



City of Westminster

# Adults & Health Policy & Scrutiny Committee

**Date:** Wednesday 31 January 2018

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

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## 1. Adults

### 1.1 Extra Care Housing

- The two Extra Care Housing schemes - 60 Penfold Street provided by Notting Hill Housing and Leonora House provided by Octavia, continue to provide a good service for Westminster residents. Both have a 'Good' rating with CQC and customer satisfaction is good.
- The Dynamic Purchasing System (DPS) for WCC is the approved model to be used for procuring Care and Support Providers for the two schemes in the future, and the opportunity to apply for admission was publicised on 16th October. Those providers admitted to the DPS will be able to respond to the mini competition exercises for all Westminster schemes.

### 1.2 Home Care

- Further to CQC inspection activity in November, both Healthvision and Sage Care have been informally advised that they have achieved an overall rating of 'Good', having achieved 'Good' for each of the five essential standards of care (safe, caring, effective, responsive, well led). This is an improvement for both organisations since their last inspection.

- London Care and Vincentian Care Plus are expected to be re-inspected in the forthcoming months. It has been made clear to both organisations that there is an expectation that both organisations will improve upon the standards reached in their last inspection and officers have worked with them on their improvement plans. It should be noted that customers did write in complimenting some VCP carers.

### 1.3 Care Homes (Older People Residential and Nursing Care)

- A Care Homes Improvement Plan has been developed with Health and ASC commissioners, Healthwatch Central West London and Safeguarding leads. This includes a performance management framework setting quality standards and outcome measurements to assess provider performance throughout the programme. Performance measurements have been aligned to the “My Home Life” strategic themes of Personalisation, Navigation and Transformation and include;
  - Evidencing person-centred care planning and achievement of personal outcomes in line with expressed wishes.
  - Creating Communities – evidencing resident engagement with the wider community and in the care home setting.
  - Supporting good health through access to community health services.
  - Supporting good End of Life Care.
  - Workforce development and training; including staff training, turnover and absence.
- Funding for the programme has been secured through the Better Care Fund (BCF) for Care homes improvement in Westminster. The programme will be launched to provider partners in January 2018 and delivered by two recognised care home improvement organisations. “My Home Life” will support every care home manager through a Leadership programme and “Ladder to the Moon” adopts a whole care home and relative engagement approach in delivering outstanding activities.
- This jointly funded programme is open to all Older Person’s Care Homes in Phase 1 over the first 9-12 month period. Phase 2 will prioritise care homes assessed as ‘Requiring Improvement’ by CQC. Providers will have to commit to 20% part funding in Phase 2.
- Care homes improvement has been agreed as one of four strategic priorities by the Joint Executive Team (JET). The plan has been linked to the work of the North West London Sustainability and Transformation Plan (STP) Delivery Area 3 which is focused on the needs of older people.

- Along with the performance management framework for the care home improvement programme, ASC and Health Commissioners are working towards revising key performance indicators (KPI's) across all services in Westminster. London Association of Directors of Adult Social Services (ADASS) quality measures, Any Qualified Provider (AQP) quality indicators and existing Care UK and Sanctuary Care KPIs will also inform this new set of performance indicators.
- North West London (NWL) Clinical Commissioning Groups are commissioning a similar care home leadership programme. Westminster makes a number of placements out of borough, with some in the NWL area, so should benefit from quality improvements in these too.
- Garside House (operated by Sanctuary Care on behalf of the Central London CCG) has re-designated 8 block-contracted care beds to provide interim care beds in the last quarter of 2017. Together with the 10 transitional beds at Norton House, these intermediate care beds are critical in supporting the whole health and social care system, particularly relieving pressure on acute hospital beds during the Winter period.
- Westmead Residential Care Home, operated and managed by Sanctuary Care, received an improved CQC rating following an inspection on 24<sup>th</sup> and 28<sup>th</sup> October 2017. The service is now rated **Good** overall. Westmead was assessed as Good in the Safe, Effective, Responsive and Caring domains, with a requires improvement in the Well-led domain. Sanctuary are planning a series of workshops with staff, to raise awareness of behaviour and interaction. The sessions will be aimed at all staff and specifically the behaviours around talking over residents, lack of inclusion and improving interaction and engagement, including the 'What do you see?' DVD which sends a powerful message to staff from the perspective of residents. They will start training February, and Westmead had been completed they will commence training for Carlton Dene staff.

#### 1.4 **Mental Health Day Services**

Safe spaces provision is offered at both the Abbey and Beethoven centres and are operated by Single Homeless Project (SHP). The Abbey Centre offers mental health recovery activities which are co-designed with service users and an on-site mental health recovery worker.

- A number of service users who used the previous services such as RSS (Recovery Support Service) decided to access other services with their personal budgets, such as ART4SPACE and Thrive.

- A number of new users have started accessing the new model of provision – very few accessed the previous day service.
- Health professionals comment that it is easier to make referrals to the new service.
- The SMART service is used by sufficient service users with personal budgets to continue delivering the service on this basis.
- Partnership working between the key stakeholders SHP, SMART, the two service centres, and the Clinical Commissioning Group continues to be positive.
- The intention is to establish a co-production group to enable service users to co-design future service provision, and this will start in 2018. Healthwatch volunteers have been working with residents and have now identified a group of users who wish to be involved.

#### 1.5 **Accommodation-based care and support for residents with a learning disability**

- The Council commissions a range of services to support residents with a learning disability to live a fulfilling life. A draft commissioning strategy and an outline procurement plan set out how accommodation-based care and support will be continued, without disruption to residents, while a more personalised model of care and support is developed. This model supports independence, with all residents using Personal Budgets, with Individual Service Funds as appropriate.
- The services in scope range from low-level to highly complex needs – including some residents with a mental health diagnosis and or challenging behaviour as well as their learning disability.
- The Council will be working with partners, with the people who use the services, and their families to transform services by developing diversity, choice and sustainability amongst the organisations involved, in line with residents' needs, aspirations and desired outcomes.
- The changes will enable people who chose to do so to deploy their Personal Budgets as Individual Services Funds – with real choice, flexibility, accountability and a focus on outcomes. Customers are helped to operate their Individual Service Fund by a 'Personal Assistant' who will support their choices both of the range of support available and from which organisation they might purchase it. Those customers who do not choose an Individual Service Fund approach will be able to opt instead for the Council to manage their personal budget on their behalf or for direct payments. The development of the

Individual Service Fund model requires providers to develop partnerships with organisations and community groups to promote inclusion and choice for residents.

- A programme of market development activity is underway to attract new providers to the borough, support our existing providers' resilience, ensure increased quality standards, and work with mainstream services and facilities. There has also been training for social workers, events for providers, information sessions for residents to support personalisation.

## 1.6 **Arrangements for the provision of Mental Health services in the community**

- The Council and the Central and North West London NHS Foundation Trust (CNWL) have signed the Section 75 Agreement which details the arrangements for working in partnership to deliver a range of integrated services for mental health and dual diagnosis. The new agreement runs to the 31<sup>st</sup> March 2022.
- The Agreement aims to improve the services for people with mental health and dual diagnosis through close working between the NHS and the Council. The services include the community mental health teams, specialist support through forensic services, home treatment and crisis service, and services to support individuals with dual diagnosis. Social Workers, Adult Mental Health Practitioners, Clinical Practitioners and Service Managers ensure the outcomes in the contract are met and arrangements are in place to ensure performance is both managed and supported.
- There are robust governance and monitoring arrangements across the partnership to deliver to the agreements, ambition and aims. A quarterly partnership meeting takes place which provides the scrutiny, discussion, review and forward planning, reflecting on issues such as staffing, service outcomes monitoring, safeguarding, finance and an opportunity to look at the care and support pathways for service users.
- A separate working group has been established to tackle the issues across partners, involving social work team managers, commissioners, CNWL to support the move on from hospital and support packages to a range of adults with mental health needs.
- A strategic partnership board for mental health is being set up to increase awareness of the range of services and partners that support mental health provision across the borough and develop a strategic action plan to prioritise areas of need over the next two years. This board will link to the statutory boards already in place. As well as raising awareness of mental health and cross cutting issues that can be supported, it will provide a clear governance process for all partners.

## 1.7 **BCF Update and progress in meeting delayed transfer of care targets**

- The Council continues to monitor progress in delivering the objectives set out in the Better Care Fund Plan and this work remains on track.
- Part of this process involves monitoring progress against the Social Care Delayed Transfer of Care (DTOC) target which has been set for Westminster. Performance in Westminster has historically, and continues to be, very good in helping people to leave hospital safely and quickly and therefore a very demanding target has been set for the borough. The target is to achieve less than 1.1 days delayed discharge, attributable to social care, per 100,000 population. This compares to an equivalent target in Hammersmith & Fulham and Kensington & Chelsea of 2.6 days. Since April 2017, WCC has dipped below target twice, in August 17 and again in November 17 (which is the last period data is available for). In November the DTOC rate achieved in WCC was 1.4 days. During the month the delays were primarily attributable to challenges with acute hospital discharge. However steps have been put in place to improve performance and an update will be provided to the next meeting.

## 1.8 **Community Independence Service**

Throughout 2017/18 there has been considerable focus on the Community Independence Service, which is provided by CNWL across the Tri Borough and works closely with the Hospital Social Work Service and Reablement Team. The existing contract, which has been let by Central London CCG, on behalf of the 3 CCGs and in partnership with the Tri Borough Councils is due to expire in July. The CIS works closely with the Council, is valued by its users and plays a key part in achieving the very high levels of service in managing the hospital discharge service. While further discussions are ongoing it is now likely the contract will be extended until March 2018 but there may be variations in how the service is provided within each CCG catchment in order to reflect local requirements.

## 2. **Public Health**

### 2.1 **Health Visiting Service – Update on the implementation of the new model**

The service continues to deliver with performance on most contracts above target. There have been some delays in implementing the new model which was effective from 1 July 2017. Commissioners are working with Central London Community Healthcare (CLCH) NHS Trust to implement a six-month action plan. The action plan will include agreed timelines for the full implementation of the new model, as well as to address data quality and performance issues. Overall there has been good progress on implementing the transformation programme which is now near-

completion, including changes to the staff-skill mix. Health visiting vacancies rates have reduced from 4.57 FTE to 1.17 FTE since the last report and 2 out of 4 appointed nursery nurses are now in place.

## 2.2 Performance update to November 2017-mandated contacts

- Antenatal contact: Activity for the antenatal vulnerable face-to-face home contact significantly increased from 13 in October to 31 in November.
- New Birth Visits: Performance for the 14-day contact showed a 1% increase from the previous month to 91% but remains below the 95% target. By contrast, there was over-achievement for the 30-day contact; 98% (this figure is inclusive of 14 day activity). It is anticipated that, due to a reduction in Health Visitor vacancies, performance will continue to show an upward trend.
- 6 to 8 week reviews, including maternal mood assessment: The service continues to meet the 80% target with November activity at 88%; representing a 1% increase from October.
- % of infants being fully or partially breastfed at 6-8 weeks: Uptake was 78.8% against the 80% target. However, this was based on 81.4% of recorded infant feeding status. The service has reported that it is providing ongoing monitoring and training to improve recording.
- 12, 15 and 24-30 month developmental reviews: All the three developmental reviews continued to exceed the 75% target with November performance for the three reviews at 82.6%, 82.8% and 77.3% respectively. The 2-year 'Ages and Stages Social Emotional' questionnaire was used for 76% of this review. Implementation of the Ages and Stages Social Emotional questionnaire is scheduled for those with suspected special needs.
- Performance Against New KPIs to November 2017  
There has been a delay in reporting against most of the new KPIs, which form part of the new service model. CLCH attributes this to the delay in implementing the transformation programme, difficulties in developing data codes and scripts on the SystemOne; the service database and the new reporting system. Dates to fully deliver the transformation programme and provide effective reporting on the new KPIs will form part of the action plan between CLCH and public health commissioners. The delivery of this plan is being closely monitored by the commissioners.

## 2.3 Mental Health

A draft Suicide Prevention Strategy was presented to the Westminster Health and Wellbeing Board on Thursday 18<sup>th</sup> January 2018. The document has been produced by a multi-agency suicide steering group and is a refresh of the existing suicide prevention strategy that expires this year. The document is underpinned

by new national guidance published by Public Health England (PHE). It is still a work in progress, but has been provided to all key stakeholders to give the opportunity refine the strategy prior to sign off by the Health and Wellbeing Board at its next meeting in March 2018.

#### **2.4 Shisha Event - London Metropole Hotel, Edgware Road**

The City Operations 24/7 team of City Inspectors in conjunction with Marble Arch BID organised an educational event, supported by Public Health, for shisha businesses within Westminster. The event was held on November 30<sup>th</sup> 2017 at the London Metropole Hotel on Edgware Road. The event was designed so that business that sell shisha to the general public could come and ask questions of all the teams within WCC that deal with enforcement and regulation. It was also an opportunity to promote compliance. There were representatives from Trading Standards, Health & Safety, Planning Enforcement and 24/7 City Inspector team who were able to guide premises on what they needed to do to be compliant with the relevant legislation. Public Health were also represented to explain why some of the regulation was needed to assist with health and wellbeing. The week prior to the event City Inspector Teams visited all of the shisha premises in WCC and gave them an invitation. Westminster teams had prepared educational leaflets and a screen presentation was continually being played while business representatives went to each of the teams with their questions. The event was a great success with over 25 businesses attending. We also had attendees from property landlords such as Portman estates and the Church commissioners who were keen to understand the issues and their responsibilities around the sale of shisha. Brent Council enforcement team also attended and we will be working together in the future to share best practices.

#### **2.5 Stoptober**

Stoptober, the 28-day stop smoking campaign from Public Health England, ran throughout the month of October, encouraging and supporting smokers to attempt to quit for good.

In Westminster, we promoted Stoptober to residents through social media and within Libraries, encouraging residents to visit either the national One You Stoptober page or Kick It's website. We are expecting to receive a full evaluation from PHE in the coming weeks, showing the number of page views from Westminster residents.

We have received the following top line statistics from Kick It's Stoptober activity:

- Kick It activity focused primarily around an evening telecampaign, conducted by staff as an overtime opportunity. This process of calling ex-clients led to 156 Westminster referrals.



- October saw particularly strong performance with more than 300 quit dates set in Westminster.

Internally, we offered carbon monoxide testing sessions to show the impact of smoking. The sessions were very well received with a number of referrals being made. Unfortunately, the event at 5 Strand had to be postponed but was rescheduled for Wednesday 24 January to tie in with PHE's Health Harms campaign.

## 2.6 Winter Flu Programme

In accordance with national ambitions, the Public Health Directorate is working with a number of stakeholders including, NHS England, Public Health England and the Central London Clinical Commissioning Group to increase flu vaccine uptake rates and to implement the 2017/18 flu programme. The Tri-borough Flu Group meets every two weeks to coordinate.

### Vaccination Coverage

- a) Vaccination coverage rates will not be published by NHS England until the end of the season. Data is being collected on:

#### Child Nasal Flu

- 2-3 year olds vaccination by GPs
- 4 to 8 year olds vaccination by school immunisation service

#### Adults

- Pregnant women
- Under 65s at increased risk
- Over 65s

- b) The 2017/18 targets are to achieve 55% coverage in adults and 40% coverage in children aged 2 to 8 years. Internal NHS England provisional reports indicate that uptake is up on all cohorts compared to last year, however immunisation rates for pregnant women and 2-3 year olds continue to be below target. In concert with CCG colleagues, LA Comms teams, Community Champions and health visiting services have been requested to do one last push to promote uptake in these groups during January.

### Vaccination of Social Care Staff

- c) The local authority has been actively promoting uptake of flu vaccinations for their frontline social care staff.

- d) The occupational health unit for H&F and RBKC report that uptake is significantly up on last year. Figures they have compiled show that of for RBKC 80 out of 198 frontline staff were vaccinated and for H&F employed staff 84 out of 96 were vaccinated. WCC employed staff receive their vaccination from local pharmacies, not their occupational health department and so there is no central record of the numbers vaccinated.

### **Child Nasal Flu Vaccinations**

- e) The Public Health Department has been working closely with the school immunisation provider to improve participation in the programme in both state and private schools.

### **Communications**

- f) The local authority has been actively promoting flu vaccinations through their external and internal communication channels.
- g) The community champions have been promoting flu vaccinations to the community as part of their Keeping Well This Winter campaign.

## **2.7 Sexual Health**

### **Sexual Health Profile in Westminster**

The latest verified data for WCC summary below shows that we are improving in reducing some Sexually Transmitted Infections (STIs) but compared to the rest of England we continue to have a very high number of positive diagnoses.

- Overall 4,604 new sexually transmitted infections (STIs) were diagnosed in residents of Westminster, a rate of 1,900.1 per 100,000 residents (compared to 750 per 100,000 in England).
- Westminster has the 6th highest rate (out of 326 local authorities in England) of new STIs excluding chlamydia diagnoses in 15-24 year olds; with a rate of 2,269.5 per 100,000 residents (compared to 795 per 100,000 in England).
- 27% of diagnoses of new STIs in Westminster were in young people aged 15-24 years (compared to 51% in England).
- For cases in men where sexual orientation was known, 53.7% of new STIs in Westminster were among gay, bisexual and other men who have sex with men (MSM) (Sexual health services [SHS]).

- The chlamydia detection rate per 100,000 young people aged 15-24 years in Westminster was 1,959 (compared to 1,882 per 100,000 in England).
- Westminster has the 7th highest rate (out of 326 local authorities in England) for gonorrhoea, which is a marker of high levels of risky sexual activity. The rate of gonorrhoea diagnoses per 100,000 in this local authority was 318.2 (compared to 64.9 per 100,000 in England). The trend is downwards but there is a need to get the harm reduction and health promotion messaging more impactful and targeted.
- In Westminster, an estimated 9.2% of women and 15.8% of men presenting with a new STI at a Sexual Health Service (SHS) during the 5 year period from 2011 to 2016 were re-infected with a new STI within 12 months.
- Among SHS patients from Westminster who were eligible to be tested for HIV, 76.8% were tested (compared to 67.7% in England) (HIV testing coverage).
- There were 90 new HIV diagnoses in individuals aged 15 years and above in Westminster. The diagnosed HIV prevalence was 8.5 per 1,000 population aged 15-59 years (compared to 2.3 per 1,000 in England).
- In Westminster, between 2014 and 2016, 25.9% (95% confidence interval [CI] 20.9-31.9) of HIV diagnoses were made at a late stage of infection (CD4 count  $\leq$  350 cells/mm<sup>3</sup> within 3 months of diagnosis) compared to 40.1% (95% CI 39.0-41.2) in England. This shows local effectiveness in attracting people to the comprehensive screening and testing provision.
- The total rate of long-acting reversible contraception (LARC) excluding injections prescribed in primary care, specialist SHSs and non-specialist SHSs was 24.2 per 1,000 women aged 15-44 years in Westminster, and 46.4 per 1,000 women in England. The rate prescribed in primary care was 6.9 in Westminster and 28.8 in England. The rate prescribed in the other settings was 17.3 in Westminster and 17.6 in England. This is being addressed through our work with primary care and our recently procured community based clinical service to improve on the uptake of LARC.
- In Westminster upper tier local authority, the total abortion rate per 1,000 female population aged 15-44 years was 16.4, while in England the rate was 16.7 per 1,000. Of those women under 25 years who had an abortion in that year, the proportion who had had a previous abortion

was 30.1%, while in England the proportion was 26.7%. The commissioned services need to understand better why we have a third of women having repeat abortions and the profile of this group.

- In 2015, the conception rate for under-18s in Westminster was 12.0 per 1,000 females aged 15-17 years, while in England the rate was 20.8.

**Table 1. Rates per 100,000 population of new STIs in Westminster and England: 2015-2016**

<i>Diagnoses</i>	<i>Rate 2015</i>	<i>Rate 2016</i>	<i>% change* 2015 to 2016</i>	<i>Rank within England 2016**</i>	<i>Rate in England residents 2016</i>
New STIs	1,970.7	1,900.1	-3.6	-	749.7
New STIs (excl. those with Chlamydia aged 15-24)	2,311.2	2,269.5	-1.8	6	
Chlamydia	608.3	636.4	4.6	-	364.2
Gonorrhoea	390.8	318.2	-18.6***	7	64.9
Syphilis	75.9	78.8	3.8	5	10.6
Genital Warts	165.1	177.5	7.5	17	112.5
Genital Herpes	120.5	120.9	0.3	12	57.2

Rates are calculated using 2015 ONS population estimates

\* % change not provided where rate per 100,000 population in 2015 was 0.0

\*\* Out of 326 local authorities, 1st rank has the highest rates. Rank within England has been based on alphabetical order of local authority name where rate for local authority was 0.0 per 100,000 population ^ Population is restricted to those aged 15-64 years

\*\*\*even with increased use of highly sensitive Nucleic Acid Amplification Tests (NAATs) and additional screening of extra-genital sites in MSM Westminster positive diagnoses has fallen.

Data Source: Data from routine specialist and non-specialist sexual health services' returns to the GUMCAD STI Surveillance System and routine non-specialist sexual health services' returns to the CTAD Chlamydia Surveillance system (CTAD)

We are on track to implement the new GUM contract from 1<sup>st</sup> April 2018 and will also start the e-based home screening services at the same time.

We are working with the community based clinical service offered through CNWL to improve their coverage across Westminster as services currently are not delivered in South Westminster at present. Whilst this is the first year of the new service contract and it is not unusual that performance, dips the numbers engaging are lower than expected and unlikely to reach their targets. We have implemented an action plan to improve outputs and outcomes of this service.

## 2.8 Oral Health Campaign

Tooth decay is the top cause of non-emergency hospital visits for children in Westminster, despite efforts to encourage better brushing and trips to the dentist.

In Westminster 35 per cent of five year-old children have at least one decayed, missing or filled tooth, compared with 27% in London and just under 25% across England.

The figures have been improving. The 2012 five year olds in the borough had on average 1.72 decayed missing or filled tooth, in 2015 this had fallen to 1.17. However, it is still concerning given tooth decay is almost entirely preventable.

In response to this, on 11 January, Public Health and Policy, Performance and Communications jointly launched a campaign to tackle poor oral health.

The campaign brings together ['The Tale of Triumph over Terrible Teeth'](#) animation alongside fun, interactive activities and resources for children aged between 3 and 7, to ensure they know how to look after their teeth from a young age.

The campaign was well received when it launched to 83 Pimlico Primary pupils at Pimlico Library. At the launch, pupils were also able to take part in the quiz and other oral health activities such as reading, colouring and dressing up, put on by the oral health promotion team.

The animation will be shown on screens at Dentist and GP Surgeries, has been promoted to Schools and within Libraries and features across Council channels including The Westminster Reporter, social media, My Westminster, Families First and Children's First. Public Health is also investigating having the animation shown in school assemblies and holding similar Library events with local school children.

Alongside 'The Tale of Triumph over Terrible Teeth', Chelsea and Westminster Hospital NHS Foundation Trust launched a three year health promotional campaign and cross-sectional research study, jointly sponsored by RBKC, WCC and ChelWest, with the aim of improving children's dental health on 12 January. The two campaigns fall under the broader "giving children, young people and

families the best possible start in life” – one of the council’s major health and wellbeing priorities. ‘The Tale of Triumph over Terrible Teeth’ was screened at the CheWest launch and has strong support from the Trust, we will continue to work closely together to promote both campaigns.

Visit [westminstertoothfairy.com](http://westminstertoothfairy.com) to view the animation and ask your children to take the quiz on oral health.

### **3. Health and Wellbeing Board**

The Health and Wellbeing Board met on Thursday 18 January. It reviewed progress with the development of the Integrated and Accountable Care Strategies which were presented to the Board in November for agreement. The Board noted that:

- CLCGG have progressed work to develop a joint Outcomes Framework which will be adopted by both CCGs and be applicable for all residents across Westminster and Kensington and Chelsea. The Framework is structured around five outcome domains and these are presented below
  - People have an overall quality of life;
  - Care is safe, effective and people have a good experience;
  - Professionals experience an effective integrated environment;
  - Care is financially sustainable; and
  - Care team is efficient, process defined and personalised.
- Good progress has been made with work led by WL CCG in developing proposals to establish Integrated Community Teams. This work has incorporated over 30 co design events and the involvement of over 100 different stakeholders from a range of provider, patient and community organisations. A key part of this work has involved officers looking at how the Council might also support Integrated Community Teams. This work is continuing and it is anticipated that initial proposals will be developed for consideration in March 2018
- All parties continue to work towards developing a common approach to integrated health and social care which will apply to all of Westminster, and Kensington and Chelsea.

The Board also considered its work programme for 2018/19 and agreed that a workshop should be facilitated in March to identify key priorities and targets for the following year.

#### **4. Green Paper on Care and Support**

The Government announced in November that it will publish a green paper on care and support for older people by Summer 2018. Once the green paper is published, it will be subject to a full public consultation which the Council will respond to.

If you have any queries about this report or wish to inspect any of the background papers please contact Charlie Hawken: [chawken@westminster.gov.uk](mailto:chawken@westminster.gov.uk) / 020 7641 2621