



City of Westminster

Committee Agenda

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

Meeting Date: **Thursday 17th October, 2019**

Time: **7.00 pm**

Venue: **Rooms 18.01 & 18.03, 18th Floor, 64 Victoria Street, London, SW1E 6QP**

Members: **Councillors:**

Jonathan Glanz (Chairman)	Peter Freeman
Margot Bright	Patricia McAllister
Nafsika Butler-Thalassis	Emily Payne
Maggie Carman	Selina Short

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

Admission to the public gallery is by ticket, issued from the ground floor reception. If you have a disability and require any special assistance please contact the Committee Officer (details listed below) in advance of the meeting.



An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter. If you require any further information, please contact the Committee Officer, Tristan Fieldsend.

Email: tfieldsend@westminster.gov.uk Tel: 020 7641 2341

Corporate Website: www.westminster.gov.uk

Note for Members: Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions they should contact the Head of Committee and Governance Services in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1. MEMBERSHIP

To note any changes to the membership.

2. DECLARATIONS OF INTEREST

To receive declarations by Members and Officers of the existence and nature of any pecuniary interests or any other significant interest in matters on this agenda.

3. MINUTES

To approve the minutes of the meeting held on 17 June 2019.

(Pages 5 - 10)

4. CABINET MEMBER UPDATE

To receive an update on current and forthcoming issues within the portfolio of the Cabinet Member for Family Services and Public Health.

(Pages 11 - 24)

5. IMMUNISATION PROGRAMMES IN WESTMINSTER

To receive an update on immunisation programmes in Westminster.

(Pages 25 - 56)

6. ANNUAL ADOPTION AND FOSTERING REPORTS

The Committee to receive the annual adoption and fostering reports for its consideration.

(Pages 57 - 80)

7. 2019/20 WORK PROGRAMME AND ACTION TRACKER

(Pages 81 - 92)

8. REPORTS OF ANY URGENCY SAFEGUARDING ISSUES

Verbal Update (if any).

9. ANY OTHER BUSINESS

To consider any other business which the Chairman considers urgent.

**Stuart Love
Chief Executive
9 October 2019**

This page is intentionally left blank



CITY OF WESTMINSTER

MINUTES

FAMILY AND PEOPLE SERVICES POLICY & SCRUTINY COMMITTEE 17 JUNE 2019

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Family and People Services Policy & Scrutiny Committee** held on Monday 17 June 2019 at 7.00pm at **Westminster City Hall, 64 Victoria Street, London SW1E 6QP.**

Members Present: Councillors Jonathan Glanz (Chairman), Margot Bright, Nafsika Butler-Thalassis, Maggie Carman, Peter Freeman, Patricia McAllister and Emily Payne.

Also present: Councillor Heather Acton (Cabinet Member for Family and People Skills) and Councillor Jim Glen (Deputy Cabinet Member for Family Services and Public Health).

Apologies: Selina Short.

1. MEMBERSHIP

- 1.1 The Chairman advised that there were no changes to the membership.
- 1.2 The Chairman welcomed Jules Martin (Managing Director, NHS Central London CCG) and Amanda McGlennon (Senior Programme Lead for Mental Health, NHS Central London CCG) who introduced the NHS Central London Clinical Commissioning Group (CCG) Priorities and Workstreams 2019/20 report.
- 1.3 The Chairman also welcomed Ms Wei Rose (carer for her elderly parents) who took part in the discussion on the Dementia Strategy.

2. DECLARATION OF INTEREST

- 2.1 There were no declarations of interest.

3. MINUTES

- 3.1 **RESOLVED:** That the minutes of the meeting held on 1 April 2019 be approved for signature by the Chairman as a true and correct record of the proceedings.

4. QUESTION AND ANSWER SESSION: CABINET MEMBER FOR FAMILY SERVICES AND PUBLIC HEALTH

4.1 The Committee received a written update from the Cabinet Member who responded to questions on the following topics:

- the additional funding into Youth Provision and confirmation that another Youth Providers Roundtable event would be held next month.
- the forthcoming visit of Korean Government representatives to Westminster's Family Hubs.
- the importance of improving access to information about the full range of service providers in the homecare market.
- the delivery of improvements needed to three existing care homes.
- the potential changes to staffing in Adult Social Care after leaving the European Union.
- the positive implementation of the new Speech and Language Service and the investment in early intervention and whole school support.
- the roles and responsibilities in the delivery of the immunisation programme.
- the reduction in SEND Tribunals and the proactive approach taken to resolve disputes with families after an assessment had been declined.

4.2 ACTIONS

1. The Committee requested a briefing note on the delivery of services, TUPE of staffing and residents at Beachcroft for 2020.
2. The Committee requested a briefing note outlining the possible changes to staffing levels in Adult Social Care after leaving the European Union.
3. The Committee requested a briefing note detailing the Council's approach to reducing the number of SEND Tribunals.
4. The Committee asked that a report on immunisations take up be added to the Committee's Work Programme.

5. NHS CENTRAL LONDON CLINICAL COMMISSIONING GROUP (CCG) PRIORITIES AND WORKSTREAMS 2019/20

5.1 The Committee received a report summarising the issues, priorities and workstreams for Central London Clinical Commissioning Group (CCG) in 2019/2020. The Committee noted that the demand for NHS core services had continued to rise and that the CCG has had to make difficult choices in terms of funding for some previously funded elements that were not direct healthcare provision.

5.2 The Committee discussed the changes and challenges the CCG were facing which would have a direct impact on Westminster residents. The Committee noted that the strategic direction of the CCGs would split into two functions: an Integrated Care System (ICS) and a borough Integrated Care Partnership (ICP) and that there would be a formation of Primary Care Networks (PCN), which would have additional staff to support local GPs. The Committee further discussed the important relationship between the Council and the CCG and emphasised that the Council must receive information on proposed changes to services at the earliest opportunity.

5.3 The key themes that emerged from the Committee discussion were:

- the development, roles and responsibilities of the three new models of Integrated Care (Children & Young People, Mental Health and Older Adults).
- Improving access to Primary Care both face to face and with the use of digital technology such as email and mobile phone Apps.
- the continued development of services to improve outcomes for patients managing long term conditions.
- the importance of holding stakeholder consultation events and Roadshows.
- the impact of the Palliative Care review, investment into hospice care and how the community pathway model could be strengthened.
- the improved diagnostic pathway for adults and children with autism.
- the creation and development of the Integrated Care System (ICS) and Integrated Care Partnership (ICP).
- the importance of making community mental health more customer focused and the value of a good social worker.
- the need to have care closer to home and how to ensure PCNs achieved that.
- the need to work closely with the PCNs in Westminster currently under WL CCG.
- the need to work closely with the Local Authority, the acute sector, the voluntary sector and Healthwatch in navigating the changes proposed in the Long Term Plan.

5.4 The Chairman thanked everyone who had given up their time to attend the meeting and contribute to the discussion.

5.5 **ACTIONS**

1. The Committee requested that the diabetes dashboard, an update on the project and links to Apps be circulated to Members.
2. The Committee requested that a briefing note on different ICP/ICS models be circulated to Members.

3. The Committee requested that the recently published end of life specialist care review be circulated to Members.
 4. The Committee asked that a report on Palliative Care be added to the Committee's Work Programme.
- 5.6 **RESOLVED:** The Committee welcomed the report and discussed arranging an additional meeting, so Members could review the proposed changes to local health services and be given the opportunity to make a useful contribution to the NW London CCG's strategic ambition for 2020.

6. DEMENTIA OVERVIEW

- 6.1 The Committee received a report outlining the issue of dementia in Westminster and an update on the developing Dementia Strategy. The Committee heard that the strategy was being co-developed with people with dementia and that a series of workshops were currently taking place with residents living with the disease and their Carers. The Committee noted that this was in addition to the extensive engagement that had taken place with a range of stakeholders, from health and social care professionals, to faith leaders, arts and leisure organisations and housing and design professionals.
- 6.2 The Committee welcomed Wei Rose (Carer for her elderly parents) who commented on how dementia had affected her father's life, as well as her own after deciding to become their full-time Carer. She explained that their experience had been very positive, especially regarding the music and arts activities provided in Westminster. These activities had enabled them all to socialise with other people in a similar situation. She explained that there could be improvements in the diagnostic pathway and the information, support and signposting that was available for dementia patients and their carers.
- 6.3 The Committee discussed the need to take a whole-systems approach to supporting those living with dementia and the importance of families being able to access information, support, physical activities and transport to leisure activities. The Committee noted that developing the strategy with NHS partners and key stakeholders aims to make Westminster a leading borough for dementia-friendly communities. The Committee further noted the need to communicate successfully the dementia services to residents, particularly to the hard to reach Westminster communities, to ensure that all people living with dementia have equal access to diagnosis, activities and received meaningful care.
- 6.4 **ACTION:** The Committee requested a briefing note on the capacity of the Westbourne and Pollen Day Centres and the Memory Cafes.

6.5 **RESOLVED:** The Committee welcomed the focus on developing the dementia strategy and noted that the launch of the strategy would be in the autumn.

7. 2019/20 WORK PROGRAMME AND ACTION TRACKER

7.1 ACTION AND RECOMMENDATION TRACKERS

7.1.1 **RESOLVED:** That the Action and Recommendation Trackers be noted.

7.2 COMMITTEE WORK PROGRAMME

7.2.1 The Committee discussed the breadth of their remit and raised concerns about their ability to effectively scrutinise all necessary areas in the Cabinet Member's Portfolio.

7.2.2 ACTIONS:

1. The Committee requested a briefing note on Mental Health Transformation and IHABS.
2. The Committee requested that the Council investigate safeguarding in their care homes to ensure residents were protected against abuse.

7.2.3 **RESOLVED:** The Committee agreed to add Immunisation Take up, Care Homes and Speech and Language Therapy to their Work Programme.

8. REPORT OF ANY URGENCY SAFEGUARDING ISSUES

8.1 The Chairman advised that there was nothing to report.

9. TERMINATION OF MEETING

9.1 The meeting ended at 9.11pm.

CHAIRMAN _____

DATE _____

This page is intentionally left blank



City of Westminster

**Family and People Services Policy & Scrutiny
Committee
Cabinet Member Update**

Date: Thursday 17 October 2019

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

**Briefing Author and
Contact Details:** Charlie Hawken
chawken@westminster.gov.uk
020 7641 2621

CHILDREN'S SERVICES

1. Ofsted Inspection of Local Authority Children's Services (ILACS)

Westminster, Kensington & Chelsea and Hammersmith & Fulham all received notification that they were to be inspected between 2-13 September 2019. While all three boroughs were inspected as separate sovereign authorities, due to the shared services (Multi Agency Safeguarding Hub, Emergency Duty Team and Fostering & Adoption Service) this was coordinated by OFSTED to take place concurrently.

The inspection was challenging but went extremely well and provided an opportunity to show our many strengths and for our workforce to shine. The final report should be available for dissemination shortly before the meeting of this committee. The reports for Kensington and Chelsea and Hammersmith and Fulham will be published at the same time.

2. Emotional Wellbeing Mental Health (EWMH) Plan update

Joint CCG and Bi-Borough Children and Young People's Emotional Wellbeing and Mental Health Plan

A joint CCG and Bi-Borough Children and Young People's Emotional Wellbeing and Mental Health Plan has been developed and is due for final ratification by the Health and Wellbeing Board in November 2019.

The Royal Borough of Kensington and Chelsea (RBKC), Westminster City Council (WCC), West London Clinical Commissioning Group (CCG) and Central London CCG set out their collective ambition for all children and young people in the three boroughs to have good emotional wellbeing and mental health (EWMH). A plan has been developed with a wide range of stakeholders which sets out our shared ambition, current provision and key next steps to improve our EWMH offer over the next 18 months. It includes the following joint strategic priorities:

- An early intervention offer
- Support focused specifically on the EWMH needs of those affected by the Grenfell Tragedy
- An 18–25-year old offer
- A more vulnerable groups offer
- Increasing our productivity and reducing our waiting times in our existing CAMHS services
- A crisis support offer

Trailblazer programme – Mental Health Support Teams in schools and colleges

The government published a Green Paper in December 2017 to develop plans for improving emotional wellbeing and mental health support for children and young people. Following two highly competitive national bidding rounds we have been successful in attracting funding for Trailblazer Mental Health Schools Support Teams (MHSTs) in both CCG areas that cover Westminster.

In the West London CCG area, the service is being delivered by Hammersmith and Fulham Mind. The programme will cover Queens Park and Paddington Wards in Westminster as well as areas within RBKC. The teams are working across several schools already and will be engaging with further schools in October and December. They are working closely with other organisations providing emotional wellbeing and mental health services to the school population, to ensure that an aligned, efficient and effective offer is being delivered. The service will be fully operational by December 2019.

In the Central London CCG area, the service is being delivered by Brent, Wandsworth and Westminster Mind. The Programme will cover all of Westminster (except for Queens Park and Paddington). First a decision is to be taken on which schools will receive support from the Trailblazer Team, recruitment and partnership engagement. Training of new staff will commence shortly. Practitioners from the MHSTs will begin to operate in schools and colleges from February 2020. The teams are expected to be fully operational by June 2020.

Westminster Schools Emotional Wellbeing and Mental Health Conference – 28 November 2019 1-5pm – The Greenhouse Centre, Westminster

A Westminster schools and colleges conference will take place on the afternoon of 28 November 2019. The conference will focus on giving school senior management a better understanding of the national expectations on schools relating to emotional wellbeing and mental health and will provide advice and practical support on how to meet those expectations effectively. It will also share learning and best practice about the positive impact that an effective whole school approach to emotional wellbeing can have and innovative ways to fund and deliver it.

3. Youth Services

Following a commitment by the Leader, Cllr Nickie Aiken, to make £500,000 per annum available to support youth sector delivery, five Youth Clubs have been selected to receive funding of £300,000 over 12 months with a further £200,000 available for the wider youth sector. The five Clubs are:

- The Avenues Youth Club
- Amberly Youth Club
- Fourth Feathers Youth Club
- Churchill Gardens Youth Club
- St Andrews Youth Club

These clubs have been selected for a 12-month pilot period because they provide geographical reach and are located within our most deprived wards; Harrow Road, Westbourne, Queens Park, Church Street in the North and Churchill Gardens in the South. They have aspirational strategies for the delivery of youth services within the borough which align with the Council's vision for Family Hubs.

These five Youth Clubs will operate as 'Youth Hubs' as they will be the centre of a "Hub and Spoke" model, playing a local leadership role, integrating other youth sector providers and working alongside the Early Help service's Family Hubs. They will play a related role working with the Young Westminster Foundation in overseeing the allocation of the remaining £200,000 to the wider youth sector and in sharing best practice and expertise across the sector in order to reach young people who do not typically engage with youth provision.

Youth Hubs will support the Council's Early Help Strategy and help achieve Early Help outcomes. Provision will build on the good practice already within the sector with an additional focus on engaging 17-25 year olds (given the representation of this age group within serious youth violence figures), estate-based outreach and increasing representation from young people who do not typically engage in the youth offer (particularly vulnerable young people). Service Level Agreements are currently being finalised with these providers for immediate service commencement.

The additional £200,000 will be available to the wider youth sector in Westminster from December 2019. The Council is working with Young Westminster Foundation to ensure that this is promoted widely across the City and all providers encouraged to link up with the Youth Hubs to fill gaps, avoid duplication and improve outcomes.

4. Passenger transport

Between January and April 2019, a procurement exercise was undertaken for Passenger Transport Minibus Services. The procurement sought to identify suitable providers to deliver minibus transport for pupils eligible for home to school travel assistance and vulnerable adults travelling to day activities in Westminster City Council and the Royal Borough of Kensington and Chelsea.

There have been significant service improvements to Passenger Transport services since it was procured in 2014, and this re-procurement represents the opportunity to formalise current quality standards, incorporate feedback from consultation and engagement with stakeholders and apply lessons learned from previous procurements.

The new contracts have been awarded to CT Plus and Olympic South (HATS) for the two school transport contracts and to CT Plus for the vulnerable adults contract. Following a mobilisation period where the council worked closely with Day Centres and providers, the new service commenced for vulnerable adults on 1 August 2019. Day centre staff and service users were happy with the smooth handover and good service.

The new Children's Services contracts began operation in the first week of September 2019. The service takes approximately 180 Westminster pupils on 39 minibus routes to 17 schools or colleges. The council has been working with providers to review journey lengths and school arrival times.

5. Serious violence guidance for parents and carers

The Serious Youth Violence Task Group has led on producing a guide for parents and carers about serious youth violence, knife violence and gangs. The guide provides a glossary of facts, practical advice to look for signs of a child's involvement, as well as tips on how to speak to a child about these issues and how they can seek further help or support.

The guide has been printed and is being circulated to schools, parenting groups, libraries, GPs, youth clubs, Family Hubs and voluntary sector groups, with plans to circulate the electronic version more widely, for example, to schools. It has received very positive feedback so far and a further print run will take place. The booklet is being translated into several languages and translated versions will be available electronically: <https://www.westminster.gov.uk/gangs-your-choice>

6. Support to schools following stabbing

There have been several meetings with schools in the north of the borough following the recent fatal stabbing on Edgware Road, leading to increased police support and distribution of guidance to parents and carers about knife crime and gang affiliation. We have established a direct link between the secondary schools affected and the schools' safeguarding lead and there is regular communication with the manager of the Integrated Gangs and Exploitation Unit. Community Safety are leading on plans to hold a partnership event with the Kurdish Community, to be held at the local mosque. Children's services are continuing to work closely with the family.

7. Special Educational Needs and Disability (SEND) Update

One SEND is a digital transformation project bringing the borough SEND services together as a single statutory SEND service, with the aim of increasing the efficient use of resources and supporting the service on its journey to becoming the number one performing SEND Service in the country.

From 29 July 2019, the service has been operating under new ICT and staff are being supported to make the change. Benefits of the One SEND project are:

- Greater automation of case management will mean better quality engagement with our children & young people and their families and with our education providers.
- Live case notes, multi-user access with functionality will help identify high risk vulnerable children and families.
- Business intelligence will support strategic decision-making and the forecasting to enable earlier intervention.
- New capacity to track value for money of funding spent in schools and education settings as well as ensuring EHC Plan outcomes are being met

The project is delivering ahead of schedule and service engagement has been excellent (user testing positive, live system well received). A staff survey in May 2019 showed “Staff aware of the ONE SEND vision (97%) and understand how their work contributes (93%)”.

8. Family Hubs

A representative from the Children’s Commissioner’s Office visited the Bessborough Family Hub last week. This follows a lot of interest in the model nationally and internationally. The work done at Bessborough has enabled us to integrate the delivery of a number of services, co-locate services and pilot a number of initiatives that we are now ready to roll out to the other two Family Hub areas in the north of the borough.

We are exploring the potential of offering a conference to interested local authorities about the Family Hub model. We are anticipating there may be increased interest post publication of our OFSTED report.

9. Pre-birth to Five transformation

There has been good engagement with the Early Intervention Foundation Transformation Academy to help us locally to join up best start, healthy child and school readiness initiatives. Over 50 front-line staff have been involved to date and approximately 300 families have shared their experiences. This has allowed us to create a detailed map of our service offers and pathways which has helped us identify areas of duplication, gaps and opportunities.

We have developed an integrated outcomes dashboard across health, early years, social care and we are using this to understand the impact of our interventions on outcomes – e.g. take up of the health visiting offer or childcare and the data at ward level to help focus on communities most in need.

10. Corporate Parenting

The corporate parenting strategy is being launched on 4 November 2019 in the Lord Mayor's Parlour. This will follow the annual celebration of educational achievement for our Looked After Children which is on 22 October 2019 at Westminster Cathedral Hall.

11. Commissioning

Following a review, reporting lines in the Integrated Commissioning Department have been changed and Children's commissioning now reports into Operations and Programmes in Children's Services as of 1 October 2019.

12. Sex and relationships in schools

Preparation is taking place for changes to sex and relationship education in schools for September 2020 when it will form a mandatory part of the curriculum. The service includes a train-the-trainer approach to teaching staff to deliver lessons confidently and as a part of the curriculum.

ADULT SOCIAL CARE

1. Residential and Nursing Care

Beachcroft House remains on course to open summer 2020 and the current SHSOP contract which includes provision of care at Beachcroft House is being varied to agree new changes.

A Transition Programme has been established to oversee arrangements for service users who are moving into their new home/setting next summer. Each resident, with support from families and carers, has an individual transition plan in place. An officer group meets monthly to oversee this and is working closely with home managers.

A Resident newsletter has been sent and key messages relating to planned closure/opening of Beachcroft for prospective customers have been issued to Operational Staff in Westminster and Sanctuary Home Managers.

2. Winter Planning

The winter pressures plan includes several schemes focused on developing resilience and capacity within the system to address winter pressures and delayed hospital discharge. A number of these schemes including block purchasing of flexible step-down beds, providing additional reablement capacity, and piloting new initiatives such as reablement flats.

My Home Life has been commissioned to provide a series of multi-disciplinary workshops to build more positive working relationships between the different groups of staff who are involved in delivering effective and holistic care to residents. The workshops will focus on opportunities to increase timely and safe discharges through improved communication, integrated working, building and sustaining positive relationships. We are working closely with Imperial to reduce repeat visits to Accident & Emergency from care homes.

3. Meals on Wheels Service Mobilisation

The Sodexo provided Meals on Wheels service ended on 29 September 2019. A significant amount of work has been undertaken to ensure service users' needs have been reviewed and new care plans or alternative arrangements are in place. These reviews have enabled us to look at peoples' circumstances with a wider focus than just nutritional support. All service users affected have also been contacted after the end of the Sodexo service to ensure that their needs are being met. Additional operational processes have been put in place to ensure that service users can contact the Council to seek help and support if required.

4. Carers

The Department for Health and Social Care has made £5 million available to improve support for carers through the Carers Innovation Fund. Applications are being sought from organisations for projects that will help carers to be better recognised and connected, able to juggle working and caring, and better able to look after their own health and wellbeing.

The Carers Network has been supported to submit an expression of interest for funding to develop 'The Well Meet Project' (developed in consultation with Carers). If successful, the project will initially offer 6,000 carers in central London a digital platform and app where they can filter, search and book local wellbeing activities according to their availability.

An inaugural London-wide Carers Festival was held on 21 September 2019 at the Bromley by Bow Centre. Carer representatives across London were consulted and the group requested that the festival celebrate and showcase the carer role.

5. Older People

A review of day opportunities is being undertaken, including:

- Commissioned building-based day services (both in house and external), often aimed at the older old and most frail residents;
- Commissioned activities with a preventative focus such as group exercise, learning and socialising offered by local voluntary and community sector organisations;

- Community assets such as museums, libraries, galleries, shops, cafes, cinemas, gyms, concerts, gardens and allotments

The aim is to assess requirements for the future and a co-production approach is being undertaken, working in partnership with people who use services, their carers and families, and service providers.

Already 16 co-design workshops have been held to help “re-imagine day opportunities” with over 220 stakeholders providing feedback. Stakeholders have ranged from older residents and older people forums, members of the Local Account Group, users of existing day services and hubs, carers, staff across social care and health, and a wide range of providers.

A survey has been distributed to service users and community groups to enable those who were unable to engage in a workshop to give views. Findings are being collated and will be shared with stakeholders by the end of the year.

6. Home Care

The second Home Care Provider Partnership Forum is being held in October 2019 and includes existing patch and spot providers as well as prospective providers. It will focus on provider readiness to respond to our changing landscape in relation to greater personalisation, future funding and how providers could be supported to diversify their business model.

7. Sexual Health

The SASH (Support and Advice on Sexual Health) service is running community sessions across the borough, launching a new campaign joining learning disability and sexual health and their new website that has been co-produced with service users. Dean Street has celebrated 10 years since the clinic opened in the heart of Soho as pioneers in reducing the onward transmission of HIV across London.

8. Substance Misuse

An evaluation of peer led services is being completed with service user engagement in the evaluation with a view to improving changes to the core drug and alcohol service offer. Work continues on the Chelsea and Westminster Foundation Trust Alcohol Strategy, which aims to improve pathways into services, appropriate signposting and improving the number of screening surveys.

9. North West London Clinical Commissioning Groups (NWL CCG)

Work has been progressing at pace at the NWL CCG collaboration level, with proposals for integration of the eight CCGs that make up the NWL footprint. Westminster and Kensington and Chelsea (CLCCG and WLCCG) are affected by

these changes. In September Mark Easton, the Chief Officer for the collaboration appointed by NHSE (NHS England), presented the proposals to all 8 CCGs and they have accepted, in principle, their merging.

The Council responded to the NWL consultation, setting out concerns relating to the completion of an appropriate EIA, the potential loss of focus on local priorities for health integration, local need (such as mental health) and the potential financial impact on both CLCCG and WLCCG. The NWL collaboration has declared a significant budget deficit and both CLCCG and WLCCG could be disproportionately affected by efforts to reduce this deficit. The Council also put forward an alternative proposal to the eight-to-one integration, that a Westminster and Kensington and Chelsea integration could be preferable as a pilot. Mark Easton, Accountable Officer for NWL CCG, has indicated that he is supportive of this pilot, confirming both in writing and at a Leader's Health meeting in October that he intends to meet with the Council to discuss developing this proposal further

Work has since begun within the NWL collaboration to begin to address the remaining financial deficit, with a key area of focus over the coming months being on CCG staffing rationalisation. The Council will begin discussions with local health providers and commissioners to explore developing proposals for a bi-borough ICP.

10. Better Care Fund (BCF) Submission

Westminster submitted its BCF plans for 2019/20 to NHSE on 27 September 2019. The plan has been jointly developed on a Bi-borough basis with Kensington and Chelsea and signed off by the Council and CLCCG. The main changes arising in our submitted plan this year is that the financial contributions from the Council, CLCCG and WLCCG into the BCF is being reduced close to the statutory minimum levels of contribution from both organisations and WLCCG. The rationale for this change is to ensure that the partnership and the BCF can focus attention on the core elements of integrated delivery in Westminster and to ensure our local integration priorities receive sufficient attention and focus from the partnership.

The plans were also shared with Health and Wellbeing Board chairs, and reviewed and updated following NHSE feedback, which has helped to sharpen the strategic narrative and focus of the plans. The submissions should be formally endorsed by the Health and Wellbeing Board on 10 October 2019. We expect to receive an initial assurance view from NHSE in December.

We now need to focus on the delivery of our BCF plan priorities for the coming year, including improving performance against the nationally set NHSE metrics for local health and social care systems. Those also include improving rates of admissions to residential care from hospital and continuing to improve the performance of the reablement and community independence service against targets. A key area of attention is also our preparations for winter pressures and ensuring that we continue to promote local integration.

11. Health Learning Disability Partnership

The Health and Social Care staffing teams formally separated on 1 October 2019, becoming the Health Learning Disability Partnership (HLDP). Discussions with CLCCG in December 2018 resulted in a jointly agreed separation of commissioning and case management for service users receiving support from LD services in Westminster.

The HLDP will continue as a Bi-borough health service while the borough-specific Social Care Learning Disability Partnerships (SCLDP) will retain sovereignty.

Joint commissioning arrangements for Learning Disabilities services has been disaggregated. Care management responsibility for all service users in receipt of Continuing Health Care (CHC) has been transferred to health funded staff. This has involved the transfer of case management responsibility for approx. 140 service users.

The health and social care partnership committed to ensure that this transfer of care management responsibility would have no negative impact on service users. Both social care and health staff will continue to follow integrated processes and practice, and information shared with all service users, carers and families.

The partnership board has representation from both CCGs, both health provider trusts, and bi-borough social care services. The board will continue to oversee the transfer and ensure that the service continues to improve its practice with the best principles of delivering integrated care.

PUBLIC HEALTH

1. Shisha

In partnership with Licensing and Policy colleagues, Public Health is working with local authorities from across England as well as the Local Government Association in forming a coalition to deliver a Public Health campaign focusing on the health harms of smoking shisha.

The local authority coalition will also have a lobbying campaign focus on the licensing of shisha premises to ensure that businesses offering shisha do it safely, legally and with minimal nuisance.

A local authority office roundtable took place in Birmingham on 9th September. The event was used to agree the next steps on Public Health campaigns.

2. Children and Young People

Change4Life: The Change4Life summer play day in Paddington Recreation Ground for local families encouraged children to unplug from screens and devices and play,

including through multi-sports, dance, trampolining and scavenger hunt activities. 100 children participated in getting active and having fun. The school health team (school nursing) were a popular health promoting stand, with the giant toothbrush particularly popular with the children.

As part of work addressing poor oral health, Public Health launched an oral health campaign focused on ensuring residents have access to dental care.

The new Change4Life Westminster Find a Dentist postcard promotes clear messages about visiting the dentist including a web link to the NHS search function to find a local dentist. This aligns with the local Change4Life programme as well as the national Public Health England Change4Life Top Tips for Teeth branding.

The postcard is being disseminated via Health Visitors, CCGs, Family Hubs, Libraries, Schools and commissioned services that work with children and families across Westminster.

3. The Early Years Transformation Academy (EYTA)

The second design workshop was held in July and work is taking place on developing the vision and outcomes framework. Public Health have produced an Early Years Health Needs Assessment to inform the development of the 0-5 service and to ensure that Public Health outcomes are embedded throughout the programme. This includes breast feeding promotion, promoting healthy weight, increasing physical activity, reducing sedentary behaviour and improving oral health.

4. Mental Health and Wellbeing Partnership Group

A Mental Health and Wellbeing Partnership Group has been established, following the recommendation of the JSNA paper published in May 2019. The Group is chaired by Public Health with strategic level representation from NHS, housing, employment, third sector and police amongst others. Its purpose is to seek improvement in the mental health and wellbeing of the local population and provide a formal mechanism to address the themes identified in the Mental Health and Wellbeing JSNA. It will inform strategy development, decision making, and action planning to improve mental health and wellbeing and reduce inequalities across the Bi-borough area.

5. Immunisation

The national immunisation programmes are commissioned by NHSE and are responsible for ensuring the quality of immunisation services. These include maternal and targeted neonatal vaccinations; childhood immunisations; school age vaccinations and adult vaccinations; seasonal vaccinations including flu preparedness and the pneumonia vaccine. Public Health England (PHE) works locally regionally and nationally with NHSE and others, providing evidence and surveillance of infectious diseases and immunisation programmes.

The local authority's role in immunisation is one of oversight. Westminster has one of the lowest rates of immunisation uptake in London and across England for most

indicators and has faced a series of communicable disease outbreaks in 2019/20 including measles. NHSE is presenting later in this Policy and Scrutiny Committee on the strategy and plans to improve immunisation uptake in Westminster.

Public Health will also report feedback on the results of the four multi-agency workshops that were delivered by Public Health in June and July 2019 on immunisation.

Following discussions at this Policy and Scrutiny meeting, it is proposed Public Health hosts a quarterly Immunisation Steering Group with representation from NHSE, CCGs, and Community Health providers and that an Immunisation Action Plan is developed that includes implementing and monitoring the recommendations of the Policy and Scrutiny committee. This will ensure there is a mechanism to assess whether the health protection needs of the local population are being met, as well as developing an action plan to increase uptake of immunisations.

Public Health have also developed and will be implementing a communications plan over the course of the next year targeting children, young people, families, people with long term conditions and older people.

6. Community Champions

Supported by 7,849 volunteer hours, the Westminster Community and Maternity Champions programme ran 1029 different activity sessions with 16,962 attendances in 2018/19. A range of activities in all projects was provided for Mental Health Awareness week. There are four choirs, funded for one year through the Leader's Westminster Sings initiative and attended by some 45-50 residents each week.

Public Health, in partnership with the Westminster Homelessness Prevention Team, organised focus groups with community champions to explore the reasons why individuals don't ask for help prior to becoming homeless, shaping the future services to ensure they are accessible to those most in need.

7. Child Death Overview Panel

The Child Death Overview Panel (CDOP) is a local multi-agency forum that meets regularly to review the deaths of all children normally resident in a borough. It is usually accountable to the Local Safeguarding Children's Board (LSCB). In 2016, the Wood report reviewed LSCBs, including the approach to reviewing child deaths.

Subsequently, new statutory guidance was published in Oct 2018 to bring about improvements to the experience of bereaved families and professionals involved in the review process and to ensure more systematic local learning to prevent deaths where possible.

There has been a North West London (NWL) process underway to consider the Child Death Review approach across this region. From September 2019, Boroughs in NWL will need to adhere to new statutory guidance which includes:

- Every child death will be subject to a Child Death Review Meeting (CDRM), a multi-agency meeting attended by professionals involved with the child's care during their life and other professionals responsible for investigating the child's death.
- All child deaths meeting the Joint Agency Response (formerly known as the CDOP Rapid Response) criteria in NWL will have a prompt and coordinated response.
- All child deaths will be reviewed at a local CDOP meeting as a result of which organisational learning will be extracted and shared either locally or more widely.
- The collective analysis and review of NWL child deaths will lead to better understanding of trends and themes associated with child deaths across NWL.
- The 16 NWL partners (CCGs and LAs) will ensure that at least 60 deaths are reviewed each year.
- NWL partners will work with key stakeholders including hospital trusts, the Police, the Ambulance Service and the Coroner's Service to ensure an effective response to child deaths.
- Every family will be provided with a named keyworker who can support bereaved families throughout the CDR process.

In future, there will be one joint support team which will respond to all child deaths across NWL. The team will coordinate the joint agency response when required, ensure that all deaths are subject to a child death review meeting and offer key work support to all bereaved families.

This page is intentionally left blank



Family and People Services Policy and Scrutiny Committee

Date:	17 th October 2019
Classification:	General Release
Title:	Immunisation Programmes in Westminster
Cabinet Member Portfolio	Cabinet Member for Family Services and Public Health
Wards Involved:	All
Policy Context:	City for All
Report Author and Contact Details:	Catherine Heffernan – NHS England

1. Executive Summary

This report presents an update on immunisation programmes within Westminster for the Committee's consideration.

2. Key Matters for the Committee's Consideration

The committee is asked to consider and note the reports.

If you have any queries about this Report or wish to inspect any of the Background Papers, please contact the report author.

This page is intentionally left blank

Report to Family and People Services Policy and Scrutiny Committee on Section 7a Immunisation Programmes in Westminster 2019

Report on Section 7a Immunisation Programmes in the London Borough of Westminster.

Prepared by: Miss Lucy Rumbellow, Immunisation Commissioning Manager for North West London, Mr Michael Adjei-Tabirade, Immunisation Commissioning Officer for North West London and Dr Catherine Heffernan, Principal Advisor for Commissioning Early Years, Immunisations and Vaccination Services

Presented to: Family and People Services Policy and Scrutiny Committee

Classification: OFFICIAL

The NHS Commissioning Board (NHS CB) was established on 1st October 2012 as an executive non-departmental public body. Since 1st April 2019, the NHS Commissioning Board has used the name NHS England and Improvement for operational purposes.

Contents

Contents	3
1 Aim	4
2 Roles and responsibilities	4
3 What is COVER and how is it produced?.....	6
3.1 Role of Child Health Information Service (CHIS)	6
3.2 Role of Data Linkage Systems.....	7
3.3 Role of General Practice.....	7
4 Headlines for London	8
5 Routine Childhood Immunisation Programme (0-5 years)	9
6 Westminster and the challenges	9
6.1 Westminster's uptake and coverage rates.....	10
6.2 What are we doing to increase uptake of COVER?	17
7 Seasonal Influenza.....	19
7.1 Child Vaccination Uptake rates.....	19
7.2 Adult Vaccination Uptake rates.....	19
7.3 What are we doing to increase uptake of seasonal influenza vaccine this year?	21
8 School Age Vaccinations	22
8.1 HPV vaccination	22
8.2 Men ACWY	23
8.3 Td/IPV.....	24
9 Adult Vaccinations.....	25
9.1 Shingles.....	25
9.2 PPV	26
10 What are we doing to improve uptake in Westminster?	27
11 Outbreaks of Vaccine Preventable Diseases	28
12 Next Steps.....	29
13 Appendix	30

1 Aim

- The purpose of this paper is to provide an overview of Section 7a adult, childhood and school age immunisation programmes in the London Borough of Westminster for 2018/19. The paper covers the vaccine coverage and uptake for each programme along with an account of what NHS England and Improvement (NHSE&I) London Region are doing to improve uptake and coverage.
- Section 7a immunisation programmes are publicly funded immunisation programmes that cover the life-course and the 18 programmes include:
 - Antenatal and targeted new-born vaccinations.
 - Routine Childhood Immunisation Programme for 0-5 years.
 - School age vaccinations.
 - Adult vaccinations such as the annual seasonal influenza vaccination.
- This paper focuses on those immunisation programmes provided for 0-5 years under the national Routine Childhood Immunisation Schedule, those programmes provided for school aged children (4-18), seasonal influenza and the adult vaccinations for shingles and pneumococcal polysaccharide vaccine (PPV).
- Members of the Family and People Services Policy and Scrutiny Committee are asked to note and support the work NHSE&I (London) and its partners such as Public Health England (PHE), the local authority and the CCG are doing to increase vaccination coverage and immunisation uptake in Westminster.

2 Roles and responsibilities

- *The Immunisation & Screening National Delivery Framework & Local Operating Model* (2013) sets out the roles and responsibilities of different partners and organisations in the delivery of immunisations.
- Under this guidance, NHS England and Improvement (NHSE&I), through its Area Teams (known as Screening and Immunisation Teams), is responsible for the routine commissioning of all National Immunisation Programmes under the terms of the Section 7a agreement. In this capacity, NHS England and Improvement is accountable for ensuring that local providers of services deliver against the national service specifications and meet agreed population uptake & coverage levels. NHS England and Improvement is also responsible for monitoring providers' performance and for supporting providers in delivering improvements in quality and changes in the programmes when required.
- Public Health England (PHE) Health Protection Teams lead the response to outbreaks of vaccine preventable disease and provide expert advice to NHSE&I screening and immunisation teams in cases of immunisation incidents. They also provide access to national expertise on vaccination and immunisation queries. In Westminster, this function is provided by the PHE North West Health Protection Team.

- Clinical Commissioning Groups (CCGs) have a duty of quality improvement, and this extends to primary medical care services delivered by GP practices, including delivery of childhood immunisation services.
- Across the UK, the main providers of adult and childhood immunisation are GP practices. In Westminster, all general practices are contracted to deliver childhood immunisations for children aged 0-5 through their primary care contract.
- Central and North West London NHS Foundation Trust (CNWL) are contracted by NHSE&I (London) to provide the school age immunisations. Central London Community Healthcare NHS Trust (CLCH) are contracted to provide neonatal BCG vaccination.
- Immunisation data is captured on Child Health Information System (CHIS) for Westminster as part of the NWL CHIS Hub (provided by Health Intelligence). Data is uploaded into CHIS from GP practice records via a data linkage system provided by Health Intelligence. The CHIS provides quarterly and annual submissions to Public Health England for their publication of statistics on 0-5s childhood immunisation programmes. This is known as Cohort of Vaccination Evaluated Rapidly (COVER) and these are the official statistics.
- Local Authority Public Health Teams (LAs) are responsible for providing independent scrutiny and challenge of the arrangements of NHS England and Improvement, Public Health England and providers.
- Apart from attendance at Health and Social Care Overview Panels and at Health and Well-Being Boards, NHSE&I (London) also provides assurance on the delivery and performance of immunisation programmes via quarterly meetings of Immunisation Performance and Quality Boards. There is one for each Strategic Transformation Partnership (STP) footprint. The purpose of these meetings is to quality assure and assess the performance of all Section 7a Immunisation Programmes across the STP in line with Public Health England (PHE) standards, recommendations and section 7a service specifications as prepared by PHE with NHS England and Improvement commissioning. All partners are invited to this scrutiny meeting, including colleagues from the Local Authority, CCG, CHIS, NHSE&I, PHE Health Protection and Community Provider service leads. Data for Westminster is covered in the NWL STP Immunisation Performance and Quality Boards.
- Directors of Public Health across London also receive quarterly reports from the London Immunisation Partnership and updates via the Association of Directors of Public Health. It is through these communication channels that progress on the Bi-annual London Immunisation Plan (2017-19) and its accompanying annual Flu Plans are shared.

3 What is COVER and how is it produced?

- COVER monitors immunisation coverage data for children in UK who reach their first, second or fifth birthday during each evaluation quarter – e.g. 1st January 2019 to 31st March 2019, 1st April 2019 – 30th June 2019. Children having their first birthday in the quarter should have been vaccinated at 2, 3 and 4 months, those turning 2 should have been vaccinated at 12/13 months and those who are having their 5th birthday should have been vaccinated before 5 years, ideally 3 years 3 months to 4 years. This is an important point to note as often COVER statistics are used to improve uptake in general practice populations or communities. However, the data used is between 6 months and 18 months out of date and opportunities to ensure that those cohorts have been immunised in accordance with the routine immunisation schedule have therefore been missed.
- There are known complexities in collecting data on childhood immunisations. Indeed, since 2013, London's COVER data is usually published with caveats and drops in reported rates are always due to data collection or collation issues for that quarter. Production of COVER statistics in London involves a range of individuals and organisations with different roles and responsibilities.

3.1 Role of Child Health Information Service (CHIS)

- London has four CHIS Hubs – North East London (provider is North East London Foundation Trust, NELFT), South East London (provider is Health Intelligence), South West London (provider is Your Healthcare CIC) and North-West London (provider is Health Intelligence). These Hubs are commissioned by NHSE&I to compile and report London's quarterly and annual submissions to PHE for COVER.
- A 'script' or algorithm is utilized to electronically extract anonymous data from the relevant data fields to compile the reports for COVER within the caveats specified. For example, for first dose of MMR, any child who had their MMR vaccination before their first birthday are not included and so appear unvaccinated.
- CHIS Hubs are commissioned to check the reports run and are expected to refresh the reports before final submission to PHE.
- CHIS Hubs are also commissioned to 'clean' the denominator by routinely undertaking 'movers in and movers out' reports. This is to ensure the denominator is up-to-date with the children currently resident in London. They are also expected to account for the vaccinations of unregistered children in London. Historically and currently, there are ongoing issues with CHIS Hubs keeping up-to-date with movers in and removals which is picked up in contract performance meetings with the NHSE&I (London) commissioners.

3.2 Role of Data Linkage Systems

- Immunisation data is extracted from London's general practices' IT systems and uploaded onto the CHIS systems. This isn't done directly by the CHIS Hubs. Instead data linkage systems provided by three different providers provide the interface between general practices and CHIS. Two of these providers – QMS and Health Intelligence – are commissioned by NHSE&I whilst 4 CCGs in outer North-East London commission a separate system.
- Since the primary purpose of CHIS is to hold health information on individual children, the immunisation data extracted from general practices is patient identifiable data (PID). As a result, data sharing agreements are required between each general practice and CHIS. In 2017, NHSE&I (London) Immunisation Commissioning Team and CHIS Hubs worked to ensure that data sharing agreements were signed and agreed. Introduction of GPDR in mid-2018 meant that DSAs had to be resigned and this was reported by the NEL CHIS Hub to their commissioner as having had an impact on their data submission for 2018/19.
- NHS (London) Immunisation Commissioning Team receives data linkage reports from QMS and Health Intelligence. This provides a breakdown by general practice of the uptake of vaccinations in accordance to the COVER cohorts and cohorts for Exeter (for payments). This information is utilized by the team as part of the 'COVER SOP', to check against the COVER submissions by CHIS to question variations or discrepancies.

3.3 Role of General Practice

- While data linkage systems provide an automated solution to manual contact between CHIS and general practices, data linkage does not extract raw data. General practices have to prepare the data for extraction every month. This will vary between practices how automated the process is but it can be dependent upon one person to compile the data in time for the extraction by the data linkage system providers and should this person be on annual or sick leave, there will be missing data.
- General practices have to prepare data for four immunisation data systems – COVER, ImmForm (although this is largely done by their IT provider of Vision, EMIS or TPP SystemOne, all of whom are commissioned by their CCG), CQRS (the payments system run by NHS England and Improvement for the payment of administration of the vaccine) and Exeter (payments system, whereby practices receive targeted payments for achieving 70% or 90% uptake of their cohorts – these cohorts are different to the COVER cohorts of children). Preparation of data for the systems again will vary between practices but this can be time and resource intensive.

- The aggregated immunisation data in each practice is dependent upon the quality of patient records. When a practice nurse vaccinates a child, the record of the vaccination should be recorded onto the GP IT system and into the child's hand held personal record (the Redbook). In the past, a duplicate copy was taken from the Redbook and sent to CHIS but this is no longer wide-spread practice. It is anticipated that the e-Redbook will provide that secondary source to triangulate immunisation data going forward. There can be variation in when the nurse inputs the information – can be at the individual appointment or at the end of a clinic. Roll out across London is expected to commence in late 2019 and completed by the end of 2020.
- There is also an array of codes that can be used to code the vaccination (if a code different to what the data linkage system recognises is utilised, it results in the child looking unvaccinated) and there are difficulties with coding children who received their vaccinations abroad or delays in information on vaccinations given elsewhere in UK being uploaded onto the system in time for the data extraction. (During 2015/16, the team visited 300 practices to uncover the issues in vaccinating 0-5-year olds and these were the main factors vocalised by practice managers).
- Whilst NHSE&I (London) immunisation commissioning team verify and pay administration of vaccines that are part of the Section 7a immunisation programmes, they do not commission general practices directly. Vaccination services, including call/recall (patient invite and reminder systems) are contracted under the General Medical Services (GMS) contract. This contract is held by primary care commissioning directorates of NHSE&I. To date, there is a lack of clarity on what levers NHSE&I (London) Immunisation Commissioning Team (with primary care colleagues) can use to ensure robust high-quality data for extraction for COVER and that practices are undertaking adequate call/recall.

4 Headlines for London

- Historically and currently, London performs lower than national (England) averages across all the immunisation programmes.
- London faces challenges in attaining high coverage and uptake of vaccinations due to high population mobility, increasing population, increasing fiscal pressures and demands on health services and a decreasing vaccinating workforce.
- Under the London Immunisation Partnership (formerly the London Immunisation Board), NHS England and Improvement London Region (NHSE&I London) and Public Health England London Region (PHE London) seek to ensure that the London population are protected from vaccine preventable diseases and are working in partnership with local authorities, CCGs and other partners to increase equity in access to vaccination services and to reduce health inequalities in relation to immunisations.

5 Routine Childhood Immunisation Programme (0-5 years)

- The routine childhood immunisation programme protects against:
 - Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Haemophilus influenza type b (given as the '6 in 1' DTaP/IPV/Hib/HepB vaccine)
 - Pneumococcal disease, (PCV)
 - Meningococcal group C disease (Men C)
 - Meningococcal group B disease
 - Measles, mumps and rubella (MMR)
- Children aged 1 year should have received 3 doses of 6 in 1 (called the primaries) and 2 doses of Men B. If eligible, they may also be offered the targeted BCG and Hep B.
- At 12 months, they are offered first dose of MMR and the boosters of PCV, Hib/Men C and Men B.
- At 2 years and again at 3 years, children are offered annual child influenza vaccine.
- From 3 years 4 months to 5 years, children are offered 2nd dose of MMR and preschool booster (which is the fourth dose of the diphtheria/tetanus/pertussis/polio course).

6 Westminster and the challenges

- Westminster is affected by the same challenges that face the London region. London has in recent years delivered significantly poorer uptake than the remainder of the country. Reasons for the low coverage include:
 - Complexities in data collection for COVER statistics.
 - London's high population mobility which affects data collection and accuracy.
 - Coding errors in general practice (including missing data for patients vaccinated abroad or elsewhere).
 - Inconsistent patient invite/reminder (call-recall) systems across London
 - Declining vaccinating workforce.
 - Decreasing and ageing GP workforce dealing with increasing work priorities and patient lists, resulting in shortages of vaccinators and appointments.
 - Difficulties accessing appointments.
 - Large numbers of underserved populations whom are associated with lower uptake of vaccinations than the wider population (i.e. delayed vaccinations).

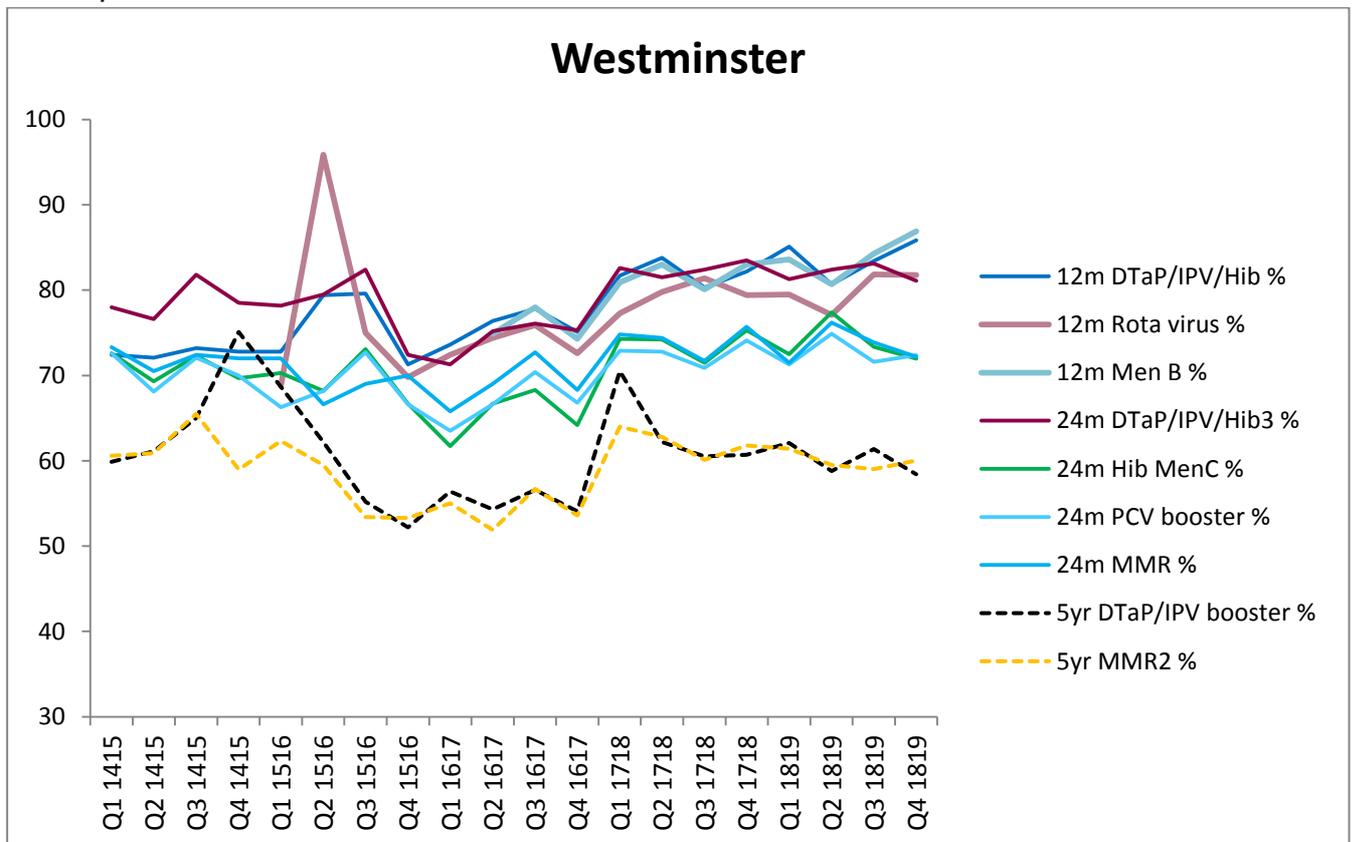
- Growing vaccine hesitancy (i.e. confidence in vaccine, lack of convenience and complacency).
- London's high population turnover is a big factor. There is a 20-40% annual turnover on GP patient lists which affects the accuracy of the denominator for COVER submissions, which in Westminster's case inflates the denominator (i.e. number of children requiring immunisation) resulting in a lower uptake percentage. A 2017 audit by London's CHIS providers showed that by the age of 12 months, 33% of infants moved address at least once.
- Using annual rates for London – which are less prone to natural fluctuations than the quarterly rates - there are small decreases in annual MMR1 rates from 87.5% in 2013/15 to 85.1% in 2017/18 and 80.7% to 79.5% for MMR2. In comparison, England averages were over 90% for MMR1 and ~88% for MMR2 (91.7% and 87.6% in 2017/18). London is the lowest of all the regions – the next lowest is South East (91.5% for MMR1 and 87.2% for MMR2 in 2017/18). Both London and South East have the largest denominators and London vaccinates more children than the other regions – 106,073 children with MMR1 (17.3% of the overall number of children vaccinated in England in 2017/18).
- It could be argued that with a bigger denominator, London has a bigger number of unvaccinated children. However, only a proportion of these 'unvaccinated' children are truly unvaccinated, the others have been vaccinated abroad (there are known difficulties recording these) or within UK (records may not be updated in time for the data extraction). These vaccinations have not been captured on data systems. Similarly, there are children who are vaccinated outside the schedule (either early or late) and are not included in the cohorts reported.
- Westminster has a high number of private practices compared to other boroughs. Children may register in the area and therefore show up on the CHIS system but never actually access their GP or just have certain vaccinations and then go privately for some. As private practice data cannot be accessed, it is unknown what numbers this constitutes.

6.1 Westminster's uptake and coverage rates

- COVER monitors immunisation coverage data for children in UK who reach their first, second or fifth birthday during each evaluation quarter – e.g. 1st January 2012 to 31st March 2012, 1st April 2012 – 30th June 2012. Children having their first birthday in the quarter should have been vaccinated at 2, 3 and 4 months, those turning 2 should have been vaccinated at 12/13 months and those who are having their 5th birthday should have been vaccinated before 5 years, ideally 3 years 3 months to 4 years.
- Like many other London boroughs, Westminster has not achieved the World Health Organisation recommended 95% coverage for the primaries and MMR to provide herd immunity (i.e. the proportion of people that need to be vaccinated to stop a disease spreading in the population).

- For immunisations, uptake is usually compared with geographical neighbours as immunisation uptake is affected by service provision and neighbouring boroughs in NWL historically have similar general practice provision and thereby provide a better comparison than statistical neighbours.
- Figure 1 provides a snapshot of all Westminster's 0-5 immunisation programmes. It can be seen that the uptake of vaccinations are close together indicating a good quality of service provision (drop off between age 1 and age 2 and again by age 5 indicates system ability to call/recall and track children). Please see the appendix for the breakdown by general practice.

Figure 1
Uptake rates of 0-5 vaccinations for Westminster Q1 2014/15 – Q4 2018/19

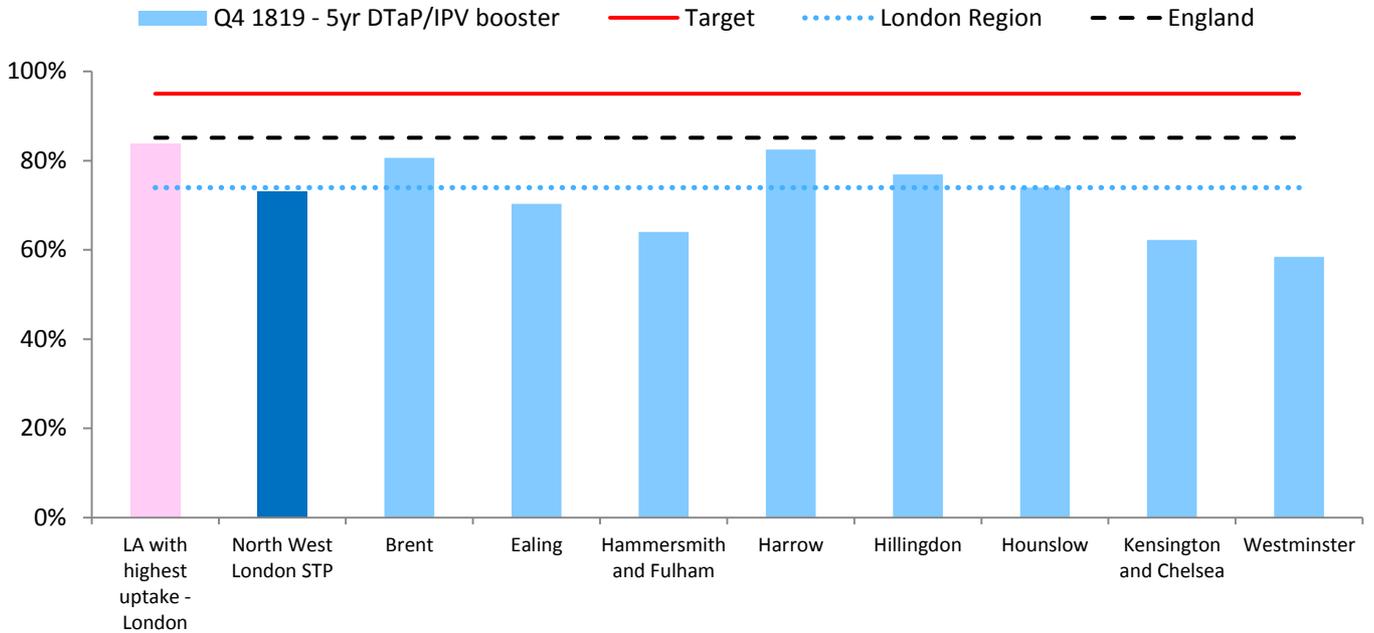


Source: PHE (2019)

- Figures 2-5 illustrate the comparison of Westminster to other North West London boroughs using quarterly COVER statistics for the uptake of the six main COVER indicators for uptake. These are
 - The primaries (i.e. completed three doses of DTaP/IPV/Hib/HepB) are used to indicate completion of age one immunisations.
 - PCV and Hib/MenC boosters and first dose of MMR for immunisations by age 2.
 - Preschool booster and second dose of MMR for age 5.

- Quarterly rates vary considerably more than annual rates but are used here so that Quarter 4 data from 2018/19 (the latest available data) could be included.

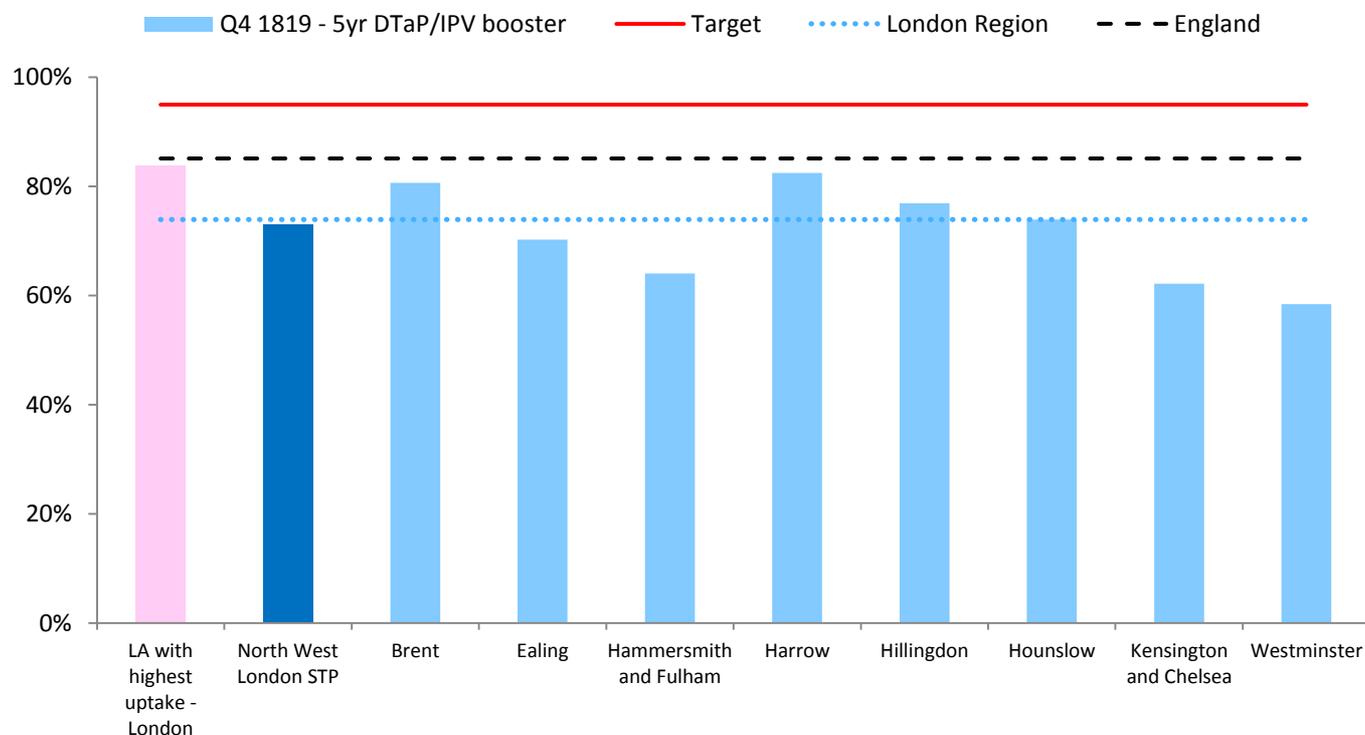
Figure 2
DTAP/IPV/ Hib/Hep B Vaccine – 1 year (quarterly data 2018/19)



	Q1 1819	Q2 1819	Q3 1819	Q4 1819
ENGLAND	0.0%	91.6%	92.1%	91.9%
London	86.3%	85.5%	87.6%	87.7%
LA with highest uptake - Sutton	93.5%	91.3%	93.1%	93.5%
North West London STP	88.4%	86.8%	87.7%	88.1%
Brent	89.6%	86.5%	89.0%	88.4%
Ealing	90.3%	88.9%	90.6%	90.5%
Hammersmith and Fulham	86.4%	88.1%	82.9%	83.9%
Harrow	88.1%	87.0%	87.6%	87.0%
Hillingdon	90.8%	89.7%	90.7%	91.6%
Hounslow	89.2%	88.1%	87.4%	89.9%
Kensington and Chelsea	81.0%	79.7%	81.9%	81.3%
Westminster	85.1%	80.7%	83.4%	85.8%

Source: PHE (2019)

Figure 3
MMR Vaccine Dose 1 measured at 2 years of age (quarterly data Q1 18/19 to Q4 2018/19)



%

	Q1 1819	Q2 1819	Q3 1819	Q4 1819
ENGLAND	0.0%	89.9%	90.0%	90.0%
London	81.6%	81.2%	82.3%	82.3%
LA with highest uptake - Sutton	92.0%	91.7%	90.1%	91.0%
North West London STP	80.7%	80.7%	80.2%	80.2%
Brent	81.4%	82.1%	82.5%	81.1%
Ealing	81.7%	79.5%	80.8%	81.2%
Hammersmith and Fulham	75.7%	77.9%	74.2%	78.7%
Harrow	82.7%	86.4%	85.5%	83.1%
Hillingdon	83.7%	83.7%	82.0%	81.9%
Hounslow	83.2%	80.3%	82.9%	82.0%
Kensington and Chelsea	75.7%	73.7%	71.5%	73.5%
Westminster	71.5%	76.2%	73.9%	72.2%

Source: PHE (2019)

Figure 4
Hib/MenC Vaccines uptake at 2 years (quarterly data) (2018/19)

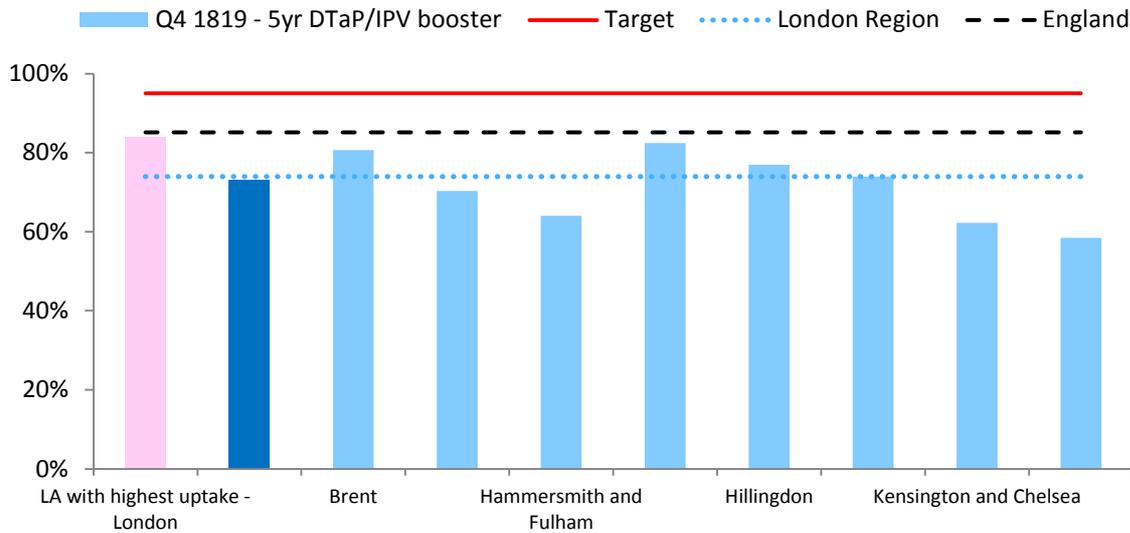
	Q1 1819	Q2 1819	Q3 1819	Q4 1819
ENGLAND	0.0%	90.2%	90.3%	90.3%
London	82.2%	81.8%	82.9%	82.7%
LA with highest uptake - Sutton	92.7%	92.0%	91.0%	91.7%
North West London STP	81.5%	81.8%	80.7%	80.9%
Brent	83.7%	83.5%	80.3%	83.6%
Ealing	82.9%	80.6%	82.0%	82.0%
Hammersmith and Fulham	76.5%	80.9%	76.8%	78.4%
Harrow	82.8%	86.8%	85.9%	82.4%
Hillingdon	84.7%	85.1%	83.2%	82.5%
Hounslow	83.3%	81.2%	84.2%	83.2%
Kensington and Chelsea	75.5%	73.2%	71.5%	73.7%
Westminster	72.5%	77.4%	73.4%	72.0%

PCV Vaccine uptake at 2 years (quarterly data) (2018/19)

	Q1 1819	Q2 1819	Q3 1819	Q4 1819
ENGLAND	0.0%	90.0%	90.1%	90.1%
London	81.8%	81.3%	82.6%	82.3%
LA with highest uptake - Sutton	92.0%	91.7%	90.2%	91.3%
North West London STP	80.1%	80.0%	79.9%	79.6%
Brent	82.8%	81.9%	83.4%	82.9%
Ealing	81.3%	79.0%	80.3%	79.9%
Hammersmith and Fulham	74.7%	78.8%	74.4%	77.3%
Harrow	82.4%	84.6%	85.4%	82.0%
Hillingdon	83.0%	84.3%	83.1%	81.4%
Hounslow	81.1%	78.5%	81.0%	80.3%
Kensington and Chelsea	73.3%	71.8%	70.0%	72.5%
Westminster	71.3%	74.9%	71.6%	72.4%

Source: PHE (2019)

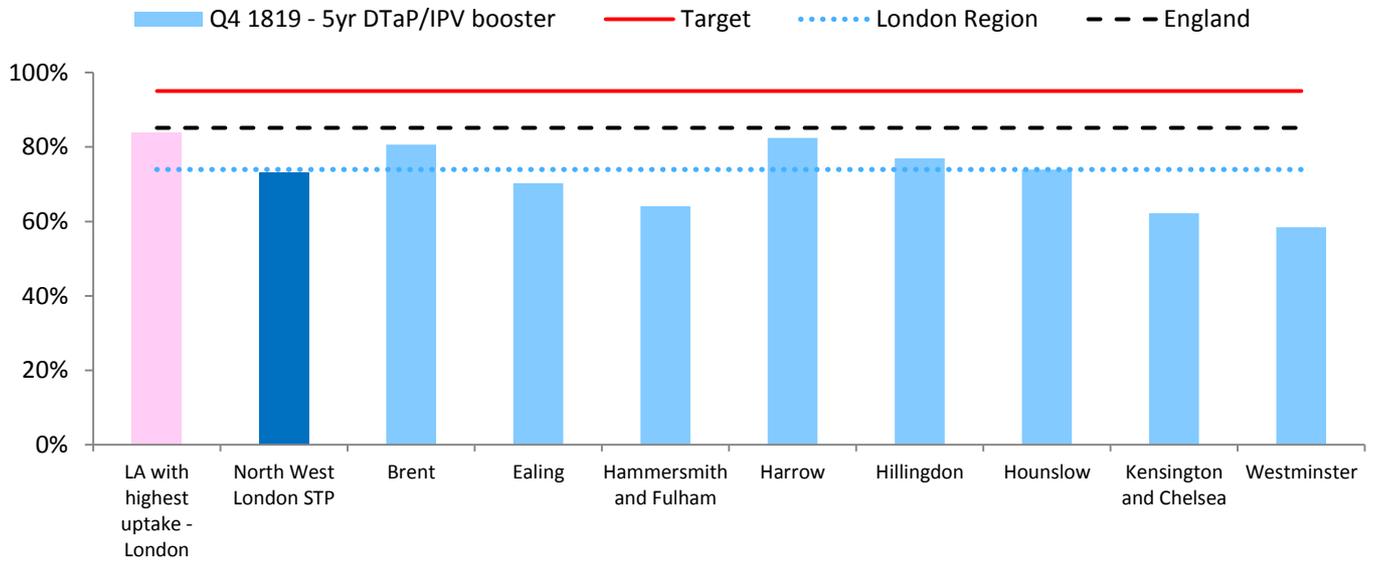
Figure 5
MMR Vaccine Dose 2 – measured at 5 years of age (quarterly data 2018/19)



	Q1 1819	Q2 1819	Q3 1819	Q4 1819
ENGLAND	0.0%	86.4%	86.6%	86.7%
London	72.2%	74.8%	75.7%	76.7%
LA with highest uptake - Bromley	90.2%	87.0%	89.9%	91.0%
North West London STP	71.5%	71.7%	72.5%	73.2%
Brent	76.8%	76.6%	77.7%	80.2%
Ealing	71.1%	68.8%	70.9%	71.1%
Hammersmith and Fulham	61.6%	65.0%	63.7%	63.9%
Harrow	79.4%	78.7%	80.4%	82.2%
Hillingdon	76.5%	76.2%	78.3%	75.1%
Hounslow	69.4%	71.5%	74.0%	75.9%
Kensington and Chelsea	62.2%	64.4%	61.1%	62.9%
Westminster	61.4%	59.5%	59.0%	60.0%

Source: PHE (2019)

Figure 6
DTAP/IPV (Pre School Booster) Vaccine – measured at 5 years of age (quarterly data 2018/19)



	Q1 1819	Q2 1819	Q3 1819	Q4 1819
ENGLAND	0.0%	85.0%	85.3%	85.1%
London	69.2%	71.8%	73.1%	74.0%
LA with highest uptake - Havering	83.6%	83.1%	84.0%	83.8%
North West London STP	72.1%	71.8%	73.0%	73.0%
Brent	79.0%	78.1%	79.0%	80.6%
Ealing	70.2%	69.2%	70.3%	70.3%
Hammersmith and Fulham	60.5%	64.2%	64.0%	64.0%
Harrow	80.7%	77.6%	80.8%	82.5%
Hillingdon	77.6%	76.2%	80.4%	76.9%
Hounslow	69.8%	72.4%	73.4%	74.0%
Kensington and Chelsea	63.1%	63.0%	60.4%	62.2%
Westminster	62.1%	58.8%	61.4%	58.4%

Source: PHE (2019)

6.2 What are we doing to increase uptake of COVER?

- Westminster like other London boroughs performs below England averages for completed routine childhood immunisations as indicated by MMR 2nd dose and preschool booster. This is also below the recommended WHO 95% recommended uptake levels. Improving uptake rates in Westminster is being undertaken by pan London endeavours as well as local borough partnership work between CCG, local authority, PHE and NHSE&I London. This involves examining uptake data, looking at local need and formulating a plan to increase uptake.
- Increasing coverage and uptake of the COVER reported vaccinations to the recommended 95% levels is a complex task involving lots of different stakeholders. NHSE&I (London) is limited in its commissioning role around GP practices and CHIS. Hence the need for pan London approaches to be accompanied by local work with PHE health protection teams, CCGs, local public health teams, local authorities and communities to identify local barriers and vulnerable or underserved groups and to work together to improve public acceptability and access and thereby increase vaccine uptake. Figure 7 shows the journey from advertising vaccinations to individuals to production of coverage statistics

*Figure 7
Logic Model for Improving Immunisation Uptake Rates in London*

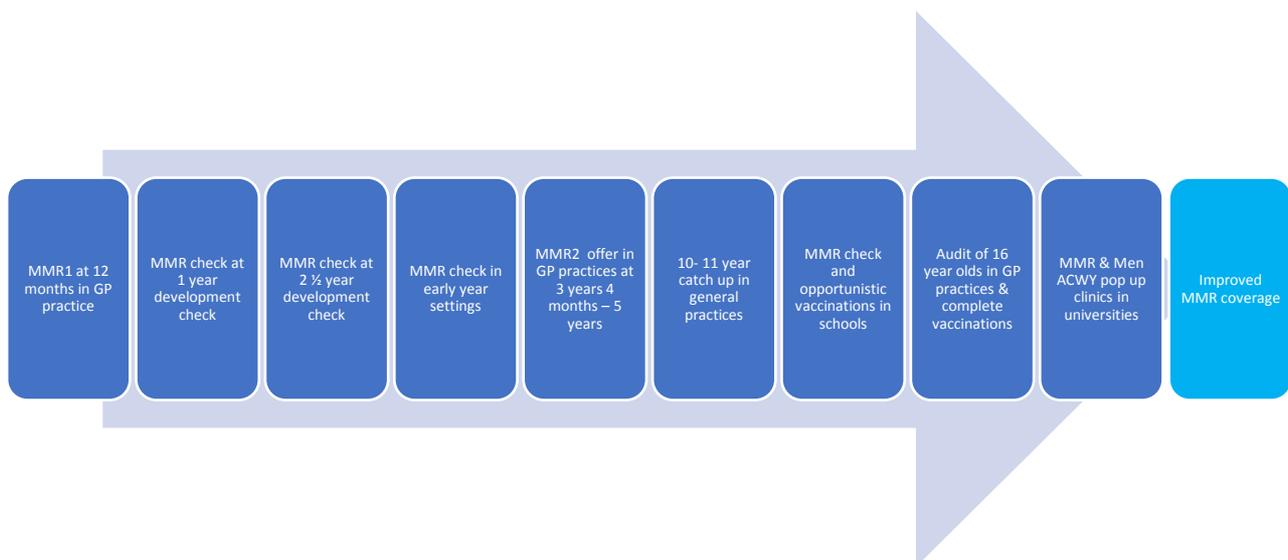


- For 2018/19, the London Immunisation Partnership Board signed off two targeted plans to increase uptake of MMR. The long term plan is the London Measles and Rubella Elimination Plan. This plan operationalizes the National Measles and Rubella Elimination Strategy for London. It is being delivered by the London Immunisation Business Group and the STP Immunisation Performance and Quality Boards (sub-groups of the London Immunisation Partnership Board). This includes improving uptake in our 18-25 year olds - the

age group most likely to be affected by measles and mumps outbreaks. (See Figure 8).

- The second plan focuses on improving uptake of MMR to improve the uptake rates of MMR by age 2 and 5 over the next 12 months. Called London's MMR Recovery plan, this is being implemented across London. The main actions of the MMR Recovery Plan are as follows:
 - Work with general practices to proactively chase parents who miss the 12 month MMR appointment.
 - MMR offered at 1 year developmental check.
 - MMR offered at 2 ½ year developmental check.
 - Reducing Missed Opportunities Vaccinations (MOV) protocols in every general practice.
 - Work with emerging primary care networks (PCNs) to increase capacity of general practice.
 - MMR checked and signposted in early year settings (entry at 1 year, remain until 4-5 years).
 - CHIS notifications support GP practices for MMR invites/reminders (started August 2019).
 - Consistent automatic call/recall systems across PCNs.
 - MMR checked and signposted at primary school entry.
 - MMR checked and offered with child flu vaccinations in reception year (commissioning intention for 2020/21).
 - Work with local partners to target inequities in vaccination uptake
 - Consider alternative vaccinators.

*Figure 8
Visual of London's Measles & Rubella Elimination Plan*



7 Seasonal Influenza

7.1 Child Vaccination Uptake rates

- Our goal in London was to achieve 40% uptake rates in 2 and 3 year olds and 50% in Reception and School Years 1, 2, 3 and 4 and 40% in School year 5.
- Throughout London, uptake for child 'flu vaccine for 2 and 3 year olds is low despite efforts every year from the public health commissioning team to visit poor performing practices (those performing less than 10%) to support them. These visits have however considerably reduced the number of practices performing less than 10% from 155 in 2016/17 in to 88 in 2018/19.
- Figure 10 displays the comparison of London's 2018/19 rates to the previous year whilst Figure 11 compares Westminster with the rest of its geographical neighbours and London and England averages. Westminster performs well across the age groups, particularly when the vaccine is given in the school setting by the community provider CNWL, where they achieve the highest rates in the North West area. There are also year on year improvements in each cohort. This can be seen in Westminster where the 41.2% of reception children being vaccinated, which is higher than the original child 'flu group of Year 5 (they've been receiving the vaccination since Year 1), where 32.3% were vaccinated.
- Interestingly, when looking at this season's reception children (who were aged 3 last year), their uptake rate almost doubled once offered in schools – a pattern also seen for 2017/18, suggesting that a main contributing factor to poor uptake is service related.

7.2 Adult Vaccination Uptake rates

- Despite improvements in London's 'flu vaccination rates for 2016/17 and 2017/18, the trend was not continued for 2018/19 for adult vaccinations.
- Rates are lower than last year across the 'at risk' groups of over 65s, clinical 'at risk' groups and pregnant women. Rates of health care workers remained stable.
- This year's uptake was impacted by a mild winter and low circulation of influenza.
- Predominantly the rates were affected by the confusion over the vaccine to be offered to over 65s with late national planning to introduce the new vaccine, difficulties with manufacturing large volumes at short notice resulting in late and staggered deliveries of aTIV.
- All CCGs in London performed below national standards of 70-75% for over 65s and 50-55% for clinically at-risk groups.
- These figures may not include all flu vaccinations offered in maternity units nor the vaccinations provided in pharmacy. For London, 211,320 vaccinations were offered in pharmacy. Of these, 200,353 vaccinations were to the at-risk groups and over half were to people aged 65 and older. The majority of 'flu vaccinations are provided in Hillingdon, Ealing, Wandsworth, Croydon, Bromley, Greenwich, Newham, Redbridge and Barnet (all in excess of 8,000).

- In relation to 'at risk' groups, 20,000 vaccinations were given in pharmacy but not all clinically uploaded onto GP systems (if all were included it would raise the rates by 1.8%).

Figure 10
Seasonal Influenza vaccination rates for England and London 2016 - 2019

	England			London		
	2016-17	2017-18	2018-19	2016-17	2017-2018	2018-19
65+ years	70.4%	72.6%	71.3%	65.1%	66.9%	63.9%
<65 years	48.7%	48.9%	46.9%	47.1%	45.4%	42.5%
Pregnant	44.8%	47.2%	45.0%	39.6%	41.1%	38.9%
Healthcare workers	63.0%	68.7%	70.3%	55.4%	64.1%	63.7%
2 years of age	35.4%	42.8%	43.1%	30.3%	33.2%	31.1%
3 years of age	37.7%	44.2%	45.2%	32.6%	33.3%	32.5%
4 years of age/Reception	30.0%	62.6%	63.9%	24.9%	51.6%	53.7%
Year 1	57.6%	60.9%	63.4%	45.8%	49.6%	52.7%
Year 2	55.3%	60.3%	61.4%	43.6%	48.2%	50.2%
Year 3	53.3%	57.5%	60.2%	42.0%	45.6%	48.9%
Year 4	n/a	55.7%	58.0%	n/a	43.8%	46.5%
Year 5	n/a	n/a	56.2%	n/a	n/a	44.6%

Source: PHE (2019)

Figure 11
Uptake of seasonal flu vaccination for Westminster CCG compared to NWL, London and England for Winter 2018/19 (September 1st 2018 – January 31st 2019)

CCG	Flu Season 2018/19										
	% of uptake 65 +	% of at risk patients (6 months - 64 years)	% of pregnant women	% of 2 year olds	% of 3 year olds	% of Reception	% of year 1	% of year 2	% of year 3	% of year 4	% of Year 5
Brent	63.6	45.8	35.0	27.0	29.8	37.9	38.4	35.1	34.6	31.3	30.6
Ealing	61.5	45.6	37.2	34.3	32.8	41.3	41.4	36.8	38.8	34.1	32.1
Hammersmith & Fulham	56.0	31.4	34.8	31.3	27.9	46.0	45.5	44.5	43.9	39.9	34.3
Harrow	67.1	47.4	35.2	28.7	30.7	56.6	54.7	53.4	52.8	50.0	47.7
Hillingdon	66.3	45.2	36.1	29.8	31.1	52.1	49.9	48.1	47.5	45.2	43.7
Hounslow	63.0	45.8	31.4	34.7	33.2	56.7	55.9	54.0	50.5	49.2	45.7
Kensington and Chelsea	57.3	38.0	42.5	27.0	25.8	42.0	44.3	39.7	39.6	34.0	28.6
Westminster	57.4	39.5	36.7	24.0	24.3	41.2	40.8	40.2	37.7	36.2	32.3
London	63.9	42.5	38.9	31.1	32.5	53.7	52.7	50.2	48.9	46.5	44.6
England	71.3	46.9	45	43.1	45.2	63.9	63.4	61.4	60.2	58	56.2

Source: PHE (2019)

7.3 What are we doing to increase uptake of seasonal influenza vaccine this year?

- A key learning point from the 2018/19 evaluations was that practices who are well prepared and have uptake in their first couple of weeks continue to have good uptake throughout the season.
- This means that the weekly checks by commissioners had little or no impact on improving flu uptake once the season started. This year the focus is on practices being prepared and have advanced planning particularly around identifying eligible cohorts and estimating demand and supply, including considering extra staff capacity for opportunistic vaccinations. A workshop on CCG 'flu plans will CCG 'flu leads is scheduled for July 2019.
- We are changing the narrative around 'flu vaccinations for 'at risk' groups. There is evidence that 'flu vaccinations are seen as optional or preventative and are not seen as integral to an individual's care pathway or maintenance of health. This involves working with specialised commissioning colleagues and acute and primary providers to embed primary care appointments (for checking co-morbidities and vaccination) into pathways and help increase demand from patients, for example provision of vouchers at specialist appointments and vaccination advice recorded in letters to GPs from specialists. This is in keeping with NICE's recommendation of multicomponent interventions.
- We are streamlining the time spent producing 'flu reports during 'flu season. There is considerable duplication of reports across NHSE&I and PHE and the NHSE&I Immunisation Commissioning Team receive numerous requests for additional reports. This reduction in flu report production will increase efficiency and effectiveness of commission of 'flu vaccination programmes during 2018/19.
- We are improving our reach to London's statutory homeless and rough sleepers. There has been limited access to vaccinations for this population through pharmacy and an underused open access SLA. This year there is a workstream on improving access via general practices that care for the homeless population, voluntary organisations that provide outreach medical services and pharmacies.
- We are including the over 65s as a priority this year due to the impact of vaccine stocks in 2018/19. This age group also includes improving uptake of informal caregivers (1 in 8 people aged over 75s are carers of spouses or partners) via pharmacy, recreating the work done in 2016/17 that tripled carers uptake. We will continue to work with Healthy London Partnership on improving uptake in care homes.
- We undertook a Delphi methods study to determine the interventions that work in improving 'flu vaccination uptake amongst health care workers in London trusts. This is being developed into a toolkit and shared with trusts to implement this 'flu season.
- Training of staff is crucial to maintaining good vaccination uptake. PHE London and NHSE/I London are working together to ensure that vaccinators are updated on 'flu vaccination and that health care professionals are informed

to address any vaccine hesitancy thereby reducing complacency and improving confidence and convenience.

- Joint communications by NHSE/I, PHE, STPs and local authorities addressing the 5 determinants of good vaccination uptake: Access, Affordability, Awareness, Acceptance, Activation.

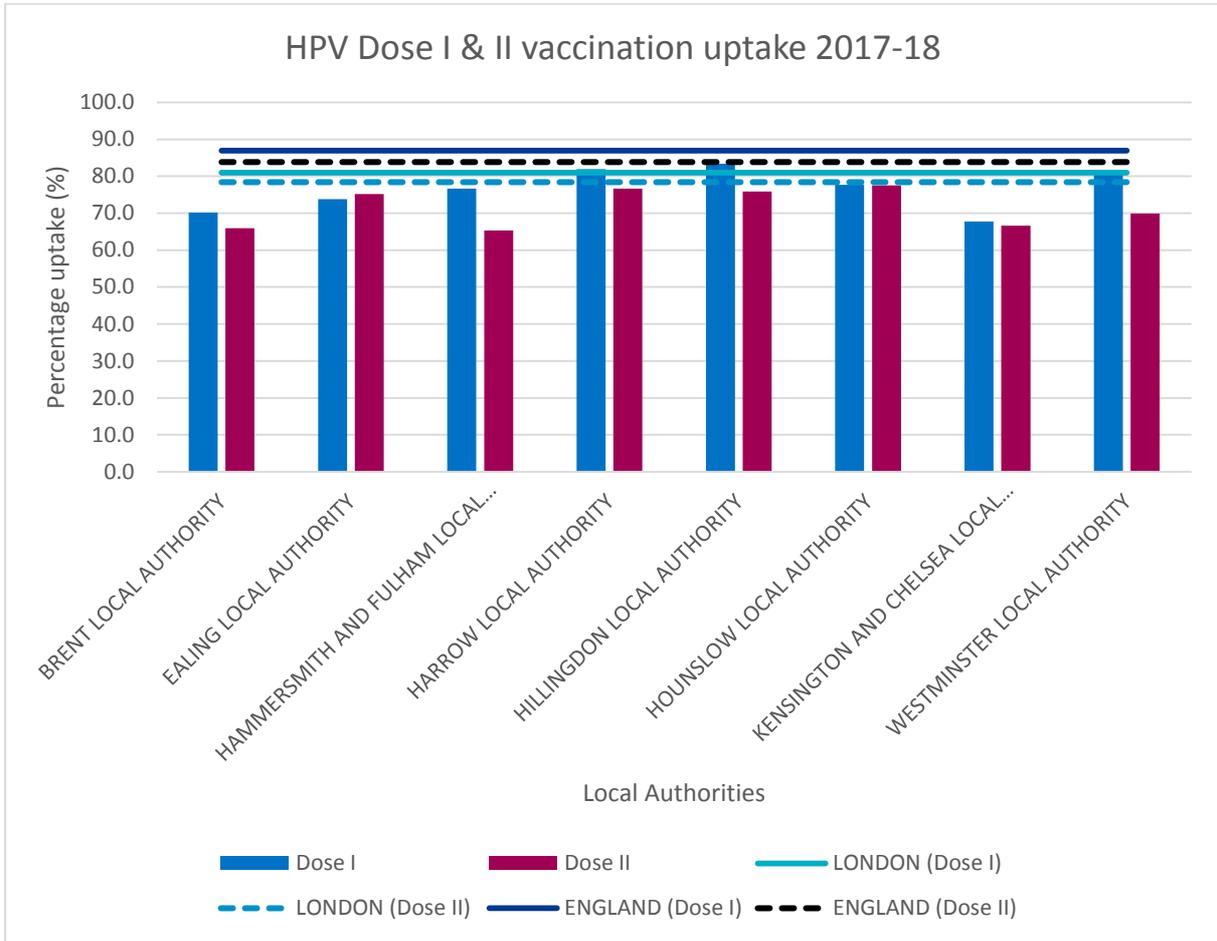
8 School Age Vaccinations

- School Age vaccinations consist of:
 - HPV vaccine for 12-13 year olds– (since September 2019 boys receive the vaccine as well as girls).
 - Tetanus, diphtheria, polio booster (Teenage Booster) at age 14/15
 - Meningitis ACWY at age 14/15.
 - Annual child 'flu vaccination programme which in 2019/20 covers Reception to Year 6 in primary schools.

8.1 HPV vaccination

- Human papillomavirus (HPV) vaccination protects against viruses that are linked to the development of cervical cancer.
- HPV vaccination has been offered to 12-13 year old girls (Year 8) since the academic year 2008/09. Originally the course was 3 doses but following the recommendation of the Joint Committee of Vaccinations and Immunisations (JCVI) in 2014 is that two doses are adequate.
- Since 2008/09, there has been a steady increase of uptake both nationally and in London. However the introduction of a two course programme instead of a three course programme meant that many providers didn't offer the second dose until the next academic year. For 2015/16, London was the only region to commission both doses to be given within one academic year. This has continued until this year, 2018/19 where providers are now given a choice of whether to deliver both doses in one year or one dose in year 8 and the second in year 9 due to the increasing pressure of the school flu programme which has now expanded. CNWL, who deliver the programme in Westminster, have opted to continue to deliver both doses in one year.
- Westminster's uptake for 2 completed doses is 70% respectively which is below the London average of 78.4% and the England average of 83.8%.

Figure 12
HPV Uptake 2017/18

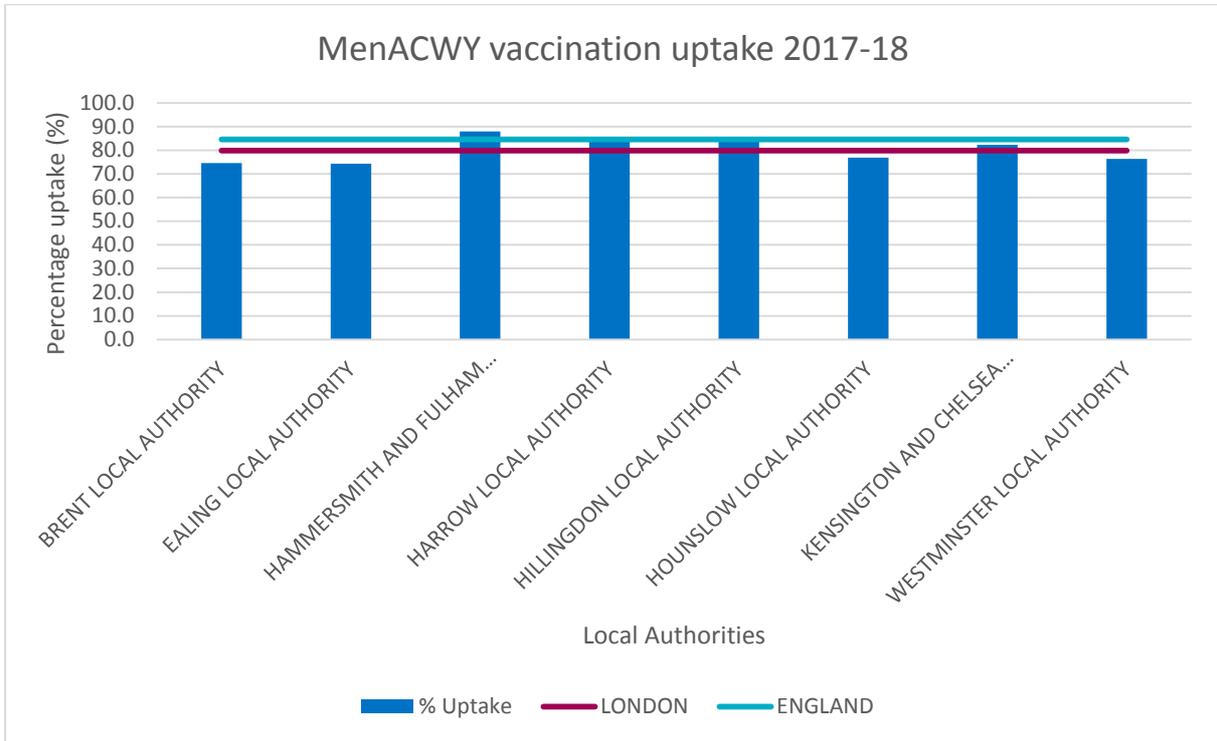


Source: PHE (2019)

8.2 Men ACWY

- This vaccination protects against four main meningococcal strains (A, C, W and Y) that cause invasive meningococcal disease, meningitis and septicaemia.
- As seen in Figure 16, the uptake rate for Westminster it was 76.4% for Year 10 which is below the London and England average.

Figure 13
MenACWY uptake in Year 10 (14-15 years)

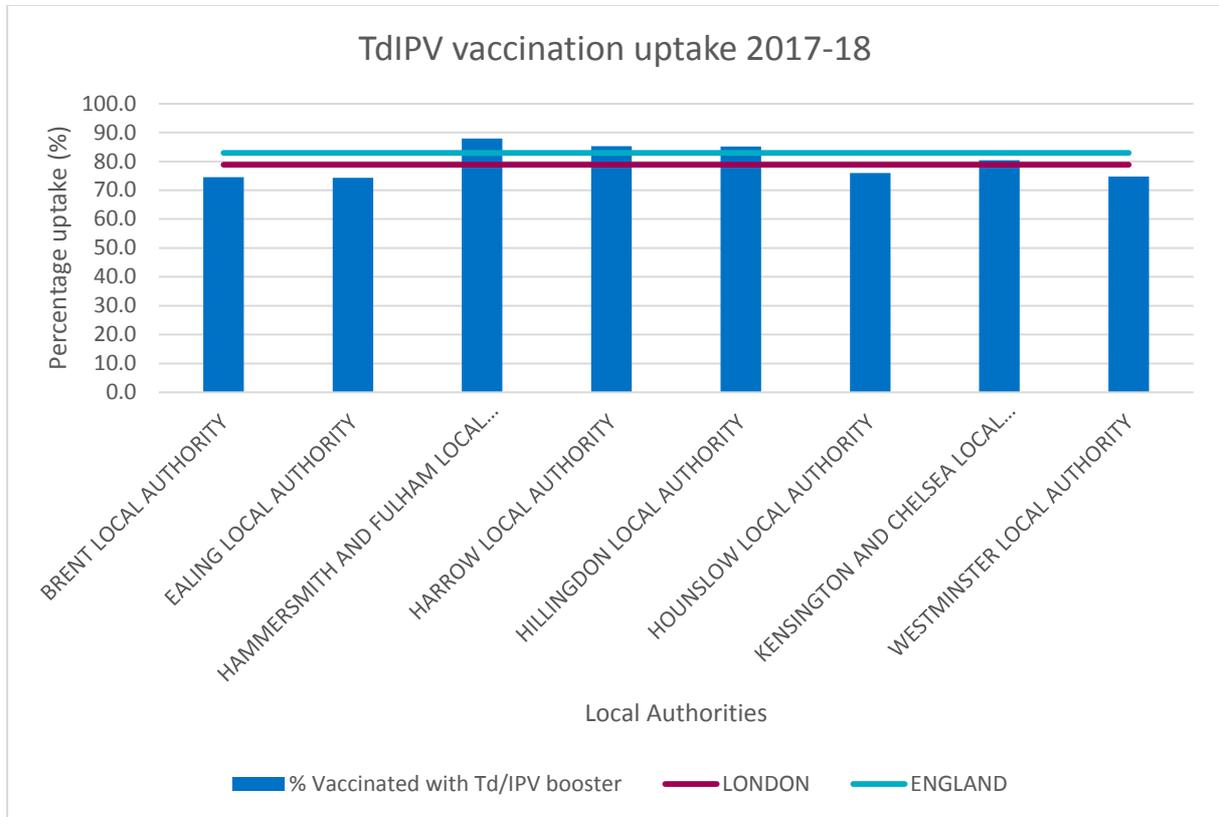


Source: PHE (2019)

8.3 Td/IPV

- The school leaver booster is the fifth dose of tetanus, diphtheria and polio (Td/IPV) vaccine in the routine immunisation schedule and completes the course, providing long-term protection against all three diseases.
- As seen in Figure 17, the uptake rate for Westminster it was 76.4% for Year 10 which is below the London and England average.

Figure 14
Td/IPV- Year 10 (14-15 years)



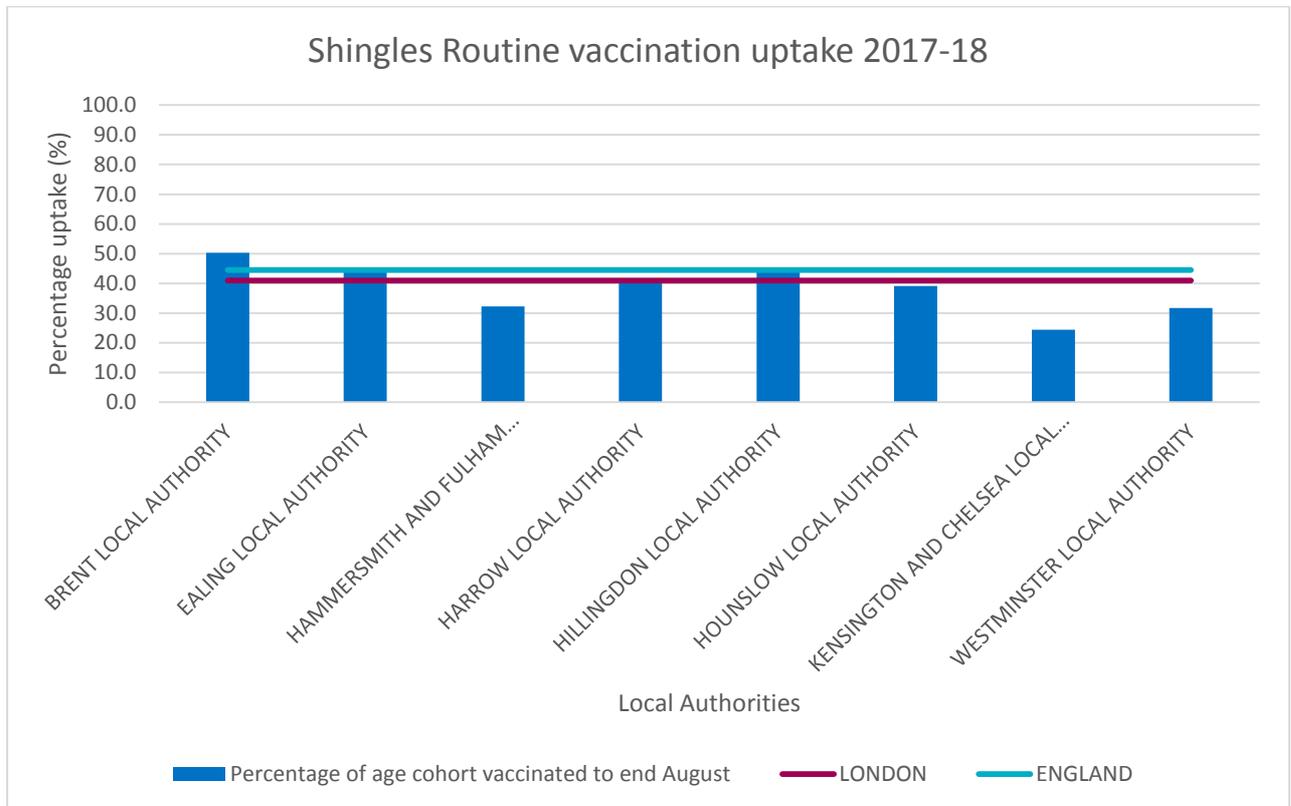
Source: PHE (2019)

9 Adult Vaccinations

9.1 Shingles

- The Shingles vaccination programme commenced in September 2013. Shingles vaccine is offered to people who are 70 years or 78 years old on 1st September in the given year. Data on vaccine coverage was collected between 1st September and 31st August but this year it is extended to March 2018.
- Figure x illustrates the percentage uptake by CCG in London for three years of the programme for the routine age 70 cohort. Westminster reports uptake rates of 31.7% that are lower than London and England averages.
- NHSE are currently undertaking a project with CCG colleagues to increase uptake of shingles rates across London.

Figure 15
Shingles Uptake 2017-18

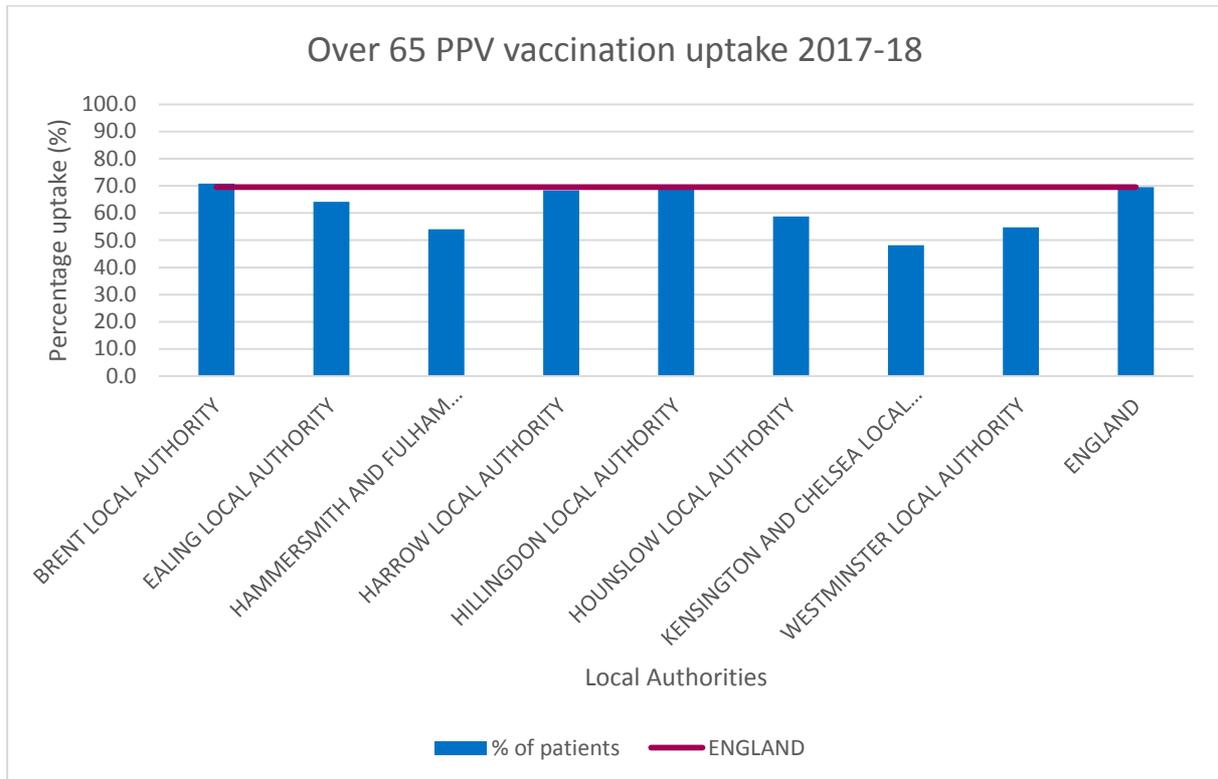


Source: PHE (2019)

9.2 PPV

- Pneumococcal Polysachride Vaccine (PPV) is offered to all those aged 65 and older to protect against 23 strains of pneumococcal bacterium. It is a one-off vaccine which protects for life. This vaccination tends to be given alongside the flu vaccination during the flu season as the patient is usually present at the flu appointment.
- Up to and including 31st March 2018, 54.7% of those aged 65 years and older were vaccinated with PPV in Westminster. This is lower than the England average of 69.5%. There is no target for this vaccine as we are aiming for individual protection not population protection.
- It is worth noting that the over 65s population are largely protected against pneumococcal invasive disease and pneumonia from the PCV-13 programme given as part of the 0 to 5s routine childhood immunisation schedule, because young children are the main source of spread of these infections. PPV23 is an additional vaccine to help protect this population from the remaining 13 strains not covered in the PCV-13 vaccine.

Figure 16
Received the Pneumococcal (PPV) Vaccine At Any Time 2017 -2018



Source: PHE (2019)

10 What are we doing to improve uptake in Westminster?

- As well as these pan London approaches, NHSE (London) have been working locally with Central London and West London CCGs, the local Public Health team and local school age provider to focus and identify local barriers and vulnerable or underserved groups and to work together to improve public acceptability and access and thereby increase vaccine uptake. One example of this is our local flu working group which meets monthly throughout the flu season. Key agenda items are local communications, data analysis, current vaccination uptake, national updates and school engagement.
- Since July 2017, we have had three 'deep dive' workshops with our nine school age vaccination providers across London where we focused on the service factors impacting upon uptake. The main issues were identified as school refusals, lack of return of paper consent forms, self-consent and lack of school support. We have been working with our providers to rectify these and other issues including a pilot of three organisations using e-consent. This involves developing a communication strategy between providers and schools as well as developing an escalation process that they can follow.
- Following on from that, the last quarterly meeting of the London Immunisation Partnership (June 2018) did a deep dive into the factors impacting upon school aged vaccination rates, looking at data management, quality of services,

commissioning and provider performance and public acceptability. An action plan has been devised with our partners which was circulated in February 2019 to them. The aim was to make a SMART annual plan that we can deliver together across London to improve uptake.

- As part of the Evaluation, Analytics and Research Group (EAR) of the London Immunisation Partnership, we continue to work with our academic partners in examining the factors impacting upon school aged vaccination uptake. We've completed a study looking at service factors impacting upon Men ACWY and another on HPV (both papers are currently under review for peer review journals). We are collaborating on the evaluation of the e-consent and contributing to a RCT on incentives to improve return of consent forms. We are also working on developing teacher training on school aged vaccinations (an action arising from our deep dive).

11 Outbreaks of Vaccine Preventable Diseases

- PHE NWL Health Protection Team has the remit to survey and respond to cases of vaccine preventable diseases. Where they declare a cluster or an outbreak, NHSE (London) have a process in place called Call the Commissioner which is the commissioner response. Under this we can mobilise a provider service response to vaccinate the designated contacts.
- During a high activity measles year for London, 86 cases (65 confirmed and 21 probable) were reported in North West London (NWL) in 2018. This compares to 31 cases in 2017 (20 confirmed and 11 probable). The rate of confirmed measles was 3.1/100,000 inhabitants, the second highest after 2016's peak rate of 3.7/100,000. At one-third (32%), the largest proportion of confirmed measles cases continued to be in adults over 25. The proportion of cases in children aged 5-9 increased sharply from a median of 6% in 2014-2017 to 19% in 2018. Over half of the confirmed cases in NWL during 2018 were in Brent (12), Kensington & Chelsea (12), and Westminster (12) (55%, 36/65).
- In 2018, 180 mumps cases (36 confirmed and 144 probable) were reported in NWL, a decrease on the 215 cases in 2017 (45 confirmed and 170 probable). The rate of confirmed mumps in NWL in 2018 was 1.7/100,000 inhabitants, a decrease on the previous year's rate of 2.8/100,000. Adults aged 25+ continued to account for most confirmed NWL cases, with the proportion increasing from a median of 46% in the years from 2014-17 to 72% in 2018. Westminster had a total of 8 confirmed cases in 2018.
- A national measles increase was seen during 2018, which was reflected across all areas of London, resulting in numerous clusters and outbreaks. During 2018, the NW London Health Protection Team (HPT) responded to measles circulating in the community, including three clusters of suspected measles cases, one in unvaccinated school-age children in a family in Kensington and Chelsea, one in people with a common link to a theatre in Westminster, and one at a secondary school in Westminster. The HPT also responded to a suspected cluster of mumps at a clinic in Westminster affecting two non-clinical staff.
- NHSE (London) are working with PHE Health Protection Teams as part of the London Immunisation Business Group to reduce the number of measles and

mumps cases in the population by increasing uptake of MMR in the adolescent and adult populations as well as the under 5s.

12 Next Steps

- NHSE (London) continues to work on delivering the WHO European and national strategies to improve coverage and to eliminate vaccine preventable diseases. In London this is done through the London Immunisation Plan which is reviewed annually by the London Immunisation Partnership.
- Quarterly assurance is provided on Westminster through the NWL Immunisation Performance and Quality Board where challenges and solutions can be discussed with all stakeholders around the performance and the surveillance data.

13 Appendix

Table 1 : Child Immunisations, by GP Practice, CCG, Area Team 2018/19

Source: NHS England

			12 months						24 months						5 Years					
CCG Code	CCG Name	GP Practice Code	Number of Eligible Children	DTaP/IP V/Hib/Hep B	Men B	PCV	Rotavirus	Hep B	Number of Eligible Children	DTaP/IP V/Hib	MMR	Hib/Men C Booster	PCV Booster	Hep B	Number of Eligible Children	DTaP/IP V Booster	DTaP/IP V/Hib	Hib/Men C Booster	MMR Dose 1	MMR Dose 2
				%	%	%	%	%		%	%	%	%	%		%	%	%	%	%
09A	NHS Central London (Westminster) CCG	E87002	136	84.6%	84.6%	85.3%	85.3%		162	75.9%	71.0%	71.6%	69.8%		123	67.5%	86.2%	82.1%	86.2%	65.0%
09A	NHS Central London (Westminster) CCG	E87005	48	75.0%	72.9%	72.9%	68.8%		57	71.9%	68.4%	70.2%	63.2%		70	48.6%	57.1%	58.6%	60.0%	48.6%
09A	NHS Central London (Westminster) CCG	E87006	44	84.1%	81.8%	81.8%	86.4%	100.0%	44	86.4%	75.0%	86.4%	81.8%		41	56.1%	75.6%	70.7%	78.0%	56.1%
09A	NHS Central London (Westminster) CCG	E87008	82	87.8%	91.5%	87.8%	89.0%		95	81.1%	74.7%	77.9%	74.7%	100.0%	81	75.3%	87.7%	84.0%	82.7%	74.1%
09A	NHS Central London (Westminster) CCG	E87010	83	83.1%	81.9%	79.5%	79.5%		60	93.3%	76.7%	76.7%	73.3%		59	57.6%	93.2%	91.5%	83.1%	66.1%
09A	NHS Central London (Westminster) CCG	E87011	69	92.8%	89.9%	89.9%	89.9%		78	87.2%	74.4%	76.9%	71.8%		77	70.1%	92.2%	88.3%	90.9%	70.1%
09A	NHS Central London (Westminster) CCG	E87017	*	*	*	*	*		0						*	*	*	*	*	*
09A	NHS Central London (Westminster) CCG	E87034	137	87.6%	89.1%	87.6%	87.6%		124	87.1%	80.6%	80.6%	79.0%		101	68.3%	80.2%	81.2%	79.2%	67.3%
09A	NHS Central London (Westminster) CCG	E87037	60	85.0%	80.0%	85.0%	73.3%		69	87.0%	82.6%	81.2%	81.2%		50	60.0%	78.0%	68.0%	72.0%	60.0%
09A	NHS Central London (Westminster) CCG	E87045	19	63.2%	73.7%	63.2%	68.4%		16	93.8%	93.8%	93.8%	93.8%		17	47.1%	70.6%	70.6%	64.7%	52.9%
09A	NHS Central London (Westminster) CCG	E87046	117	83.8%	90.6%	89.7%	85.5%	100.0%	118	82.2%	78.0%	78.0%	75.4%		112	68.8%	82.1%	82.1%	82.1%	66.1%
09A	NHS Central London (Westminster) CCG	E87052	16	75.0%	75.0%	68.8%	62.5%		25	88.0%	76.0%	80.0%	72.0%		21	66.7%	90.5%	90.5%	85.7%	66.7%
09A	NHS Central London (Westminster) CCG	E87066	50	88.0%	90.0%	90.0%	84.0%		47	89.4%	68.1%	72.3%	70.2%		45	68.9%	91.1%	82.2%	91.1%	64.4%
09A	NHS Central London (Westminster) CCG	E87069	19	84.2%	84.2%	78.9%	89.5%		14	100.0%	85.7%	92.9%	92.9%		17	52.9%	88.2%	70.6%	76.5%	41.2%
09A	NHS Central London (Westminster) CCG	E87070	41	80.5%	78.0%	80.5%	70.7%		62	77.4%	69.4%	69.4%	71.0%		49	49.0%	75.5%	67.3%	79.6%	51.0%
09A	NHS Central London (Westminster) CCG	E87609	246	82.9%	80.1%	83.7%	82.9%		249	81.5%	79.5%	74.7%	75.9%		242	62.4%	87.6%	77.3%	90.9%	60.7%
09A	NHS Central London (Westminster) CCG	E87648	10	70.0%	60.0%	60.0%	80.0%		17	88.2%	76.5%	82.4%	82.4%		10	30.0%	70.0%	70.0%	80.0%	30.0%
09A	NHS Central London (Westminster) CCG	E87663	26	76.9%	76.9%	76.9%	61.5%		32	62.5%	62.5%	62.5%	53.1%		30	63.3%	73.3%	90.0%	76.7%	56.7%
09A	NHS Central London (Westminster) CCG	E87677	15	66.7%	66.7%	60.0%	66.7%		8	75.0%	50.0%	50.0%	50.0%		14	42.9%	42.9%	42.9%	42.9%	42.9%
09A	NHS Central London (Westminster) CCG	E87681	136	81.6%	83.8%	84.6%	75.7%		129	83.7%	77.5%	77.5%	74.4%		102	60.8%	80.4%	77.5%	78.4%	59.8%
09A	NHS Central London (Westminster) CCG	E87694	*	*	*	*	*		5	100.0%	80.0%	80.0%	80.0%		*	*	*	*	*	*
09A	NHS Central London (Westminster) CCG	E87714	32	75.0%	81.3%	81.3%	75.0%		27	96.3%	74.1%	70.4%	74.1%		18	61.1%	94.4%	88.9%	94.4%	55.6%
09A	NHS Central London (Westminster) CCG	E87737	82	72.0%	65.9%	72.0%	70.7%		77	72.7%	64.9%	61.0%	57.1%		57	40.4%	64.9%	59.6%	66.7%	40.4%
09A	NHS Central London (Westminster) CCG	E87739	73	83.6%	82.2%	86.3%	75.3%		61	85.2%	67.2%	67.2%	63.9%		69	75.4%	95.7%	92.8%	94.2%	72.5%
09A	NHS Central London (Westminster) CCG	E87741	42	88.1%	88.1%	88.1%	78.6%		41	70.7%	78.0%	80.5%	70.7%		37	70.3%	86.5%	78.4%	89.2%	64.9%
09A	NHS Central London (Westminster) CCG	E87745	60	66.7%	71.7%	68.3%	63.3%		50	58.0%	52.0%	48.0%	48.0%		61	50.8%	75.4%	67.2%	73.8%	52.5%
09A	NHS Central London (Westminster) CCG	E87753	110	95.5%	88.2%	90.0%	92.7%		107	91.6%	81.3%	82.2%	83.2%		58	86.2%	96.6%	91.4%	96.6%	87.9%
09A	NHS Central London (Westminster) CCG	E87754	76	76.3%	77.6%	80.3%	68.4%	100.0%	73	84.9%	72.6%	72.6%	71.2%		80	52.5%	86.3%	80.0%	87.5%	51.3%
09A	NHS Central London (Westminster) CCG	E87756	50	90.0%	88.0%	86.0%	34.0%	100.0%	34	79.4%	79.4%	82.4%	76.5%		42	78.6%	76.2%	76.2%	81.0%	73.8%
09A	NHS Central London (Westminster) CCG	V81999																		
09A	NHS Central London (Westminster) CCG	Y00902	36	80.6%	83.3%	80.6%	77.8%	100.0%	53	92.5%	84.9%	88.7%	88.7%		44	86.4%	90.9%	86.4%	95.5%	77.3%
09A	NHS Central London (Westminster) CCG	Y02260	28	64.3%	64.3%	60.7%	64.3%		28	82.1%	75.0%	78.6%	67.9%		40	60.0%	92.5%	85.0%	85.0%	60.0%

- No data sharing agreement in place

- Merged in year

- Closed in year

- Practice data added to V81999 as code not in template

* - Some numbers have been suppressed due to potential disclosure issues associated with small numbers.

Italics for numbers less than 20 (see notes)



Family and People Services Policy and Scrutiny Committee

Date:	17 th October 2019
Classification:	General Release
Title:	Annual Adoption and Fostering Reports
Report of:	Bi-Borough Director of Children's Services
Cabinet Member Portfolio	Cabinet Member for Family Services and Public Health
Wards Involved:	All
Policy Context:	City for All
Report Author and Contact Details:	Sally Pillay, Head of Fostering and Adoption

1. Executive Summary

This report presents the annual adoption and fostering reports for the committee's consideration.

2. Key Matters for the Committee's Consideration

The committee is asked to consider and note the reports.

If you have any queries about this Report or wish to inspect any of the Background Papers, please contact Sally Pillay: Sally.Pillay@rbkc.gov.uk

APPENDICES:

Appendix 1 – Annual Adoption Report
Appendix 2 – Annual Fostering Report

This page is intentionally left blank



Annual Adoption Service Report

Date	21 June 2019
Title or report	Annual Adoption service Report
Report of	Adoption Services
Decision maker	N/A
Report author and telephone	Sally Pillay 07812098049

1. Executive Summary

This report provides an overview of the functions and performance of Westminster City Council's Adoption Service within the context of the Three Borough Shared Service. The National Scorecard performance thresholds have been met and Westminster is performing above or better than the National average.

Adoption Services nationally are in the process of transitioning to Regional Adoption Agencies and Westminster is currently pursuing a plan to deliver adoption services via Coram.

2. Recommendations

Cllr Acton is asked to note to contents of this report.

3. Background information, including policy context

Kensington and Chelsea, Hammersmith and Fulham and Westminster Councils operate an integrated shared Adoption Service since April 2012 in line with Adoption agency regulations (2005) and is regulated by Ofsted. Westminster City Council was rated "outstanding" by Ofsted in the last inspection.

4. Annual Adoption Report

The Adoption Service is made up of 4 teams: The Adoption & Permanence Team, The Panel's Team, The Post Order Team (which also provides support to Special Guardians) and the Recruitment Team which undertakes the recruitment of both foster carers and adopters.

The primary aim of the Adoption & Permanence Team is to find adopters and permanent foster carers for children with a Permanence plan of adoption or permanent fostering. The focus of this report is adoption. We work closely alongside the Duty Recruitment Team to recruit adopters for children waiting for adoption and the Post Order Team to ensure that once the Adoption order is granted, on-going support needs continue to be met, in line with the Adoption

Support Plan and Adoption agency regulations (2005). The focus of the service is on finding the right family for each child with minimum delay; therefore, if there are no suitable in house adopters (or permanent foster carers) we will look to place children with adopters (or foster carers) from another agency.

5. Service Aims

- Priorities to improve outcomes for children in the Shared Services Boroughs: The London Borough of Hammersmith & Fulham, The Royal Borough of Kensington & Chelsea and Westminster City Council
- Improve placement choice for children
- Improve quality and timeliness of assessments of adopters
- Improve timeliness of children being placed with their permanent family
- Improve post order support to our adoptive and special guardian families

Messages from the LAC Sufficiency Strategy:

- Ensure permanent carers that are recruited meet the needs of the children we are seeking to place
- Monitor and challenge children's journeys to permanence through a Permanence Tracker, with oversight from the Permanence Board and the Independent Reviewing Officers.

6. The Service structure

The service delivers the following adoption functions.

The Adoption & Permanence Team consists of 1 Team Manager (3 days per week), 1-part time Principal Social Worker, 1 full time Principal Social Worker, 3 full time social workers, 2-part time Social Worker's (3 days per week). One of the Principal Social Worker's is designated to the role of 'Permanence' co-ordinator and their role is to have oversight of all of the cases being referred into the team to ensure consistency and minimise delay in progressing children's plans. The primary aim of the Adoption & Permanence Team is to find adopters and permanent foster carers for children with a Permanence plan of adoption or permanent fostering.

The Panels Team consists of the Agency Advisor and 2 Panel Coordinators. The Adoption & Permanence Team Manager has management oversight for the Panel's Team. The Panel's Team co-ordinates the joint Fostering and Adoption Panels for the Shared Borough's Service. The Agency Advisor provides advice and guidance on completion of the Child Permanence Report for plans for adoption and provides a summary to the Agency Decision Maker along with all the submitted reports for their decision.

The Recruitment Team consists of 1 Principal Social Worker (who reports to the Service Manager), 2 full time Social Care Assistants, 1 Full-time Social Worker, 1 0.9 Social Worker and 1 Recruitment officer (fostering & adoption). The Recruitment Team is responsible for overseeing the recruitment and assessment of foster carer's and the recruitment of adopter's.

The Post Order Team consists of 1 Team Manager, 1 Principal Social Worker, 1 Senior Social Worker, 1 Part Time Social Worker, 1 Full Time Social Worker 2 Full time Social Care Assistant's. The Team Manager for this team also has a management oversight for the Connected Person's Team. The Post Order team offers on-going support to all those affected by permanent orders, specifically, to adoptive families, special guardian families and birth parents.

7. The Children

Referrals to the Service

Initial Permanence Planning Meeting's are convened within 5 working days of referral to the Adoption & Permanence Team (10 days if a Connected Persons viability assessment has been requested). Early referrals are being made, including pre-birth so permanence planning can begin as early as possible for children. The Adoption & Permanence Team undertakes planning for children with a plan for adoption and permanent fostering up to the age of 13 years old. Children over 13 years old are referred to the Commissioning Team for permanent fostering placements.

Between the 1st July 2018 and the 31st March 2019 49 referrals were made to the service.

Family finding is proactive, and parallel planning as opposed to sequential planning takes place. Anonymous adverts are used pre Placement Order and Children's Social Workers are asked to request the permission of the court to advertise with a profile prior to the Placement Order being granted. This is discussed in permanence planning meetings. Links are made with adopters/prospective adopter's pre placement order, wherever possible.

Foster carers are asked (where appropriate) if they would consider caring for the child permanently, either under an Adoption, Special Guardianship or permanent fostering arrangement, dependent on the child's individual circumstances and care plan.

Early Permanence

Early permanence is appropriately considered to provide all children with the opportunity to be placed with their permanent families earlier, reducing the number of placement moves and disrupted attachments. Early permanence was considered for three children this year but was not considered appropriate for the following reasons;

- 1 Westminster child where the family members came forward following a positive viability assessment. This was the right decision and plan for the child.
- 1 Westminster child who was adopted by her siblings' adopters. The adopters were not open to a regulation a connected person's placement while the adoption assessment was completed.
- 1 Hammersmith & Fulham child was not possible to identify adopters of a similar background who could offer early permanence.

Plans for Adoption

The decisions for a plan for adoption is made on a case-by-case basis. The process is that the social worker alerts the Agency Advisor at the earliest opportunity to the need for such a decision. The Agency Advisor can provide further advice and support on completion of the Child Permanence Report; this also acts as the report for an application for a Placement Order.

The Agency Advisor reviews the Child Permanence Report, expert reports, connected person's assessments, sibling together or apart assessment(s), medical and legal advisor summary and any other relevant reports and provides a summary to the Agency Decision Maker (Assistant Director – Family Services) along with all the submitted reports for their decision.

In total an Agency Decision Maker decision for a plan for adoption was made for 17 children (15 single and one sibling group of 2)

Westminster City Council	8
London Borough of Hammersmith & Fulham	6
Royal Borough of Kensington & Chelsea	3

Profile of children

There were 11 girls and 6 boys.

- 6 children were White British
- 1 was White Irish / White British
- 1 was British Asian (Pakistani)/unknown
- 1 was Black Jamaican / Black British
- 1 was White European
- 4 were White British/Black Caribbean
- 1 was White British and Black Caribbean/White Ukrainian
- 1 was Thai/Romanian
- 1 was Black Jamaican/Indian and Bangladeshi

Age at the time of decision:

- 4 children were 3 months old or less
- 6 were 4-6 months
- 2 were 8-11 months
- 2 were 1-2 years old
- 1 was three
- 1 was seven years old.

Placement for adoption (match)

There were 12 decisions for placements for adoption. This involved 10 children as 2 children were presented to panel twice in this period for a decision for placement for adoption. 5 decisions involved WCC children.

- 10 single children were placed for adoption.

In house vs. interagency placements (externally approved adopters)

- 6 children were placed with in-house approved adopters (including three children placed with adopters specifically approved for them)
- 4 children were placed with approved adopters from other agencies (Bexley, Norfolk, Staffordshire and Gloucestershire)

Ethnicity

- 4 children were of various mixed black and white ethnicities
- 2 children had a black mother but unknown father
- 2 were White British
- 1 was White Irish/British
- 1 mixed white ethnicities.

No transracial placements were made.

Age

- 8 children were under the age of 2 years old
- 1 child was 4 years old
- 1 child was 4 ½ years old

Timescales

Please see attached scorecard performance for Westminster City Council for the last 3 years and a letter from the minister of welfare acknowledging Westminster City Councils' Performance as noted below.

For indicator A1: Average time between a child entering care and moving in with its adoptive family, for children who have been adopted (days) The distance from DfES threshold (426 days) **threshold met.**

3-year trend: **average time is shorter in 2015-18**

For indicator A2: Average time between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family, for children who have been adopted (days)

Distance from DfES threshold (121 days) threshold **met**

3-year trend: average time is shorter in 2015-18

For indicator A3: Children who wait less than 14 months between entering care and moving in with their adoptive family (%) England (56%) and **Westminster City Council (52%).**

For indicator A10: Average time between a child entering care and moving in with its adoptive family. Where times for children who are adopted by their foster family are

stopped at the date the child moved in with the foster family (days) **(England 412 days and Westminster City Council is 290 days).**

The Average length of care proceedings (30 weeks) *is in line* with national rate (30 weeks).

We aim to place children with their adoptive families within 4 months of the Placement Order being granted and 14 months of entering care. While we recognise that these timescales are dependent on a range of different variables, we take a child focused approach to family finding, balanced against the government timescales for achieving permanence and aim to achieve the best outcomes for our children by matching them with the right family. This is reflected in the low numbers of adoption breakdown.

Learning Logs are completed when children are placed for adoption and updated when the Adoption Order is granted to highlight any reasons for delay and any practice lessons for the service.

8. Adoption Orders

Adopters are encouraged to apply for the Adoption Order within 10 weeks of placement or at the latest by the second Adoption Review. Although the role of the family finder ends when a child is placed for adoption the child’s case remains open to the Adoption & Permanence Team until the Adoption Order is granted. Whilst, not having an active role the family finding social worker maintains contact with the child’s social worker and tracks the progress of the Adoption Order being submitted and where required attends multi-agency meetings to explore any barriers preventing adoption being achieved for any child placed for adoption.

Nine Adoption orders were granted in 2018/2019:

London Borough of Hammersmith & Fulham 1	Westminster City Council 7	Royal Borough of Kensington & Chelsea 1
--	----------------------------	---

Time lapse between placement for Adoption & Order being granted across the three boroughs

London Borough of Hammersmith & Fulham	7 months
Royal Borough of Kensington & Chelsea	8 months
Westminster City Council	18 months for a sibling group of 2 14 months for a sibling group of 2 10 months for a single child 11 months for a single child 7 months for a single child

9. The Adopters

Number of approved adopters

Six applications (Registration of Interest) were submitted to the Adoption Service. See the recruitment section for further information regarding the number of applications.

On the 31st March 2019:

- Twelve families were approved and waiting to be matched with a child.
- Five families were matched with a child, pending the adoption order being granted.
- Four families were in stage one
- Two families were in stage two

Cases presented to panel & approvals:

Twelve Prospective Adopter Reports were presented to panel between the 1st April 2018 and the 31st March 2019:

Eleven new families were approved.

One case was deferred due to further work required for the Prospective Adopter report and did not return to panel as the adopter withdrew from the process.

Two cases were presented to panel with a not suitable to adopt recommendation. Panel agreed with the agency and made a recommendation as not suitable to adopt in both cases. The Agency Decision Maker ratified the recommendation and made a decision of not suitable to adopt in both cases. One couple accepted the qualifying determination and the other couple chose to apply to the Independent Reviewing Mechanism for a review. The Independent Reviewing Mechanism review was convened on the 7th May 2019 and made recommendation that the family were not suitable to adopt which the Agency Decision Maker accepted.

Matches:

- Six families were matched with a child from within one of the Shared Services Boroughs.
- Four families were matched with children from other Local Authorities. One family had a sibling group of 2 placed with them. The trading of adopters continues to generate an income, enabling us to purchase adopters that meet the needs of children within the 3 Local Authorities.
- Three families were approved & matched with specific children – see profiles of the children families would consider above

Recruitment of Adopters

The focus from April 2018 has been on targeted recruitment to attract adopters who can meet the needs of children waiting for adoption, in particular harder to place children (Black Minority Ethnic children, Children with Disabilities, sibling groups and older children). Regular information events are convened & Information shared at these events as well as during initial telephone enquiries aims to provide people with a realistic understanding of the local and national picture of children waiting for adoption.

Early matching considerations are explored during assessments to improve performance in relation to the timescales for children waiting for adoption. We are encouraging more adopters to think about Early Permanence earlier on in the process, although we recognise it will not be

suitable for all families. Early permanence is covered as part of the stage one-preparation training.

Training & support

Prospective adopters are provided with 4 days of preparation training, 1 day during stage one and 3 days during stage two. The groups are run jointly with 4 others members of the West London Consortium to ensure that there are sufficient numbers for each group. The training programme is comprehensive and includes a number of outside speakers including an adopted adult, an adopter, a foster carer, a medical adviser and Child and Adolescent Mental Health Service to provide the adopters with a broad knowledge of the adoption process and the needs of adopted children.

As outlined above Early Permanence is covered as part of the stage one preparation training to give people an opportunity to find out as much information about the process at an earlier stage so they can make an informed decision about whether it is right for them.

From May 2019 it has been agreed with our Consortium partners to change the format of the preparation training with 3 days being provided at stage one and 1 day at stage two to 'frontload' the information on the significant issues in adoption such as attachment and the needs of adopted.

We promote the on-going support and training needs of approved adopters. This is particularly relevant, as adopters appear to be waiting longer to be matched with children. We need to ensure adopters are provided with further opportunities to develop their knowledge and understanding of adoption, to prepare them for having a child placed with them.

During 2018/2019 we had a Service Level Agreement with Cornerstone which included a formal mentoring programme to all adopters entering Stage one until the point of the Adoption Order being granted and in some cases post order for a short period of time.

As part of our Service Level Agreement with Cornerstone, Prospective adopters were also provided with the opportunity to attend a Therapeutic-parenting programme. The structure of this course was originally 4 days with on-going support via webinars. In 2018 the course was reduced to 2 days, with the second day having a virtual reality aspect enabling adopters to step into the world of the child and really begin to understand their lived experience. This course was available to newly approved adopters as well as prospective adopters nearing the end of stage 2. We also historically referred adopters who had been approved by other agencies if they had a child from one of the three local authorities placed with them. Feedback from adopters who attended this course was very positive.

The Service Level agreement with Cornerstone was not renewed when it ended on the 31st March 2019. This was in part due to the low take up of adopters actively using the mentoring scheme, the referral process to the Therapeutic programme changing and also in preparation for the service becoming part of a Regional Adoption Agency in the latter part of 2019 (see key issues that will impact on the future of the service below).

The Shared Service has also provided additional training for adopters' pre and post approval via the West London Consortium. The service is also willing to consider additional training requests from adopters.

The service was running 6 weekly support groups for adopters approved & waiting in collaboration with Cornerstone and Westminster Child And Adolescent Mental Health Services. However, the take up for these groups was very low, so they ceased in 2017.

Preparation & Support to adopters during the matching process

Adopters are provided with as much information as possible about the child they have been selected for prior to the match being presented to the Adoption Panel. Adopters are also given the opportunity to meet with the child's current foster carer, the medical advisor and any other professionals involved with the child prior to panel. A meeting with birth parents is also offered, although the timing of this is often after the child has been placed and is dependent on the individual circumstances of the birth family.

Child Appreciation meetings take place and Adopters are provided with a DVD or some form of video footage of the child prior to panel. While we use a professional photographer to take photographs for children's profiles and to produce a DVD we also encourage foster carers to do the same, so that there is no delay in providing this to prospective adopters or permanent foster carers. Consideration also to be given at the Selection meeting to the adopter carer seeing/meeting the child prior to matching panel via a 'mini meet'. This is determined by the child's needs.

Transition Plans are based on the individual needs of the child and family. A Child And Adolescent Mental Health Practitioner or systemic therapist is invited to contribute towards a transition plan where this would be helpful and in all cases where they are already involved with a child. This contributes towards a smooth and positive transition and preventing breakdowns.

Support plans are needs led and outcome focused, with clear timescales and applications are made to the Adoption Support Fund pre order where required. Please also see Post Order Support.

Post Order Support

The Post Order team continues to offer on-going support to all those affected by permanent orders; specifically, to adoptive families, special guardian families and birth parents.

To ensure that we provide the highest level of support we annually review all our adoptive and special guardian placements that we are responsible for. The Post Order team is responsible for reviewing all London Borough of Hammersmith & Fulham, Royal Borough of Kensington & Chelsea and Westminster City Council cases for three years after the order is granted regardless of where the carers reside. After three years the team are responsible for transferring all cases to the responsible local authority. We remain responsible for all cases

where the carers reside in the London Borough of Hammersmith & Fulham, the Royal Borough of Kensington & Chelsea and Westminster City Council until the child turns 18 years old.

The Post Order team remain responsible for reviewing all finance packages and has a system in place for all three boroughs to ensure that each case is annually reviewed.

The team has established a robust procedure for making all Adoption Support Fund applications and has developed a provider list to support our adopters and special guardians.

The team continue to be invited and attend all support plan meetings for prospective adopters and special guardians.

The team continues to offer an intermediary and access to birth records service. This service is provided to adults who have been affected by adoption or special guardianship. The team also provide a letterbox service.

We continue to have a contract with the Post Adoption Centre UK which offers therapeutic support to all those affected by adoption and special guardianship. They provide us with 20 general allocations, a chair for disruption meetings, training to adoptive and special guardians, and training to professionals and outreach surgeries. We have worked creatively with Post Adoption Centre UK over the last year and have set up pre order training for all prospective special guardians. Feedback to date has been positive.

Over 2018/2019 the team has established a well-attended monthly special guardian support group. The feedback has been excellent and we ensure that different topics are discussed at each one.

The team continue to run an annual summer picnic for our adopters and a Christmas party for our adopters and special guardians. These events are always well attended and provide an environment for our carers to meet and to support each other. The team also provide an annual newsletter to all adopters and special guardians, which provides up to date information on trainings and events throughout the year.

The team continue to be part of the West London Consortium. Together we organise and run trainings for adopters and more recently for special guardians too. These training events are well attended and feedback always provides us with topics of choice going forward.

The team have established a robust case transfer procedure, which ensures that all children have been given a life storybook and later life letter.

The team are committed to gaining feedback to ensure their work is meeting the needs of its service users. This is received formally via our annual review procedure and informally throughout the year through our events and our direct work with the family.

Service User Feedback

Feedback is sought throughout the adoption assessment process including attendance at information sessions, preparation training and panel.

Generally, the feedback from those who have attended preparation training has been positive and all prospective adopters have commented on the benefits of hearing from adopters and the medical adviser. The social workers have been described as 'engaging' and 'positive'. Some prospective adopters would have liked more real life examples and case studies and information regarding contact, medical issues, life story work and therapy available.

Key Issues that will impact on the future of Three Borough Shared Adoption Services

In May 2015, the Government announced plans for the introduction of regional adoption agencies. Regional Adoption Agencies were identified as a means to ensure a greater pool of approved adopters with which to match vulnerable children, more widely available support services and better-targeted recruitment of adopters.

Plans are underway for the London Borough of Hammersmith & Fulham to become part of the West London Regional Adoption Agency, 'Adopt West London' alongside Ealing, Hounslow, and Brent.

The Royal Borough of Kensington & Chelsea and Westminster City Council are in consultation with CORAM to determine whether they will become part of this region. The timing for this has not yet been finalised but it is likely to be aligned with the London Borough of Hammersmith & Fulham joining Adopt West London.

This page is intentionally left blank



Fostering Services Report

Date	21 June 2019
Title or report	Fostering Services - An overview of the work of the Fostering Service.
Report of	Children's Services : Fostering
Decision maker	N/A
Report author and telephone	Sally Pillay 07812098049

1. Executive Summary

The Fostering and Adoption Service continues to explore opportunities to provide high quality and timely foster care services to the Looked After Children from all 3 Councils. The service is working to develop both within and across councils (West London Consortium) and with partner organisations, with the aim of supporting the achievement of the best outcomes possible for looked-after children. Alongside such arrangements, there is an ongoing drive to continue to develop innovative ways of ensuring an adequate supply of suitable Carers; to improve looked-after children's outcomes, improve the pool of carers available for fostering placements and the support offered to them; improve service provision and practice; and place children with family and friends where appropriate to promote lifelong links. Recruitment and late entries (children over the age of 13) remains one of our biggest challenges as is the permanent placement of children with complex needs.

2. Recommendations

Cllr Acton is asked to note to contents of this report.

3. Background information, including policy context

Kensington and Chelsea, Hammersmith and Fulham and Westminster Councils operate an integrated shared Fostering Service since April 2012. Over recent years the shape of the Fostering Service has been subject to many changes as the scope and demand on placements has become more complex the service has had to respond to the new challenges and demands. In the last year we have implemented a range of new initiatives to attract new Foster Carers, enhance the support to our existing Foster Carers and maintain placement stability with more creative and innovative solutions. Ultimately the service has sought to provide a range of placement choices for children with a range of different needs with skilled foster Carers that are local and accessible.

4. The Annual Fostering Service Report

This report provides an overview of the work the Fostering Service has undertaken during 2018/19 and highlights the quality of practice, the output of the service and innovations planned to strengthen practice and enable the service to build on current achievements

The Foster Carers

As of the end of 31st March 2019 we had 195 approved mainstream Foster Carers with our oldest serving Foster Carer being approved in excess of 35 years having provided a total of 97 placements in the course of this time. In fact, many of Tri-Borough Foster Carers remain with us well into their retirement and not only provide foster care to our looked after children but also work with the children's teams in supporting children to remain with the birth family by providing direct one to one support to birth families and or respite and mentoring support to new and experienced Foster Carers.

The Fostering Team has four main priorities and they include:

Recruitment and Assessment of New Foster Carers – Marketing/Publicity and Assessment of new Foster Carers.

Supervision and Support to Foster Carers. Providing support to Foster Carers through very difficult and challenging placements but also ensuring that foster Carers meet the fostering standards, have access to regular supervision, are independently reviewed annually as well as monitoring quality assurance and training. The most significant aspect of this work is to ensure that children remain safe in foster care and Foster Carers feel supported and enabled to fulfil their responsibilities.

Duty and Placements manage all referrals for placements from all 3 frontline children's teams and seek to match children with the most appropriate Foster Carers.

Assessment of Connected Persons. These are family and friends or kinship Foster Carers. This service also undertakes special guardianship assessments and is responsible for securing the best or most suitable match with a Foster Carer.

Recruitment of Foster Carers

This is the first port of call to all potential Foster Carers. The team delivers a full year recruitment plan, working closely with the 3 Communication Teams to encourage interest from potential Foster Carers. This is a very competitive market as we compete with all other local authorities as well as the private sector to draw in the interest of potential Foster Carers.

To achieve this, we use a range of different media opportunities to deliver and promote our recruitment strategy. This includes

- Social media – Face Book, Twitter and Google Advertisements
- Word of Mouth
- Local radio adverts
- Local written media including our own newsletters, magazines, posters and
- pamphlet distribution.

- Targeted Recruitment in the community at different key events like holiday fairs, etc.

Our “Word of Mouth Campaign” which seeks to reward existing Foster Carers and other associated community partners to promote fostering and recruit potential Foster Carers from their own network has delivered the most number of referrals that led to a successful approval. This continues to grow and is championed by 3 existing Foster Carers who take the lead in supporting the recruitment team.

We had 873 initial inquiries for the year, of which a total of 17 Foster Carers were approved. We have 5 potential Foster Carers in stage one which refers to the initial period of the assessment phase and this helps potential Foster Carers to understand the complexities of the role and explores matters like the support they are able to access, training, reading and homework etc. A further 9 applicants are in Stage two of the process which is a detailed assessment of the applicants’ suitability to be a Foster Carer.

Although the Ofsted data set for this financial year is not yet published, our preliminary feedback based on the performance of the West London Consortium is that the Tri-Borough Service consistently out performs the other West London local authorities.

The data above reflects that the publicity strategy is drawing in potential interest and promoting fostering, but the challenge is in finding potential Carers who meet the fostering criteria as well as the capacity to manage some very complex behaviours. Additionally, the lack of bedroom space continues to be the main factor that rules out most applicants.

Table 1: Recruitment Activity

Application Status	Carer Type	Total Households	Stage 1	Stage 2	New Approvals
Assessments	Pre- Approval	31	5	9	
Approved	Short Term	147			11
	Long Term	17			1
	Specialist	2			1
	Support Carers	8			1
	Respite and Short Breaks	21			3
Closed Enquiries	Pre-Approval	873			
					17

Supervision and Support

The Fostering Team manages a total of 195 Fostering Households that offer a total of 368 placements broken into the following categories:

- Scheme or short term Foster Carers
- Respite and short Breaks Foster Carers
- Connected Persons Foster Carers
- Long Term Foster Carers

Table 2: Approved Foster Carers

Borough	Approved households
Hammersmith and Fulham	30
Kensington and Chelsea	31
Westminster	11
Brent	21
Camden	5
Ealing	12
Hounslow	6
Lambeth	17
Wandsworth	6
Remaining inner London	14
Hackney	1
Islington	3
Lewisham	6
Southwark	4
Remaining Outer London	25
Barking and Dagenham	2
Bexley	1
Totals	195

During 2017/18 following an analysis of the service data, case audits and feedback from the network (children, Foster Carers and professionals) the service explored how we could improve the quality of care as well as the training offer to foster Carers. Training and development of Foster Carers was no longer under the remit of the Learning and Development Team. The service was concerned that the standard was not at the level expected nor was it meeting the aspirations of the service. Very experienced Foster Carers and newly approved Foster Carers were not able to meet the needs of children with more complex issues such as violence towards adults.

We found that:

- The training provided was lacking in some areas such as attachment or Non Violence
- Resistance but was noted to be improving on skills to Foster and First Aid.
- Carers needed support and training that helped to prevent placement breakdown and increase placement stability

- Carers wanted more attachment and emotional-behavioural awareness training, access to more resources and key professionals to meet the needs of the children in their care, such as the “Virtual School” so that the “Team around the Child” was more accessible to support Carers and children alike. This included evenings and weekends through the Emergency Duty Team.

In response to this we:

- Re-designed our training program to reflect the placement challenges and needs of Foster Carers.
- Separated the duty and Placements from the supervision and support Teams. Offered support after hours around challenging placements. (however this has since ended)
- Organised training events to have more interaction between Foster Carers and Service (joint attendance and delivery).
- Introduced Secure Base Training to Foster Carers and Supervising Social Workers. This is an attachment style of parenting developed by the University of East Anglia.
- Developed a Newsletter for Foster Carers that kept them informed of staff changes /developments in the service, spotlight on staff/Foster Carers, training events and other useful information for Carers (dental hygiene).
- Coordinated key events including a foster Carers Awards Ceremony and Christmas family Fun Day with community partners. This gave us the opportunity to celebrate our Foster Carers achievements with a dinner and dance event with awards that recognized some of the extraordinary achievements of our Foster Carers.
- Introduced consultation sessions with Systemic Practitioners/ social works and Management to promote better understanding of our children’s emotional needs and how to meet these needs.

General feedback from our Foster Carers at reviews and consultation meetings indicated that they feel better supported. A further survey will be undertaken to ascertain if the changes implemented had the desired impact and what more could be achieved through improved training and support of our Foster Carers.

Some of the new developments explained.

Secure Base Training for Foster Carers – This is an attachment style of caring for children who have experienced trauma and disrupted attachments. Special training was offered to 20 Foster Carers who care for older children with challenging behaviours. The aim is to enable some of our more challenging young people who would usually be placed with an independent fostering agency or a high cost placement to be placed with one of our Foster Carers with an enhanced offer of support. This cohort of young people will have complex needs and require very skilled Foster Carers to engage and support their care; as well as additional input from the professional network including the systemic therapists and Non Violent Response training.

Respite or Support Carers – Another scheme where the children and young people have a clear plan to be accommodated for a specified period whilst intensive work is undertaken to enable their return home. The foster Carers work closely with the birth family to enable birth parents with behaviour management techniques, managing contact, working with education provision and health professionals to enable the birth parent’s capacity while supporting

children, especially older teenagers from coming into care. Respite Foster Carers support birth parents with practical help at peak times of activity / stress in their home or a short period of respite care of up to 72 hours during crisis points. They also support and enable other Foster Carers with very challenging placements. These Foster Carers go to great lengths to build relationships with birth parents so both the child and the family benefit from the scheme. They are supported in one of the 3 local authorities by a “rapid response or family assist worker” who enables the Foster Carer to manage challenging complex placements by offering direct work with the young people. This can be around CSE, building self-esteem, friendships, and supporting young people and Foster Carers with accessing community resources like CAMHS.

Duty and Placements

There is a continued demand for foster placements for specific children and young people. These include

- Parent and child placements (including parent and child)
- Siblings
- Teenagers
- Children with complex needs, particularly those who have suffered trauma and present with emotional and behavioural needs (often includes violence towards adults).

This demand has been evidenced through the number of referrals for these types of placements as well as our challenge to secure placements for teenagers in house or with the independent fostering agencies. Due to the increase in demand for older children with more complex behaviours we have had to go the independent fostering agency (IFA) market to make placements as reflected in the placement activity below.

Table 3: WCC Placements

Month	Referrals Total	Withdrawn	Referrals less Withdrawn	Open	Placed	IFA	Ongoing %	% Placed Referrals with TRIB	% of Referrals completed who were placed with IFA	Completed Referrals
Apr-18	7	0	7	0	7	0	0%	100%	0%	7
May-18	9	0	9	2	6	1	22%	67%	11%	7
Jun-18	6	1	5	0	5	0	0%	100%	0%	5
Jul-18	6	1	5	0	4	1	0%	80%	20%	5
Aug-18	5	2	3	2	1	0	67%	33%	0%	1
Sep-18	3	0	3	1	2	0	33%	67%	0%	2
Oct-18	8	0	8	1	7	0	13%	88%	0%	7
Nov-18	14	4	10	2	8	0	20%	80%	0%	8
Dec-18	5	3	2	2	0	0	100%	0%	0%	0

Jan-19	7	2	5	2	1	2	40%	20%	40%	3
Feb-19	12	3	9	5	4	0	56%	44%	0%	4
Mar-19	11	2	9	1	8	0	11%	89%	0%	8
TOTAL	93	18	75	18	53	4	24%	71%	5%	57

Table 4: RBKC Placements

Month	Referrals Total	Withdrawn	Referrals less Withdrawn	Open	Placed	IFA	Ongoing %	% Placed Referrals with TPBR	% of Referrals completed who were placed with IFA	Completed Referrals
Apr-18	6	1	5	1	4	0	20%	80%	0%	4
May-18	9	1	8	3	5	1	38%	63%	13%	6
Jun-18	9	2	7	3	4	0	43%	57%	0%	4
Jul-18	4	0	4	3	1	0	75%	25%	0%	1
Aug-18	4	1	3	2	1	0	67%	33%	0%	1
Sep-18	7	1	6	2	4	0	33%	67%	0%	4
Oct-18	7	3	4	0	4	0	0%	100%	0%	4
Nov-18	7	3	4	1	3	0	25%	75%	0%	3
Dec-18	1	1	0	0	0	0	0%	0%	0%	0
Jan-19	7	0	7	2	5	0	29%	71%	0%	5
Feb-19	5	2	3	2	1	0	67%	33%	0%	1
Mar-19	3	2	1	0	1	0	0%	100%	0%	1
TOTAL	69	17	52	19	33	1	37%	63%	2%	34

Table 5: LBHF Placements

Month	Referrals Total	Withdrawn	Referrals less Withdrawn	Open	Placed	IFA	Ongoing %	% Placed Referrals with TPBR	% of Referrals completed who were placed with IFA	Completed Referrals
Apr-18	10	1	9	1	8	0	11%	89%	0%	8
May-18	13	5	8	3	4	1	38%	50%	13%	5
Jun-18	6	1	5	1	4	0	20%	80%	0%	4
Jul-18	13	4	9	3	6	0	33%	67%	0%	6
Aug-18	14	2	12	3	9	0	25%	75%	0%	9

Sep-18	3	1	2	0	2	0	0%	100%	0%	2
Oct-18	8	3	5	1	4	0	20%	80%	0%	4
Nov-18	9	6	3	1	1	1	33%	33%	33%	2
Dec-18	5	1	4	2	2	0	50%	50%	0%	2
Jan-19	11	2	9	6	2	1	67%	22%	11%	3
Feb-19	14	4	10	4	6	0	40%	60%	0%	6
Mar-19	15	4	11	3	8	0	27%	73%	0%	8
TOTAL	121	34	87	28	56	3	32%	64%	3%	59

The above tables reflect all the placements made to the service and their outcomes. It is worth noting that not all requests for placements are referred to the in house team. In some cases, mostly WCC until recently all referrals were made the Placements Commissioning Team. This team reviewed referrals and then redirected the referral to either the in-house team or externally to the independent sector.

Additionally, if a placement breaks down in an IFA, then the IFA will often offer an alternate placement to keep the child local to the current placements, such as the child's school. In those instances, the commissioning placements team will not redirect the referral to the in house resource. Placements are also made by EDT as required.

The in-house service has had a higher number of referrals for older children with more complex behaviours (aged 13 and above) This pattern is replicated in all 3 authorities. Therefore, building on our enhanced offer to support those placements will enable more in house placements but also promote placement stability and potentially return home given the age of some of the young people entering into care. The enhanced model also offers the opportunity to stepdown children from residential to family based placements. It also offers the opportunity for children to remain at home with birth family with an enhanced offer of support from a Respite Foster Carer that would prevent a child from entering into care.

An analysis of the placements data highlighted the challenges for the service in meeting placement sufficiency. The placements that could not be progressed in house was largely due to complex mental health, violence towards children and adults, significant disability, large sibling groups and mother and baby placements with concerns around domestic violence.

Connected Persons / Kinship/ Family and Friends Foster Carers

The Connected Persons Team works with the family or kinship network of the child, who put themselves forward to care for a child or young person who otherwise would be placed with a mainstream Foster Carer. Carers are assessed and presented to the fostering panel with a recommendation about registration as a Foster Carer for a specific child/children. The team also provides support to the Foster Carers following a placement.

In terms of children placed under Regulation 24 (Reg. 24) of the Fostering Regulations, 32 assessments were completed for the year.

It is fair to say that there are some connected persons Foster Carers who don't always meet the fostering standards as applied to scheme Foster Carers but on balance they are assessed to be good enough and offer other benefits to children. Therefore, both the Courts and our Fostering panels are supportive and promote connected person's placements but they require extensive support and are not without challenge.

97% (30 of 31) of current households approved by ADM have up to date reviews.

Placements as at 31 March 2019 is 47. (25 LBHF, 15 WCC, 7 RBKC).

24 of these placements are with residents of Shared Services boroughs, 7 in neighboring Authorities, 1 in another Inner London borough, 7 in other outer London boroughs and 8 outside London.

Table 6: Connected Persons Activity

Application Status	Closure Reason	No of Households	Children
Referrals		24	34
Initial Visits		79	91
Allocated for Assessment		14	21
Reg 24		14	25
Approved		24	38
Deregistered		7	10
Closed	Adoption	1	1
	Withdrawn	30	46
	Child turned 18	2	3
	Closed at initial visit	2	2
	Closed at referral	5	8
	Concerns child removed	1	1
	Closed at Assessment	1	3
	Closed after Assessment	22	27
	Placement Breakdown	4	4
	Positive – but alternate plan pursued	20	27
	SGO	15	22
Total Closed		103	144
Grand Total		265	363

The high numbers of assessments and the tight timescales involved have meant that we operate a hybrid model of both commissioned assessments alongside assessments completed in house.

The service has creatively used a vacant permanent post to fund sessional staff in order to complete assessments often within very short timescales and to ensure that the assessments do not compromise the 26 weeks' timeline to conclude proceedings.

5. Plans for the forthcoming year

- I. To build on our idea of promoting therapeutic parenting training for Foster Carers and consider how we deliver training to all Foster Carers on secure base and NVR in the 2019/20 training Programme.
- II. Creating a training/learning event for Foster Carers around leaving care and preparing children for independence.
- III. Designing and developing our web page so that the Tri-Borough Fostering Service has a greater online presence that could be accessible to all Carers including SGO/Connected Persons Carers and should include signposting to other services, available training and offer an interactive platform for Foster Carers.
- IV. Foster Carer Handbook – to review the handbook and offer the option of having a digital link to the handbook.
- V. Foster Carers Assessments and Review paperwork – to launch the new assessment and review reports in line with secure base within the next 3 months.
- VI. Payments to Carers – annual review of payments and other incentives for Tri-Borough Foster Carers to be completed within the next two months.
- VII. Digital and paper less panels – look into digital panels as an option for the fostering panel.
- VIII. On-going Recruitment - to review our recruitment strategy in line with the sufficiency strategy and build on our success thus far.
- IX. Build and enhance our links with the professional network around the child.
- X. Preparing and enabling the service to undergo an Ofsted inspection which is now due.



Family and People Services Policy & Scrutiny Committee

Date:	17 th October 2019
Classification:	General Release
Title:	2019/20 Work Programme and Action Tracker
Report of:	Director of Policy, Performance & Communications
x	Cabinet Member for Family Services and Public Health
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 asks the committee to agree topics for the 2019/20 work programme and note the committee's action tracker.

2. Key Matters for the Committee's Consideration

- 2.1 The Committee is asked to:

- Review and approve the draft list of suggested items (appendix 1) and prioritise where required
- Note the action tracker (appendix 2)

3. Work Programme

- 3.1 The proposed list of topics (Appendix 1) takes in to account comments by the committee at its previous meeting.

4. North West London Joint Health Overview and Scrutiny Committee (JHOSC)

- 4.1 Since the committee's last meeting the JHOSC has met twice on 21st June and 22nd July 2019. Both meetings were to consider the proposed merger of Clinical Commissioning Group across North West London. Following the

meetings the JHOSC wrote to Mark Easton, the Accountable Officer of the North West London Collaboration of CCGs (appendix 3) as part of the consultation on the proposals.

- 4.2 The next meeting of the JHOSC will take place on 30th October, the agenda will cover the North West London NHS'S financial position and response to the NHS long term plan.

If you have any queries about this Report or wish to inspect any of the Background Papers please Aaron Hardy

ahardy1@westminster.gov.uk

APPENDICES:

Appendix 1 - Work Programme 2019/20

Appendix 2 - Action Tracker

Appendix 3 – North West London JHOSC letter to Mark Easton re

WORK PROGRAMME 2019/2020
Family and People Service Policy and Scrutiny Committee

ROUND TWO 17 October 2019		
Agenda Item	Reasons & objective for item	Represented by
Cabinet Member Q&A	To receive an update and provide “critical friend” challenge	Councillor Heather Acton, Cabinet Member for Family Services and Public Health
Immunisation	To receive reports on immunisation rates in Westminster	Public Health England
Annual fostering and adoption reports	To receive the annual reports	

ROUND THREE 25 NOVEMBER 2019		
Agenda Item	Reasons & objective for item	Represented by
Cabinet Member Q&A	To update the committee on key areas of work within its remit and the Cabinet Member’s priorities	Councillor Heather Acton, Cabinet Member for Family Services and Public Health
Primary Care Networks (and social prescribing)		
Youth Crime	What is youth crime picture in Westminster? What is being done to address youth crime?	
Local Safeguarding Children Board	Review of the annual report	Independent LSCB Chair
Looked After Children	Report of the independent reporting officer	

HealthWatch Update	To receive an update on the work of the local HealthWatch	Olivia Clymer, Chief Executive, HealthWatch Central West London
--------------------	---	---

ROUND FOUR 27 January 2020		
Agenda Item	Reasons & objective for item	Represented by
Cabinet Member Q&A	To receive an update and provide “critical friend” challenge	Councillor Heather Acton, Cabinet Member for Family Services and Public Health
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?	
Local Safeguarding Adults Board	Review of the annual report	Independent LSAB Chair

ROUND FIVE 5 MARCH 2020		
Agenda Item	Reasons & objective for item	Represented by
Cabinet Member Q&A	To receive an update and provide “critical friend” challenge	Councillor Heather Acton, Cabinet Member for Family Services and Public Health
Integrated Care Systems	Investigate the impact of NW London ICS work on Westminster	Mark Easton, NW London CCG

ROUND SIX 20 APRIL 2020		
Agenda Item	Reasons & objective for item	Represented by
Cabinet Member Q&A	To receive an update and provide “critical friend” challenge	Councillor Heather Acton, Cabinet Member for Family Services and Public Health

Westminster Family Hubs	Review the implementation of the family hubs model in Westminster	
-------------------------	---	--

ROUND SEVEN TBC		
Agenda Item	Reasons & objective for item	Represented by
Cabinet Member Q&A	To receive an update and provide “critical friend” challenge	Councillor Heather Acton, Cabinet Member for Family Services and Public Health
Supported Families	Review of the troubled/supported families programme following the council securing autonomy over the scheme	
Looked after Children and Unaccompanied Asylum-Seeking Children	Review of the annual report of the independent reviewing officer	

ROUND EIGHT TBC		
Agenda Item	Reasons & objective for item	Represented by
Cabinet Member Q&A	To receive an update and provide “critical friend” challenge	Councillor Heather Acton, Cabinet Member for Family Services and Public Health
Sexual and Relationship Education	Review of the implementation of SRE across Westminster after a year of it being a statutory part of the curriculum	

UNALLOCATED ITEMS		
Agenda Item	Reasons & objective for item	Represented by
Adult Social Care Account Group		
Imperial College Healthcare NHS Trust	Review of ICHNT estates program. Especially focusing on	

	maintenance backlog and effect on services	
Suicide	Review of approach to suicide prevention	
Public Health	Review of the annual report of the Director of Public Health	Director of Public Health
Social Prescribing	Examine the approach to social prescribing across Westminster and its outcomes	

TASK GROUPS AND STUDIES

Subject	Reasons & objective	Type
Young People's Mental Health and Technology	Investigate the effect of technology on young people	Task Group

Family and People Services Policy and Scrutiny Committee Action Tracker

ROUND ONE 17 JUNE 2019		
Agenda Item	Action	Update
Item 4: Central London Clinical Commissioning Group Update	Circulate diabetes dashboard and update on the project	Completed
	Circulate paper on Different ICP/ ICS models of care	Completed
	Circulate detail on the models of care work streams	Completed
	Circulate the recently published end of life specialist care review	Completed
Item 5: Dementia Strategy	Circulate the number of places in memory cafe drop-in sessions	Completed
Item 6: Cabinet Member Update	Circulate an update of the TUPE of staff to Sanctuary Care	Completed
	Investigate if there is an issue in Westminster with immunisation takeup	Completed
	Investigate if there is a SEN tribunal numbers are going down?	Completed
Item 7: Work Programme	Circulate a briefing on mental health transformation	Completed
	Ask RBKC why they've gone to mandating LLW with care homes	Completed
	Investigate if the Council has any concerns with safeguarding in care homes to protect residents against abuse	Completed

ROUND FIVE 1 APRIL 2019		
Agenda Item	Action	Update
Item 4: Cabinet Member Update	Organise a visit for members to DAWS	Completed
	Supply a note on the active life meeting that took place on 20th March	In progress
	Circulate a briefing note on the use of the dark web to purchase drugs	Completed
	Circulate a note on the family hubs conference	Completed
	Speech and Language Therapy budget – what is the new budget, how has this affected services?	Completed
	What is the new budget for troubled/supported families and how is it being used?	Completed
	Circulate a note on the recent dementia strategy event	Completed
	Circulate a note on the Youth Providers roundtable	Completed
	Circulate the report on Immunisation Programmes	Completed

ROUND FOUR 4 FEBRUARY 2019		
Agenda Item	Action	Update
Item 4: Cabinet Member Update	Circulate director of public health report to the committee when it is published	Completed
	Circulate report on barriers to uptake of childhood vaccinations to the committee when it is available	In progress
Item 5: Childhood Obesity in Westminster	Circulate details of water fountains in school scheme	Completed

Item 6: Local Children's Safeguarding Board	Circulate the final version of the LSCB annual report to the committee	In progress
---	--	-------------

ROUND THREE 3 DECEMBER 2018		
Agenda Item	Action	Update
Item 4: Cabinet Member Update	Provide details of how people without internet access can get the SEND self-evaluation forms	Completed
	Include and update on youth violence public health approach in cabinet member report	In progress
	Include updates on agreements of areas of lead responsibility for Speech and Language Therapy in cabinet member report	In progress
Item 5: Safeguarding Board	Share section 42 safeguarding process map with the committee	Completed
	Circulate to all councilors the contact details they should use to raise safeguarding issues	Completed
	Provide update on deprivation of liberty safeguards work in cabinet member update	In progress
Item 6: Direct Payments/Personal Budgets	Circulate examples of payroll services to the committee	Completed

ROUND TWO 15 OCTOBER 2018		
Agenda Item	Action	Update
Item 4: Cabinet Member Update	Include updates on the e-based system for STIs in future cabinet member updates	In progress
	Contact Central London CCG about the discontinuation of the 'different voices' service.	Completed
	Provide a briefing note on new contract for passenger transport	Completed

Item 5: Westminster HealthWatch Update	Include direct payments/personal budgets on the committee's work programme	Completed
Item 6: Care Home Improvement Programme (CHIP) - Older People's Nursing and Residential Homes	Share reply about young woman at Forrester court with the committee	Completed
	Provide benchmarking briefing on care home ratings	Completed
	Organise briefing session on commissioning for the committee	In Progress
	Provide the committee with an update on the IBCF funding settlement once it's known.	In Progress



Cllr Mel Collins
Chair the NW Joint Health and Overview
Scrutiny Committee
London Borough of Hounslow
Hounslow House
7 Bath Road
Hounslow.
TW3 3EB

To: **Mark Easton**
Accountable Officer of NWL Collaboration of
CCGs

E-mail: mel.collins@hounslow.gov.uk
Date: 21 August 2019

Dear Mark

Commissioning Reform in North West London

The members of the North West London Joint Health Overview and Scrutiny (the JHOSC) welcome the opportunity to respond to North West London Collaboration of CCGs (NWLCCCG) proposal to establish a single Clinical Commissioning Group (CCG) for North West London. We would like to thank you and your colleagues for attending the two meetings that we held to consider this change, for your response to questions raised and for extending the deadline for responses.

As you know, the JHOSC has considered this proposed change twice. Whilst some information is vague, we also see gaps in the information provided. We strongly believe that it is crucial to have sufficient and transparent information. More detail is needed to understand how this will be delivered against the backdrop of significant financial efficiencies (in both the NHS and local government) and move towards standardisation across North West London. We therefore have some comments on your proposals and further questions.

Financial implications: Thank you for including financial principles in the further detail document. It would be useful to better understand the financial modelling of the new NWL CCG. It is noted that savings from the staffing reduction alone will only contribute a small percentage of the current deficit. As such, we would like to understand how the new structure will deliver savings whilst still being able to respond to areas of local priority. The JHOSC's meeting in October will consider the financial recovery plan and we look forward to hearing more detail then.

Services to residents/local responsiveness: We would want to better understand what impact the proposed changes will have on the delivery of the services our residents receive and how decisions about these services will be made. There also remain questions about the 'single streamlined decision-making' process; how responsive it will be and to what extent decisions can still be made to reflect local interests? We also are keen to ensure the continued engagement with the voluntary sector.

Given how interlinked health, social care and Public Health are and in the context of budget pressures, we are keen to ensure that any restructure will see the continuation of quality, integrated

and coordinated services in our boroughs and that there will be no expectation to shift cost pressures to either social care or public health for the delivery of these services.

Timeframe: While we understand the drivers behind the proposed changes, given the significant change that is due to be achieved over a few months, we want to ensure that the timescales are realistic. We note that the update document outlines the reasoning behind the ambitious timeframe for change, but would recommend that it would be worth considering extending the programme timelines to allow for further engagement, especially with residents, and effective implementation.

During this process, consideration will have been given to the impact of the changes on our most vulnerable populations. We would like sight of NWLCCCG's Risk Register, Equality Impact Assessment and mitigation plan for this change programme.

Lessons learnt: The current model of CCGs was introduced in part to address shortcomings of Strategic Health Authorities which were previously removed as they lacked the local element. We would like to be assured that NWLCCCG has learnt lessons from Strategic Health Authorities and has plans in place to ensure good local delivery based on local knowledge.

Governance and oversight: The success of the single NWL CCG will rely on effective leadership, governance and transparent consultation. We would like clarity on the following governance and decision-making matters around the Case for Change.

As discussed during our second meeting, members of the JHOSC have concerns about Local Government representation on new CCG's board. Given the range of challenges across North West London we do not believe a single Local Government representative is adequate and that it will not represent the full range of views. We would like the board to have multiple Local Government representatives and for them to represent the range of boroughs (e.g. inner and outer London and the different political make-up of authorities). We would like more detail on how local accountability will be achieved following a merger

Overall, the JHOSC acknowledges the reasons behind the proposal for a single CCG, however, as outlined above, we would like more information on how it will work in practice. We are seeking assurances that patient care will not be compromised in any way; that our jointly commissioned and provided services will not be affected; and that there will be not be any cost shunt to local authorities.

We look forward to working with NWLCCCG and other NHS colleagues over the coming months and years.

Yours sincerely,

Councillor Mel Collins

Chair the North West London Joint Health and Overview Scrutiny Committee
London Borough of Hounslow