



CITY OF WESTMINSTER

# DRAFT MINUTES

## Adults, Health & Public Protection Policy & Scrutiny Committee

### MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Adults, Health & Public Protection Policy & Scrutiny Committee** held on **Thursday 24th September, 2015**, Rooms 5, 6 & 7, 17th Floor, City Hall.

**Members Present:** Councillors David Harvey (Chairman), Barbara Arzymanow, Paul Church, Patricia McAllister, Jan Prendergast, Tim Roca and Ian Rowley.

**Also Present:** Councillor Nickie Aiken.

#### 1 MEMBERSHIP

- 1.1 Apologies for absence were received from Councillor Glenys Roberts.

#### 2 DECLARATIONS OF INTEREST

- 2.1 The Committee noted the Standing Declarations of Interest tabled in the agenda.
- 2.2 Councillor Tim Roca declared a non-pecuniary interest, in that he was an employee of the Institute of Pharmaceutical Science at Kings College.

#### 3 MINUTES AND ACTION TRACKER

- 3.1 **RESOLVED:** That the Minutes of the meeting held on 24 June 2015 be approved for signature by the Chairman.
- 3.2 Members also noted progress set out the Committee Action Tracker.

#### 4 CHAIRMAN'S Q&A

- 4.1 The Committee confirmed that it had no questions or comments for the Chairman.

## **5 CABINET MEMBER UPDATES**

### **5.1 Cabinet Member for Public Protection**

- 5.1.1 Councillor Nickie Aiken updated the Committee on key issues relating to her portfolio, which included Operation Shield, the 24 Hour Tube Service, and community cohesion.
- 5.1.2 The Committee noted action that had been taken in Westminster under Operation Shield, which had been created by the Mayor's Office for Policing & Crime (MOPAC) as part of the strategy to target gangs. The Cabinet Member highlighted the excellent work that had already been carried out by the City Council's Integrated Gangs Strategy and the Your Choice programme, and acknowledged the need to ensure that Shield did not distract from Westminster's current initiatives. Committee Members commented on the criticism that the Shield project had received, and the Cabinet Member confirmed that the project would continue to be monitored.
- 5.1.3 The Cabinet Member reported that Westminster's Policy Statement on proposals for a 24 hour tube service had now been published. Although negotiations on implementation were on-going, the Statement had informed residents and the license trade of the City Council's direction of travel. The Cabinet Member acknowledged that the 24 hour service would benefit workers and visitors, but expressed concern that the modelling had focussed on dispersal, with inadequate work being done concerning the potential impact of additional people coming into the West End. To reflect this, the Policy Statement had specified that no applications for variance or new licensing would be approved for at least 12 months after the expanded service had been introduced, in order to determine whether it had any detrimental or positive effect.
- 5.1.2 The Committee expressed concerns over the work of Community Cohesion and the Prevent initiative, and noted that a cross-party Community Cohesion Commission has been created which would consider how the Prevent Strategy could work better for Westminster and the UK as a whole. The Commission comprised of the Cabinet Member for Public Protection, together with Councillors Adam Hug, Patricia MacAllister and Adnan Mohammed, and had met with officers to scope areas of work. Each Member had taken responsibility for a particular strand and would be reporting back with recommendations. It was recognised that young men who had been attracted by gangs could now be attracted by extremism, and was similarly acknowledged that the Strategy would need to include universities.
- 5.1.3 The Cabinet Member reported that following the concentrated work carried out under Operation Unite during August, there had been a significant decrease in the number of rough sleepers in Westminster's 'hot spot' areas, which had reduced by 24%. The Cabinet Member had also met with James Brokenshire,

Immigration Minister at the Home Office, who had recognised that new powers were needed relating to rough sleepers who were foreign nationals, and that legislation relating to the current 90 day visa rule needed to be revised. The Cabinet Member commended the work of outreach workers, and agreed to inform Committee Members of how the rough sleeper count was verified.

5.1.4 The Committee acknowledged the need to be realistic on what the provision of policing, particularly in view of the savings of £800million that needed to be made, and noted that progress in the restructure of the Police and MOPAC agenda were to be discussed at the next meeting of the Committee in November.

5.1.5 Other issues discussed with the Cabinet Member included progress in the 8 week pilot for the Busk in London Scheme, and the recruitment of Westminster's Neighbourhood Problem Solving Coordinators.

## 5.2 Cabinet Member for Adults & Public Health

5.2.1 The Committee received a written briefing from Councillor Rachael Robathan on key issues within her portfolio, which included Adult Social Care, Public Health, and the Westminster Health & Wellbeing Board.

5.2.2 Issues discussed by Committee Members included spot purchase arrangements for the Homecare Service; the Specialist Housing Strategy, and the link between substance abuse and sexual health.

5.3 **RESOLVED:** That the briefings detailing the recent work undertaken within the portfolios of the Cabinet Member for Public Protection and the Cabinet Member for Adults & Public Health be noted.

## 6 **STANDING UPDATES**

### 6.1 Committee Task Groups

6.1.1 The Committee discussed the progress of its current and forthcoming Task Groups, and noted that all of the recommendations made by the Hostels Task Group to improve safeguarding for young people had been accepted by Cabinet Members and stakeholders, and would be implemented.

6.1.2 Committee Members and officers had also met with the Children's Commission and Barnardos to discuss trafficking, which was a pan-London issue outside of the City Council's control. The Committee noted that a set of base information was being compiled in order to establish the situation in Westminster.

### 6.2 Healthwatch

6.2.1 Mark Platt (Trustee, Healthwatch Central West London) updated the Committee on the current work and priorities of Westminster Healthwatch, which included

progress in the procurement process of the bid for tri-borough local Healthwatch; the Healthwatch report on Child & Adolescent Mental Health Services (CAMHS); and the 'Suffering in Silence' report on consumer experiences of the health & social care complaints system.

6.2.2 The Committee discussed the role of Healthwatch in service user complaints, together with the support being offered to GPs by Healthwatch to set up Patient Participation Groups. Committee Members also commented on problems that had occurred in the consultation on proposals to close the Soho Square General Practice.

6.3 **RESOLVED:** That

- 1) The standing updates from the Committee's Task Groups and from Westminster Healthwatch be noted; and
- 2) Committee Members meet with Westminster Healthwatch before the next meeting of the Committee, to discuss common areas of working over the forthcoming year.

## **7. ADULTS SOCIAL CARE COMPLAINTS AND PERFORMANCE**

7.1 Mike Rogers (Planning & Performance Manager, Adult Social Care) and Rachel Wigley (Tri-borough Director of Finance, Adult Social Care), presented an overview of statutory complaints made in connection with Adult Social Care, between 1 April 2014 and 31 March 2015. The report also highlighted how various services within Adult Social Care had performed in line with key principles outlined in the complaints regulations, and detailed the learning and service improvements that had been made as a result of responding to complaints. Mike Rogers acknowledged that the scope of the report only gave limited information on the nature of the complaints that had been received; and informed the Committee that although each of the tri-borough partners had different issues, they were seeking to establish a tri-borough gold standard for shared services.

7.2 Mike Rogers reported that the complaints had generally related to the assessment care management process and to the quality of Homecare. Although fewer complaints had related to Homecare than in previous years, many of the complaints were not statutory, and were now being referred directly to providers with responses being monitored as part of the contract management process. Measures put in place to gain reassurance on the quality of services that were being provided included a statutory annual adult social care user survey, a bi-annual carers survey; and networking with carers and Westminster Healthwatch.

7.3 The Committee noted that the City Council worked with providers to encourage customer feedback, which could include complaints. People could find it difficult to complain, and the vast majority of complaints were being made by telephone

or email by carers on service users' behalf. Members acknowledged that dealing with issues at an early stage could avoid them leading to complaints. Committee Members also discussed the effect implementation of new eligibility thresholds arising from the Care Act could have on complaints, and highlighted the importance of quality and consistency in assessments of eligibility.

- 7.4 The Committee discussed safeguarding issues, and noted that the Safeguarding Board worked closely with Westminster's complaints officers, and that staff were aware of possible safeguarding implications and were constantly assessing risks.
- 7.5 Committee Members discussed the data given in the report, and expressed concern that the higher percentage of complainants being women could lead to a possible gender bias which could affect decisions and the allocation of resources, and lead to implicit discrimination. Mike Rogers confirmed that the changes made by service departments in response to the complaints had not been gender specific, but had been systemic and had sought to assist everyone.
- 7.6 Committee Members asked to receive details of the complaints that had been received on a Ward basis, and also requested a briefing note on the measures that were being taken for mediation in response to the Children's Act.
- 7.7 **RESOLVED:** That the Annual Report on statutory complaints made in connection with Adult Social Care, between 1 April 2014 and 31 March 2015 be noted.

## **8. SAFEGUARDING AND SAFER RECRUITMENT**

- 8.1 Helen Banham (Strategic Lead, Professional Standards & Safeguarding, Adult Social Care Commissioning) presented the draft Safer Recruitment Principles & Guidance, which had been drawn up by the Safer Recruitment Task Group. The report took account of the legal responsibilities for engagement and hiring, and provided guidelines for checking and screening staff and risk assessments. The report also considered issues relating to overseas workers and agency staff.
- 8.2 **RESOLVED:** That Committee Members submit any comments they may have on the draft Safer Recruitment Principles & Guidance in writing, in order that they may be taken into account when the paper is presented to the Safeguarding Adults Executive Board at their forthcoming meeting on 8 October.

## **9. POLICING AND MENTAL HEALTH**

- 9.1 The Committee received a report which considered the issues associated with policing and mental health, and heard from Nicola Hazle (Borough Director, Westminster CNWL); Stephanie Bridger (Divisional Nursing Director, CNWL); and Inspector Paul Ramsey (Westminster Borough Police). The Committee also heard from Adam Taylor (Commissioning Manager, Community Safety), who

outlined the local authority's role in public health commissioning, and the substance misuse service which provided support in a custody environment. Additional papers were tabled at the meeting on the Mental Health Act 1983 Code of Practice; the Government's Care Concordat, which sought to improve outcomes for people experiencing mental health crisis; and on policing issues and the London Street Triage pilot.

- 9.2 Inspector Ramsey highlighted on-going difficulties in incidents receiving a timely response from the London Ambulance Service (LAS), which led to the majority of cases being transported to places of safety in police vehicles. During 2014, of 167 cases requiring attendance, 111 had been transported in police vehicles, with only 51 being dealt with by the LAS. During 2015, of the 113 that had occurred to date, 65 had been transported by the Police, and 45 by the LAS. The Police were required to call an ambulance in every case and then wait, and the Committee noted that there had been several occasions where the Police had waited a number of hours for an ambulance that did not arrive.
- 9.3 CNWL agreed that the LAS problem was a challenge to the NHS and to the City Council, as staff had to look after patients until they were taken to a hospital or to a place of safety. CNWL continued to maintain a close relationship with the Police, and met at least bi-monthly with the Police Liaison Forum to review specific cases and incidents, and how they were working together.
- 9.4 Committee Members highlighted the need for fully staffed places of safety to be available at all times to avoid people being taken into custody, and CNWL confirmed that a reconfigured place of safety which provided two assessment rooms had been open at the Gordon Hospital since June. Although the number of people being removed under Section 136 of the Mental Health Act in Westminster was one of the highest in the country, the Committee noted that of the 19 people who had been taken to police cells across London over the past 12 months, none of these had been in Westminster. The need for children to be detained in Police cells in London was also extremely rare.
- 9.5 The Committee discussed the person centred safety planning approach which had been adopted by the Police to minimise risk when dealing with people with mental health issues. Members acknowledged that assessing, balancing and managing personal risk was always a challenge, and that health agencies needed to work with an individual to assess and manage the risk to themselves and others, and to avoid risk escalating.
- 9.6 Committee Members highlighted the need for the medical profession to be the first point of contact for people with mental health issues rather than the Police, who often provided a response to incidents. It was recognised that the Police not always being the best people to deal with mental health situations, and that blame could be transferred to the Police when things went wrong.

- 9.7 CNWL had been working with the Police and Westminster's Clinical Commissioning Groups (CCGs) to determine how the crisis response could be improved to support the Police and avoid people presenting at A&E. From November, a single point of access into adult mental health services would be introduced across the 5 boroughs within CNWL; and a dedicated telephone line would be available which could be accessed by the LAS and the Police, and enable information to be shared. Additional funding had also been provided by the CCGs for a rapid response function for home treatment teams, which would seek to deliver intensive treatment as an alternative to hospital admission, and keep people within their community.
- 9.8 Inspector Ramsey commented on progress in the London Street Triage pilot, launched by the Department of Health, in which nurses attended incidents with Police officers. The pilot sought to reduce the use of Section 136 where appropriate; to reduce the time spent by front line police officers responding to those in mental health crisis; and to improve the experience of the people with mental health difficulties. Committee Members noted that Inspector Ramsey did not consider the triage service to be a scalable model that would support London, and suggested that the Metropolitan Police may prefer a 24 hour phone service that was available seven days a week. CNWL also recognised that Westminster was different from other locations, and considered that triage could support the local population by offering advice rather than attendance.
- 9.9 The Committee discussed the role of the Child & Adolescent Mental Health Services (CAMHS) in supporting the police, and noted the work that was being done in schools through the school nursing service. CNWL acknowledged the need to be more open.
- 9.10 The Committee highlighted the importance of avoiding people who had been treated for mental health issues becoming institutionalised by being moved back into the community as soon as possible. The Committee also commended Westminster in having an average admission of 9 days for treatment, compared to between 28 and 30 days in other authorities which greatly improved the recovery rate.
- 9.11 Other issues discussed included the Blue Light programme, which offered support to police officers with mental health issues; the link between substance abuse and mental health; the context of mental health vulnerability across London; and after prison care.
- 9.12 The Committee commended the co-ordinated work that was taking place between the Police, local authority and health agencies in Westminster, to ensure that people with mental health conditions were given appropriate care and to avoid adults and children being placed in police cells.
- 9.13 Chairman thanked the witnesses, on behalf of the Committee, for attending the meeting and for their contributions.

9.14 **RESOLVED:** That

- 1) The Committee would involve the Cabinet Member for Adults & Public Health and write to the London Ambulance Service (LAS) raising general issues, and also supporting the Police in the issues that had been highlighted regarding transport. Consideration would also be given to inviting the LAS to a future meeting.
- 2) Media coverage should be given to support the work that was being done, and to emphasise that there was no longer any stigma in people suffering from poor mental health and
- 3) The Committee consider mental health as a more general issue early in the forthcoming year.

**10 WORK PROGRAMME 2015/16**

- 10.1 The Committee agreed that Mental Health and the London Ambulance Service would be added to the Committee Work Programme. Consideration would also be given to data security being added as a future agenda item, or as an issue for a separate Task Group.

**11 ITEMS ISSUED FOR INFORMATION**

- 11.1 The following papers had been circulated for information separately from the printed Agenda:
- A letter sent on behalf of the Committee to NHS Property Services, following the discussion on NHS estate at the last meeting on 24 June 2015.
  - A letter sent on behalf of the Committee to Central London Community Healthcare NHS Trust, in support of their progress towards Foundation Trust status.

**12 ANY OTHER BUSINESS**

- 12.1 No further business was reported.

The Meeting ended at 9.10pm.

CHAIRMAN: \_\_\_\_\_

DATE: \_\_\_\_\_