

Adults, Health & Public Protection Policy & Scrutiny Committee

Date: 29th March 2017

Briefing of: Cabinet Member for Adult Social Services & Public Health

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1 Actions requested by the Committee

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

2 Adults

2.1 **Better Care Fund (BCF)**

2.1.1 As of 23rd March 2017, the national policy framework and planning guidance which were anticipated in November 2016, have not yet been released, and is not expected before the end of March. It is understood that the policy framework will be broadly similar to previous years and that the timetable will allow for an initial draft submission, and a second, final submission of the BCF plan, will be approved by the Health and Wellbeing Board. The timetable for the BCF plan will be contained in the Planning guidelines, when released.

2.1.2 The proposed 2017/18 BCF plan will build on previously agreed BCF plans, noting the development of the WCC Joint Health and Wellbeing (HWB) Strategy as an important point of reference. There is strong alignment between the approach to the BCF and the HWB strategy. During preparations, analysis of 2016/17 projects has taken place to determine which projects require further development and which are now embedded as business as usual. Once national guidance is received including national requirements, conditions and final financial allocations, further planning can take place. The financial arrangements will need to recognise the financial limitations of all organisations involved.

2.2 Home Care

- 2.2.1 100% of customers have now transferred to the new home care providers in the first 3 patches. The recently awarded final patch has 334 customers, of which approximately 23 customers remain in the transfer process. Therefore, overall transfer of customers within Westminster (for all 4 patches) is at 97.9% and it is expected that all customers (100%) will be transferred by the end of March 2017.
- 2.2.2 Comprehensive monthly contract meetings are being undertaken with all 4 providers who report on a weekly basis to the Commissioning and Contracts Team. By the end of March 2017, annual performance reviews will be completed for all four providers.
- 2.2.3 So far 550 customers (8,667 hours) out of 1,141 customers (16,898 hours), have opted for a Direct Payment in Westminster; this accounts for 51.3% of total customer hours. Therefore, commissioned hours in Westminster are 48.7%.

2.3 Inter-generational Initiatives

We are continuing to explore the feasibility of developing an intergenerational facility as part of the Specialist Housing Strategy for Older People (SHSOP) new build programme and discussions have been held with the Chief Executive of the London Early Years Foundation. More detailed work, including the development of a full business case, will be required.

2.4 Mental Health Day Services Consultation

- 2.4.1 Following our joint consultation about changes to our mental health services, officers and health colleagues are continuing to develop a specification for the new service that integrates with secondary and primary care mental health provision within the borough. This is a highly critical service and service users and stakeholders are involved in helping to design the new service. A number of well attended co-design workshops and market days have taken place and the model is currently being finalised in consultation with CCG colleagues. The aim is to reach more people, achieve better outcomes and create efficiencies.
- 2.4.2 The proposals are to replace underused existing day centres with a more flexible and tailored support service with more focus on early intervention and recovery. Assurance has been provided to current service users that no change will be made to current arrangements until other services are in place. A provider has been appointed to support current service users' transition to a more personalised service and to support any on-going needs. This will include providing peer support groups and "safe space drop-ins". A drop in service has commenced in South Westminster at Abbey Centre one day a week and the intention is to increase times from April 2017. A possible site has been found in North Westminster to begin in April 2017. Services users are also starting to use alternative services from those provided within the existing day centres. This service will ensure that people who have had multiple relapses and who find accessing mainstream services very challenging or are

transitioning from hospital to GP care can access support; at different times, in the community and at a range of locations. The proposals also give people increased choice and control of their mental health services through use of personal budgets.

3 Public Health

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

The current contract with Central London Community Healthcare (CLCH) runs until 30th September 2017. The Health Visiting and FNP services are part of a collaborative commissioning programme and key officers from Public Health, Children's Service Commissioning and procurement teams are working together to re-commission services for children aged 0-5 (Health Visiting and Family Nurse Partnership). This collaborative approach is using whole system planning in the context of the development of Family Hubs and the restructure of the Public Health Directorate.

3.2 5-19 School Health Service

The contract for the school health service has been awarded to a new provider Central and North West London NHS Foundation Trust (CNWL). Public Health and Children's Services are working on the mobilisation of the service with the current and new providers to ensure safe transfer and continuity of service for schools, children and families. The new enhanced service will commence on 1st April 2017.

3.3 Advice Services

The review of Public Health advice services is underway, bringing the remaining services under the scope of Corporate Advice services or where, and if relevant, under the Voluntary Sector Support Service or the provision of services for Older People under the umbrella of Older People Hubs.

3.4 Childhood Obesity

3.4.1 The Tackling Childhood Obesity Team (TCOT) is developing and strengthening engagement throughout the Council to accelerate progress on the programme. The aim of the partnership is to establish strong relationships across the council alongside targeted activities to reduce childhood obesity. The TCOT is also examining additional activities and will work with the oral health project to strengthen the sugar message.

3.4.2 An additional 13 businesses have signed up to the health catering commitment which aims to educate businesses in the nutritional properties of food and offer simple changes to make the food they serve healthier.

3.4.3 The TCOT has committed to offer community gardening and education at 11 additional sites. These sites will demonstrate the clear link between natural capital and healthy lifestyles.

3.4.4 The team is working with the NHS to design and facilitate My Time Active training for non-clinical workforce members, a GP surgery and on neighbouring estates.

- 3.4.5 18 primary schools are participating in the MEND (Mind, Exercise, Nutrition...Do it!) in schools programme from September 2016.
- 3.4.6 The family healthy weight services provided by My Time active are highly rated by residents. The food growing and gardening project is involving further schools and estates in setting up new plots. Westminster took part in the pan-London initiative, The Great Weight Debate which now has involved residents in local events and completed a survey to tell us how families and children can lead healthier lives.

3.5 **Community Champions**

- 3.5.1 The Community Champions now has comprises 5 Community Champions projects and a Maternity Champions pilot project. All 5 projects are delivering positive results. There has been good collaborative work with housing, particularly with City West Homes, Peabody and Sanctuary housing. The Queens Park Maternity Champions have regular weekly sessions involving 60 parents and babies.
- 3.5.2 An extension of the maternity champions project to all 5 projects and broader reach across the borough is planned and providers have been asked to tender for this work. The project will help to give children the best start in life through supporting expectant parents and children in their first year of life. Outcomes include improved maternal mental health, increased uptake of breastfeeding and immunisations, and improved oral health, as well as reduction in isolation for expectant and new mothers.

3.6 **Integrated service design update**

The first review stage for the integrated service design is being completed, with a stakeholder engagement event held on March 17th. A survey has been developed to consult with residents about their views. The procurement process is beginning with the expectation that there will be a new integrated healthy lifestyles service in place in October 2018. The new service will have at its core an interactive digital platform, to support self service and access to apps which support healthy lifestyle choices.

3.7 **Oral Health Campaign**

- 3.7.1 Tooth decay is the leading cause of hospital admission for 1-9 year-old children in Westminster, so the council is exploring ways of making the oral health campaign much more effective. Cllr Iain Bott has agreed to continue working on this.
- 3.7.2 An event for external stakeholders including school Headmasters, dentists, GPs and providers of community dental preventative services took place in the Mayor's parlour on 15th March. The purpose of the event was to share knowledge, ideas and gather intelligence to inform the forthcoming comprehensive campaign. This campaign will target young children and their parents, promoting the importance of good daily oral hygiene practice, regular

dental checks and reduction in sugar consumption at the age where habits are formed and preventative measures are most effective.

3.7.3 The event on the 15th March was very successful with attendees giving positive feedback and showing significant interest in being a part of the on-going oral health campaign. Full follow up and evaluation of responses from the event are currently being collated.

3.8 **Shisha Symposium**

On 22nd February, the Council held a Shisha Symposium to start work on tackling the problem of Shisha smoking, which has major public health implications, particularly for our young. The event was incredibly productive and work has already started on the actions arising from the event. I shall be leading a multi-disciplinary group to work with other interested Local Authorities in order to coordinate our approach and to lobby Government on policy issues. New regulations are coming in to place on 20th May which will affect shisha premises and with help from our Business Improvement Districts we shall be alerting all our known premises about these changes and working with them to ensure they are compliant.

3.9 **Prioritisation Framework**

If the Council is to achieve significant improvements in population health outcomes in the current economic climate, choices need to be made about how best to allocate Public Health resources to specific programmes or work/services. Funding decisions for 18/19 and 19/20 will be informed by the output of a prioritisation framework which will enable the following:

- i. A comparison of services (including existing and proposed services) across a range of dimensions (including health impact; finance; implementation; population coverage and strategic fit);
- ii. Identification of gaps in service provision for prioritised Public Health outcomes. An assessment of how each borough is performing against each of these priority health outcomes forms another element of the prioritisation framework;
- iii. Prioritising collaborative programmes of work across Council departments (e.g. obesity prevention, healthy homes etc.)

3.10 **Sexual Health**

3.10.1 The re-designed Adults Community Sexual and Reproductive Health Service is due to be implemented from April. Service user and stakeholder meetings are being held and been helpful in identifying areas of need to ensure a smooth transition. A new name for the consortium of LOT 1 community support provision is now called "SASH" (Support and Advice for Sexual Health).

3.10.2 The finalising of the procurement of the integrated Genito Urinary Medicine (GUM) Sexual and Reproductive Health (SRH) service is now progressing with the support of the London Sexual Health Transformation Programme. Final negotiations with the preferred provider will take place on the revisions to the

specification. The procurement of the London wide web based sexual health screening initiative is also progressing due to complete by July

3.11 Staff Re-Structure

3.11.1 Public Health's operating model has been re-designed to ensure the three Councils can maximise impact on population health whilst also meeting its savings targets for the medium term.

3.11.2 The re-structure will deliver a new service operating model and culture that provides more visible leadership and governance for each programme of work and a more collaborative model of working with other Council departments, particularly Children's and Adult Social Care.

3.11.3 The new structure and associated ways of working will go live from 3 April 2017. Staff were formally consulted about the proposed changes to the structure in November 2016.

3.12 Substance Misuse

3.12.1 The evaluation of both the specialist Group Work Programme and Primary Care Support Service is now complete and recommendations will be made. It is intended that those elements of both programmes shown to have demonstrated positive impact on outcomes be embedded into the main core provision. It is clear that the primary care support service is not delivering the best possible service so it is intended that we will work with GPs and CCGs to identify how best to support primary care to deliver to those service users seen in primary care settings.

3.13 Supported Employment

3.13.1 Westminster Employment Service

The Westminster Employment Service (WES) is the new umbrella service for the Council and partners' employment activities focussed on supporting those who are long term unemployed or at risk. Through WES our ambition is to work more collaboratively with local agencies to help unemployed residents into work. In the next year the service will engage with more local employers, promote employer / business achievement, trial a new way of multi-agency working in the interests of residents and ensure that residents access the right service through a new web site and assessment process.

3.13.2 Partnership with Groundwork and Paddington Development Trust

The Economy Team has leveraged £50,000 from Jobcentre Plus to help residents with disabilities and health conditions into employment. The programme will support 76 residents and 24 residents into employment by the end of 2017.

3.13.3 Specialist Employment Broker

Through the Specialist Employment Broker based in Cross River Partnership, 33 individuals have progressed closer to employment this financial year and 16 people have been supported into employment opportunities.

3.13.4 Support for residents with learning & physical disabilities

Westminster Employment provides employment support to residents with severe physical and learning disabilities. Funded through Public Health and commissioned via Adult Services, the support has helped 83 residents move closer to employment this financial year. Of those, 12 have been supported into paid employment and a further three into voluntary work. 13 residents have remained in employment for at least six months. These outcomes reflect the quality of the employer relationships brokered by the team with many offering multiple opportunities to the service. These relationships include the Westminster Society, Origin Housing, Sweetree, Yarrow and Cooks and Partners.

4 Health and Wellbeing Board

4.1 The Health and Wellbeing Board met on 23rd March in private to plan ways of working together to implement the Health and Wellbeing Strategy, as described below.

4.2 Health and Wellbeing Strategy for Westminster 2017-2022

The Health and Wellbeing Strategy for Westminster 2017-2022 was published on 15 December 2016. An underpinning joint implementation plan, which will link the sub-regional STP work to the local strategy, is currently being developed by Westminster City Council and Central London Clinical Commissioning Group (CLCCG) and West London Clinical Commissioning Group (WLCCG). The delivery plan will draw in external partners and providers such as City West Homes and Westminster voluntary and community sector organisations and will be set out by themes and delivery areas rather than by organisations.

5 The North West London Sustainability and Transformation Plan (STP)

Work continues in North West London on the Sustainability and Transformation Plan which is developing a collaborative approach across 6 boroughs to plan for future demand for health and care services with constrained resources. The Council supported the 'in principle' submission for North West London in October subject to further detailed work required on services needed in the community and how increased community services would be funded. The Westminster, Health and Wellbeing Strategy which sets out our local implementation plan for the STP. An Older Person's Care Reference Group has been established with membership including local people, voluntary sector organisations and clinical and social care experts which will provide leadership, advice and challenge on developing and implementing new models of care.

If you have any queries about this report or wish to inspect any of the background papers please contact Madeleine Hale x 2621 mhale@westminster.gov.uk

Appendix A – Quarter 3 Performance Summary of Adult Social Care and Public Health

1. KPI analysis of Adult Social Care and Public Health

The tables below provide an assessment of the Key Service Performance Indicators for each directorate. Detail has been provided for all indicators failing to meet targets. Please note figures reported are for April to December 2016, unless otherwise indicated.

Performance Indicator	2015/16 Performance	2016/17 Target	Quarter 3 position*	RAG Rating	Direction of Travel
	Last year's position	Targets	Apr 16 – Dec 16	Red, Amber, Green	Perf vs. last year

Performance Indicators flagged for attention:

ADULT SOCIAL CARE					
Proportion of adults with a learning disability known to Adult Social Care in paid employment	7.4%	7.5%	5.5% (22/398)	Amber	Stable
Reason for underperformance and mitigation: Some people with learning disabilities known to the team who have been in employment and were previously counted cannot now be included in the indicator as they have not received ASC funded support in the year. To meet the target (7.5%) about ten more people will need to have been in paid work by the year-end (about two people per month from Q2 - 32 people in total). The current rate (5.5%) is broadly similar to the London and England averages.					
Total number of new permanent admissions to nursing care of people aged 65 years and over	53	53	42	Amber	Stable
Reason for underperformance and mitigation: There have been more new admissions to nursing care compared to at this point last year (although the residential and nursing figure together is similar to last year). This reflects a shift in the type of care needed as people spend longer periods at home, requiring nursing care at a point when needs are more complex. Target is 'at risk' although combined residential and nursing target is likely to be met reflecting the change in supply to meet presenting need.					

Performance Indicators on track to achieve targets:

ADULT SOCIAL CARE					
Percentage of carers receiving an assessment or review	87%	90%	55.8%	Green	Improving
Reason for underperformance and mitigation: Carers assessments are slightly behind target for November 2016 (56% against Nov target of 60%). However, performance is much improved on November 2015 (39.5%). Many assessments carried out in the previous year were carried out in the latter part of the year, hence too soon to carry out another review. Performance is greatly ahead of performance this time last year (40%). The percentage will rise fastest in final 3 months. Timescales will be in line for Q4 (reviews carried out in Jan-Mar 17).					

Performance Indicator	2015/16 Performance	2016/17 Target	Quarter 3 position*	RAG Rating	Direction of Travel
	Last year's position	Targets	Apr 16 – Dec 16	Red, Amber, Green	Perf vs. last year
Proportion of adults in contact with Mental Health services in paid employment	6.6%	6.6%	7.2%	Green	Improving
Percentage of people completing re-ablement who require a long-term service	28%	28%	27.9% (153/549)	Green	Stable
Total number of new permanent admissions to residential care of people aged 65 years and over	46	46	23	Green	Stable
Adults receiving a personal budget to meet their support needs	92%	90%	91.5% (1,466/1,603)	Green	Stable
Delayed transfers of care, acute days attributed to social care (cumulative)	1,002	924 (308 Apr – Jul 2016)	601 (to end Oct 2016)	Green	Improving

PUBLIC HEALTH

Service Commentary: Public Health performance indicators all have a lag reporting time of between 2 months to a year. However all indicators have been reported as being on track and to achieving their targets. The most up to date figures have been provided within the table.

Percentage of children who received a 2-2.5 year review	53.1% (in Qtr1 2015/16)	69%	86%	Green	Improving
Number of residents reached through community champion activities	13,228 (global figure for all activity)	13,228	9,782 (to end Sept 2016)	Green	Improving
Number of NHS health checks taken up by eligible population	7,784	8,330	1,722 (to end Sept 2016)	Green	Stable

Service Commentary: Quarter 2 data reported. Quarter 3 data will be available mid-January. We have increased the target to 20% of the eligible population. We are on track to meet this.

Stop Smoking Services – number of 4 week quits	1,467 (full year)	1,078 (Apr 2016 – Dec 2017)	619 (year to date to end Sept 2016)	Green	Improving
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tary: Quarter 2 data reported. Quarter 3 data will be available mid-February. Westminster is performing well and is in a much better position than they were this time last year. They are on track to meet the end of year target. The proportion of quitters coming from the most deprived areas (2 quintiles of highest deprivation) has improved.