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City of Westminster

Committee Agenda

Title:	**Adults and Public Health Policy and Scrutiny Committee**
Meeting Date:	**Monday 27th September, 2021**
Time:	**7.00 pm**
Venue:	**Hybrid, MS Teams and 18.01-03 City Hall, 64 Victoria Street, SW1E 6QP**
Members:	**Councillors:** Barbara Arzymanow Margot Bright Ruth Bush Nafsika Butler-Thalassis Maggie Carman Danny Chalkley Angela Harvey (Chairman)

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

Link to live meeting

This meeting will be live streamed and recorded. To access the recording after the meeting, please revisit the link.

If you require any further information, please contact the Committee Officers, Artemis Kassi or Hannah Small.

Email: akassi@westminster.gov.uk or hsmall@westminster.gov.uk
Corporate Website: www.westminster.gov.uk

Note for Members: Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions, they should contact the Head of Governance and Councillor Liaison 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 **(Pages 5 - 12)**

To approve the minutes of the Committee's meeting held on Thursday 15th July 2021.

4. CABINET MEMBER FOR ADULT SOCIAL CARE AND PUBLIC HEALTH - PORTFOLIO UPDATE REPORT **(Pages 13 - 18)**

To update the Committee on current and forthcoming issues in this portfolio.

5. UPDATE ON THE GORDON HOSPITAL **(Pages 19 - 24)**

To receive an update on the closure of the Gordon Hospital.

6. OBESITY AND METABOLIC DISEASES REPORT **(Pages 25 - 30)**

To receive a report from Public Health on Obesity and Metabolic Diseases.

7. PUBLIC HEALTH FUNERALS **(Pages 31 - 38)**

To review public health funerals, looking at best practice, resourcing, mortuary costs, and the impact of Covid19.

8. WORK PROGRAMME **(Pages 39 - 50)**

To consider the draft work programme for the remainder of the municipal year 2021/2022.

Stuart Love
Chief Executive
16th September 2021

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CITY OF WESTMINSTER

MINUTES

Adults and Public Health Policy and Scrutiny Committee

MINUTES OF PROCEEDINGS

Minutes of a hybrid meeting of the **Adults and Public Health Policy and Scrutiny Committee** held at 7.00pm on Thursday 15 July 2021.

Councillors Present: Councillors Iain Bott (Chairman), Margot Bright, Ruth Bush, Nafsika Butler-Thalassis, Geoff Barraclough, Angela Harvey, Eoghain Murphy, Selina Short.

Also Present: Councillor Tim Mitchell (Cabinet Member), Lewis Aaltonen (Policy and Scrutiny Co-Ordinator), Senel Arkut (Director of Health Partnerships, WCC), James Benson (Chief Operating Officer, Central London Community Healthcare NHS Trust), Veronica Christopher (Portfolio Advisor), Janet Cree (North West London Collaboration of Clinical Commissioning Groups), Robyn Doran (Chief Operating Officer, Central and North West London NHS Foundation Trust), Bernie Flaherty (Bi-borough Executive Director, Adult Social Care and Public Health), Artemis Kassi (Statutory Officer and Lead Scrutiny Advisor), Jeffrey Lake (Deputy Director Public Health, WCC), Pippa Nightingale (Chief Nurse, Chelsea and Westminster Hospital), Ela Pathak-Sen (Director of Mental Health Services, CNWL), Philip Perkins (Resident), Jackie Shaw (Service Director for CAMHS, Central and North West London NHS Foundation Trust), and Lesley Watts, Interim Chief Executive at the North West London Integrated Care System.

AGENDA PART I

1 MEMBERSHIP

1.1 Cllr Maggie Carman sent apologies; Cllr Geoff Barraclough attended in her place.

2 DECLARATIONS OF INTEREST

2.1 Cllr Geoff Barraclough declared that his wife is a trustee of Healthwatch.

3. MINUTES

3.1 The minutes of the meeting on 27 April 2021 were approved, with the Committee noting there had not yet been an update from the Clinical Commissioning Groups regarding support provided to patients accessing healthcare services remotely.

3.2 One correction was noted. In section 6.2 of the minutes, Woodfield Road was erroneously described as being in the south of Westminster. It was agreed that the minutes would be updated to reflect its location in the north of the borough.

4. VERBAL UPDATE: VACCINATIONS IN WESTMINSTER

4.1 The Committee received a verbal update from Pippa Nightingale, Chief Nurse for North-West London and the SRO for the COVID-19 vaccination programme locally. Pippa Nightingale noted that several events were being run at different locations, including Chelsea Football Club, to facilitate vaccination uptake and that similar events would continue to be offered throughout the summer and a booster campaign was already being planned. Ms Nightingale also advised that the vaccination programme was now six months in duration to date, and characterised the current phase as a 'sprint'. Ms Nightingale advised the Committee that in North-West London, the number of vaccine doses delivered was approaching 2.5 million and that this represented 62% of the population of North-West London having received two doses of a vaccine. No proportion was noted for those having received one dose only, but the Chief Nurse did comment there was much work to do to catch up with second doses. Pippa Nightingale also noted that those who had not received their second dose primarily had not yet received it due to the necessary time delay between receiving first and second jabs.

4.2 The Committee was informed that uptake remained lower than required, especially amongst people aged 17-30. Pippa Nightingale, the Chief Nurse, noted that particular effort had been made to communicate using social media including via TikTok, as well as door-knocking and letter drops. Special vaccination events – for example in conjunction with sporting events had been organised to attract the 17-30 age group.

4.3 The Committee heard that plans for a booster vaccine for the over-50s were in development, with the intent to deliver the boosters through primary care and community pharmacy services alongside the annual influenza vaccination campaign.

4.4 The Committee queried whether ethnicity and vaccination uptake were being monitored and was advised that the disparity in vaccine uptake amongst older people from different ethnic backgrounds was not apparent in younger people from different ethnic backgrounds who were taking up the offer of vaccination. Pippa Nightingale, the Chief Nurse, also advised the Committee about the focus on multi-generational households, with younger people bringing older family members for vaccinations.

4.5 The Committee heard that the Joint Committee on Vaccination and Immunisation (JCVI) was evaluating all available evidence to determine which vaccinations would be offered as part of any future booster programme.

4.6 The Committee was informed that the use of separate data sources had resulted in difficulty in accurately assessing Westminster's level of vaccine uptake. The Office for National Statistics (ONS) dataset, the Whole Systems Integrated Care (WSIC) database, and the GP register data suggested differing perspectives on the proportion of Westminster's population who had been

vaccinated. The Committee further heard that this was particularly the case for some foreign national residents and Westminster's significant student population, who may have travelled elsewhere during earlier phases of the pandemic and potentially been vaccinated elsewhere.

4.7 The Committee queried the ability of local community pharmacy services to deliver vaccines in Westminster, with only one pharmacy in Westminster presently offering the vaccine compared to nine in Ealing. Pippa Nightingale, the Chief Nurse, noted that the decision about which pharmacies offered the vaccine had not been made locally in the initial rollout phases of the programme, but that this would change for upcoming phases. Ms Nightingale also observed that Westminster's vaccination centres were larger than elsewhere, meaning that there may have been less need to recruit use of community pharmacy services to deliver vaccinations.

4.8 The Committee also queried the reduction in use of Little Venice Sports Centre as a vaccination centre. Pippa Nightingale, the Chief Nurse, explained to the Committee that this was due to a significant reduction in demand for vaccination in the locality, so the venue's operating hours had been reduced and an alternative additional venue (Harris School) had been provided.

5. CABINET MEMBER UPDATE: ADULT SOCIAL CARE AND PUBLIC HEALTH

5.1 The Committee received an update from Councillor Tim Mitchell, the Cabinet Member for Adult Social Care and Public Health. Councillor Tim Mitchell noted that the incidence of coronavirus infections in Westminster had risen to 246.7 per 100,000 population, although hospital admissions continued to remain manageable for local NHS services. The Committee was advised that the local backlog of NHS patient care that had accumulated during the course of the pandemic was beginning to be addressed.

4.2 The Committee heard that there had been some frustration regarding logistics of the vaccination programme, including the use of different datasets causing difficulty assessing the proportion and demographics of the local population receiving the vaccine. Further difficulties had been caused by changes to venue availability.

4.3 The Committee was informed about the availability of support for people required to self-isolate, with eligibility for financial support being limited to those on a low income and in work. The Committee heard that other local authorities had extended such support to wider groups, and queried whether Westminster might be able to do the same. The Committee heard that this was constrained by available funding.

4.4 The Committee also queried face coverings, with mask requirements on transport services noted, and whether Westminster's businesses could be supported to make similar requirements. It was noted that the guidance required individuals to act responsibly, and that the Council was able to offer advice to businesses.

4.5 The Committee raised an issue concerning the reference to the partnership with Palantir to use NHS and Council data to analyse local populations. Bernie Flaherty explained to the Committee that, whilst work in collaboration with Palantir was in its infancy, her professional opinion was that their assistance might prove useful to grant greater understanding of patients in Westminster, within the guidelines of data sharing. The Committee noted that in these efforts, it was imperative that all due levels of security be observed in order that no data was stored or shared insecurely.

4.6 The Committee observed that, in the Cabinet Member's report, there had been a note that the Council would be working to improve and enhance face-to-face consultations between GPs and their patients and questioned how best the Council could attempt this. The Committee was pleased to hear from the Cabinet Member as well as from CNWL NHS Trust that the number of face-to-face consultations in Westminster was being closely monitored and reviewed on a weekly basis, allowing for flexible response and shifting provision back towards a more in-person GP model.

6. HEALTHWATCH REPORT

6.1 Olivia Clymer could not attend the meeting to give the Committee a report from Healthwatch Central West London. The Committee noted that questions for Healthwatch would be noted. The Committee discussed the Healthwatch report and noted that for example, telephone calls from the St Charles Hospital were not free. Robyn Doran stated that she would look into this.

7. UPDATE ON THE GORDON HOSPITAL

7.1 The Committee received an update from Robyn Doran, Director of CNWL NHS Foundation Trust, and Ela Pathak-Sen about the status of the Gordon Hospital.

7.2 The Committee requested clarity on the potential of a site at Woodfield Road to provide in-patient care in Westminster. The Committee heard that, whilst a site in the area was one option, it was not the only option being considered, and that plans were still in their infancy.

7.3 The Committee noted that the HSJ had featured an article on 14 July focusing on how central government was pulling back on hospital building. The Committee discussed this and questioned how long it would take to build and open a new site or hospital with capacity for in-patient care to replace the Gordon Hospital provision. The Committee and others present agreed that this would require many years. The Committee stated firmly their hope and recommendation that the Gordon Hospital would be reopened.

7.4 The Committee heard that there would be a formal consultation surrounding the reopening of the Gordon Hospital at the end of summer 2021. Robyn Doran stated that there was no plan to reopen the Gordon Hospital.

7.5 The Committee asked where patients who needed bed care were being sent, given the closure of the Gordon Hospital, and heard that a breakdown of where Westminster patients was being sent was available in the report submitted to the Committee. The Committee also heard that the bulk of patients were being

sent to the St. Charles' Hospital. The Committee was advised that, despite the rise in mental health difficulties noted by both the Committee and CNWL NHS due to the conditions of the pandemic, there was currently no indication of a rise in need for in-patient provision.

7.6 The Committee welcomed as an external witness Philip Perkins, a Westminster resident, who shared his lived experience and views on the closure of the Gordon Hospital. Mr Perkins informed the Committee that hi' wife was a former in-patient at the Gordon Hospital, and that moreover he firmly believed that there remained a need for in-patient provision for south Westminster residents, who might need support to prevent them from going to hospital as a last resort. Mr Perkins further shared with the Committee his view that the location of the Gordon was crucial as from the south of Westminster, it could take one hour each way to visit the St. Charles' Hospital in North Kensington. Mr Perkins strongly expressed his desire that the Gordon Hospital reopen and remain open with premises local to south Westminster, and that, even if it did not reopen as a hospital, it should reopen as a Wellbeing Centre, based on the model of Argo House.

7.7 The Committee discussed members' visit to the Gordon Hospital site. The Committee also noted, in conclusion, that whilst considerable reconstruction work to future-proof the Gordon Hospital and make it fit for high-standard in-patient care might be required, it would surely cost no more money than developing a new site elsewhere in the borough. The Committee further noted that developing a site elsewhere was an option that residents did not seem to desire.

7.8 The Chairman summarised the discussion, noting that the Committee was unanimous in its belief that further in-patient mental health care within the boundaries of Westminster would be beneficial, and that the closure of the Gordon Hospital, though necessary at the time due to the COVID-19 pandemic, had not helped matters.

8. REPORT ON MENTAL HEALTH PROVISION IN WESTMINSTER

8.1 The Committee received a report from CNWL NHS Foundation Trust, focusing on mental health provision in Westminster. The Committee noted that mental health services for provision for children and adolescents had been included in this report for a comprehensive survey of the mental healthcare landscape, though health issues relating to children and adolescents came within the remit of the Business and Children's Policy and Scrutiny Committee.

8.2 The Committee asked about waiting times for mental health care and therapy services in Westminster, especially for the Woodfield Trauma Service. The Committee was advised that, though long waiting times were recognised, they were at times deliberate, and discussed with patients, where time was needed to prepare mentally for receiving therapeutic treatment. The Committee was pleased to hear that one of the aspirations of CNWL was to stay in contact with patients on waiting lists, to make certain that they were aware and updated about any changes.

8.3 The Committee also heard from Jackie Shaw, Service Director for CAMHS,

Central and North-West London NHS Foundation Trust. Jackie Shaw explained to the Committee that during the pandemic, more children and young people had presented as potentially autistic, leading to longer waiting times for assessments.

8.4 The Committee observed firmly that the listed waiting time for Autism Diagnostic Observation Schedule (ADOS) assessments in Westminster (currently ten months) was far too long. The Committee was informed that additional investment in assessments for autism had been secured in order to assist the service in training more staff and catching up. In addition, the Committee heard that, where a full ADOS assessment was not necessary, other forms of assessment had been implemented. The Committee discussed an ideal waiting time of 24 weeks as the timeframe that CNWL had been given by Commissioners. The Committee heard that measures to achieve this waiting time included a recruitment drive, an effort to give staff access to relevant training, and improving staff working conditions to drive efficiency.

8.5 The Committee had requested clarity on standard waiting times for different categories of mental health care provision. The Committee was advised that 'emergency' cases received a response within four hours, which was a standard met in almost 100% of cases. The Committee was advised that 'urgent' cases were responded to within 24 hours and that 'routine' response times were 27 days. The Committee was further advised that patients were allocated to these categories on a case-by-case basis based on the severity of crisis experienced, and their level of distress, either self-reported or as assessed by a member of the first response team. The Committee heard that a policy of 'no wrong door' had been implemented, meaning that whichever method patients used to access services, they would be directed holistically to the correct provider, specialist, or therapist.

8.6 The Committee asked for more information about Kooth, an online counselling service commissioned by North-West London commissioning group. The Committee heard that therapists accessed through Kooth were all qualified practitioners and that Kooth was aimed at making mental health services accessible to users up to 25 years old, having seen success in the past engaging with young men and groups that did not engage readily with primary care. The Committee also heard that the Kooth confidential service provided advice, direction or signposting towards local services, and counselling via telephone.

8.7 The Committee queried the approach taken with rough sleepers and was pleased to hear that a joined-up approach was being adopted towards rough sleepers, many of whom were struggling with substance dependencies. The Committee heard that consistent work was being undertaken to engage with rough sleepers so that they did not disappear from the radar of CNWL.

8.8 The Committee requested the publicly available performance reports across all CNWL service areas, so that it would be clear how well the services were performing against their targets. The Committee observed that the CAMHS data included in the report was useful to the Committee and requested further detail and rigorous data examination across the board.

8.9 The Committee asked where children and young people were able to go if they required in-patient care and would only be safe in a residential care environment. The Committee heard that CNWL was the provider for two wards that fitted this description within the North-West London area: Collingham Child and Family Centre, a longstanding unit offering 12 beds for children under 13 years of age, and also Lavender Walk, an in-patient adolescent unit, also offering 12 beds. Jackie Shaw advised that there was no provision within the borough boundaries of Westminster at present.

8.10 The Committee was advised that the most frequent diagnoses seen in children and young people in Westminster were eating disorders, self-harming, and psychosis. Jackie Shaw informed the Committee that depression and anxiety were now frequently being picked up by CNWL's at-home treatment service, in cases where families could keep children safe at home.

8.11 The Committee expressed concern for CNWL staff, noting the possibility of burnout due to the intensity of work required of them. An anonymous letter to Councillors from a member of CNWL staff described conditions as extremely stressful and unhealthy. CNWL committed to responding to the letter. The Committee was pleased to hear that measures were being taken to support staff given the pressures that staff were under, including resilience sessions, breakout areas to provide space, and reporting systems to communicate difficulties upward without risk to staff.

8.12 **ACTIONS:**

1) The Chairman requested that NHS monthly performance data be shared with the Committee, and added as a standing item for future meetings.

2) The Chairman requested that data around Emergency, Urgent, and Routine assessments be submitted to the Committee on a quarterly basis.

9. WORK PROGRAMME

9.1 The Committee received a report from Artemis Kassi, Lead Scrutiny Advisor and Statutory Officer regarding the Committee's Work Programme. The Committee noted that for the meeting in September, obesity and metabolic disease in adults had been scheduled as an agenda item. The Committee also agreed that Public Health Funerals be scrutinised at the September meeting of the Committee.

9.2 The Committee noted the exemplary work of Artemis Kassi, who had supported the Committee alone for several months, before welcoming Lewis Aaltonen, Policy and Scrutiny Co-ordinator, who would expand the resource of Westminster's Policy and Scrutiny Team.

9.3 The Committee heard that a more detailed Work Programme would be composed for the attention of the Committee before the next meeting.

9.4 The Committee requested that in future publicly available performance data should be supplied to the Committee before each meeting, in order to provide better context for Committee Members.

9.5 The Committee discussed how the Adult Social Care component of its remit might have been overshadowed by Public Health, in particular the focus on the Covid-19 pandemic, and that it would be beneficial for more items on Adult Social Care to come before the Committee. Councillor Ruth Bush requested that a briefing note on Adult Social Care be circulated for the purposes of informing the Committee.

9.6 **ACTION:** The Committee requested that a briefing note regarding Adult Social Care be circulated amongst the Committee members.

AGENDA PART II

10.1 The Chairman advised the Committee that, in light of information before the Committee, Agenda Item 9 concerned matters under Section 100 (A) (4) and paragraph 3 of Part 1 of Schedule 12A to the Local Government Act (1972) (as amended). The Chairman asked members to note the report and invited members to vote to conduct this portion of the meeting in private.

10.2 The Committee voted and resolved to hold this portion of the meeting concerning Agenda Item 9, Part II in private. The Committee noted the report relating to Agenda Item 9.

10.3 The Chairman directed that the meeting be conducted in private and instructed officers to cease livestreaming. In addition, members of the press and public were politely instructed to leave the meeting. The Chairman formally closed Part I of the meeting at 21:05.

The meeting conducted in public closed at 21:05.

CHAIRMAN:

_____ **DATE** _____

City of Westminster

Adults and Public Health Policy and Scrutiny Committee

Date:	22nd September 2021
Report of:	Councillor Tim Mitchell
Portfolio:	Deputy Leader and Cabinet Member for Adult Social Care and Public Health
Report Author:	Veronica Christopher, Portfolio Advisor vchristopher@westminster.gov.uk 07929 664 101

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1. Summary

This report provides the Scrutiny Committee with an update on key aspects relating to Adult Social Care (ASC) and Public Health, including the response to COVID-19.

2. Adult Social Care – Current Updates

From 11th November 2021, regulations are due to come into force requiring staff deployed in care homes to be fully vaccinated unless they have a medical exemption. This means that staff will need to have their first dose of the vaccine by 16th September, so that they can receive their second dose ahead of 11th November deadline.

According to the most recent data, care homes located in Westminster have the highest rate in London for compliance with the Scientific Advisory Group for Emergencies (SAGE) target for at least 80% care home staff to be vaccinated. The current staff figure vaccinated in care homes is 88% (*as of 10th September 2021*). This is due to ongoing hard work from care home providers, with strong support and encouragement from local authority and National Health Service (NHS) colleagues.

There remains a small number of staff who have chosen not to receive the vaccine to date. We continue to support care home providers to assist and advise those staff to take-up the vaccine before the deadline. Care home providers are working to prepare mitigation should there be any loss of staffing capacity as a result of this national mandate. This anticipatory work will be ongoing regardless of the potential legal challenges that some national organisations have indicated about this mandate.

The Government has set out a new plan for health and social care and the plan is called: 'Build Back Better: Our Plan for Health and Social Care' published on 7th September 2021. It has now been agreed by Parliament and a White Paper will follow. This includes a Health and Social Care levy, and it is anticipated that this will raise £36 billion over three years, with a large proportion of the money being directed into the

NHS to clear the backlog. Social care is expected to see £5.4 billion over the same three-year period, with no guarantees of sustainable funding beyond this.

3. Acute Hospital Pressures

Since the pandemic, NHS has implemented a Discharge to Assess (D2A) pathway. D2A is about funding and supporting people to leave hospital when patients are medically optimised and continuing their care and assessment outside of the hospital setting. They can then be assessed for their longer-term needs in the community, either in step down placements, or in their own homes. D2A has enabled much quicker discharges and eased pressures on hospital beds. This does, however, put pressure on ASC budgets and resources, as patients are leaving hospital sooner and are often in need of intensive care packages.

St Mary's Hospital has been on black alert (at least 3 times a week) for the last 3 months for surgery, urgent care, and for bed capacity. The bed occupancy levels have been averaging 90% which is high for this time of the year.

Throughout the Summer, Chelsea and Westminster Hospital has experienced pressure with increased attendances through A&E and the Urgent Treatment Centre (UTC). Existing bed capacity is circa 96% and there are additional pressures on the hospital due to COVID-19 admissions.

We are working very closely with the Acute Trusts, community health providers and the wider Integrated Care Partnership (ICP) network. There are weekly meetings in place to ensure that pressures in the system are identified and jointly resolved. This year we have an integrated system Winter Plan that aims to address pressures on individual organisations by finding system solutions.

4. Primary Care

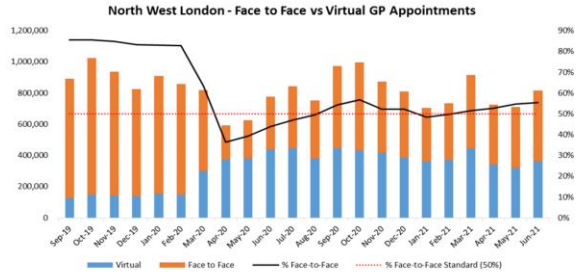
Primary care throughout the COVID-19 pandemic has seen considerable demand on its services. There is evidence that this demand is continuing to grow. This is being reported across North West London (NWL) with an increase in Urgent Treatment Centre and GP bookings from 111 calls in and out of hospital.

Through a combination of face to face, telephone and online services, local primary care are managing this demand, including maintaining over 50% of appointments as face to face. Westminster is the only area in NWL that is achieving and maintaining this target.

Across GP extended hour hubs, there is circa 89% utilisation of capacity with a small percentage of people making appointments, but not attending. Central London CCG have had one of the highest utilisation percentages.

Figures for NWL face to face appointments are illustrated in Figure 1 below (specific Westminster data was not available).

Primary care appointments: NWL practices provided 56% appointments face to face in June (London average: 52%) Appointments have been above the March 2020 baseline since March 2021



Appointments data: The data below used March as a baseline which is around 699,885 appointments

Month - 2021	GP appointments	%
January	593,771	84.8%
February	617,402	88.2%
March	770,429	110.1%
April	724,405	103.5%
May	709,304	101.4%
June	814,162	116.2%
July	780,690	111.6%

Practices provide face to face appointments where clinically appropriate. Returning to pre COVID face to face levels is limited by Infection prevention control requirements. We know patients would like better access and boroughs are developing plans how this can be achieved.

North West London Integrated Care System

Figure 1

Following the NHS England announcement on the management of the disruption to the supply of blood test tubes / vials, there has been some temporary impact on routine testing in Primary Care.

CNWL confirmed that where service users require blood testing as a result of their medication this is happening in line with clinical guidance. There has been some temporary impact on routine testing in mental health community services, this is being managed in accordance with Trust guidance. It is anticipated that this supply issue will remain throughout September.

5. Mental Health

Crisis presentations to A&E peaked in June 2021 to pre-pandemic levels and whilst there has been a reduction since then, more out of area presentations in A&E are being made. Over the last 12 months admissions to acute adult inpatient beds are trending downwards, currently at approximately 10 per week. Whilst it is recognised that there is seasonal variation in relation to demand, the work of the newly transformed community teams and the urgent care teams has had an impact on this steady reduction.

There has also been a downward trend on the use of allocated beds. There has been a reduction in long stay patients (patients with a length of stay over 60 days) but more recently this has begun to rise again. This is primarily due to the difficulties in accessing complex placements.

6. Dementia Strategy

The Bi-Borough Dementia Strategy is live and available on the Council website. Implementation of the strategy remains ongoing through staff training, support for local businesses to adopt dementia friendly practices, and ensuring support for unpaid carers. Delivery of the Dementia Strategy will continue, which will reflect the impact the pandemic has had on diagnoses, and access to services in the community for people living with dementia and carers.

7. Autism Strategy

The Bi-Borough Autism Strategy for adults is being drafted at present and will be available by December 2021. Development of the strategy has included input from a high number of autistic residents, engagement with partners in the NHS and Metropolitan Police, as well as a wide range of local organisations that provide support and advice to people with autism.

COVID-19 Update

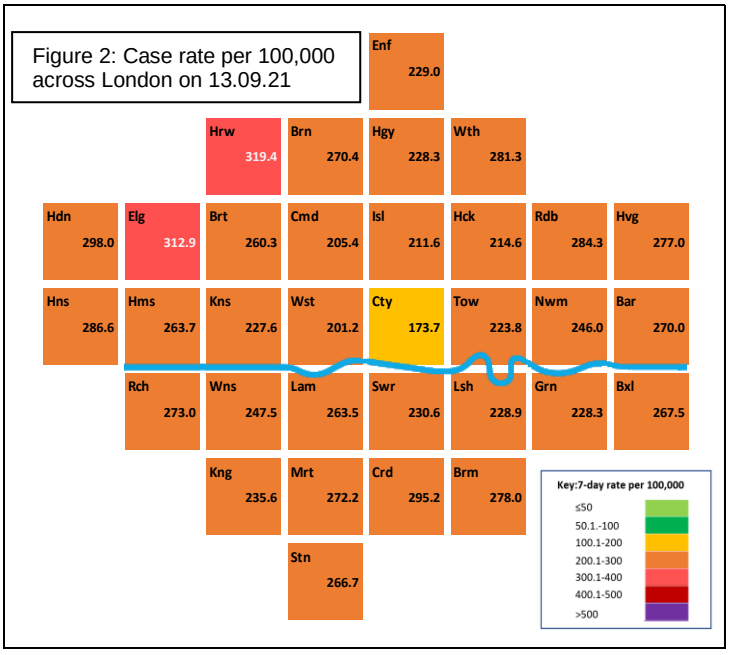
8. Current Epidemiology and Cases

After a pattern of increasing cases from June to mid-July, case rates initially declined but have subsequently plateaued at a relatively high level. This is consistent with what has been observed across London. The 20-30 age cohort had seen the highest rates across London of any age group possibly due to mass gatherings at events such as the Euros. Rates in Westminster for this age group peaked in mid-July at 981 but have fallen since to 288 (as of the 9th September 2021) per 100,000.

Geographical variation has been a feature of the London epidemic picture with Westminster generally below the London average. Indeed, significant variations can be noted within boroughs with more enduring transmission most notable in areas of deprivation from June to August.

Total number of Covid-19 cases (as of the 9th September 2021) is 22,123. Westminster has the second lowest rate of infection in London at 201.2 per 100,000 population which is up by 14% from the previous week. Please refer to Figure 2 to see this case rate in context with other London Boroughs.

Figure 2: Case rate per 100,000 across London on 13.09.21



Since the start of the pandemic, 400 Westminster residents have died with COVID-19 included on the death certificate; 322 of these were within 28 days of a positive test

9. Outbreak Management

There has been a need to review the Local Outbreak Management Plan in light of recent changes to government guidance, particularly around the move to Step Four of easing lockdown, regulatory proposals and self-isolation changes.

Fully vaccinated contacts and those under 18 will no longer have to self-isolate. They will, however, be advised to take a PCR test as soon as possible after being identified as a contact and to remain isolated until a negative result is received.

Regulations that place COVID-secure requirements on businesses are no longer in place. However, all businesses are still required to complete a Health and Safety risk assessment, to ensure appropriate mitigating actions are in place.

As we move to the next phase of the response, our communications and engagement strategy will be at the forefront of ensuring the public understand how to go about their daily business safely. It will be critical that these messages are tailored appropriately to local communities.

10. Supporting the CCG with the rollout of COVID-19 vaccinations

According to the latest report on 9th September from NHS England, 57% of Westminster residents over the age of 18 have had at least one dose of the Covid-19 vaccine. This figure rises to 69% when looking at residents who are aged 50 or older. Westminster has the lowest vaccination rate within London for both age cohorts. More recently the Council has adopted a hyper-local approach to the local vaccination programme, identifying and focusing on cohorts and groups which have notably lower vaccine uptake. This has led to Operational, Communications and Engagement colleagues promoting testing and vaccination uptake in the city. A list of these initiatives can be found in Appendix A.

Seasonality, waning immunity or a more transmissible or vaccine-escaping variant could result in a significant resurgence of Covid-19 in the Autumn and Winter. This could be compounded by the return of respiratory illnesses, such as flu and respiratory syncytial virus (RSV), and other seasonal viruses such as norovirus. There will be a booster Covid vaccine available in the Autumn for selected cohorts and this will be combined with a seasonal flu vaccine, where possible. The Winter Plan for 2021-22 will take a broader approach on how to stay well and this will include prevention messages and signposting to prevention services whilst also encouraging frontline staff to Making Every Contact Count (MECC).

In addition to the free NHS flu vaccine offer focused at high-risk groups e.g. the clinically vulnerable, the Local Authority will be providing a universal offer of free flu vaccine to all staff. Proactive promotion will be focused on front line staff who have face to face contact with vulnerable residents and the general public with the offer extended to school staff and nursery workers.

Appendix A

Community rollout of COVID-19 vaccinations

Initiatives include:

- Promoting the latest COVID-19 safety messaging across council channels including the importance of getting tested, who can get vaccinated, how and where, and the latest advice around self-isolation;
- Providing regular information and updates with 90 Community Champions, 170 Covid Health Champions and over 500 stakeholders in the voluntary, community and faith sector, often working with community leaders and advocates and tapping into local social media platforms, such as WhatsApp and Facebook groups;
- Working with Health colleagues to improve vaccine access and confidence, by organising, supporting and promoting community-based vaccine pop-ups (e.g. Abbey and Stowe Centre), along with pop up clinics at Primark Oxford Street East, and Heaven Nightclub, and the Vaccine Bus. Community clinics run once every week. The bus is scheduled in different locations across the borough three days a week;
- Working with our local care homes so that, across London, Westminster has the highest proportion of care homes who have met the national target for first dose COVID-19 vaccinations among care home staff and residents. Westminster has met the nationally set target for 80% of staff and 90% of residents to be vaccinated;
- Engaging the Vaccine Bus and Covid Testing Ambassadors in neighbourhood summer events, such as Churchill Gardens and Church Street Summer Festival, and others;
- Community Champions and partners continue to support the families in deprived areas of Westminster, including Church Street, Westbourne Park, Queens Park, Churchill Gardens and Tachbrook, with information, advice, reassurance, and signposting around vaccines;
- Encouraging vaccine uptake among pregnant women through targeted vaccine events and promotional activity. Westminster now has the highest vaccine uptake of pregnant women (almost 50% as of 24 August) in North West London;
- Small grants funding to local voluntary sector partners, such as BME Health Forum and One Westminster, Paddington Development Trust and Abbey Centre to support the vaccine uptake work in neighbourhood level areas (e.g. South Westminster) and with targeted communities (e.g. African-Caribbean) through live outreach events;
- Collaborating with agencies such as Public Health England (PHE) and British Red Cross to engage with young adults through open discussions, outreach, and working with the Local Pharmaceutical Network to enable pharmacists to have conversations with their customers/patients about the vaccine;
- Developing plans for COVID safety and vaccine engagement with schools, colleges and universities upon reopening, to set up vaccine clinics and bus, and wider health information, including mental health;
- Working with TikTokers and other local young people to develop engaging content around myth-busting, encouraging vaccine take-up and promoting safety behaviour such as testing; and,
- Incentivising vaccination by working with colleagues to promote free gym passes for young people.

Westminster Policy & Scrutiny Committee:
CNWL Update on the Gordon Hospital September 2021

Lead Director: Robyn Doran **Author:** Faye Rice

Purpose:

To provide a written update on the Gordon Hospital inpatient wards and CNWL's mental health provision for Westminster. This updates the papers presented to the Committee in October 2020, April 2021 and June 2021.

Current Position:

Following urgent temporary closure in response to the Covid-19 pandemic in March 2020, the inpatient wards at the Gordon Hospital remain closed whilst we plan for formal consultation. Metrics and impact on the pathway are being closely monitored and continually reviewed, accelerated and enhanced transformation is being implemented, and stakeholder engagement across partners, services users and carers continues in this pre-consultation period. Costs associated with the wards are presently being used to support patient flow across our system. Any final decisions will be predicated on the outcome of the formal consultation

Working with Service Users & Carers, Partners and Staff:

As we plan for formal consultation, we remain committed to open dialogue across our service users, carers, staff and partners. Building on our June update, further activities have taken place since and are detailed as follows:

- Setting up Councillors roundtable with CNWL Executives in early October which will provide opportunity to further discussions from Policy & Scrutiny Committee, feedback and respond to queries and bring together thoughts on future needs
- In-person visit to the Gordon Hospital by members of our Healthwatch-partnered Citizen's Panel,The Voice Exchange, and two more service visits planned over the next month.
- The Voice Exchange will be exhibiting and presenting their findings to colleagues and stakeholders in early October, including visual artist representation and their recommendations on future provision
- Intensive engagement sessions with Westminster staff members with a particular focus on community crisis pathway opportunities for transformation – expanded the offer beyond The Coves (see update below on The Coves), and further service user engagement sessions planned
- As per query raised at June Scrutiny committee, CNWL is following policy on whistleblowing regarding recent letter. Key metrics below provide update and assurance on pathway delivery against some of the pointers raised, and a full response has been drafted.

Key Metrics Update[1] :

- 777 Westminster **inpatient admissions** have occurred since 1st April 2020 (post-Gordon Hospital closure), with the majority (61%) admitted to St Charles. Over the last 12 months admissions to acute adult inpatient beds are trending downwards,

[1] **Data Definitions:**
Responsible Borough: As entered in SystmOne. *Used for data past April 2020.*
Assumed RB: As Implied by Local Authority of SU, or CCG if LA not known. *Used for data before April 2020*
Breaches: from Decision to Admit (DTA) to leaving the department

currently at approximately 10 per week, demonstrating the impact of newly transformed community and urgent care teams. 90% of Westminster admissions are placed within the NWL system, which is consistent with pre-Gordon inpatient ward closure (90% in 2019-2020).

- Use of any **beds outside CNWL** has been managed via block contracting beds in Farmfield and Potters Bar. Since January 2021, most Westminster patients (60%) requiring this type of bed have been placed within that block contract. Beds outside CNWL are always used as a last resort, and we prioritise patients with fewer connections to Westminster for these beds (e.g. foreign nationals). All NHS England Guidance continuity principles are met and monitored when using these beds.
- Westminster has continued with a reduced **Length of stay (LoS),** an average of 35 days (September 2020 to August 2021) compared to 36 days for 2019-2020 Financial Year (FY).
- More recently, there have been small in-month peaks in LoS due to the discharge of complex patients with longer LoS[3]. Since the June Scrutiny Committee, **17 'long-stayers'** (with an acute or PICU admission of over 60 days) have been discharged, and **46 have accessed support in a new 'Step Down' bed**. Step down means their discharge from acute was facilitated and they were able to access further support in a more community-based offer. This shows positive work against the principles of least restrictive setting and care in the community, but also the need to work collaboratively to ensure timely access to placements for complex needs.
- The 30-day **readmission rate** has not changed from 19-20 rate at 11%-. This is a positive indication of our aim of providing more support in the community to aid recovery and prevent (re)escalations.
- For **St Mary's A&E,** we meet our 1-hour response target by Psychiatry Liaison. We continue with our joint improvement project with Imperial to reduce the number of 12 hour breaches in the department – against the context of a rise in presentations in comparison to previous years. There has been improvement in breaches over the last 3 months in comparison to the same period in 2019 pre-Gordon Ward closures (42 A&E breaches June-August 2019 pre-Gordon ward closures compared to 39 breaches over the same period in 2021). Note that these are **not all Westminster patients, and data tells us that there is a significant number of Out of Area (non-Westminster, non-CNWL) patients who present to St Mary's** – this was nearly a third (29%) of St Mary's A&E presentations from June to August 21 (215 patients of 738).
- **Positive emerging findings** from the Chelsea and Westminster British Red Cross (BRC) High Intensity User offer in A&E (97 service users started on a support scheme, of which 11 had at least one admission before their engagement with the Red Cross service and only 1 has had an admission following their Red Cross engagement; this service user did not have an admission before their Red Cross support scheme started). **An equivalent BRC offer is now live across Westminster**, supporting both community teams and A&E with high readmission patients**,** and its impact will be monitored and reported at a future date.

Transformation Update:
All previously reported transformational services remain live, and are receiving referrals including the Community Access Service, VCSE offers, Step Down beds and British Red Cross (noted above). Detailed updates on Reablement and The Coves are below:

1. **Re-ablement Team [Mobilising]:** Further to June paper, a co-developed specification in partnership with Westminster City Council is in final stages, with planned launch of

[3] Length of Stay metric is calculated on discharge. This means when a longer stay patient is discharges, the days from their stay at added to the overall average, resulting in some in-month variance (which is within SPC graph tolerance).

procurement in September and aim to mobilise by the end of the year. The service will be made up of support workers, working alongside CNWL services to provide intensive support to service users for up to six months to prevent readmission so they are able to manage the transition back into the community. Conversations are currently underway to further define the model and enable recruitment of staff over the coming months.

2. **The Coves data:** Use of the Coves by Westminster patients is being recorded and monitored, with **437 attended contacts f**rom Westminster patients since go-live. Compliments from Westminster patients on The Coves

"Thank you so much for your support. These sessions have been really helpful."

"This has helped me. I have been suffering with psychosis for the past 3 hours. Thanks a lot, you've helped. You've been great."

"It's nice to have someone to listen to me."

Appendix 1
Step Down: Westminster Case Study

Mr C was a patient who lived in his own home and was then admitted to St Charles. He had originally had a referral to 24-hour supported accommodation following discharge, his referral to this noted he would need support to carry out most of his activities of daily living – shopping, cooking and cleaning. He would often get frustrated and not comply with medication. However, Mr C said he wanted to return to his own home, rather than the 24-hour supported accommodation.

Mr C was able to come to a step down bed on a trial with Section 17 leave:

- He initially expected staff to cook his meals for him. Step Down support workers explained that they encourage patients to do their own shopping and cooking to prepare for move into the community. He also expected the environment to replicate hospital however staff explained that the step down is to support people to manage their own recovery.
- Step down supported Mr C with some shopping and cooking intervention and we soon learned that he was able to manage most tasks in order to live independently, however he did need some initial support and gentle encouragement.
- Step down staff involved him on a cleaning rota for step down and he cooked a meal with staff for others.
- His medication was supervised every day by support staff.

Mr C had originally been upset at the prospect of potentially losing his home, and there were some concerns from neighbours regarding his return; there had also been some police involvement. His Community Team also felt concerned around him living alone. Step Down staff took Mr C to his flat and they were able to talk about his issues with neighbours and how he should manage this in an appropriate way. Discussion also took place in collaboration with neighbourhood policy officer and ward team.

Staff also had three-way meetings with his named worker from the community hub, so that he could re-engage with her and rebuild their relationship, as he had felt upset by his admission to hospital. It was during this time we learned of his love for Tina Turner! One of his activities he missed whilst being in hospital was to play Tina Turner on his record player.

The possibility of a return home with a care package was discussed across parties, and Mr C was trialled on home leave to his flat, first for 3 days and then for one week. Following this, all parties agreed that going back to his flat was better for his recovery and was the least

restrictive option. Staff participated in his ward round to advocate for him to go home with a care package.

After 6 weeks at step down, cooking and shopping practice, supporting him to manage his appointments and encouraging engagement with mental health team, Mr C was able to return home with a care package instead of going to 24-hour supported accommodation.

Appendix 2
CNWL Adult Mental Health Bed Base

Site	Bed Type	Number of Beds
Park Royal	Adult Acute	56
Park Royal	Male PICU	13
Northwick Park	Adult Acute	37
Northwick Park	Older Adult	18
St Charles	Adult Acute	67
St Charles	Male PICU	14
St Charles	Female PICU	12
St Charles	Older Adult	31
Hillingdon	Adult Acute	36
Hillingdon	Male PICU	8
Hillingdon	Older Adult	17
Step Downs	Step Down	35
Total		**344**

Appendix 3
Westminster Referral Performance Indicators

As requested, we have provided information on our performance against referral indicators as provided the Local Authority (see table below).

Our referral targets are as follows. When targets are breached, exception reports required:

- At least 95% if emergency referrals are seen within 4 hours
- At least 95% of urgent referrals are seen within 24 hours
- At least 95% of routine referrals are seen within 48 days

Breaches to urgent referrals in recent months are primarily due to the new First Responders service coming on stream. The breaches to routine referrals at present are due to work being undertaken to integrate psychology referrals. Psychology was not previously integrated, and work is underway to support them to meet the same targets.
Any blank cells in the data mean that referrals of that nature were not received during that time frame.

Performance Overview (Frozen Updated Monthly)

Indicator Type	Indicator	Targets	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021
Referral Indicators	UAP Emergency Referrals seen in time	95.0%	100.0%				
	UAP Routine Referrals seen in time	95.0%	89.7%	93.3%	94.1%	96.0%	92.7%
	UAP Urgent Referrals seen in time	95.0%	79.5%	90.9%	95.7%	97.4%	94.9%

Definitions	
UAP Emergency Referral	Urgent access pathway referral to be seen within 4 hours
UAP Urgent Referral	Urgent access pathway referral to be seen within 24 hours
UAP Routine Referral	Urgent access pathway referral to be seen within 48 days

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AGENDA ITEM No:

City of Westminster

Date:	27th September 2021
Classification:	General Release
Title:	Child Obesity Overview
Report of:	Anna Raleigh, Director of Public Health
Cabinet Member Portfolio:	Councillor Tim Mitchell
Wards Involved:	All
Policy Context:	This report provides an overview of child obesity.
Report Author and Contact Details:	Sarah Crouch, Deputy Director of Public Health Scrouch@westminster.gov.uk

1. Executive Summary

1.1. This paper provides an overview of the prevalence of overweight and obese children and adults in Westminster, our local approach over the last 5 years has been and how the Covid-19 pandemic and national policy drivers are influencing this approach.

1.2. The infographic in appendix A and section 3.7 and 4 provide an overview of the number of residents who have been engaged and the outcomes they have achieved with support from local services. Section 3.7 also gives examples of the whole systems policy work completed to create healthy environments. The Tackling Obesity Together pilot project, which formed the basis of the current local service provision, helped to reduce obesity amongst children living in the local area by 2 per cent demonstrating that a focused place-based approach can help to achieve positive outcomes and reduce inequalities.

2. Background

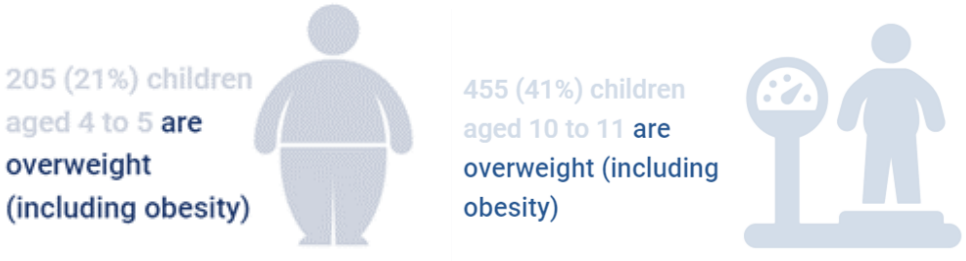
2.1. Obesity is associated with reduced life expectancy, a risk factor for a range of chronic diseases, and is known to impact children's mental health and self-esteem.

2.2. Obesity is complex: there is no single cause or solution: cultural, environmental, and socio-economic factors, genetic and cultural drivers have a large influence. For impact, actions must be multi-organisational and multi-sectoral to help create healthier environments, making the *healthier* choice is the *easier* choice. Approaches to tackle obesity are integrated with wider corporate priorities such as climate change and air pollution e.g., promoting sustainable and active travel.

2.3. The Covid-19 pandemic has disproportionately affected those living in areas of higher deprivation, emphasising pre-existing inequalities. It has impacted children and young people's health and wellbeing, from increased sedentary behaviour and screen time, to limiting social interaction during national restrictions. Obesity is identified as a significant risk factor for serious illness associated with Covid-19.

2.4. Obesity has been identified as the key priority for the NWL Integrated Care Partnership and therefore it is recommended that partners leading this work are invited to present the strategic approach for the region in six-months' time.

2.5. To address such a large-scale issue such as obesity, national policy drivers such as reformulation (which put less onus on individual's "choice") are essential. Arguably the most well-known in recent years is the "Sugar tax". Government's Child obesity: A plan for Action sets the ambition to halve childhood obesity by 2030 and significantly reduce the gap in child obesity between the most and least deprived. A key part of the plan is sugar reduction: the soft drinks industry levy "sugar tax".



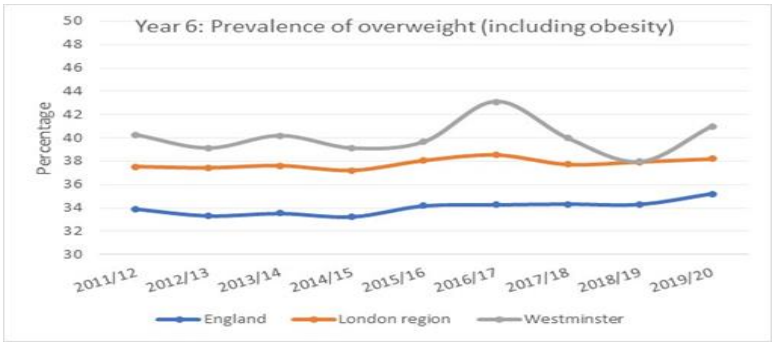
2.6. There are 50,701 children below 18 living in Westminster, with 73% of live births in 2019 being to Live births to non-UK-born mothers (Office of National Statistics). In Westminster, in the reception year at school 21.2% of children are overweight and obese (205 children) and this figure rises to 41% in year 6 (455 children) with 44% of adults being overweight or obese. Based on survey data the information we have on adults is less reliable than the National Child Measurement Programme which can pose a challenge for targeted programmes.

2.7. Boys are more likely to be overweight or obese than girls with the trend continuing into adulthood. Children from black and minority ethnic families are more likely than children from white families to be overweight or obese; in Westminster over the last three years 39% of year 6 Asian pupils are overweight or obese, compared to 28% of year 6 white.

2.8. Obesity is a health inequality associated with deprivation. The Race Disparity Audit Report shows that Asian and Black households and those in the Other ethnic group are more likely to be in persistent poverty. Households of Bangladeshi, Pakistani, Black, Mixed and Other backgrounds are more likely to receive income-related benefits and tax credits than those in other ethnic groups. The ethnic minority population is more likely to live in areas of deprivation, especially Black, Pakistani and Bangladeshi people.

2.9. Children living in the most deprived communities are twice as likely to be overweight as those in the least deprived areas. Children and families on low incomes can face multiple barriers that make it more difficult for them to access a healthy diet and have sufficient opportunities to be physically active. This includes the relative cost and availability of healthy food relative to cheap convenience food, time constraints, limited education about healthy eating and cooking skills and facilities. Children living in deprived areas are less likely, than their more affluent peers, to have access to gardens and safe places to play and be active. The costs often associated with organised sports and physical activity are also important factors.

2.10. There has been signs of a decline in rates of obesity amongst reception aged children, but we need to see more steady decreases to be confident in saying that this is a consistent trend. While prevalence rates for childhood obesity in Westminster are lower than the London and England averages in Reception Year, this picture changes for children in Year 6, with above the England and London averages.



2.11. Obesity rates are highest in areas of higher deprivation in Westminster; 50% of 10-11 year old children in Church Street are overweight in comparison to 33% of children in the wealthier wards of Bryanston and Dorset Square. Initiatives that focus on community engagement, co-design and health campaigns in more deprived wards are therefore integral.

2.12. Tooth decay is also of concern and very much linked to child obesity: in Westminster, 30.3% of children suffer from tooth decay; this is the eight highest in London and higher than both the

London and England average. Interventions that reduce sugar can have a positive impact on obesity and tooth decay.

2.13. Public Health works in partnership with NHS and the Oral Health Promotion Team (OHP) to deliver a range of interventions including workforce training, supervised toothbrushing in early years settings and schools and resources for families. Oral Health is integrated within the health visiting service, the healthy schools and healthy early years programmes and the Change4Life programme and service.

2.14. The OHP Team also support work with looked after children (LAC), Early Help, Family Hubs, and children with special educational needs. Looked after children have oral health included as part of their health plans. Supporting work with LAC, Early Help, Children's Centres, special educational needs provision is delivered through staff training and the development of oral health programmes for the settings. The oral health training is offered to all health staff who work with children with physical and learning disabilities.

3. Local Services and programmes

3.1. In 2014, Public Health launched the Tackling Childhood Obesity Together programme which demonstrated that a place-based approach is required and formed the basis of our current Change4Life Programme.

3.2. In 2014 Westminster invested significant resource in the Tackling Childhood Obesity Together (TCOT) programme which set out to promote children's health, with a key objective to halt and reverse rising trends of obesity amongst children in the borough. Local statistics indicated that TCOT largely achieved its aim of halting and stabilising rising rates of childhood obesity especially in Year 6 children.

3.3. The programme involved commissioning and delivery of new prevention and treatment services and a cross-council action to create healthier local environments. Positive outcomes include collaborative work across the council to embed Public Health outcomes such as promoting food growing, Healthier Catering Commitment Awards and Play Streets. Commissioning of healthy lifestyle interventions in targeted schools, workforce training, and community weight management programmes, and the development of oral health promotion initiatives were also core components.

3.4. Building on the learning and successes of the TCOT programme and the Go Golborne pilot in RBKC, in 2019 Public Health designed and implemented the Change4Life Programme to promote healthy weight and the wider wellbeing of local children and families. It is linked to the national Change4Life campaign run by Public Health England, which enables us to use a well-recognised branding by families as well as to have consistent health messages.

3.5. The Change4Life Programme is a whole system approach. It takes a life course approach to effectively address child obesity, acknowledging the impact adult obesity has on child obesity by designing and implementing the provision of wider services such as One You (adult healthy lifestyle service) and the Health Visiting service (supporting families with very young children).

3.6. The 2019 whole system approach outlined in Appendix A, which includes universal prevention services and targeted treatment services, is based on three strands:

- Community – co-design and co-production of local initiatives and implementation of targeted neighbourhoods' projects in socially deprived areas
- Healthy weight and wellbeing support service – procurement and delivery of an evidence-based innovative service to support children, young people and families lead healthier lives called Change4Life Service
- Healthier environment – collaborative work across Council departments, stakeholders and partners to ensure the healthier choice is the easier choice.

3.7. Public Health works collaboratively with departments across the Council and with a range of partners to identify how we can make changes to the physical environment in order to make the healthier choice, the easier choice. **Key achievements** to date of the new model include:

- The launch of a the Change4Life Service in July 2020, a key component of the Change4Life programme, which delivers a range of new and exciting services supporting children, young people and families to lead healthier and happier lives.

- Developed a local network of over **250 organisations** committed to supporting local children, young people and their families becoming healthier, happier and more resilient, including schools, family hubs and local voluntary and community groups
- Proactively engaged over **500 children, young people and 130 families** in activities supporting behaviour change via healthy eating and physical activity initiatives
- Facilitated **38 community-led, evidence-based** projects via Change4Life small grants scheme such as the *'Positive Women Project- Covid19'* run by the Hear Women Group, which delivered nutrition and sugar-free online classes for BAME women during the lockdown, reaching **151 families.**
- Installed **water fountains** in entrance foyers that are accessible to the public and has banned price promotions on sugary drinks. Work continues to install in all WCC libraries.
- **Playstreets**, a scheme that allows local children and families to reclaim their neighbourhoods by closing selected streets to through traffic and turning them into temporary play streets, have been introduced to encourage active play. Westminster council has a strong strategic narrative around this, outlined in the Active Westminster strategy.
- Removal of restrictive signage: Many WCC "**No ball games"** signs have been removed encouraging active play and physical activity.
- Sport and Leisure colleagues have supported schools to implement the Daily Mile initiative: around **50% of primary schools** in Westminster are now actively participating. There is a national ambition outlined in the Governments' Child Obesity Plan for action for all primary schools to adopt a similar initiative.
- Public Health designed and implemented the **Naturally Active** Campaign in 2020 to address the impacts of Covid-19 sedentary behaviours locally and support families to be active utilising their local environment and green spaces.
- Introduced measures to **limit advertising** of unhealthy food and drink via council-owned advertising space. This has included refusing a license for Coca Cola to bring its Christmas truck to Leicester Square.

4. Local Services for Adults

4.1 The offer for adults includes the One You integrated healthy lifestyle service. This service is for adult residents who are obese or have another long-term condition or 2 or more risk factors such as dietary concerns or lack of physical activity. **500 people each year in Westminster** are supported to eat well, move more and lose weight to reduce their risk of cardiovascular disease. In 2020, **75%** of those using the service are living in the most deprived areas of the borough and 60% are from BAME backgrounds. **71%** of those attending their health behaviour journey lost more than 3% weight of their body weight.

4.2 There are a variety of options residents can access which have largely been available online or over the phone during the pandemic. As Covid-19 restrictions are eased the face-to-face delivery is re-starting and residents will be able to attend Adult Weight Management (AWM) courses, cook and eat, walking groups, subsidised gym memberships, access to one-to-one Care Planning interventions, stop smoking programmes within primary care locations and at various locations throughout the borough.

4.3 In addition to the One You service, NHS Diabetes Prevention Programme has been established to support people to maintain a healthy weight and be more active to significantly reduce risk of developing diabetes by joining group sessions with an experienced coach or through digital support including online peer support groups.

4.4 Westminster Social Prescribers programme started in April 2020 and is managed by One Westminster. It supports adult residents to improve their health and wellbeing, manage, prevent, and cope. The seven social prescribers are based in GP surgeries.

4.5 In response to the pandemic, the Public Health team increased investment to enhance the targeting of health checks, so those at higher risk including ethnic minority groups were called and supported to take up a health check. We commissioned an additional worker to operate within the 'One You' adult lifestyle service, to make phone calls to all residents who had not taken up a health check who may be at higher risk. The focus was particularly on reaching minority ethnic groups based on early findings of disproportionate Covid-19 impact. We also increased

investment in adult weight management services – particularly services available online in response to the change in ability to meet face to face. The additional AWM services will offer original core delivery options as well as incorporate new aspects such as Gloji – a new digital weight management programme, MAN v FAT Challenge – which will help men with a high BMI to lose weight for good and get active and a voluntary sector referral incentive to increase sustained engagement from ethnic minority groups and men.

5 Next Steps

5.1 Public Health are currently reviewing the Association of Directors of Public Health (ADPH) thematic child obesity framework, originally carried out in 2015, to gain insights into what is working well and areas for improvement in Westminster. This includes reviewing the impact of Covid-19 as well as holding ourselves accountable on our approach to equality and inclusion. As part of this review, we have already identified that there is an opportunity to codesign and implement a service for teenagers.

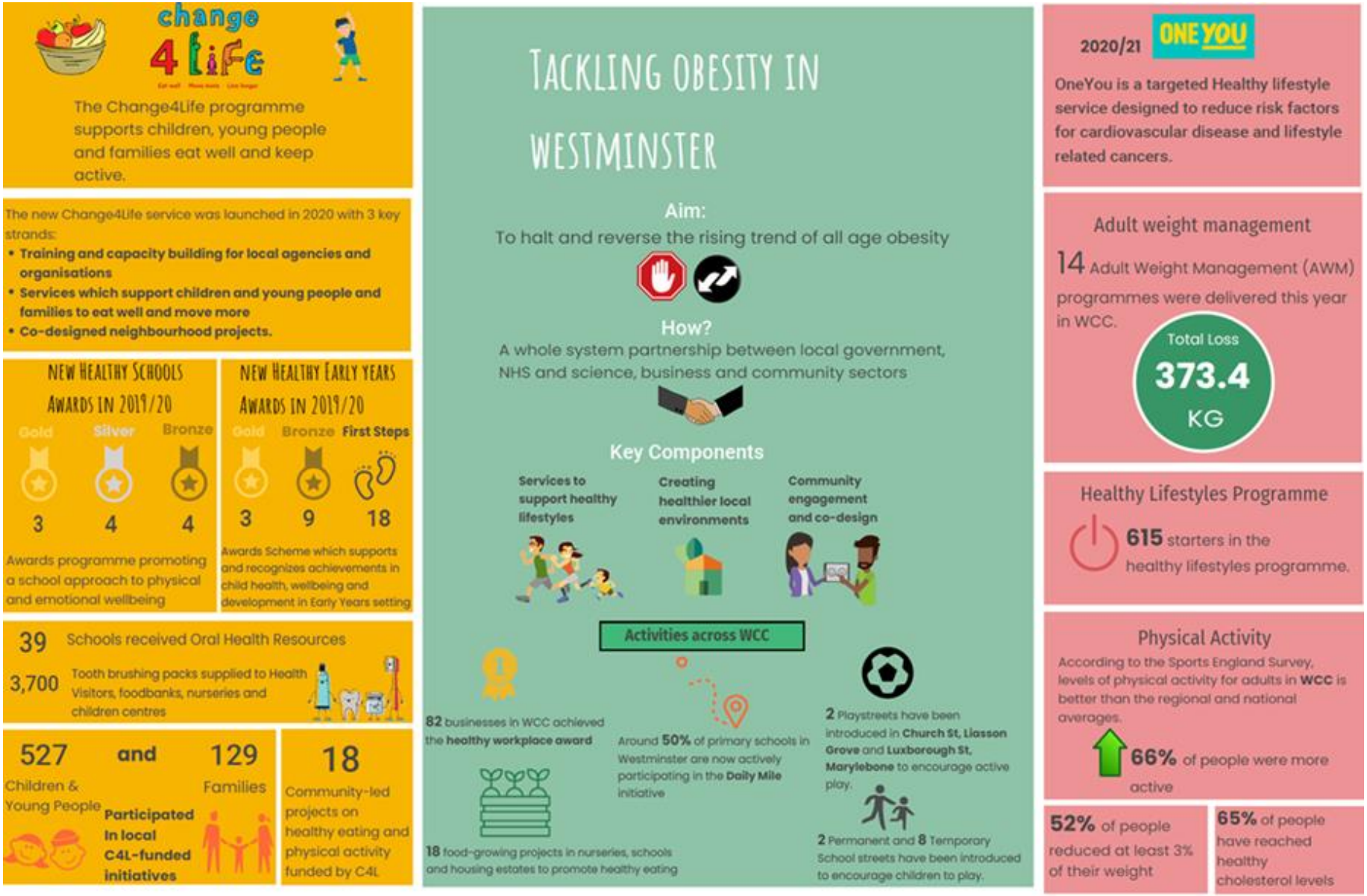
5.2 A further significant area of development is in tackling health inequalities by continuing to work to create healthier environments and continuing to listen to the community to shape activities for families and to provide physical activity and healthy eating initiatives to BAME groups, young girls and CYP with SEND.

5.3 We wish to strengthen the child, young people and adult healthy weight pathways: enhance integration between Change4Life and OneYou services and ensure we meet the needs of all age groups particularly teenagers and older adults.

5.4 We will respond to the strategic direction that the NWL ICP provides on tackling obesity. The focus of the ICP will be on tackling health inequalities in relation to obesity with a lifelong approach and promoting innovative ways to support those most at risk. We recommend partners lead a further discussion once this strategy is defined in six months' time.

Appendix A - Westminster's Whole System Approach

The infographic below illustrates the current whole system approach in Westminster, integrating the healthy weight management programmes Change4Life and One You alongside working with partners to create healthier environments.



Adults and Public Health Policy and Scrutiny Committee

Date:	27 September 2021
Classification:	General Release
Title:	Public Health Funerals
Report of:	Calvin McLean – Director, Public Protection and Licensing
Cabinet Member Portfolio	Communities and Regeneration
Wards Involved:	All
Policy Context:	N/A
Report Author and Contact Details:	**Dennis Speight** dspeight@westminster.gov.uk

1. Executive Summary

This report is provided in response to a recent publication by Quaker Social Action '*An abdication of duty. Local authorities and access to public health funerals'* which was reported in the media in general and in detail in The Guardian newspaper on 6th July 2021.

This report outlines the legal and historic background to the public health funerals service in Westminster.

This report also reflects on the impact of Covid-19 on the service and addresses the issues raised in the Quaker Social Action report. It asks the committee if it approves the current approach taken to public health funerals in Westminster.

This report has been shared with Cllr Heather Acton, as the portfolio holder for Communities and Regeneration as the Public Health Funeral provision falls under Public Protection and Licensing (PPL).

2. Key Matters for the Committee's Consideration

- Does the committee support the current approach to public health funerals in Westminster?

- Does the committee consider that members should be notified of residents in their wards who have died and later been referred for a public health funeral?

- Does the committee support the appointment of a genealogist to expedite locating relatives should the PHF officer be unsuccessful in identifying next of kin?

3. Background

3.1 Legislation

The Public Health (Control of Disease) Act 1984, places a duty on the local authority to make necessary arrangements for public health funerals where a resident passes away, and there is no one else willing to pay. This situation often occurs when the deceased is very elderly and has no known near relatives, or the deceased was a homeless person and had no contact with relatives for many years. This will also apply when the deceased is a foreign national who has no family in this country.

Approximately 75 to 80% of referrals come from the Coroner's Officer Service, with 20 to 25% of referrals from hospices. Occasionally, referrals are received from families of bereaved persons who are unable to arrange the funeral. Although hospitals are not legally obliged to arrange the funerals of patients who die in similar circumstances, their Patient Affairs departments carry out this function. Occasionally public health funerals assist patient affairs regarding checks on property and background of the patient.

Costs involved in arranging a funeral can be reclaimed by the Council against the deceased's estate, if funds are available. However, in some cases, these funds are not available and costs have to be borne by the Council.

Section (9) of the Cremation Act, 1902, outlines that expenses properly incurred in, or in connection with, the cremation of a deceased person, shall be deemed to be part of the funeral expenses of the deceased.

Under **section 46 (5)** of the **Public Health (control of Disease) Act 1984** it is provided that where a funeral is arranged by an authority defined under the provision of the 1984 Act it is possible for such authority to recover from the estate of the deceased person or from any person who was liable to maintain the deceased person immediately before his death expenses incurred in arranging the burial or cremation.

The Act also provides in **section 46 (6)** without prejudice to any other method of recovery, a sum due to an authority under subsection (5) is recoverable summarily as a civil debt by proceedings brought within three years after the sum becomes due.

Section 34 (3) of the Administration of Estates Act, 1925

Where the estate of a deceased person is solvent, it shall be *inter alia* be applicable towards the discharge of the funeral, testamentary and administration expenses.

3.2 Previous/Current Process

The Public Health Funerals (PHF) service is provided by Public Protection and Licensing and has been provided by the directorate for over 5 years.

The contracted funeral director is Sherry's, who were most recently re-awarded the contract for Public Health Funerals in 2018, with the next relet due in November 2022. Sherry's were the only funeral directors to tender for the PHF contract in 2018.

Until 2018 the PHF provision was treated as an administrative function and managed by support staff (though historically it had been a dedicated role). This process lacked the necessary oversight and caused delay. There was a case in 2016 where the funeral directors were accused of falsifying a document to expedite a funeral. This was investigated and identified as a genuine error; however, it did highlight the need for a dedicated process and resource to manage the PHF work.

In 2018 PPL introduced a dedicated resource to provide a more effective and efficient end-to-end service, which included work on the new contract. This approach also allowed the dedicated resource to carry out more thorough investigations than was permitted previously.

The work carried out by the PHF officer includes: referral administration; contacting family, friends, neighbours and agencies involved; collection of property and search; visits to police stations to collect property; search of the deceased's home; search for relatives and funds to pay for funeral; registration of death; arranging appropriate funeral; funeral order administration; informing mourners, attending funeral; purchase administration; claiming costs from estates; and referral to Government Legal Department.

In addition, the PHF officer works closely with other partners and stakeholders as required, such as Westminster Housing in order to minimise void times on properties of deceased tenants by liaising with Coroner's Officers who are searching for information about the deceased.

PHF Provision

In addition to recovering the cost of the funeral as charged by Westminster's contracted funeral director, a flat administration fee of £514.00 per funeral is also recovered from the estate, if funds are available and we have done so since October 2010. The additional cost of a property search is also made if such a search is carried out.

The funeral director, under the provisions of the contract charges only £199 for professional services for a person with no known estate. Additional costs include Minister's fees of £100 and crematorium costs which vary depending on the crematorium and time of service. Typical costs for a contract funeral can be as low as £629. Where there is an estate from which costs can be recovered, then the funeral director is permitted under the contract to charge a higher amount for professional services. Non-contract funerals vary in cost from £1,000 to over £3,000 depending on the funeral service provided.

Where the deceased was known to have wanted to be buried rather than cremated, then this is provided. Also, where the deceased was known to be of Muslim or Jewish faith, then a burial is always provided rather than cremation. An Imam or Rabi, as appropriate, presides over burials in these circumstances.

Public health funerals will also assist a relative who is unable to come to the UK, to repatriate the deceased relative to their home country. A recent example of this was with a person who came to the UK from Ethiopia some 30 years previously, whose daughter was refused a visa to come to the UK to arrange the funeral. The deceased had sufficient estate to enable repatriation to Ethiopia to be arranged.

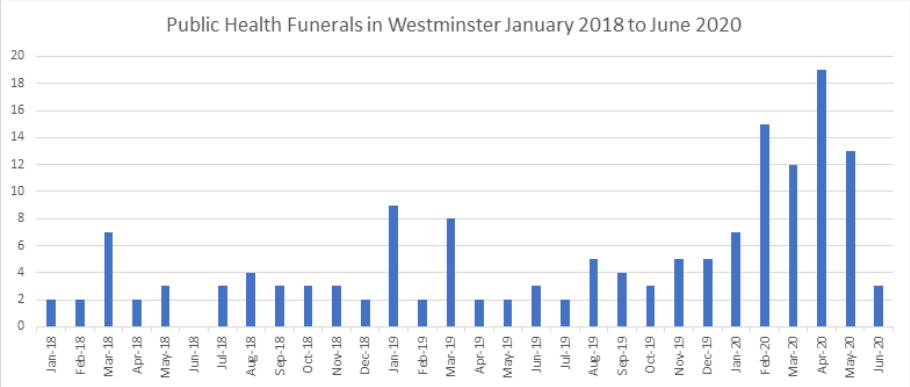
3.3 Demands on service – pre and post Covid

The table below shows the number of referrals in each of the last five financial years:

2016/17	46
2017/18	36
2018/19	52
2019/20	72
2020/21	68
2021/22	26

There was an increase in the number of referrals from March 2020 and the start of the pandemic. During previous years, the average number of referrals was between 3 or 4 per month, and since the pandemic has been approximately 5 per month. There was a very significant increase in the number of referrals in February and March 2020 when 29 referrals were received, primarily from the Coroner's Officer service. This was not due to Covid-19 but rather the urgent need to free up mortuary space ahead of an expected increase in demand for space in the mortuary.

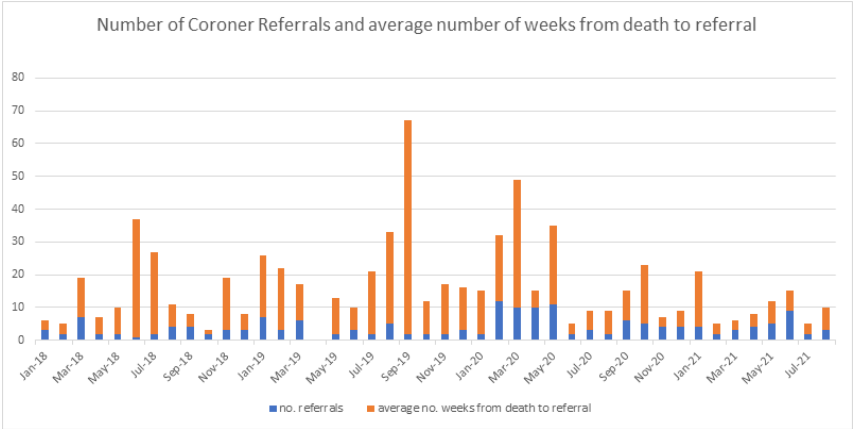
This chart gives the number of public health funerals carried out each month from January 2018 to August 2021, and the number of referrals have reduced to almost pre-covid levels. In addition to referrals which will all conclude with a funeral we also respond to general enquiries around funerals where we provide advice but that do not necessarily result in a referral.



Since July 2020 the most funerals we have undertaken in one month is 9 (May 2021) and the fewest 1 (Apr 221) with numbers more akin to those seen prior to the pandemic.

3.4 Time taken from referral to funeral

It usually takes between two to four weeks from receipt of a referral to the funeral taking place. Lack of dedicated assistance from the Metropolitan Police Service can cause delays to the funeral taking place because the public health funerals officer is prevented from checking for relatives, wills and other personal and financial information. We are looking for a more consistent response from the MPS as generally responsibilities lie with a single officer in charge of the case which can cause delays. In addition, it can take anything from two weeks to six months for the Coroner's Officer to refer persons from the mortuary to the public health funerals service, and very occasionally two or three years. This can depend on case complications and ongoing investigations.



3.5 Recovery of costs

The Public Health Funeral service is provided by one officer within PPL. It is a dedicated role which provides consistency and ensures effective contract management. Costs incurred are recovered from the estate of the deceased when possible. The table below shows expenditure of public health funerals for the last three financial years, not including the costs recovered nor cost of the PPL resource (which is approximately £50k per annum).

	PHF Cost
2018	£26825
2019	£57836
2020	£92619
2021	£32159

3.6 Implications of the Quaker Social Action report for this council

The Quaker Social Action report entitled 'An Abdication of Duty?' identified that a number of councils fail to carry out their legal duty or follow government guidance for Public Health Funerals (Westminster is not one of those councils). In addition, a number of councils failed to provide any information online.

The research was carried out online and via a mystery shopper exercise where councils had provided no contact information online.

Westminster was not subjected to a 'mystery shopper' telephone enquiry which led to several councils being severely criticised for failing to provide a service meeting legal requirements or any service at all.

Westminster was compared with other councils regarding provision of information online and was ranked mid-table. Information about Public Health Funerals in Westminster is provided on the People First website that provides guidance and advice to support independent living, there is no specific reference to Public Health Funerals on the WCC website itself. It was considered that the council's information could be improved and noted that *'Kensington & Chelsea and Westminster both lost two points for their information being very difficult to find. We acknowledge however that we do not know if the People First website is well-known to residents and if they would automatically look there for help*.'

Local authorities and access to public health funerals 2021.pdf (quakersocialaction.org.uk)

3.7 Possible changes to current approach

Use of a 'genealogist' company?

The investigation of a deceased's estate can be a lengthy and extremely detailed activity, currently undertaken by the PHF officer. Some local authorities (not Westminster) work with genealogist companies to expedite the finding of relatives. The PHF officer can investigate the financial and property situation rather than the complex process of finding relatives as this can be complex work and the genealogists have access to far greater resources (databases etc).

Westminster refers deceased persons with estates greater than £500 (the minimum estate) to the Government Legal Department. This department in turn publishes the details of the person on their website, which can lead to relatives being located. It is recommended that public health funerals selects/contracts a genealogist company ('heir hunter'), that will look for relatives of all deceased persons, not just those with an estate of £500 or more. This will hopefully lead to relatives being located more quickly. However such companies do make a charge to the relative as a proportion of the estate, so one possible downside of a quick referral is that relatives don't have a chance of finding out that their relative has died and the ability to avoid incurring the charge of the genealogist company.

Notifying Ward members of the death of a resident in their ward?

Although GDPR does not apply to deceased persons, this council generally is very cautious in regard to publicising the referrals to public health funerals and as such there is no specific provision for this. Following suggestion by some Councillors, we could provide a facility whereby Councillors are notified when a resident in their Ward is taken into the care of Westminster's Public Mortuary. Views of the Committee would be welcome in this regard. Some councils also publish some information on their websites on deceased persons referred to their service and this could also be considered as part of a refreshed webpage/s.

Improve website provision of information on public health funerals

The provision of Westminster's online information needs to be reviewed, as currently there is no obvious information provided around public health funerals on the WCC website and information and contact details are provided on the separate People First website. Steps are already being taken to review and update guidance on our website.

If you have any queries about this Report or wish to inspect any of the Background Papers, please contact Dennis Speight
dspeight@westminster.gov.uk

APPENDICES:
Local authorities and access to public health funerals 2021.pdf (quakersocialaction.org.uk)
BACKGROUND PAPERS
N/A

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Adult Social Care and Public Health Policy & Scrutiny Committee

Date:	27 September 2021
Classification:	General Release
Title:	**2020/21 Work Programme**
Report of:	Head of Governance and Councillor Liaison
Cabinet Member Portfolio:	Cabinet Member for Adult Social Care and Public Health
Wards Involved:	All
Policy Context:	All
Report Author and Contact Details:	**Artemis Kassi** akassi@westminster.gov.uk

1. Executive Summary

1. This report asks the committee members to consider items for the Committee's 2021/2022 work programme.

2. Meeting dates for the 2021/2022 year

2.1 The Committee is advised that the scheduled meeting dates for the 2021/2022 year are:

- 8 November 2021
- 24 January 2022
- 21 March 2022

3. Suggested topics

3.1 The September meeting will cover obesity, which is a priority for the directorate, and public health funerals. The Committee is therefore asked to reflect on and discuss the suggested work programme for the remainder of the municipal year.

3.2 Committee members are participating in a scrutiny task group investigating the mental health and emotional wellbeing of children and young people in Westminster, led by Cllr Karen Scarborough (Business and Children's Policy

and Scrutiny Committee). The Committee may wish to give consideration to topics suitable for future task group work later in the municipal year.

If you have any queries about this report or wish to inspect any of the background papers, please contact Artemis Kassi.

akassi@westminster.gov.uk

Appendix 1 – Terms of Reference
Appendix 2 – Draft Work Programme 2021/2022

ADULTS AND PUBLIC HEALTH POLICY AND SCRUTINY COMMITTEE

COMPOSITION

Eight (8) Members of the Council (five Majority Party Members and three Minority Party Members), but shall not include a Member of the Cabinet.

TERMS OF REFERENCE

(a) To carry out the Policy and Scrutiny functions, as set out in Article 6 of the Constitution in respect of matters relating to all those duties within the terms of reference of the Cabinet Member for Adult Social Care and Public Health.

(b) To carry out the Policy and Scrutiny function in respect of matters within the remit of the Council's non-executive Committees and Sub-Committees, which are within the broad remit of the Committee, in accordance with paragraph 13 (a) of the Policy and Scrutiny procedure rules.

(c) Matters within the broad remit of the Cabinet Members referred to in (a) above which are the responsibility of external agencies.

(d) Any other matter allocated by the Westminster Scrutiny Commission.

(e) To have the power to establish ad hoc or Standing Sub-Committees as Task Groups to carry out the scrutiny of functions within these terms of reference.

(f) To scrutinise the duties of the Lead Members which fall within the remit of the Committee or as otherwise allocated by the Westminster Scrutiny Commission.

(g) To scrutinise any Bi-borough proposals which impact on service areas that fall within the Committee's terms of reference.

(h) To oversee any issues relating to Performance within the Committee's terms of reference.

(i) To have the power to scrutinise those partner organisations under a duty to that are relevant to the remit of the Committee.

(j) To consider any Councillor Calls for Action referred by a Ward Member to the Committee.

(k) To discharge the Council's statutory responsibilities under Section 7 and 11 of the Health and Social Care Act 2001 with regard to any planned substantial developments and variations to NHS services.

(l) To oversee strategic and accountability issues within local health commissioners and providers.

February 2021

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Appendix 2 – Work Programme

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(l) To oversee strategic and accountability issues within local health commissioners and providers.

February 2021

Appendix 2. Draft Work Programme 2021/2022

ROUND ONE 28th April 2021		
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	Cabinet Member for Adult Social Care and Public Health
Healthwatch Report	To receive a report from Healthwatch, including primary care and the patient's voice	Olivia Cylmer, CEO of Healthwatch Central West London
Gordon Hospital	To receive an update on the Gordon Hospital closure	Ela Pathak-Sen, CNWL, Director for Mental Health Services, Westminster
Update from NHS North West London Integrated Care System	To receive an update report from NHS NWL ICS on elective surgery	Professor Tim Orchard, CEO, Imperial College Healthcare Trust
Update on Covid Impacts	To update the Committee on the impacts of Covid in Westminster	Cabinet Member for Adult Social Care and Public Health Russell Styles, Deputy Director of Public Health

ROUND TWO 15th July 2021		
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	Cabinet Member for Adult Social Care and Public Health
Gordon Hospital	To receive an update on the Gordon Hospital closure	Ela Pathak-Sen, CNWL, Director for Mental Health Services, Westminster
Mental Health provision in Westminster	For the Committee to receive an update on mental health services in Westminster	Robyn Doran (Chief Operating Officer, CNWL) and Ela Pathak-Sen, CNWL, Director for Mental Health Services, Westminster
Vaccination Update	To receive a verbal update about the Covid-19 vaccination programme	Pippa Nightingale (Chief Nurse, North-West London / SRO for the COVID-19 vaccination programme)

ROUND THREE 27th September 2021		
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	Cabinet Member for Adult Social Care and Public Health
Obesity and Metabolic Diseases	To update the committee on how the Council is tackling obesity in the Borough	Bernie Flaherty, Bi-Borough Executive Director of Adult Social Care and Health Anna Raleigh, Bi-Borough Director of Public Health
Public Health Funerals	To update the committee on how the Council are running public health funerals	Raj Mistry, Executive Director of Environment and City Management Calvin McLean, Director of Public Protection and Licensing
Gordon Hospital	To receive an update on the Gordon Hospital closure	Ela Pathak-Sen, CNWL, Director for Mental Health Services, Westminster

ROUND FOUR 8th November 2021		
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	Cabinet Member for Adult Social Care and Public Health
Oral Healthcare	To review the accessibility of oral healthcare across Westminster, with particular reference to disadvantaged groups	Bernie Flaherty, Bi-Borough Executive Director of Adult Social Care and Health Anna Raleigh, Bi-Borough Director of Public Health / CNWL
Healthwatch Report	To receive a report from Healthwatch, including primary care and the patient's voice	Olivia Clymer, CEO of Healthwatch Central West London
Update on Gordon Hospital	To receive an update on the Gordon Hospital closure	Ela Pathak-Sen, CNWL, Director for Mental Health Services, Westminster

ROUND FIVE 24th January 2022		
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	Cabinet Member for Adult Social Care and Public Health
Vaccine Take-Up	For the Committee to receive an update on vaccine take-up within Westminster, across different socio-demographics and age groups	Bernie Flaherty, Bi-Borough Executive Director of Adult Social Care and Health Anna Raleigh, Bi-Borough Director of Public Health
Care Homes	For the Committee to receive an update on levels of need, staffing/workforce and funding across Westminster, with particular reference to care home residents with dementia	Bernie Flaherty, Bi-Borough Executive Director of Adult Social Care and Health
Safeguarding Adults Executive Board Annual Report	For the Committee to receive the Safeguarding Adults Annual Report. The Committee would like to be updated on how the Council is working with vulnerable adults that are the victims of scamming and cuckooing	Angela Flahive, Head of Safeguarding Review and Quality Assurance

ROUND SIX 21st March 2022		
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	Cabinet Member for Adult Social Care and Public Health
Healthwatch Report	To receive a report from Healthwatch, including primary care and the patient's voice	Olivia Clymer, CEO of Healthwatch Central West London
Joint Strategic Needs Assessment	To receive a report on Joint Strategic Needs Assessments	Bernie Flaherty, Bi-Borough Executive Director of Adult Social Care and Health Anna Raleigh, Director of Public Health
Update on Gordon Hospital	To receive an update on the Gordon Hospital closure	Ela Pathak-Sen, CNWL, Director for Mental Health Services, Westminster

UNALLOCATED ITEMS		
Agenda Item	**Reasons & objective for item**	**Represented by**
Health Inequalities	To review the council's new public health priority: tackling health inequalities in the Borough. To discuss how health inequalities (particularly BAME health inequalities) have been exacerbated during the pandemic and what data is being collected to monitor health inequalities.	Bernie Flaherty, Bi-Borough Executive Director of Adult Social Care and Health
GP Accessibility Post-Covid	To review the accessibility of GPs post-Covid and review the availability of telephone and face-to-face appointments	TBC
Health Champions Programme	To review the programme	Bernie Flaherty, Bi-Borough Executive Director of Adult Social Care and Health
Alcohol and Substance Misuse Support	To review the Council's alcohol and substance misuse support programmes and how they support vulnerable residents with substance misuse and dual diagnosis problems. To receive information on operation of and demands on the service during the Covid-19 pandemic	Bernie Flaherty, Bi-Borough Executive Director of Adult Social Care and Health
Obesity	Obesity has been identified as the key priority for the NWL Integrated Care Partnership, it was recommended by Public Health WCC that partners leading present the strategic approach for the region in six-months' time	NWL Integrated Care Partnership
Social Isolation and loneliness	To review how the Council is combating social isolation and loneliness amongst its residents	Bernie Flaherty, Bi-Borough Executive Director of Adult Social Care and Health
The North West London Integrated Care System	To receive an update on the NWL ICS	TBC

TASK GROUPS AND STUDIES		
Subject	**Reasons & objective**	**Type**
Emotional Wellbeing and Mental Health of Children and Young People in Westminster	Joint task group, led by the Business and Children's P&S Committee (Cllr Karen Scarborough)	Task group