



City of Westminster

Committee Agenda

Title: **Adults and Public Health Policy and Scrutiny Committee**

Meeting Date: **Monday 21st March, 2022**

Time: **7.00 pm**

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

Members: **Councillors:**

Iain Bott (Chairman)	Maggie Carman
Margot Bright	Danny Chalkley
Ruth Bush	Angela Harvey
Nafsika Butler-Thalassis	Selina Short

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

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



An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter. If you require any further information, please contact the Committee Officer, Artemis Kassi, Lead Scrutiny Adviser/Statutory Officer.

akassi@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.

AGENDA

- 1. WELCOME AND INTRODUCTIONS**
- 2. DECLARATIONS OF INTEREST¹**

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 OF LAST MEETING** **(Pages 5 - 16)**

To approve the minutes of the meeting held on 24th January 2022.
- 4. PORTFOLIO UPDATE: CABINET MEMBER FOR ADULT SOCIAL CARE AND PUBLIC HEALTH** **(Pages 17 - 24)**

Update to the Committee on current and forthcoming issues in this portfolio.
- 5. HEALTHWATCH REPORT** **(Pages 25 - 36)**

To receive a report from Healthwatch, including primary care and the patient's voice.
- 6. VACCINE TAKE-UP** **(Pages 37 - 42)**

For the Committee to receive an update on Council support to vaccine take-up within Westminster.
- 7. UPDATE ON GORDON HOSPITAL** **(Pages 43 - 48)**

To receive an update on the closure of Gordon Hospital.
- 8. JOINT STRATEGIC NEEDS ASSESSMENT** **(Pages 49 - 52)**

To receive a report on the Westminster Joint Strategic Needs Assessment.

¹ With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions, they should contact the Head of Committee and Governance Services in advance of the meeting please

9. UPDATE: OBESITY AND METABOLIC DISORDERS TASK GROUP

Verbal update on preparations to date for the proposed Task Group on Obesity and Metabolic Disorders due to commence early in the next municipal cycle.

10. WORK PLAN 2022/23

To discuss and make recommendations on agenda items in the next municipal period.

11. ANY OTHER BUSINESS

(Pages 53 - 56)

**Stuart Love
Chief Executive**

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CITY OF WESTMINSTER

MINUTES

ADULTS AND PUBLIC HEALTH POLICY AND SCRUTINY COMMITTEE
24th January 2022

MINUTES OF PROCEEDINGS

Minutes of a hybrid meeting of the **Adults and Public Health Policy and Scrutiny Committee** held on 24th January 2022 at 7.00pm via Microsoft Teams and Rooms 18.01-03, 18th floor, 64 Victoria Street, London, SW1E 6QP.

Members Present: Councillors Iain Bott (Chairman), Margot Bright, Ruth Bush, Nafsika Butler-Thalassis, Maggie Carman, Danny Chalkley, Angela Harvey, and Selina Short.

Also Present: Councillor Tim Mitchell (Cabinet Member for Adult Social Care and Public Health), Graham Behr (CNWL, Consultant Psychiatrist), Olivia Clymer (Bernie Flaherty (Bi-borough Executive Director, Adult Social Care and Public Health), Emma Colverd (Founder and manager of Safe Haven Basketball), Rachel Dickinson (Community Liaison and Policy Manager), Artemis Kassi (Statutory Officer and Lead Scrutiny Advisor), Marina Kroyer Change4Life Programme Manager, Ela Pathak-Sen (Director of Mental Health Services, CNWL), Anna Raleigh (Director of Public Health), Anne Sheridan, (CNWL, Consultant), , Martin Skipper (Head of Policy, London Dental Committees Confederation), Kisi Smith-Charlemagne (Committee Officer), Emilie Szasz (Owner of a large NHS dental practice in Westminster and Chair of the Kensington, Chelsea and Westminster Local Dental Committee), Gareth Wall (Director of Integrated Commissioning), Jeremy Wallman (NHSE), and Dr Huda Yusuf (Senior Clinical Consultant Public Health England).

1. MEMBERSHIP

1.1 No apologies received.

2. DECLARATIONS OF INTEREST

2.1 Councillor Bott declared that in relation to item 6, he is a practising dentist working in a private practice.

3. MINUTES

3.1 **RESOLVED:** That the Committee approve the minutes of the meeting of 8 November 2021.

4. CABINET MEMBER FOR ADULT SOCIAL CARE AND PUBLIC HEALTH UPDATE

- 4.1 The Committee received a written report from Councillor Tim Mitchell (Cabinet Member for Adult Social Care and Public Health) who provided a short verbal update on current and forthcoming priorities in his portfolio.
- 4.2 The Committee discussed the following topics in detail:
- the new building strategy for St Mary's Hospital;
 - planning for the wind-down of vaccination centres;
 - provision for outpatients and acute care;
 - statistics on vaccinated and unvaccinated people in the City;
 - the White paper: People at the Heart of Care, bidding for funding and where the money should be allocated;
 - compulsory vaccinations for care home staff and workforce planning;
 - plans for the Carlton Dean redevelopment; and
 - updates on the Beachcroft contract.
- 4.3 Concerning the listed outpatients building at St Mary's Hospital, the Committee sought clarification on the strategy to upgrade the building. The Cabinet Member advised the Committee that unfortunately the issue had not been resolved and it was a matter for Planning. However, that the Cabinet Member felt that the building should be fit for purpose and was not convinced of its suitability.
- 4.4 The Committee discussed the falling rates of Omicron and COVID-19 generally and queried the Council's plans for reducing the vaccination infrastructure, including centres and pop-up centres; and if there was an assumption that this would now be reduced and wound-down. The Cabinet Member advised the Committee that it was an NHS matter, and the Council was very much in the hands of the NHS. The Cabinet Member informed the Committee that in his view the Council would move to a model where COVID-19 vaccinations would be delivered as a part of business as normal and would involve GP surgeries, pharmacies, and support from Primary Care.
- 4.5 Concerning out of borough outpatient care, the Committee discussed transportation for frail patients, and the costs to patients. The Committee sought clarification on how the Cabinet Member was informed when such provisions were moved out of Westminster. The Cabinet Member confirmed that patients would be asked to travel further whilst the acute sector caught up and that NHS England had invested money in the private sector in order to bring down NHS waiting times.
- 4.6 The Committee queried the partnership change for outpatient testing. The Cabinet Member stated that he was not aware of any changes to the partnership and would have been informed of any such changes but would confirm and report back to the Committee.

- 4.7 **The Committee requested that a map be provided of the locations where Westminster residents are being sent for outpatient care.**
- 4.8 Members of the Committee discussed the number of unvaccinated residents (44%). The Committee noted that the council was working with health partners to improve vaccination number and queried if the council should know who these individuals are, as the numbers did not seem to be improving. The Cabinet member confirmed that 61% of residents had been vaccinated, he confirmed that the council did not know who had been vaccinated, however the council had been working very closely with health partners to increase vaccine take up numbers.
- 4.9 The Committee sought further information on the white paper update, the available funding and plans to bid for money. Responding to the Committee's query Gareth Wall, Director of Integrated Commissioning advised the Committee that there was some money the council anticipated and would come in waves over the next 3 years. He confirmed that there would be an initial £900,000 due next year and there were some criteria regarding how this would be distributed. Mr Gareth Wall confirmed that there would be some work to ensure that there was a deep understanding of the cost of care, the implication on the market and where any gaps are identified. He noted that as the remaining funding come through to the council ensuring that it is distributed in a way that fills any identified gaps.
- 4.10 The Committee discussed the roll out of vaccinations for members of staff in the care sector. The Cabinet Member confirmed that the council had been working closely with Care Home providers and achieved high vaccination rates. The Committee also discussed privately employed personal carers and the fact that they are not regulated. Mr Gareth Wall confirmed that whilst this was correct the council were working with all carers to ensure that the spirit of the mandate was carried out and encouraged all carers working with the vulnerable to be vaccinated.
- 4.11 The Committee queried the support for carers as discussed at the last meeting. The Cabinet member confirmed that the council already supported carers and he had regular meetings with Carers UK and participate in a number of forums. The Committee queried how Care Homes would cope when the mandate to self-isolate was reversed in March. Responding to the Committees query, Mr Gareth Wall advised the Committee that Care Homes had done an impeccable job in responding to the previous mandates and the council would continue to support Care Homes with changes, he advised that he had confidence in the Care Homes abilities to adapt.

- 4.12 The Committee queried the status of the position for the Carlton Dean building which was in a poor state and an update on the Beachcroft contract. The Cabinet Members advised the Committee the council decanted the two existing care homes including Carlton Dean and the building has been emptied since. He confirmed that there would be a planning application in the next year to develop the site. In the meantime, the building will not be used. On Beachcroft the Cabinet Member informed the Committee that there would be a Cabinet Member report available in the next few months on the options.
- 4.13 The Committee raised further questions regarding the derelict state and the Planning permission for the Carlton Dean building. The Cabinet Member confirmed that there was planning permission in place but needed to work with potential providers to draw up the details for a mixed community of residents who required support. He advised that the item would come back to the Committee in the near future to discuss the plan. The Committee also discussed the Promoting Independence Budget and the predicted 1.7million savings in adult social care. the Cabinet Member advised the Committee that the Budget task group was the forum where the council dealt with queries regarding budgets and savings.
- 4.14 The Committee sought further information on the white paper update, in particular the fund available to integrate housing into local health and care strategies with a focus of increasing new supported housing options. The Committee also discussed if the extra money could be used to ease pressures of overcrowding and disrepair. Mr Gareth Wall advised the Committee that the white paper and supporting policy was not specific regarding the funding for housing and Social Care, however it was clear that it was under the umbrella of Adult social care and not general housing.
- 4.15 The Cabinet Member advised that ASC was responsible for Care Homes, whilst Housing Services was responsible for supported housing and general needs housing. He advised that he would be sitting down with the Cabinet Member for Housing to discuss housing provision to ensure that all pathways were clear and supported by the council. Mr Gareth Wall advised the Committee that ASC would work with Housing colleagues towards and a holistic approach, however the money was tied to adult social care needs.
- 4.16 The Committee discussed the compulsory vaccination for medical staff across Westminster and staff moving to countries where there was not a compulsory vaccination. The Committee queried the impact across Westminster and if the council held any data on number of Health Care professionals who were vaccination or unvaccinated. The Cabinet Member advised that he did not hold any information on the matter. He confirmed he attended regular meetings with Chief executive of St Mary's and this issue had not been flagged as a concern.

4.17 **The Chairman requested that the number of Health Care professionals who were vaccination or unvaccinated data be provided by Health Care Partners.**

4.18 **RESOLVED:** that the Committee note the update report.

The Committee Requested:

- A map be provided of the locations where Westminster residents are being sent for outpatient care.
- Data on the number of Health Care professionals who were vaccination or unvaccinated

5. UPDATE ON THE GORDON HOSPITAL

5.1 The Committee received a written report from Ela Pathak-Sen (Director of Mental Health Services in CNWL), Graham Behr (CNWL, Consultant Psychiatrist) and Anne Sheridan, (CNWL, Consultant) who provided a short verbal update on the temporary continuing closure of the in-patient wards at the Gordon Hospital.

5.2 The Committee discussed the following topics in detail:

- the pressure facing Mental Health services;
- outcomes from the Voice Exchange Project;
- the impact of the hospital's continuing closure on Westminster;
- the number of consultants recruited;
- the numbers of patients being treated outside of Westminster; the rise in unwell people across Central North-West London and the number of compulsory admissions to in-patient units; and
- the increase in admissions under the Mental Health Act.

5.3 Concerning the increase in admissions under the Mental Health Act, the Committee was informed that the Community Mental Health teams were under immense pressure and patients were being released before they were well. The Committee queried if the money from the closure should be invested in Mental Health Services as there were not enough resources. Responding to the question, Graham Behr advised the Committee that investing in community resources was the right direction and that there had been a change in the model, where access had been widened by incorporating primary health care services in to the "one stop shop" model. He stated that this allowed higher interface and interaction with GPs to support managing people as soon as interventions had been completed.

- 5.4 The Committee sought further clarification on the Voice Exchange project and whether it was entirely staff orientated. The Committee also wanted further information on the treatment and care. Responding to the query raised, Ela Pathak-Sen advised the Committee that whilst the report was not yet published, those who participated in the project had very much appreciated the work that staff had done for them, however for them to be able to receive better and more compassionate care, staff members needed to be cared for better. She added that service users also wanted to be more involved in decision making.
- 5.5 The Committee noted the letter which had been received in relation to staff experiences which was shared with partners. The Committee sought clarification on why people were re-admitted to mental health services. Mr Graham Behr advised that when looking at data across all the boroughs the biggest cause for readmission was drug use. He informed the Committee that investments in Westminster had been directed to supporting young men in particular, however it was not an issue that they had the answers to immediately. The Committee noted earlier comments with regard to funding from the closure of the Gordon Hospital going into mental health care, however, but doubted that the finances were organised in that way.
- 5.6 The Committee noted that, during its round table discussions with Clare Murdoch, she remarked that the CQC report had found the Gordon Hospital to be unsatisfactory and stated that it must be invested in. The CQC assessment had not concluded that the Gordon Hospital must be closed. The Committee advised that, during the site visits to both the Gordon and St Charles Hospitals, on speaking to service users, they had not found the St Charles Hospital to be satisfactory and could not wait for the Gordon Hospital to be reopened.
- 5.7 **The Committee stated that it was important to know what the economic impact had been on Westminster and how much had been saved each year of the Gordon Hospital's closure. The Committee noted that this had included the loss of jobs as well as care in Westminster and asked that CNWL come back to the Committee with that information.**
- 5.8 The Committee welcomed the mental health services working within GP practices and sought clarification on the number of GP practices that currently had Mental Health practitioners. Graham Behr stated that there were over 50 surgeries but was unable to give the exact figures. He advised the Committee that they were rolling out additional remunerated roles, with band 7 workers attached to every surgery in Westminster.
- 5.9 **The Committee also sought the number of consultants that had been recruited to GP surgeries.**

- 5.10 The Committee sought further clarification of the community settings raised in the paper. Ela Pathak-Sen felt that in the next paper to the Committee it would be useful to discuss the pathways. She stated that the other community settings were provided by the voluntary sector, including 'Step Down beds' and working with the British Red Cross. Ela Pathak Sen also advised the Committee of the future launch of the 'Crisis House' to help avoid admission and the involvement of communities which would support the destigmatisation of Mental Health.
- 5.11 **The Committee discussed the figures relating to patients treated out of the borough and sought further clarification on the data, including the 9% of patients receiving care out of area and the connections they had to Westminster i.e., how many were residents or had family in the City.**
- 5.12 The Committee noted that it continued to be concerned about the closure of the Gordon Hospital and looked forward to the consultation, now scheduled for the period after the local elections. The Chairman confirmed that next update would be in March
- 5.13 **RESOLVED:** that the Committee note the update report on the closure of the Gordon Hospital.

The Committee Requested:

- Data on the economic impact on Westminster and how much had been saved each year of the Gordon Hospital's closure. including the loss of jobs.
- The number of consultants that had been recruited to GP surgeries.
- Further clarification on the data, including the 9% of patients receiving care out of area and the connections they had to Westminster i.e., how many were residents or had family in the city.

6. ORAL HEALTH IN WESTMINSTER

- 6.1 The Committee received a report from NHS England Dental Service on Oral Health in Westminster (represented by Dr Huda Yusuf and Jeremy Wallman) and Westminster's Public Health team. The Committee also welcomed as external expert witnesses Martin Skipper (Head of Policy, London Dental Committees Confederation) and Emilie Szasz (a practising NHS dentist and owner of a dental practice in Westminster Chair of the Kensington, Chelsea and Westminster Local Dental Committee)

6.2 The Committee discussed the following topics in detail:

- the treatment charge system, the cost of materials and the balance between acute and emergency treatment;
- the decay statistics for children under 5 and supporting parents for improved outcomes;
- oral health inequalities and the procedures for oral health care in care homes;
- oral health provision for the homeless and rough sleepers, in particular the impact of substance misuse on oral health;
- the use of social media for promoting oral health, the costs of oral health treatments and the fear of visiting the dentist; and
- the ability to register with NHS dentists and the fluoridation of the London water supply.

6.3 The Committee discussed the pricing and charge structure outlined in the report. The Committee queried whether COVID-19 delays had resulted in more extensive and more costly dental work, and whether this had caused issues. Responding to the Committee's query, Martin Skipper advised the Committee that, from a commissioning point, this was an issue as routine issues had become urgent, and practices were seeing more complex and long-drawn-out treatments. Emilie Szasz advised the Committee that costs had increased, including the cost for materials. She added that patients were coming in large numbers and because the UDA system does not measure access it is very difficult for the commissioners to know exactly what is happening

6.4 The Committee noted the 3 measures required to tackle the problem of decay amongst for children did not appear to be complex. It noted that one third of children were suffering from tooth decay and the position had worsen over the last 5 years. The Committee wondered if there should be more work to educate parents. The Committee suggest that social media should be used as another tool to promote oral health as nearly all parents will have a smart phone.

6.5 Dr Huda Yusuf (Senior Clinical Consultant, Public Health England) observed that "victim blaming" parents was not constructive and that the focus should be on issues that impact on child oral health, such as child poverty, deprivation, and access to education and opportunities. It was also felt that the 'Commission Better Oral Health' guidance providing an evidence-based intervention was a key tool. It was noted that Westminster had implemented a number of these interventions such as training of the wider workforce, health education and social care, empowering parents to take control over their lives.

- 6.6 Anna Raleigh (Director of Public Health) confirmed that using social media to promote improved oral health was certainly something that the Council would look at, as the Change4Life programme was using social media and she would find out further details. She advised the Committee that, with regards to the oral health of children and young people, there was more work to do. The Committee was advised that the Council was working from a baseline of 2007 and, whilst there had been some improvements, there was still further work required to improve. Ms Raleigh also advised that much of the work commissioned involved direct work with parents and families to raise awareness.
- 6.7 The Committee considered that the main cause of tooth decay related to sugary drinks, and that this did relate to parents. The Committee also sought clarification on the guidance for dental care in Care Homes. For example, it had been brought to the Committee's attention that carers had been told not to brush the teeth of people with mental health issues or people with no teeth at all. The Committee wanted confirmation that residents in care homes were having their teeth brushed. Ms Yusuf observed that this information was not current and advised the Committee that there had been recent training of staff in care homes across London, with an oral health assessment being conducted for every person entering a care home and regular review of the initial assessment.
- 6.8 Olivia Clymer confirmed that Healthwatch was running a project with dignity champions on oral health. She advised the Committee that the picture was more positive, with people stating that they were content with dental care and support they received, though the picture was less clear for those with dementia or without capacity **The Committee requested data on the brushing and flossing of teeth for Westminster's elderly residents, especially for those without capacity.**
- 6.9 The Committee considered if the Community Hubs could be a place where dental advice was offered. The Committee also sought confirmation on how the Council supported the homeless and rough sleepers with oral health care. Huda Yusuf advised the Committee that this was an area of focus and NHS England had conducted an oral health needs assessment on a pan-London basis, including focus groups with dental practitioners and peer groups. She also advised that there were bespoke dental surgeries and a clinic in Soho specifically for rough sleepers and the homeless population.
- 6.10 The Committee discussed the widely held fear of going to the dentist and the provision for support in NHS practices. The Committee noted that residents had not only complained that it was difficult to get a dentist appointment, but it was also difficult register with a dentist. The Committee also queried whether it was possible to add fluoride to the London water supply. Jeremy Wallman advised the Committee that there had been no formal registration of patients since the new contract started in 2006. It was explained that to add fluoride to the London water supply would be complicated, hopefully with the white paper there will be a move in that direction, but it would not be any time soon.

6.11 **RESOLVED:** that the Committee note the report.

The Committee Requested:

- Data on the brushing and flossing of teeth for Westminster's elderly residents, especially for those without capacity.

7. AUTISM STRATEGY

7.1 The Committee received a report on the WCC Autism Strategy Bernie Flaherty (Bi Borough Executive Director of Adults) presented the Autism Strategy and report

7.2 The Committee discussed the following topics in detail:

- The need for concrete commitments, levels of funding and the accuracy of the statistics presented in the strategy
- The action plan for how the council would achieve the statements and description detailed in the strategy
- How the Council will ensure social value is embedded in the strategy
- Ensuring the continuing work with that service users

7.3 Emma Colverd (Founder and manager of Safe Haven Basketball) was invited to comment and ask questions. Ms Colverd welcomed the strategy, she felt that it was very thorough and cover the main factors. She wanted to make two points, the first was that the delivery of the strategy should be as good as the strategy itself and she queried how and what measures would be put in place to set expectations, targets and monitor performance and outcomes. Ms Colverd also suggested the use of secret shoppers, to establish user experiences for people with autism. Ms Colverd advised the Committee that she was concerned that the Autism strategy may become less important, and possibility shelved after the elections in May.

7.4 The Committee welcomed the report and thought that it was very interesting and appreciated the case studies presented. The Committee found the presentation of the report difficult to read. The Committee felt that the report was very good at describing the problems, however in terms of actions and commitments, there was very little concrete commitment. The Committee also felt that there was no real commitment to funding, just a mention of £50,000 for solving the issues with IEPT at the very end of the report. The Committee noted that the graphs (P.42) suggested that the numbers would increase and then decrease, the Committee felt that there was no evidence to support this and queried the accuracy of the data.

- 7.5 Responding to the queries, Bernie Flaherty advised the Committee that regarding performance, the council needed to take a deeper look, as it was not clear. She also added that there were wider issues to consider, i.e., diagnoses rate, which was many times lower than what it should be and businesses doing more to support outcomes. Ms Flaherty advised the Committee that the data nationally was very poor, and the council was working with health colleagues to try and establish baseline data. The Committee noted that other issues like poor access to mental health and support were key and required specific actions to tackle these issues.
- 7.6 Gareth Wall advised the Committee that this was a strategy with high level aims and ambitions set out by residents and service users. He advised that detailing the action is the that would happen next. He added that each of the seven pillars had a group assigned to it, working on four areas, 'what's going well', 'were to focus', 'how to improve' and 'how will we know it's better'. He advised the Committee that detailed actions will be developed as a result of this work.
- 7.7 The Committee sought further details on the workflow stream relating to social value and compared this to the structure established in France. Gareth Wall informed the Committee that the council can use leverage through social value and procurement exercises to require and assess organisations that would offer internships, apprenticeships, and jobs etc. as part of their bid. The Committee queried the poor national data and noted that it would have like to have seen more information on improved diagnoses or changes in the population or specific factors so that there is a better understanding. The Committee noted that it would like to see more information on the research into Autism and the supporting data.
- 7.8 The Committee again welcomed the report and thanked everyone involved, it was noted the council should continue to work with residents, service user and their experiences to ensure that the key actions are aligned with needs.
- 7.9 **RECOMMENDATIONS:** The Commission recommended:
- That the statistic presented in the Autism Strategy are reviewed for accuracy.
 - That a one-page summary document of the Autism Strategy be produced for sharing with others.
- 7.10 **RESOLVED:** that the Committee note the report.

8. WORK PROGRAMME

8.1 The Committee received a report on its work programme and discussed the work programme for the remainder of the municipal year. Artemis Kassi reminded the Committee that there was one final meeting before the local elections in May. Ms Kassi advised the Committee that the following items were suggested for the next meeting:

- an update on Gordon Hospital;
- a report from Healthwatch;
- Joint Strategic Needs Assessments; and
- an update on the work programme.

8.2 Artemis Kassi advised that there were still unallocated items, and that the scrutiny team would be approaching the directorates with regards to planning the work programme for the upcoming year. The Committee asked why the statutory Public Health Annual Report had not been published. Anna Raleigh confirmed to the Committee that the Director of Public Health's annual report was a statutory report and the 2021 report had been through governance and would be uploaded to the website very shortly. She added that the Annual Health report would be published in the spring or early summer 2022. It was agreed that the Annual Public Health report would be brought to the Committee prior to publication in either June or September and that Anna Raleigh would liaise with Artemis Kassi to confirm the dates.

8.3 The Committee observed that it would like more information on where Westminster residents were going for tests and noted that the information may be provided as part of the NWL integrated care system. The Committee also suggested more items on Care Homes and Public Health services being delivered by the voluntary sector, such as "Step down beds". The Committee also sought information about the progress of the Obesity/Metabolic Diseases task group.

9. END OF MEETING

9.1 The Chairman formally closed the meeting at 9.24pm.

CHAIRMAN _____

DATE _____



Adults and Public Health Policy and Scrutiny Committee

Date: 21st March 2022

Report of: Councillor Tim Mitchell

Portfolio: Deputy Leader and Cabinet Member for Adult Social Care and Public Health

Report Author: Daniella Bonfanti, Cabinet Manager
dbonfanti@westminster.gov.uk

Overview

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.

COVID-19 Update




As of 11th January 2022 in England, people with positive lateral flow results for COVID-19 need to report their result but don't need to take a confirmatory PCR test unless they develop COVID-19 symptoms. It is likely that many positive LFTs will not be reported. Testing and positivity rates will also be affected.

In the week ending 23rd February 2022, the Office of National Statistics (ONS) estimated that 1 in 25 people in London had COVID-19. This is down from the previous week. This is reflected in our case rates, which remain stable. Most recent figures show no change compared to last week in Westminster, with case rates also stable in London.

Westminster rates are similar to the London and National average, with the borough currently has the 17th highest case rate in London. Positivity rates are decreasing with 8% of tests positive. Testing rates have fallen to 364 per 100,000.

Current Epidemiology and Cases

Data as of 10th March 2022

Westminster Average	London Average	England Average
330.6 per 100,000	335.6 per 100,000	350.4 per 100,000
		
No change from last week	2% increase from last week	9% increase from last week

Living With Covid

On Wednesday 19th January 2022, the Prime Minister announced that restrictions in place against the emergence of the COVID-19 variant Omicron in England will be lifted following a review of Plan B measures.

Further lifting of restrictions related to care homes were announced on 31st January 2022. These include unlimited visiting for care home residents and isolation periods for those following an emergency hospital visit will be reduced from 14 days to a maximum 10 days.

London Directors of Public Health have agreed a process for risk assessed safe discharge from hospital into care homes. This process is a response to the pressures in the health and social care system from COVID-19 and will enable more care homes to remain open for admissions.

Supporting the Clinical Commissioning Group with the Rollout of COVID-19 Vaccinations

Vaccinations continue to be available through local clinics, pop ups and pharmacies. The latest offer is summarised on the [Westminster City Council website](#).

Vaccinations for children aged 5 to 11 who are deemed to be Clinically Extremely Vulnerable (CEV) went live from Monday 31st January 2022 and a wider offer of vaccinations for all 5 to 11 year olds will begin shortly.

Public Health has been successful in receiving a sum of £485k from Department of Levelling up, Housing and Communities (DLUHC) for a six-month Community Vaccine Programme scheme.

Vaccination of Staff in Health and Social Care

The Secretary of State for Health and Social Care has announced the Government is to revoke the regulations making vaccination a condition of deployment (VCOD) in all health and social care settings (care homes and wider social care). This will take effect from 15th March 2022.

This change in legislation may encourage some staff who have left the sector to return, and whilst the impact was very low in WCC, local monitoring is being established to understand the workforce trends in this area and to ensure robust data is obtained. Anecdotal evidence to date suggests some staff who refused to consent to the vaccination are considering returning.

Validation of vaccinations received abroad

A new service has been established at the Gordon Hospital for those who have been vaccinated abroad, enabling residents to book an appointment to show evidence for any coronavirus (COVID-19) vaccinations received outside of England. This is so the NHS can securely update their vaccination record. This is being promoted across the

Council's social media, e-newsletters, websites and via Community Engagement colleagues.

Little Venice and South Westminster are being assessed as future sites to offer this service.

This will be impactful in terms of improving our recognised uptake rates as well as supporting residents with updating their vaccination status on NHS systems.

Public Health Investment – Addressing the impacts of COVID-19 on residents

The 2021 Director of Public Health's Annual Report focused on the disproportionate impact COVID-19 has had on our communities and identified three key messages:

- Health inequalities existed before the pandemic.
- COVID-19 has exposed and exacerbated these inequalities with some communities being disproportionately affected by COVID-19, as they are by other diseases.
- We need to ensure everyone has an equal opportunity to succeed and be healthy; to do this we need to focus more intensively on those with the greatest need and address the wider determinants of health so that healthy choices are made easier.

The annual report made the commitment to invest £3m from reserves in cross council initiatives which address the impact of COVID-19. This non recurrent funding, resourced from reserves of £5.75m (as of March 2021), is in addition to the ongoing annual £10.5m invested across the council from the Public Health Grant.

Cross council workshops were held to engage key stakeholders in a conversation about health inequalities and the impact of the pandemic. The outcome of this process is an investment in 23 projects totalling £3.7million. An Executive Decision confirming these proposals will shortly be put to the Cabinet Member.

The aspiration is that this programme will strengthen integrated working across WCC, recognising that everyone has a role to play in promoting health and wellbeing.

Better Care Fund (BCF)

One of the most ambitious programmes ever introduced across the NHS and local government, the Better Care Fund (BCF) encourages integration by requiring Clinical Commissioning Groups (CCGs) and local authorities to enter pooled budget arrangements and agree an integrated spending plan.

The BCF national condition for grant funding is that a signed Section 75 agreement is in place between the local authority and the CCG. If this condition is not met, NHS England is able to direct the CCG in our Health and Wellbeing Board area as to the use of the funding.

With the recent change to NHS North West London CCG, there is a need to have a new Section 75 agreement in place.

The details of the partnership agreement were agreed at the Health and Wellbeing Board on the 25th of November 2021.

The Cabinet Member, by way of Executive Decision, delegated authority to the Executive Director of Adult Social Care and Public Health to enter into the partnership with NHS North West London CCG, this agreement covers the 2021/22 financial year.

Hospital Pressures and Service Changes

Throughout the COVID-19 period, the way people have been discharged has transformed. Traditionally, assessments would be carried out within a hospital setting, which could result in delays and over prescription of care from a hospital bed. In addition, funding for someone's long term care was agreed prior to discharge and this resulted in delays, often called Delayed Transfers of Care (DToc).

At the start of COVID-19, national discharge guidance resulted in a number of changes in the way people's discharges were planned. This included:

- Establishing an Integrated Discharge Team (Hubs) within acute settings.
- Providing people's care for free, no matter their eligibility at point of discharge. This was initially for up to six weeks and is now four weeks.
- People being assessed within the community, either within their normal place of residence or a step-down facility.

The above changes allowed the health and care system to manage flow through acute settings, ensuring when people were admitted, there were enough beds to meet demand.

However, with the ending of the discharge funding from the 31st March 2022, there is a significant risk that there will be increased pressure on local authority budgets (and therefore capacity to achieve speedy discharge) and greater risk of delays in discharges due to uncertainty of how funding for people's care post discharge will be met and the impact this has on long term care costs due to the nature of discharge to assess.

A resolution to the pathway design and funding of care and workforce is required imminently to support strong partnership and multi-disciplinary working and outcomes for residents after an admission.

In response, the Council is working closely with NHS colleagues in a number of areas to ensure new pathways are invested in and fit for purpose and that local people's needs are meet.

- Integrated Discharge Teams are now in place providing opportunity to review our social care hospital discharge functions, how it may integrate further with NHS services that require additional investment and the way social workers now need to undertake assessments in the community.

- A new model of care from 1st April 2022 for joint health and social care assessment outside of the hospital setting will involve working alongside the CCG/NHS partners to better use existing health funded care home bed capacity for residents with very complex health needs requiring a period of recovery and further assessment in 28 days, using a multi-disciplinary team (MDT) approach.

Integrated Care System Formation

On the 9th February 2022, the Government presented an integration white paper outlining how, through the Governments “Levelling Up” plan, will seek to make integrated health and care a reality across England. The underlying goal is to make health and care systems “fit for the future”, boost the health of local communities, and make it easier to access health and care services. This will be achieved through strong leadership and accountability by bringing together local leaders to deliver on shared outcomes, in the best interests for their local communities.

The paper sets out an argument that people too often find that they are having to force services to work together rather than experiencing a seamless, joined-up health and care journey. In summary, “Everyone should receive the right care, in the right place, at the right time”.

There is also acknowledgement that the health and care systems remain fragmented and not sufficiently aligned to prioritise prevention, early intervention and population health improvement to the extent that is required. This white paper sets out an ambition for better integration across primary care, community health, adult social care, acute, mental health, public health and housing services which relate to health and social care.

Children’s social care is not directly within scope of this paper, but local place based partnerships are encouraged to consider the integration between and within children and adult health and care services wherever possible.

The paper covers five areas of reform with a clear focus on personalisation, prevention and encouraging local arrangements providing clarity over health and care services in each area, including aligning and pooling budgets. There is recognition that local NHS and local authority leaders will need to work together and to be “empowered” to deliver against these outcomes and will be accountable for delivery and performance against them.

Place/borough representations on the scale of delegation will need to be made and the developing work of the Place Based Partnership over the next 10-12 weeks will support this in developing the overall strategy with the Health and Wellbeing Board, the delivery priorities and how the partnership brings strength in working together in improving outcomes for our residents.

White Paper Update – People at the Heart of Care

On 1st December 2021, the Government published the ‘People at the Heart of Care: Adult Social Care White Paper’. The paper sets out a 10-year vision to transform

support and care in England and details how the £5.4 billion raised by the Health and Care Levy for Adult Social Care over the next three years will be used.

Technical guidance from the Department of Health and Social Care is still awaited, which will provide WCC with a better understanding of the resource and financial impact of implementation.

Mental Health

WCC and Central North West London (CNWL) have agreed to review the Section 75 Partnership Agreement with a view to arriving at a newly defined partnership, that is in keeping with the principles of the evolving Integrated Care Partnership, creating minimum disruption for service users, their carers and staff. An engagement meeting will be undertaken with staff as various options are explored. In the interim, the Section 75 agreement is intended to be extended for 12 months from April 2022 to provide sufficient time to explore options on the new arrangement with CNWL. A clear proposed plan will be available within the next 6 to 7 months.

Furthermore, current Mental health services in WCC will be reviewed with a view to arrive at a post-COVID offer. A professionals meeting with key mental health stakeholders is being established to focus on the following:

- Current initiatives taking place across the mental health system.
- Some of the areas we need to further strengthen
- Impact of the pandemic on communities and;
- How mental health services could adapt to improve the offer to our local people in a post covid environment.

Public Health Engagement

Community Champions

During the pandemic Community and Maternity Champions projects developed a successful blended approach to delivery of activities in their localities to residents, with much being delivered online. This has resulted in both increased digital literacy amongst participants and the opportunity to continue to meet health and wellbeing needs amongst residents, including reduced isolation and loneliness exacerbated by the pandemic. Other face-to-face activity has included support to various food distribution projects to reduce food poverty; support to older people; families and new parents.

As trusted voices in their communities, Champions have supported COVID-19 public health messaging throughout the pandemic, signposting to services and promoting vaccine uptake and providing marshalling support to the semi-permanent and pop-up vaccine sites and the vaccine bus. They have provided a valued conduit for community insight back into Public Health, thus assisting with communications and community engagement planning. Quarter 3 ended with some 94 volunteer Champions in place across all projects.

In partnership with NHS North West London (NHS NWL), the 'Better Care Campaign' is to be delivered in the four North Westminster projects (Westbourne, Harrow Road, Church Street and Mozart). This is in support of a wider trial with the Social Prescribing Service, GPs and hospitals throughout 2022 aimed at reducing high intensity use (HIU) of A&E and Urgent Care Centres and supporting High Intensity Users into alternative community-based services.

The five Westminster Community Champions projects are each receiving c£27k from the £485,000 DLUHC funded Community Vaccines Programme. This aims to extend the existing work in addressing COVID-19 vaccine hesitancy and wider health inequalities and health protection issues. Projects will target efforts at the most vaccine hesitant groups and communities in each area.

Health Champions

An email update on COVID-19 messaging continues to be sent out weekly, with meetings taking place fortnightly. Recent focus has been on providing up to date and accurate information about Omicron and local guidelines in response to it, whilst also gathering feedback and intelligence on how residents are being affected by the pandemic.

Information is sent out to a current group of 170, who cascade the information to their networks which include businesses, charities, parent groups, mutual aid groups, schools, and businesses.

Situation in Ukraine

ASC are monitoring the situation in Ukraine and have recently undertaken a review of all contracts to ensure provision of services are not affected. No impact is foreseen at present. Community equipment provision relies on providers based in other eastern European countries (such as Poland), which may result in potential disruption to supply. This is being monitored carefully.

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Health and Social Care Policy and Scrutiny Committee

Date:	March 21st 2022
Classification:	General Release / Confidential
Title:	Update on local Healthwatch Dignity Champions work on oral health and care homes.
Report of:	Olivia Clymer
Cabinet Member Portfolio	Cllr Tim Mitchell
Wards Involved:	All / Specific
Policy Context:	Health and Social Care
Report Author and Contact Details:	Olivia.Clymer@healthwatchcentralwestlondon.org



HWCWL Dignity Champions Oral Health Project – initial findings: Our volunteers have been working with local care homes across Westminster and Kensington and Chelsea to gather the experiences of care home residents and their families in regard to the oral health of residents.

With the support of expert briefings from CLCH secondary dental team, Dignity Champions designed an Enter & View programme focused on oral health. Surveys were shared, both electronically and in hard copy with free post return envelopes, through care home managers. Two evening listening sessions were provided for relatives who might wish to share their experience of the management of oral health for their family member.

HWCWL contacted 22 care homes across the bi-borough, receiving 62 responses from 9 care homes.*

Resident	27
Relative / friend	6
Staff	25
Manager	4

The care homes who have responded support residents with different care needs such as learning disability or dementia.

Due to pandemic Dignity Champions were unable to visit the care homes so created a survey that was online, paper copies were sent and the offer to have a zoom/telephone call with dignity champions was made. We were reliant on the cooperation of the care home to ensure that the surveys were distributed and that the posters we sent were displayed. HWCWL would like to thank care homes who responded.

The response was overwhelming via paper copies with the managers being the only ones to respond online.

HWCWL asked residents and relatives/friends questions regarding how dental care was undertaken and if the resident felt they were given adequate support and choice, and if they visited the dentist and saw a dental hygienist.

Relatives /friends were asked about their loved one's dental care and if and how they were involved.

Staff and managers were asked about any dental policy in their place of work, what training was provided, the support given and processes. HWCWL asked what was done well and what was difficult, and what support might help.

Findings so far include:

Residents overall seem happy with the support they get for their oral health and dental care, many reporting no issues with their teeth. This was the same for the relatives/friends who responded. None had seen a dental hygienist. Those who wore dentures felt that they did not need to see a dentist.

Staff seemed to be very aware of how to manage oral health for their residents and offered choice to the residents for example their choice of toothbrush. There was not a great deal of awareness about if the residence had a dental health policy.

A wide range of refreshments were offered to maintain hydration, although some of these (juice/squash/custard) were possibly very sweet which could be detrimental to good oral hygiene.

Staff seemed clear about how to escalate dental health concerns and how these were reported and recorded.

Residents did not offer any suggestions about how their dental health might be improved.

Staff and managers identified difficulties for those who are very unwell/ end of life, suggesting that it would help if an oral professional was able to assess and advise.

This call for an oral professional to visit and assess dental health needs and make recommendations was repeated by other staff, especially as covid has made accessing a dentist far more difficult in recent years.

The need for fast-track access to a dentist was requested.

*Care homes who have responded

Turning Point Hazel House

The Margaret Thatcher

Alan Morkhill House

Princess Louise

Athlone House

Butterworth

Harrow Road

Garside Nursing Home

The Kensington Care Home

If you have any queries about this briefing report or wish to inspect any of the Background Papers, please contact Olivia Clymer at Healthwatch Central West London.

Olivia.Clymer@healthwatchcentralwestlondon.org

Appendix A

Hard copy survey shared with resident and families of local care homes

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Appendix A: Questionnaire sent to residents



Survey: Maintaining dental health and access to dental care

Who are Healthwatch Central West London?

We are an independent charity and have statutory powers to “enter and view” publicly funded services in the Royal Borough of Kensington and Chelsea and the City of Westminster. This means that we can visit services like nursing and care homes to listen to people’s experiences and communicate issues affecting residents to the service providers, Adult Social Care commissioners and the Care Quality Commission.

Why do we want to hear about your experiences?

The COVID-19 pandemic has brought into clear view that there are many issues regarding access to dentistry and we’re keen to understand how maintaining the dental health and care of residents of care homes is managed.

Good dental care is key to everyone’s wellbeing. Regular brushing and dental check-ups can be key in avoiding dental decay and wider health issues.

What will we do with the information we gather?

We will use our findings to report outcomes as detailed above, share our insight into what is done well and give recommendations about what might be improved.

Thank you for sharing your experiences. Please answer the questions as fully as you can. Your answers will be used to help us write our report.

If you would prefer to talk to us about your experiences, please tell a member of staff who will organise this for you.

For more information

For further information or to speak to Jill directly, please contact her using the following

Ring: 07330 484 655

Email: jill.prawer@healthwatchcentralwestlondon.org

Website: www.healthwatchcwl.co.uk

Maintaining dental health and access to dental care

Name of Care Home:

Date:

Name (optional):

<p>1. Approximately how long have you been living here? (please write your answers in the box opposite)</p>	
<p>2. Do staff support you to maintain your dental health?</p> <p>Please tell us more about how your dental health is managed....</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p>
<p>3. Do you use the toothbrush/ toothpaste/mouthwash of your choice?</p> <p>If no, please tell us why not...</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p>
<p>4. Have you seen a dentist since you moved here?</p> <p>Please tell us why you have or haven't seen a dentist...</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p>

<p>5. Is this your preferred dentist?</p> <p>Please tell us why this is the case...</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p>
<p>6. Is your dentist a private dentist or NHS funded?</p> <p>Pease tell us if there is any particular reason for your choice....</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p>
<p>7. How often have you seen a dentist?</p> <p>Please tell us why you have or haven't seen a dentist...</p>	<p><input type="checkbox"/> Once <input type="checkbox"/> More than once <input type="checkbox"/> Never <input type="checkbox"/> Not sure</p>
<p>8. Have you seen a dental hygienist since you moved here?</p> <p>Please tell us why you have or haven't seen a dental hygienist...</p>	<p><input type="checkbox"/> Once <input type="checkbox"/> More than once <input type="checkbox"/> Never <input type="checkbox"/> Not sure</p>

<p>9. Do you have problems with eating and drinking that are related to your mouth and dental care?</p> <p>If yes, please tell us what are the problems...</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p>
<p>10. How do staff respond if you tell them you have a toothache or other problem with your teeth?</p> <p>Please give examples....</p>	
<p>11. Are you given enough liquid refreshment during the day?</p> <p>Please tell us what is provided...</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p>

<p>12. Do you take medication that affects the colour of your teeth?</p> <p>If yes, please tell us what measures are taken to reduce the discolouration...</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p>
<p>13. Do you think staff are aware of your dental health?</p> <p>Please give examples to illustrate your answer....</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure</p>
<p>14. Please tell us what is good about your dental health and dental care...</p> <p>Please give examples to illustrate your answer...</p>	

<p>15. Please tell us how things might be improved in regard to your dental health and dental care...</p> <p>Please give examples to illustrate your answer...</p>	
<p>16. Is there anything else you would like to share with us?</p>	

Thank you for completing this survey.

We may want to use anonymous quotations from your replies. If you would rather that we didn't use a quotation from you, please tick the box below.

I do not want my words used in the written report []

Please use the stamped addressed envelope provided to return the completed survey to US.

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Adults & Public Health Policy and Scrutiny Committee Report

Date:	21 March 2022
Classification:	General Release
Title:	Update on COVID-19 Vaccinations
Wards Affected:	All
City for All Summary	This report provides an overview of the Local Authority's support to the covid vaccination programme.
Financial Summary:	Not applicable
Report of:	Bernie Flaherty, Bi-borough Executive Director of Adult Social Care and Health
Author:	Russell Styles, Director of Health Protection (Immunisation) Contact Details: rstyles@westminster.gov.uk

1. Executive Summary

- 1.1. Westminster currently has 71% of residents aged 50 and over and 56% of those aged 12+ fully vaccinated (dose 1 and 2).
- 1.2. Westminster City Council's role is to support the NHS with the rollout of the vaccination programme ensuring uptake opportunities are maximised and accessible by all, including utilising local assets and understanding and responding to barriers and need.

2. Background

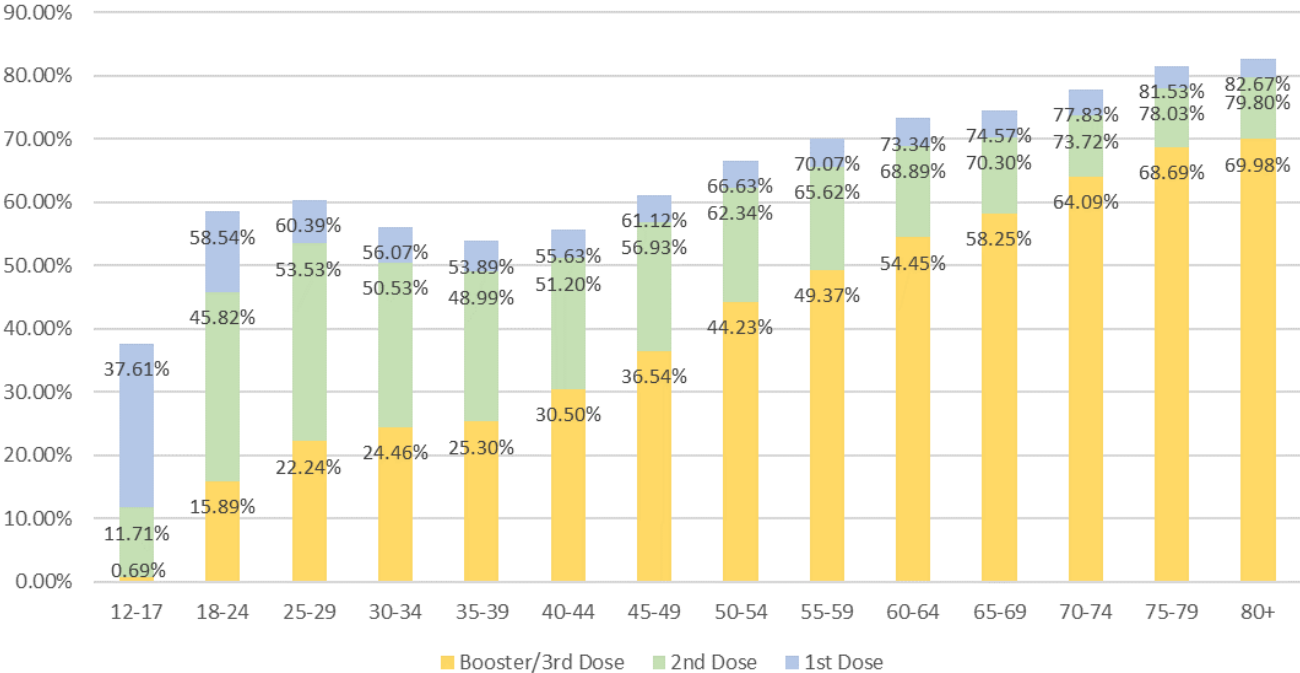
- 2.1. The roll out of COVID-19 vaccinations commenced in late December 2020 and has progressed throughout 2021. The local authority has had a key role from inception in supporting the NHS with monitoring uptake, identification of local vaccination sites, communication and promotion of the vaccination programme as well as providing information on locations and groups to target where inequalities and low uptake impact most including through coordinating community engagement and outreach, clinical support, and volunteers.
- 2.2. Seasonality, unvaccinated cohorts, waning immunity and a more transmissible variant in omicron has resulted in a significant resurgence of COVID-19 in December 2021 and early January 2022.

- 2.3. Continuing to maximise uptake in 'evergreen' groups (those currently unvaccinated), increasing uptake with second vaccinations, as well as booster jabs for eligible groups, is vital to protect the health and wellbeing of residents as well as supporting NHS winter planning to reduce the severity of infection and transmission of the virus.
- 2.4. Multi-agency steering group meetings have been held to coordinate the local authority support of the NHS vaccination programme. Utilising our frontline staff and services including mobilising volunteers and vaccine champions, the Local Authority has worked productively with NHS colleagues to build the local offer, encourage awareness and facilitate uptake throughout the year.
- 2.5. In partnership with the NHS, Westminster City Council has more recently continued to support the NHS with the acceleration of the vaccination programme to enable a speedy roll out of the booster jab across all eligible cohorts aged 18 plus. There was a particular focus on maximising activity and uptake in December 2021 both before and during the festive period due to the omicron variant threat and as it was anticipated groups and households would potentially mix indoors in larger numbers.
- 2.6. The main Westminster vaccination Primary Care Network (PCN) sites have operated collectively over 5 days per week in December, located in Council venues at Little Venice Sports Centre and the Abbey and Stowe community venues.
- 2.7. As a part of the accelerated vaccination programme from December, the NHS increased the offer to include temporary mass vaccination sites during and post festive period with access to vaccinations available 7 days a week. Vaccination sites stood up during this period included:
 - St Mary's Hospital
 - Salvation Army Regent Hall
 - Harris Academy
 - Royal Horticulture Society
 - Gordon Hospital
- 2.8. In addition, 9 Pharmacy sites in Westminster currently administer Covid vaccinations (and 3 more pharmacies are finalising approval to also participate) and the Bi-Borough vaccine bus remains a key asset for delivering vaccinations targeting unvaccinated and underserved communities and groups.
- 2.9. 12–15-year-olds have been offered COVID-19 vaccinations via a schools-based offer which began in Autumn term of 2021. The offer has now been extended into PCN sites and young people can book via the national booking system and visit any of our eligible sites.
- 2.10. There is currently excess walk-in capacity at all our PCN vaccination sites which are underutilised although activity has begun to pick up following a post New Year dip. We continue to work through communications and community engagement to promote uptake across all groups.

3. Vaccination Uptake

- 3.1. At present, 56% of 12+ and 71% of 50+ residents in Westminster have had two doses of the vaccine. 32% of the 12+ population have had their booster (or 3rd vaccine). Its important to note that 61.5% of those eligible who have had a second vaccination have received a booster.
- 3.2. Vaccination uptake in the population has been observed to decrease with age. 82.7 % of those aged 80 plus have now received a first vaccination, 79.8% have received two vaccinations and 70% have received a booster. This compares to 37.61% of those aged 12-18 who have received a first vaccination and 11.71% who have had a second dose. It is important to note in this interpretation that the roll out for vaccinations for younger cohorts including 12–15-year-olds has been more recent, and many are only just becoming eligible for a second dose following the national 12-week duration between dose one and two.

WCC vaccine uptake by age cohort
Source: NHS England



- 3.3. Vaccination rates remain among the lowest in London and England and concerted interventions continue in support of NHS partners to improve uptake with our residents including those set out in section 4 of this paper.
- 3.4. Westminster continues to tackle inequalities and sustain targeting initiatives to maximise uptake including focusing on areas with high numbers of unvaccinated cohorts.

4. Initiatives

4.1. The Council has adopted a comprehensive and hyper-local approach to supporting uptake of the vaccinations.

Our interventions throughout 2021 have included (these activities are not exhaustive):

- Promoting latest government guidance on COVID-19 safety and efficacy, including distribution of tailored information via community champions, covid health champions and VCS stakeholders.
- Promoting our local vaccination sites and delivering our vaccine bus, ensuring clinical support, accessibility, and reach to all groups and residents.
- Phone calls to all unvaccinated residents in the first nine Joint Committee on Vaccination and Immunisation (JCVI) cohorts (those aged 50 plus and high-risk groups) to flag local vaccination offers.
- Delivery of a series of events and activities targeting our BAME communities hosted in conjunction with faith leaders, government Ministers, local celebrities, the Chief Nurse for London, the Director of Public Health for London, and the Leader, to improve uptake.
- Encouraging vaccine uptake with pregnant women through targeted events and promotional activity which has resulted in Westminster having the highest vaccine uptake in pregnant women in NW London.
- Prioritising vaccination uptake in our most vulnerable settings and groups, particularly in care home residents. NHS roving teams visited our homes in November and December. As of the 11th January 2022, 94.2% of Westminster Care Home Residents have received booster doses.
- Ensuring all frontline Care Home staff received 2 vaccinations by 11th November 2021 (or alternatively those not compliant were redeployed) resulting in compliance with new regulations and no change to the service offer. Daily calls continue to Care Homes to encourage booster uptake in staff.
- Supporting and coordinating NHS roving immunisation teams with the rollout of the 12–15-year-old vaccination programme in all eligible state and independent schools from September 2021. All children aged 12 to 15 years are now being offered 2 doses of the vaccine as part of the school-based COVID-19 vaccination programme.

5. Next Steps

5.1. In November 2021, further amendments to the Health and Social Care Act require new cohorts of specified workers who have direct, face to face contact with service users to have received a complete course of Covid 19 vaccines, subject to limited exceptions, by no later than 1st April 2022. All first vaccinations will need to have been received by 3rd February 2022. The regulations protect vulnerable people and individual workers in health and social care settings, including hospitals, community services and where care is delivered in a person's home.

- 5.2. To comply with the further new regulations by 1st April 2022, the Council is monitoring and tracking uptake in all council services of primary and secondary care and support that apply, modifying terms and conditions of employment to ensure vaccination compliance (for new employees in designated staff groups from 1st February 2022), and making every effort to ensure ease of access to vaccinations for staff locally. Council is also supporting, advising and assisting (where necessary) Provider services to understand impact and build compliance to meet new regulations.
- 5.3. The Council will work with the NHS to support the next stage of the roll out of first vaccinations - to clinically vulnerable 5–11-year-olds, NHS guidance on this is currently awaited.
- 5.4. In December 2021 the Public Health department of Council applied for a grant for a Community Vaccine Champions programme. The bid was successful, and the local authority has secured £485,000 funding from the Department for Levelling Up, Housing and Communities.
- 5.5. The DLUHC sponsored ‘Community Vaccine Champions’ scheme will be delivered from 17th January 2022 and work alongside current community engagement initiatives to promote vaccine uptake amongst underserved and hesitant communities in areas with low uptake rates focused on:
- Understanding further local barriers and needs eg. Training, supervision and incentivising volunteers to support outreach and have one-to-one tailored contact to understand needs and barriers to vaccinations and respond accordingly.
 - Building on the existing community engagement infrastructure and develop new networks of champions to promote COVID-19 vaccine take up eg. Work with the existing Public Health Community Programme to dedicate a core group of Vaccine Champions within projects running in the 5 areas of highest unvaccinated need across the borough, managed by local VCSE partners, with in-reach into the most disproportionately impacted communities and groups with highest unvaccinated absolute numbers.
 - Developing and deliver practical solutions such as recruiting Community Champions, as well as provision of funding to local organisations eg. training on Health Coaching, becoming vaccinators and having challenging conversations to tackle misinformation, clarify messaging and restore trust.
 - Coordinating activities through partnership work eg. Strengthening links with Primary Care Networks (PCNS) including primary care, community, mental health, link workers, social prescription service and local pharmacies to improve clinical support, and access and engagement with health-inclusion groups, with data-sharing agreements.

If you have any queries about this report, please contact:

Russell Styles, rstyles@westminster.gov.uk

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Westminster Policy & Scrutiny Committee:

Future of Westminster Mental Health Provision and Gordon Hospital March 2022

Lead Director: Robyn Doran

Author: Christina Santana-Smith

Purpose:

To provide a written update on the Gordon Hospital inpatient wards and CNWL's mental health provision for Westminster. This is in addition the papers presented to the Committee in October 2020, April 2021, June 2021, September 2021, November 2021, and January 2022.

What We've Done:

Our Provision

The last few years have seen major investment and changes in CNWL's provision within Westminster. In early 2019, CNWL launched its urgent and acute care transformation to respond to local needs a deliver against the requirements of the Long Term Plan (LTP). This included ensuring appropriate community-based crisis care (clinical and non-clinical alternatives) alongside a therapeutic inpatient offer. Over 2019 and 2020, CNWL reached major milestones in delivery as across Westminster supported by new NHS England bid monies from the LTP, including launching a new model of community mental health care as an early implementer site, the establishment of a First Response Service offering 24/7 assessments within the community, a revised HTT offer with planned consultation to move to 24/7 functions, the procurement of new third sector-provided crisis havens (The Coves) providing non-clinical alternatives, and the design of a 24/7 bed management hub.

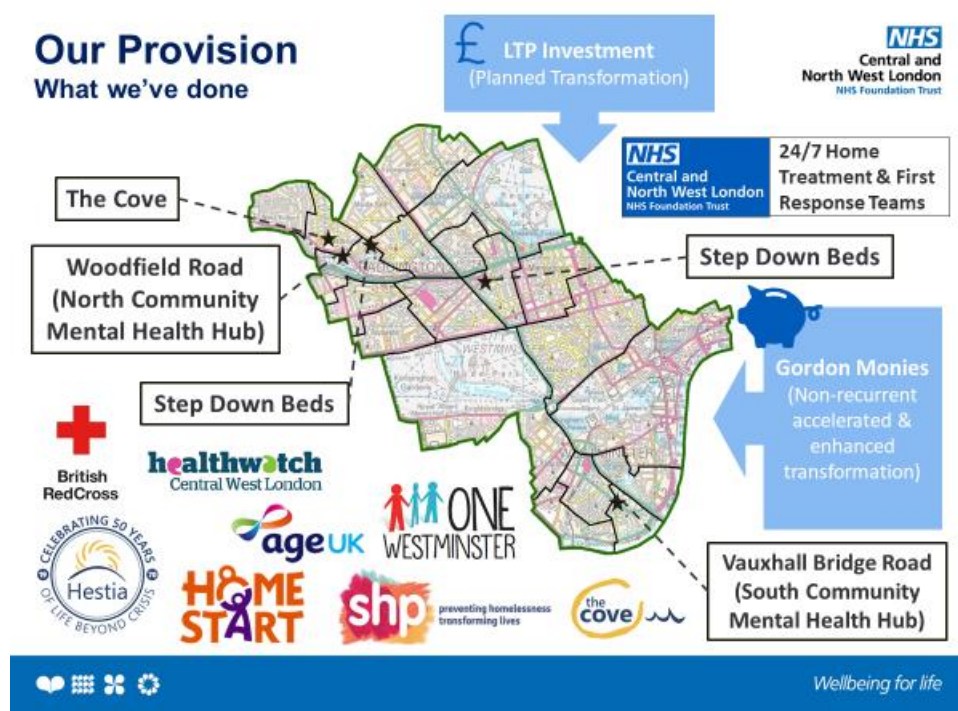
In the middle of this transformation journey, the inpatient wards at the Gordon Hospital were rapidly temporarily closed as part of CNWL's pandemic response primarily due to serious concerns regarding infection control in the building and patient safety, along with the need for immediate flexibility of service provision to support mental health care during the pandemic. Transformational programmes were enhanced and accelerated in response to this, as well as other Covid-19 pressures and learning, with the planned new services all launching over the course of 2020 and the rapid development and establishment of further innovative models to support the original vision and revised ways of working including Step Down beds (see below). The additional savings from the temporary closure of the Gordon inpatient wards, has allowed non-recurrent investment enabling accelerated and advanced transformation in addition to what was already planned for Westminster. Some of these transformation programmes were recognised at the national Positive Practice in Mental Health Awards in October 2021:

- **Step Down Beds** (Winner- Specialist and Community Mental Rehabilitation category): For its innovative approach to supporting patients in a community-based, recovery-focused environment. Step down means patients' discharge from acute is facilitated and they are able to access further support in a more community-based offer.
- **Westminster Community Social Prescribing Initiative** (Winner- Primary and Community Mental Health category): The Social Prescriber role was developed in partnership with a third sector organisation, One Westminster, to support service users in the community mental health hub to connect to a broader range of community groups and services. Social Prescribers support people to increase their resilience and reduce the impact of health inequalities by addressing the wider determinants of health such as debt, poor housing, isolation and poverty.
- **One Community** (Winner- Service Transformation Category): One Community is a service user led movement dedicated to empowering people with mental health conditions, working with community partners and creating lifelong opportunities for St Charles patients through activities such as playwriting, beauty treatment, and gardening.
- **Westminster Community Mental Health Team's Complex Emotional Needs (CEN) Pathway** (Highly Commended- Complex Care category): This team delivers a range of groups including Dialectical Behavioural Therapy, Mentalization-based treatment and psychoeducation. Many of these groups are co-delivered with both a CEN Clinician and Cen Lived Experience Practitioner- two roles designed specifically for this service. The success of the CEN pathway in Westminster has led to the launch of a trust-wide CEN

pathway project group and the introduction of similar CEN workers in the other boroughs in the trust.

- Westminster Older Adult Community Mental Health Team** (Highly Commended-Older Adult category): For promoting recovery and supporting people with functional mental health needs and/or a primary diagnosis of dementia. The Older Adult CMHT is mentioned in the Community Mental Health Framework as a best practice for providing an integrated health and social care service that delivers person-centred care in a non-restrictive setting.

All previously reported transformational services from previous updates remain live and are receiving referrals, including the Community Access Service, VCSE offers, Step Down beds (see above), British Red Cross High-Intensity User offer, and the Coves. Full information about all of these and overall support for people in crisis can be found on the CNWL webpages along with information on available cross-partner offers through our signposting partner Hub of Hope (embedded on the Single Point of Access webpage). This information is also available on the Westminster City council website [here](#).



Engagement

Since the temporary ward closures, CNWL has remained committed to open dialogue across our service users, carers, staff and partners. This has included a variety of engagement activities as we prepare for formal consultation which have been detailed in previous updates to this body, including a Councillor Roundtable in November 2021, internal staff engagement sessions, and public Q&A sessions with CNWL leadership, and more. This internal and external engagement continues to inform our work, for example highlighting the importance of a physical CNWL presence in the South of the borough, which has informed transformation planning and development of new crisis alternatives for Westminster residents.

As previously reported, CNWL partnered with Healthwatch in 2021 to create a citizen’s advisory panel called The Voice Exchange to advise on the future of inpatient mental health provision in Westminster. A draft output of Voice Exchange project will be used for facilitated reflection session with CNWL staff in early 2022, ahead of a finalised piece being produced. CNWL has commissioned Healthwatch to continue this work and facilitate its next steps and ensure accountability, transparency, and a collaborative/co-produced response to the Voice Exchange findings (see Figure 1 for major themes from initial findings).

Figure 1: The Voice Exchange Major Themes of Initial Findings



Where We Are Now:

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 (see below for more detail), accelerated and enhanced transformation is being implemented, and stakeholder engagement across partners, services users and carers continues in this pre-consultation period as outlined above.

Following the temporary ward closures CNWL’s bed base is now aligned with national benchmarking. Additionally, the estate layout of CNWL’s inpatient provision remains in line with other London Trusts, for example ELFT who has been named as exemplary for length of stay and out of area placements, whereby individual borough sites do not have their “own” units and pressures are managed across borough boundaries or on single sites for multiple boroughs. Overall, new and transformed services/models of care have started to embed and our regularly-monitored metrics indicate that performance on key metrics such as length of stay, readmission rate, and patients placed outside of the NWL system have remained the same or improved since the temporary ward closures.

Current Position

Where we are now



Gordon Wards Temporarily Closed Due to Intervention Prevention and Control (IPC)

- Gordon was assessed to be a high IPC risk (e.g. lack of en-suite bathrooms)
- Mental health patients have increased vulnerabilities of risk of infection (e.g. being in confined space on an inpatient mental health ward)

36 days → Reduced Length of Stay → **32 days**

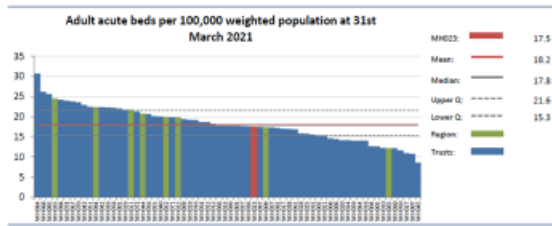
12% → Reduced Readmission Rate → **9%**

- ✓ 0 ECRs before Omicron wave
- ✓ 71% ECRs placed in block contract since Jan 2021

CNWL bed base now aligned with national benchmarking

"I've enjoyed (Step Down) a lot to be honest, I recovered really good in a good way. It's too different from hospital it was just a different environment. In here it's more quiet, it's more help and the people in here they're very supportive and very nice."

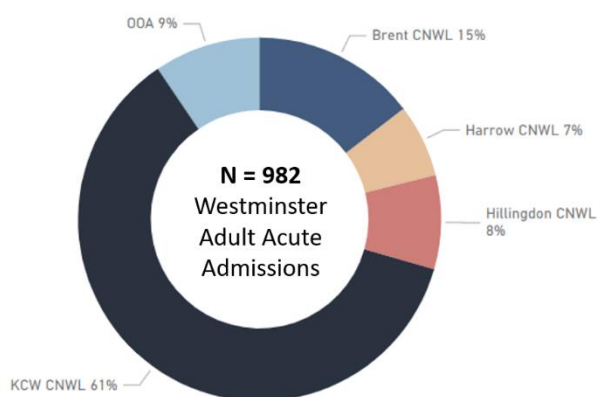
- Step Down Patient



Key Metrics Update¹

- 982 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, currently at approximately 7 per week, demonstrating the impact of newly transformed community and urgent care teams (compared to 10 per week at September 2021 update, 9 per week at November 2021 update, and consistent with January 2022 update).
 - 91% of those admissions were placed within the NWL system, meaning that 9% of Westminster admissions were placed in Out of Area Placements (OOAs). The rate of Westminster admissions being placed in beds outside of CNWL has consistently remained equal to or less than before the Gordon inpatient ward closures when 10% of Westminster patients were placed outside of CNWL (See Figure 2 below for more detail).

Figure 2. Westminster Admissions Borough Breakdown (April 2020-February 2022)



- Use of any **beds outside CNWL** has been managed via block contracting beds. Since January 2021, most Westminster patients requiring this type of bed (71%) have been placed within that block contract (located in Milton Keynes, Hertfordshire, and Surrey). Beds outside CNWL (Out of Area Placements or OOAs) are always used as a last resort, and we prioritise patients with fewer connections to Westminster for these beds whenever possible (e.g. foreign nationals). When using these beds, all NHS England Guidance continuity principles are met and monitored. Similar to other trusts, CNWL has experienced a recent increase in OOAs due to the rising numbers of COVID infections which has impacted on ward closures and staffing pressures. We are prioritising bringing those patients back into CNWL beds as soon as possible.
 - **Note:** NHSE has also block purchased beds for use by all London trusts in Enfield and Dorking which CNWL has also utilised on occasion.
- Westminster has continued with a reduced **Length of stay (LoS)**, with an average of 32 days for the past two full calendar months (Nov-Dec 2021), compared to 36 days for 2019-2020 Financial Year (FY). This is a further reduction from previous updates such as November 2021, when the average LoS was 33 and September 2021 when the average was 35 days.
- More recently, there have been small in-month peaks in LoS due to the discharge of complex patients with longer LoS². Since the start of June 2021, **75 'long-stayers'** (with an acute or PICU admission of over 60 days) have been discharged. Separately, **58**

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*

Foreign Nationals excluded

Breaches: from Decision to Admit (DTA) to leaving the department

² Length of Stay metric is calculated on discharge. This means when a longer stay patient is discharged, the days from their stay at added to the overall average, resulting in some in-month variance (which is within SPC graph tolerance).

discharges have accessed support in a new 'Step Down' bed (see above). 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.

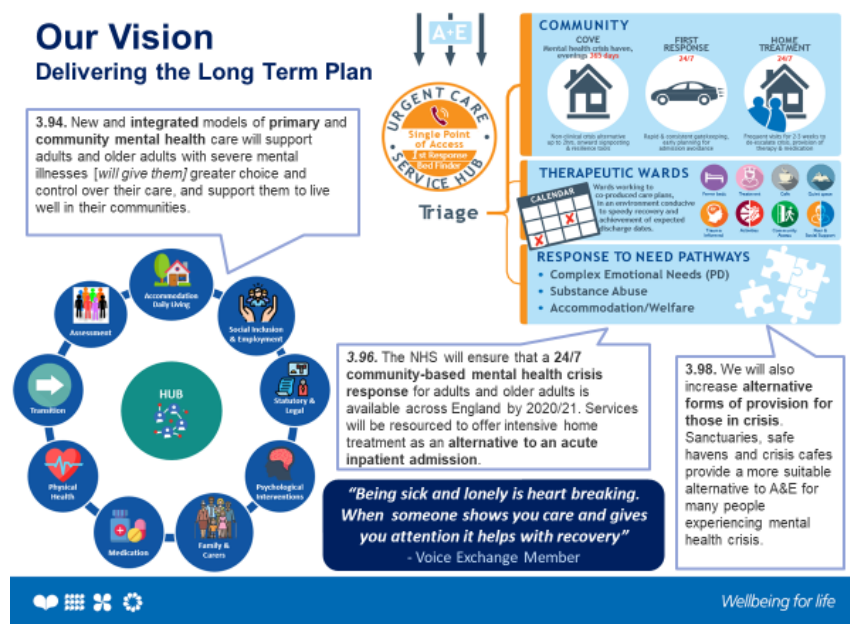
- The FY 21/22 average 30-day **readmission rate** is lower now than the FY19/20 rate at 9% as of 13th February (vs 12% in FY 19/20), consistent with our January update and a further reduction from our November 2021 update (10%). This is a positive indication of our aim of providing more support in the community to aid recovery and prevent (re)escalations.
- For **St Mary's A&E**, we meet our 1-hour response target by Psychiatry Liaison at 93% in Q4 to date (1st Jan – 15th Feb). 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 were 19 breaches at St Mary's in January 2022, but this has reduced to 6 for the month to date in February (1st – 15th Feb). The January increase coincides with a rise in COVID infections with impacts on ward closures and staffing pressures, and the February data may be an early indication that the Divert to Admit ward which went live at St Charles at the end of January is having a positive impact on the number of breaches.
 - Note that only 10 (~40%) of the breaches in January and February relate to 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 just over a third (34%) of St Mary's A&E presentations in January and February (120 of 344 referrals).

Where Do We Go Next:

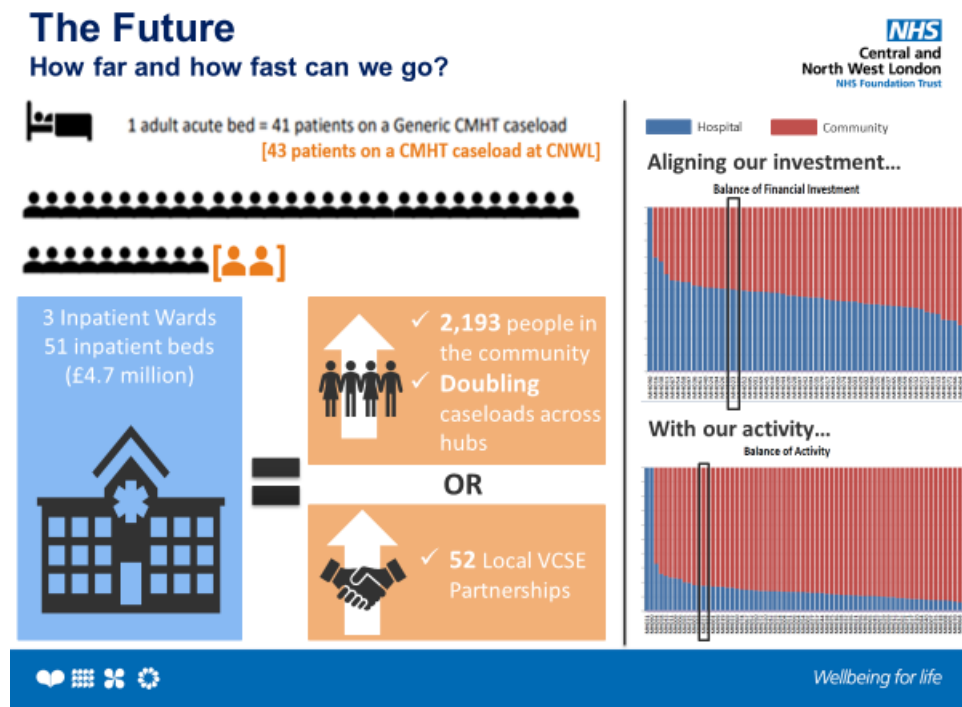
We are dedicated to providing all our patients, including our Westminster patients, with high-quality services based around the principle of moving care closer to home wherever clinically possible, by strengthening clinical alternatives to admission and shifting provision to a more community-based offer in line with national priorities as laid out in the Five Year Forward View for Mental Health and the Long Term Plan.

This includes expanding existing and developing new provision available within the community with a focus on wellbeing to ensure that care, support, and interventions are available and accessible locally:

- Working to prevent admissions unless there is no clinical alternative
- Working with local VCSE, facilitating a broader offer to our population
- When people are admitted, ensuring it is purposeful and a high-quality and therapeutic environment



CNWL's next steps, in relation to the future of the Gordon hospital wards and more broadly, will determine how far and how fast we can move toward that vision for Westminster residents. This includes decisions around where limited resources can be invested to as we attempt to best align our investment with our activity and the needs of our population. Through the engagement activities detailed above, The Voice Exchange, and our future formal consultation, CNWL will seek views on the future of our mental health provision in Westminster including the balance of investment in inpatient wards and in community services and alternatives to admission.



CNWL will be launching a public consultation later in 2022, following the election period, on the future of the Gordon inpatient wards and CNWL's mental health offer in Westminster. The consultation

Ahead of the launch of that formal consultation, we remain committed to open dialogue including this body, our service users, carers, staff, and other partners. To support this, we will continue informal pre-consultation engagement with key stakeholders including the following activities:

- Additional open Q&A sessions with Trust and borough leadership in 2022.
- CNWL has commissioned Healthwatch to facilitate an extension to the Voice Exchange Project (see above for more information). This will include quarterly summits throughout FY22/23 with CNWL and Voice Exchange members to ensure accountability, transparency, and a collaborative/co-produced response to the project's findings.
- As part of the Voice Exchange extension, Healthwatch will facilitate staff listening and engagement sessions for front-line staff to share and reflect on the project's findings and inform next steps.
- Pre-consultation engagement with statutory bodies in line with relevant guidelines including the CCG, ICS, and this body.
- Additional targeted engagement with key partners and stakeholders over the coming months (e.g. Local Authority, local ICPs, voluntary sector partners, etc.)



Adult Social Care and Public Health Policy and Scrutiny Committee

Date:	21 st March 2022
Classification:	General Release
Title:	Refreshing the Joint Strategic Needs Assessment Process
Report of:	Director of Public Health
Cabinet Member Portfolio	Cllr Tim Mitchell, Cabinet Member for Adult Social Care and Public Health
Wards Involved:	All
Policy Context:	The Joint Strategic Needs Assessment process strengthens strategic planning, ensuring City for All and the Health and Wellbeing Board strategy and priorities are developed based on a shared understanding of local need.
Report Author and Contact Details:	Anna Raleigh, Director of Public Health

1. Executive Summary

- 1.1. The Joint Strategic Needs Assessment (JSNA) is the process by which we understand local need and develop local evidence-based strategies and initiatives which will improve residents' health and wellbeing, and reduce inequalities.
- 1.2. The production and publication of a JSNA is a joint statutory requirement on Local Authorities and NHS, with the process being overseen by the Health and Wellbeing Board.
- 1.3. The JSNA is not a single product. It includes a suite of resources which makes local data and intelligence accessible to a range of stakeholders, including the council, health partners, voluntary organisations and residents.
- 1.4. It is the action derived from this local understanding, which informs procurement and strategic development, and will ensure we deliver the right services and activities for our residents.

2. Key Matters for the Committee's Consideration

- 2.1. The Joint Strategic Needs Assessment process is to be reviewed in conjunction with the refresh of the Health and Wellbeing Strategy. In advance of a proposal being taken to the Health and Wellbeing Board in May 2022, the Policy and Scrutiny Committee are invited to consider and contribute to the revised approach to delivering Joint Strategic Needs Assessments.

3. Background

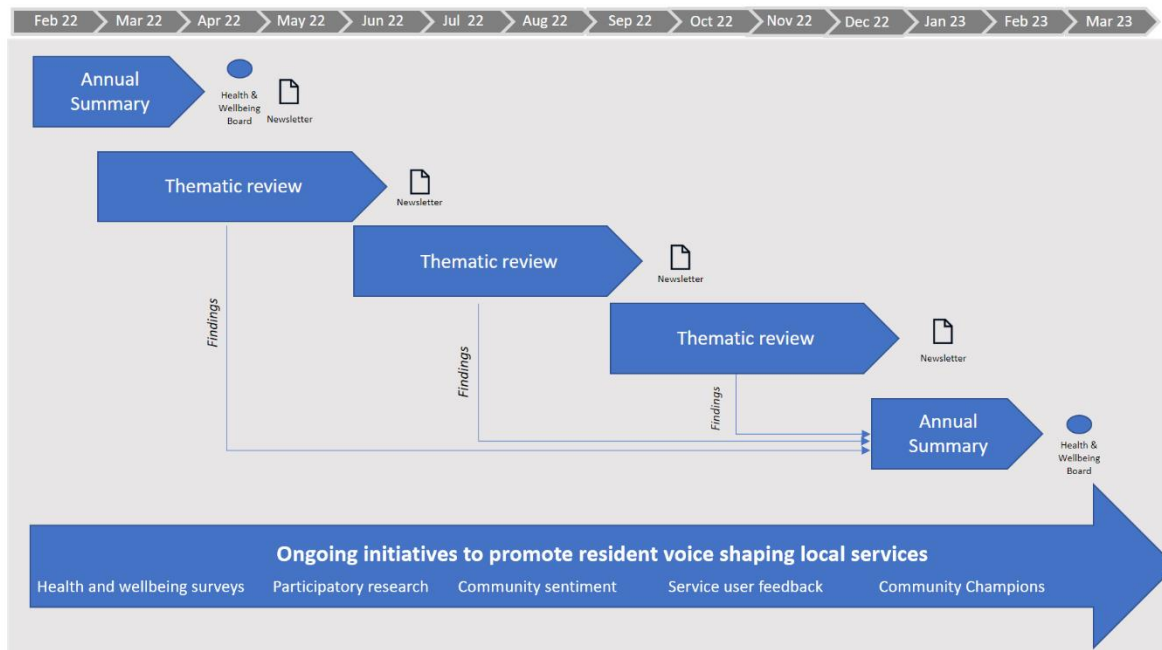
- 3.1. Joint Strategic Needs Assessments (JSNAs) were introduced in 2007, and are the means by which local leaders work together to understand and agree the needs of our population. In the City of Westminster, the JSNA work programme is managed by the Public Health team in collaboration with key partners across the local health and care system, and exercised through the Health and Wellbeing Board.
- 3.2. The production and publication of a JSNA is a joint statutory requirement on Local Authorities and NHS Clinical Commissioning Groups (CCGs). It is anticipated that the statutory requirement on the CCGs will change to Integrated Care Boards when the current Health and Care Bill is given Royal Assent and becomes law.
- 3.3. The JSNA is a programme and a process not just a product or a report. They are not an end in themselves, and the core aim is to develop local evidence-based priorities which will improve residents' health and wellbeing, and reduce inequalities. Local areas are free to undertake JSNAs in a way best suited to their local circumstances – there is no template or format that must be used.
- 3.4. Health is a resource impacted by a range of factors. Solutions are complex, and need to address the wider social, economic and environmental determinants which shape our health and wellbeing. To develop our understanding, we look to include all available resources, including user experience, local assets, and emerging evidence to build a comprehensive and inclusive understanding of need.
- 3.5. In addition to the JSNA process, there is an additional statutory requirement for the Director of Public Health to produce an independent annual report on the health and wellbeing of their local communities with a basis in epidemiological evidence. The Council are required to publish the report. In recent years this has been incorporated as part of the JSNA Programme, and while it will continue to be managed by the same team, it will not be a JSNA product. Recent Annual Reports have focussed on Youth Offending and Serious Youth Violence (2020), and the disproportionate impacts of the Covid19 pandemic (2021).

4. Joint Strategic Needs Assessment (JSNA) Programme

- 4.1. There has never been a better example of a whole system working together to understand need, harness the assets in the community, and target resources effectively than in our response to the Covid-19 pandemic. Every operational and strategic decision had data at its core. From examining areas of sustained community transmission in the City, understanding community sentiment around the vaccination hesitancy, through to investing in programmes which will address health inequalities.

- 4.2. It is therefore timely to use the lessons we have learnt, and the refresh of the Health and Wellbeing Strategy, to shape the future direction of the JSNA programme.
- 4.3. To be truly effective in the ambition to drive forward health improvements in our resident population, we need to ensure data is reliable, relevant and timely.
- 4.4. The refined approach will focus on developing a suite of succinct, visual and timely products that will directly inform strategy development and commissioning plans. The refreshed approach will bring the following enhancements:
- **Collaboration**
Taking a whole system approach, driven by a clear agreed vision that will facilitate cross sector discussions, joint understanding of need, agreement of priorities, and joint programmes of work. For example, we are key partners of the North West London Population Health Management (PHM) Development Programme which supports systems to improve health outcomes for selected local population cohorts through the real-time application of advanced analytics and intelligence-led care design.
 - **Strategic alignment**
With prevention at its core, and supported by an annual Westminster story highlighting system level learning, we will ensure topics for thematic reviews are aligned with the Health and Wellbeing Strategy, City for All and the Integrated Care Partnership procurement exercises and strategic priorities.
 - **Timely delivery**
It is our intention to provide thematic reviews in a much quicker timeframe than previously has been possible. This will enable more timely alignment with local decision-making processes, and more capacity to cover more topics over the year.
 - **Routine engagement**
Working with the newly developed Communities directorate and Healthwatch, we will ensure resident voice, community sentiment and service user feedback is routinely gathered and incorporated into the JSNA.
 - **Inequalities**
Working with Innovation and Change, we will build our knowledge to understand and respond to local health inequalities and develop solutions to enable the health and wellbeing system to more effectively target those with the greatest need.
 - **Communication**
Our ambition is to drive forward improvements by making the JSNA more readily accessible and available to key decision and policy makers. This will include newsletters and a review of the JSNA.info website where all published reports are housed.
- 4.5. A summary of the JSNA process is outlined below.

Annual Joint Strategic Needs Assessment Process



- 4.5 Every three years, there is also the statutory requirement to produce a Pharmaceutical Needs Assessment (PNA). The PNA, which is currently being refreshed, is a market analysis of local pharmaceutical needs and services and is delivered as part of the wider JSNA Programme.
- 4.6 The revised programme will be present for discussion and sign off at the Health and Wellbeing Board in May 2022, alongside the first draft of refreshed Health and Wellbeing Strategy

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

For any supplementary documentation; especially from external stakeholders or documents which do not fit this template.

This section is for any background papers used to formulate the report or referred to in the body of the report.

[JSNAs and JHWS statutory guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk)



Adult Social Care and Public Health Policy & Scrutiny Committee

Date:	21 March 2022
Classification:	General Release
Title:	2022/23 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:	City for All / Thriving Communities
Report Author and Contact Details:	Artemis Kassi akassi@westminster.gov.uk

1. Executive Summary

1. This report asks the committee members to make recommendations of items for consideration in the Committee's 2022/2023 work programme.

2. Meeting dates for the 2021/2022 year

- 2.1 The Committee members are asked to note the meeting dates for the 2022/2023 Municipal Year:

- 13 June 2022
- 29 September 2022
- 21 November 2022
- 23 January 2023
- 20 March 2023

3. Possible topics

- 3.1 Appendix A lists those issues that have not been allocated in 2021/22. As such the Committee is therefore asked to reflect on these and identify those that might be considered for inclusion in the 2022/23 Municipal year.

- 3.3 As the Committee is aware, 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). Children's Mental Health Week will take place between 7 and 13 February 2022. The Committee has agreed to set up a future task group on obesity and metabolic diseases, which officers are in the process of researching in readiness for 13th June 2022 when Task Group members would be confirmed along with its Terms of reference and reporting deadline.

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

APPENDICES

Appendix A: Items unallocated in the 2021/22 Work Programme

Appendix B: Terms of Reference

APPENDIX A: Items unallocated in the 2021/22 cycle.

UNALLOCATED ITEMS 2021/22		
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 Committee to deal with this as a task group
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

Appendix B: Terms of Reference

ADULTS AND PUBLIC HEALTH POLICY AND SCRUTINY COMMITTEE

COMPOSITION

The Committee will be comprised of Eight (8) Members of the Council as follows:

- Five Majority Party Members and
- Three Minority Party Members.

The membership will 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.