications.
2. To make recommendations to NWL CCGs, NHS England, or any other appropriate outside body in relation to the 'Shaping a Healthier Future' plans for North West London; and to monitor the outcomes of these recommendations where appropriate.
3. To require the provision of information from, and attendance before the committee by, any such person or organisation under a statutory duty to comply with the scrutiny function of health services in North West London.

The stated purpose of the JHOSC is to consider issues with cross-borough implications, taking a wider view across North West London than might normally be taken by individual Local Authorities.

At each annual meeting the JHOSC will develop, in consultation with the North West London Collaboration of Clinical Commissioning Groups, a work programme for the forthcoming municipal year based upon their agreed remit.

Individual local authority members of the JHOSC will continue their own scrutiny of health services in, or affecting, their individual areas (including those under 'Shaping a Healthier Future'). Participation in the JHOSC will not preclude any scrutiny or right of response by individual boroughs.

In particular, and for the sake of clarity, as the JHOSC is a discretionary joint committee is not appointed for and nor does it have delegated to it the functions or powers of the local authorities, either individually or jointly, under Section 23(9) of the local authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

This means that in accordance with the Regulations and subsequent non-statutory guidance the power of referral to the Secretary of State is not delegated to the JHOSC but retained by individual boroughs.