



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 **Wednesday 25th November, 2015**, Rooms 6 & 7, 17th Floor, City Hall, 64 Victoria Street, London SW1E 6QP

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

Also Present: Councillor Rachael Robathan.

1 MEMBERSHIP

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

2 DECLARATIONS OF INTEREST

- 2.1 The Chairman sought any personal or prejudicial interests in respect of the items to be discussed from Members and officers, in addition to the standing declarations previously tabled. No further declarations were made.

3 MINUTES AND ACTION TRACKER

- 3.1 **RESOLVED:** That the Minutes of the meeting held on 24 September 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 Adults & Public Health

- 5.1.1 The Committee received a written briefing from Councillor Rachael Robathan on key issues within her portfolio, which included the Community Independence Service, the Better Care Fund, and the Home Care Contract. Committee Members noted that Mike Robinson had recently been appointed as the new Tri-Borough Director of Public Health; and that responsibility for Health Visitors had passed to the local authority on 12 October.
- 5.1.2 The Cabinet Member commented on the recent Carer's Awards, and highlighted the importance of recognising the work that was being done by all carers. The Cabinet Member also highlighted the support being provided by young carers; and commended the sitting service provided by the City Council, which provided respite for carers of people with intermediate needs.
- 5.1.3 Committee Members commented on problems with the Dial-a-Ride service that were being experienced by patients. The Cabinet Member suggested that details of the incidents should be forwarded to Adult Social Care, who could take the issues forward as complaints. The Committee agreed that concerns regarding the Dial-a-Ride service would be raised at the next meeting of the Imperial Transport Strategy Group.
- 5.1.4 Members also expressed concern over ongoing IT problems in scheduling patient appointments, and agreed that the Committee would write to Imperial NHS Trust asking for a written statement on the management of data, together with statistics on error rates.
- 5.1.5 Committee Members highlighted the importance of receiving more information on current key challenges and priorities, together with an analysis of anticipated and actual outcomes from specific activities. The Cabinet Member commented that it could be difficult to pinpoint specific savings, but acknowledged the need to create a structure that could best reduce costs and deliver savings through efficiencies and early intervention. The Committee noted that it would be possible to gauge performance in April 2016, when the reconfigured services had been in operation for a year.
- 5.1.6 The Committee asked that Key Performance Indicators be included in the Cabinet Member Briefing for Adult Social Care and Health.
- 5.1.7 Other issues discussed included the Specialist Housing Strategy for Older People; the Smoking Cessation Programme; and the Social Supermarket scheme.

5.2 Cabinet Member for Public Protection

5.2.1 The Committee received a written briefing from Councillor Nickie Aiken on key issues within her portfolio, which included community cohesion, street performing, and rough sleeping.

5.3 **RESOLVED:** That the briefings detailing the recent work undertaken within the portfolios of the Cabinet Member for Adults & Public Health and the Cabinet Member for Public Protection 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, which included Trafficking in Westminster, Safeguarding 16-25 Year Olds, and the Imperial Transport Strategy Group. Committee Members were invited to attend the rough sleeper count which was due to take place on 26 November.

6.1.2 Members noted that the Health Policy & Scrutiny Urgency Sub-Committee had met on 17 November, to receive updates from the Central North West London NHS Trust on the redesign of the Community Mental Health Service; and from the Central London CCG on plans to improve the Urgent Care Centre at St Mary's Hospital.

6.1.3 The Committee also received an update on the recent meeting of the North West London Joint Health Overview & Scrutiny Committee, which had been held at LB Harrow and had focussed on the recruitment and retention of staff; pressure on A&E and GP services; and the London Ambulance Service.

6.2 Healthwatch

6.2.1 The Committee thanked Westminster Healthwatch for the briefing on current work and priorities which had been provided to Members before the meeting.

6.3 **RESOLVED:** That the standing updates from the Committee's Task Groups and from Westminster Healthwatch be noted.

7 **LOCAL POLICING MODEL**

7.1 As part of its Work Programme, the Committee had requested an assessment of the effectiveness of the neighbourhood Local Policing Model (LPM) which had been published earlier in the year by the Metropolitan Police, and which sought to deliver a more efficient service while making savings. Superintendent Liam

Harrington (Metropolitan Police) and Mick Smith (Head of Community Safety) accordingly provided an overview of how stage 1 of the LPM had worked in Westminster. The Committee noted that the Mayor's Office for Policing & Crime (MOPAC) had been invited to attend the meeting and take part in the discussion, but had declined.

- 7.2 The LPM had been established in response to the Mayor of London's MOPAC challenge in three key areas, which had been to reduce the key neighbourhood MOPAC 7 crime types by 20%; to make a 20% reduction in budget; and to achieve a 20% increase in public confidence in policing. The Committee noted that London as a whole was achieving these objectives, and was on track to achieve the 20% target for MOPAC 7 crimes by April 2016. Superintendent Harrington had been pleased to note that the Chancellor's Autumn Statement had not included anticipated cuts to the police service.
- 7.3 Under the LPM, Westminster had been divided into 5 neighbourhoods with different challenges and different types of crime. The investigation of neighbourhood crime by neighbourhood officers represented a cultural shift, and the Committee noted that of the 1,250 police officers in the Borough, between three and four hundred were involved in neighbourhood policing. Approximately 48,000 offences, which included all crime, had been recorded in Westminster over the past year.
- 7.4 The Head of Community Safety commented that high level discussions were continuing to take place over the model of policing in Westminster, and confirmed that the City Council had a good working relationship with the police at a strategic and operational level.
- 7.5 The Committee discussed the LPM, and expressed concern that although there had been a significant increase in the number of Neighbourhood Policing Officers, the substantive increase in responsibilities and activities could lead to a major strategic problem through less time being available for police to work on neighbourhood issues.
- 7.6 The Committee discussed the projections included in the LPM, and noted that although the detailed design model had been predicated on 40% of crime being allocated to secondary investigation, the actual figure had been 59%. Committee Members expressed concern that the miscalculation could be a major error in modelling which could impact on resourcing and police time, which could be significant when overlaid with other ongoing reorganisations within the Police and the implications of the recent events in Paris.
- 7.7 Superintendent Harrington considered that the report was misleading, and that a more realistic target for crimes being allocated to secondary investigation would be 45%. Before the LPM, the allocation had been 60%, and this figure had not changed since the new model had been introduced. The 40% projection within

the LPM had included the response service and the CID, in addition to neighbourhood policing; and it had been hoped that the LPM would enable the police in London to deal with the same number of crimes as in the Counties, which had not taken into account the higher rate of crime in London.

- 7.8 The Committee discussed the impact of drawing officers from other Wards to attend major demonstrations and events outside of the borough, such as the Notting Hill Carnival. Superintendent Harrington recognised that this was an ongoing challenge, which could reduce the number of police available within a particular neighbourhood.
- 7.9 Committee Members commented on problems in Oxford Street associated with street performers, pedicabs and anti-social behaviour, and acknowledged that the West End and Oxford Street had the highest volumes of policing in the borough.
- 7.10 The Committee discussed staff turnover and the impact of police rotation on training and probation. Superintendent Harrington commented that the high volumes of crime in London could lead to specialisation and Police Officers becoming deskilled, and highlighted the need for Officers to receive appropriate training.
- 7.11 Committee Members also discussed the level of threat following the recent events in Paris, and noted that the Police had sought to provide reassurance through greater visibility.
- 7.12 The Committee thanked Superintendent Harrington for attending the meeting.
- 7.13 **RESOLVED:** That the Committee agreed to invite MOPAC and the Police to a future meeting to consider how the cultural change would be made over the next three years. The Committee also agreed to the issuing of a Press Release regarding the need for MOPAC to be accountable and to attend meetings of the Scrutiny Committee.

8 THE PATIENT JOURNEY - MAPPING THE EXPERIENCE OF WESTMINSTER'S RESIDENTS

- 8.1 In response to a request made by the Committee, Matthew Bazeley (Managing Director, Central London CCG) and Louise Proctor (Managing Director, West London CCG) accordingly provided an overview of the patient experience for Westminster's residents, and of the approaches being undertaken by Adult Social Care and Westminster's CCGs to improve the patient journey in Westminster.
- 8.2 Westminster's CCGs had recognised the need for services to be co-ordinated to avoid unnecessary repetition, and sought to deliver care that was personalised,

localised, integrated and specialised. The Tri-Borough Adult Social Care Customer Journey Programme accordingly aimed to achieve improvements to the patient experience, and for patients to help themselves and for communities to be empowered through:

- Greater Self-Management – with people being empowered to manage their own wellbeing and health.
- The transformation of Primary Care – offering better out of hospital services and greater access to GPs at convenient times and locations 7 days a week; together with a common IT system.
- The development of Whole Systems Integrated Care – providing multi-disciplinary care and care planning coordinated around the patient, led by the GP.
- The transformation of Mental Health – promoting wellbeing and improving mental health for North West London, through measures such as providing a single point of access.
- Hospital Reconfiguration – with a new A&E unit being opened at Chelsea & Westminster; and with improved hospitals delivering better 7 day care with more services available closer to home.

- 8.3 The Committee discussed the progress being made in implementing the Shaping a Healthier Future Programme and Out of Hospital Strategies, and on integrating Health and Social Care. Committee Members also discussed the effectiveness of patient groups, and highlighted the need for the patient journey to be able to support service users with complex multiple needs; and for patients to be involved in setting measurable outcomes.
- 8.4 The Committee highlighted the need for the effectiveness of improvements to be measured, and suggested that the criteria for successful outcomes was set for each of the cycles of the patient journey, which should include expectation and qualitative measures. Committee Members also suggested that details could also be provided of how the main therapeutic categories would be helped by improvements to the customer journey. Westminster's CCGs confirmed that an outcomes framework was being developed, which could be brought to a future Committee.
- 8.5 Committee Members noted that Westminster Healthwatch would be able to provide data on the patient experience of each element of the Customer Journey Programme.
- 8.6 The Committee commended the *Guide to Health & Social Care in Westminster*, which had been produced by Mark Ewbank (Scrutiny Manager) to provide a clear and straightforward guide to the various health agencies in Westminster.

- 8.7 **RESOLVED:** That a model be prepared for pieces of work based on the five elements of the patient journey, which would set out the criteria and qualitative measures of what would be considered successful outcomes.

9 WORK PROGRAMME 2015/16

- 9.1 Members agreed that a further review of progress in developing the Local Police Model would be added to the Committee Work Programme; together with the consideration of the criteria for successful outcomes in the patient journey in Westminster.

10 ITEMS ISSUED FOR INFORMATION

- 10.1 The following papers had been circulated for information separately from the printed Agenda:
- The Annual Report of the Safeguarding Adults Executive Board 2014-15, and letter in response sent on behalf of the Committee.
 - Letter sent to CWHHE Clinical Commissioning Groups Collaborative on behalf of the Committee concerning the Shaping a Healthier Future – Implementation Business Case, and letter in response received from the Chief Officer.

11 ANY OTHER BUSINESS

- 11.1 No further business was reported.

The Meeting ended at 9.15pm.

CHAIRMAN: _____

DATE: _____

<i>Actions Arising</i>	
Item 5 Cabinet Member Updates	That concerns regarding the Dial-a-Ride service be raised at the next meeting of the Imperial Transport Strategy Group.
Item 5 Cabinet Member Updates	That Imperial NHS Trust be asked to provide a written statement on the management of data for services such as scheduling patient appointments, together with statistics on error rates.
Item 5 Cabinet Member Updates	That Key Performance Indicators be included in the Cabinet Member Briefing for Adult Social Care and Health.
Item 7 Local Policing Model	That MOPAC and the Police be invited to attend a future meeting to consider how the cultural change to Policing in Westminster would be made over the next three years.
Item 7 Local Policing Model	That a Press Release be issued regarding the need for MOPAC to be accountable and to attend meetings of the Scrutiny Committee.
Item 8 The Patient Journey - Mapping the Experience of Westminster's Residents	That a model be prepared for pieces of work based on the five elements of the patient journey, which would set out the criteria and qualitative measures of what would be considered successful outcomes.