



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 **Monday 21 March, 2016**, Rooms 6 & 7, 17th Floor, City Hall, 64 Victoria Street, London SW1E 6QP

**Members Present:** Councillors Antonia Cox (Chairman), Barbara Arzymanow, Paul Church, Patricia McAllister, Jan Prendergast, Ian Rowley and Barrie Taylor.

**Also Present:** Councillor Rachael Robathan.

#### 1 MEMBERSHIP

1.1 Apologies 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 27 January 2016 be approved for signature by the Chairman.

3.2 Members also noted the progress made on the action points set out in the Committee Action Tracker.

#### 3.3 Matters Arising

##### 3.3.1 Health, Policy & Scrutiny Urgency Sub-Committee

At its meeting in November, the Sub-Committee had asked to be kept informed of progress in the procurement of a new service provider for the Urgent Care Centre at St Mary's Hospital, and on how the effectiveness and value for money of the

services had improved under the new contract. A new service provider had now been appointed, and the Committee agreed that the Chief Executive of St. Mary's would be asked to provide an update on the procurement process, together with details of the benefits that were being gained in relation to the A&E service. Members also noted that the draft Minutes of the November Sub-Committee would be reviewed, and that an item on the performance of A&E and Urgent Care at St. Mary's had been added to the Work Programme for the September meeting. Janice Horsman (Healthwatch Westminster) confirmed that Healthwatch would continue to monitor patient experience at the Urgent Care Centre.

### 3.3.2 Mayor's Office for Policing & Crime (MOPAC)

Committee Members expressed concern that the report on the MOPAC Policing Model which was to have been considered at the current meeting had been withdrawn from the Agenda. The Chairman confirmed that she would be meeting with MOPAC on 11 April to discuss the role of the local authority, and would report back to the Committee at its next meeting on 19 April.

### 3.3.3 Children's Commissioner

The Committee noted that a follow-up letter had been sent to the Children's Commissioner regarding the risks associated with the discharge of vulnerable young people from hostels to private rented accommodation across London. Although the Commissioner had subsequently responded and had expressed interest in Westminster's work, Committee Members considered that little progress had been made, and expressed concern over the delay in implementation of the City Council's recommendation.

## **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 briefing from Councillor Rachael Robathan (Cabinet Member for Adults & Public Health) on key issues within her portfolio, which included progress in the delivery of the Community Independence Service; implementation of the contracts for the Homecare Service; and an assessment of Key Service Performance Indicators. Members were also informed of the new requirement to draft a five-year Sustainable Transformation Plan that would deliver a joint Health & Care Strategy for North West London, and form the basis of a Health & Care Plan for Westminster.

- 5.1.2 The Committee discussed the Better Care Fund and the savings that could be made to hospital resources through the discharge of patients over the weekend, and noted that a 24/7 discharge team had been in operation for the past year.
- 5.1.3 The Committee also discussed the Key Performance Indicators relating to delayed transfers of care that had been included in the Cabinet Member's report, and noted the impact caused by the ongoing lack of facilities for patients who were suffering from dementia. The City Council had been considering how housing stock could be made more dementia friendly when void properties were refurbished, and it was noted that the Committee would consider the provision of dementia supportive environments which could assist hospital discharge at the June meeting, as part of the review of the Community Independence Service.
- 5.1.4 Members commented that Ward Councillors in Harrow Road, Queens Park and Westbourne had concerns about how the new Drug and Alcohol Service was being put in place, and what it could mean to Westminster's residents. The Cabinet Member agreed that the launch events needed to be publicised, and agreed to look further into what was being done.
- 5.1.5 Committee Members also requested details of the sexual health services that were currently being provided in Westminster, together with details of their location and how they were staffed and funded. The Cabinet Member agreed to provide a written response to the request, which had been made following an initial enquiry from a provider who wanted to provide a clinic in a new community facility.
- 5.1.6 Other issues discussed included the expectation that staff would be paid the London living wage under the Homecare contracts; the provision of pharmacies in Westminster and their role in the community; childhood healthy weight; and the contract for the provision of Health Visitor services.

## 5.2 Cabinet Member for Public Protection

- 5.2.1 The Committee received a written briefing from Councillor Nickie Aiken (Cabinet Member for Public Protection), on key issues within her portfolio, which included Community Cohesion, rough sleeping, and the evening and night-time economy.
- 5.2.2 Committee Members commented on the apparent escalation in stabbings within Westminster, and expressed concern over the initial response from the police. Members commended the action that had been taken by youth workers who had assisted one of the victims, and agreed that the Cabinet Member would be asked to comment on the most recent incidents.
- 5.3 **RESOLVED:** That the briefings detailing the recent work undertaken within the portfolios of the Cabinet Member for Adults & Public Health and 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 and the Imperial Transport Strategy Group.
- 6.1.2 The Trafficking single Member study had been focussing on East European trafficking in Westminster and the service industry, and had highlighted the difficulty in obtaining information. The number of incidents that were reported to the national referral unit was also considered to be a small fraction of what was taking place, as people had to be willing to be referred. Over the previous year, one adult and one child from Westminster had been referred to the national unit. The study had suggested that not enough was being done by the Government towards separating workers' visas from their employers, and the Committee noted that lobbying for a change of visa regime for the service industry had been largely unsuccessful. Committee Members also noted that the Human Trafficking Foundation would be mapping borough activity later in the year.
- 6.1.3 The Imperial Transport Strategy Group was currently waiting for confirmation of how Imperial's five sites would be configured before a structured plan could be made for the patient transport and ambulance services. Committee Members highlighted the need for strategic planning to include all stakeholders and not be done in isolation. Members also noted on-going concerns over the effectiveness of the current Dial-a Ride contract which had been renewed for two years, and sought reassurance that the contract had been improved.

### 6.2 Healthwatch

- 6.2.1 Janice Horsman (Chair, Healthwatch Westminster) updated the Committee on the current work and priorities of Westminster Healthwatch. These included strengthening local borough links and improving engagement, with the possibility of hosting more open 'assembly' meetings on specific issues of concern; and seeking to align Healthwatch strategic priorities for health and wellbeing with those of the local authority. Healthwatch had also formed positive contacts with the new providers of Homecare, and would be monitoring the experience of service users and how the new contract arrangements were working. Although some concerns had been raised over the single point of access for the new mental health service, Healthwatch acknowledged that patient experience was still at the early stages and would be reporting on this in future.
- 6.3 **RESOLVED:** That the standing updates from the Committee's Task Groups and from Westminster Healthwatch be noted.

## **7 STRATEGIC APPROACHES TO MENTAL HEALTH**

- 7.1 In response to a request made in the Work Programme, the Committee received a general report on the community provision and effectiveness of mental health services in Westminster; and on what was being done by the relevant agencies to ensure that Out of Hospital and community strategies were effective in keeping people out of hospital. The Committee heard from Dr Fiona Butler (Chairman, West London CCG); Glen Monks (Associate Director for Mental Health, West London CCG ); Louise Proctor (Managing Director, West London CCG); and Philippa Mardon (Deputy Managing Director, Central London CCG). The Committee noted that although the report had focussed mainly on adults, mental health issues relating to children and adolescents were also being reviewed, and were being considered separately by the Health & Wellbeing Board.
- 7.2 The North West London 'Like Minded' strategy had set out a case for changing the way support to people with mental health needs was commissioned and provided, and aimed to help them recover and live well. Westminster had a relatively high prevalence of mental illness, with particular challenges arising from a high homeless population and proximity to transport hubs, which in turn had resulted in a well-developed primary care network out of necessity. Wider determinants such as housing, education, welfare and employment could also make a difference to people's mental health. The Committee noted that other specific developments which sought to improve outcomes for people with mental health conditions included the national Crisis Care Concordat; the CNWL Single Point of Access for referrals into secondary care; and the Tri-borough Suicide Prevention Strategy.
- 7.3 The Committee discussed the community response, which aimed to help keep people out of hospital and in their own homes whenever appropriate and possible. Members acknowledged that housing conditions and difficulties could affect mental health and trigger a crisis, and highlighted the increase in the number of people with enduring mental health conditions applying for Discretionary Housing Payments.
- 7.4 Committee Members sought reassurance that the CCGs were working with housing providers to help manage and signpost residents who had mental health issues, and noted that Westminster's CCGs were currently working with Central North West London Foundation Trust to develop a training programme for Housing Officers and Housing Associations. It was also noted that Housing Managers could make referrals for tenants who had mental health issues.
- 7.5 The Committee highlighted the value of early intervention, and noted that 75% of adults with mental health conditions could have been diagnosed and treated when they were aged between 14 and 18. Children with parents who had mental health issues were ten times more likely to develop problems of their own, and

Committee Members highlighted the importance of networking with schools and the support that could be offered by youth workers.

- 7.6 The Committee discussed the response of the Police to mental health incidents. Westminster's CCGs confirmed that a single point of access had been introduced in November 2015 which was available at all times, and which enabled the Police to obtain live advice about a patient from an expert clinician, or to request an assessment. The single point of access that was being offered for mental health services also provided for self-referral across all age groups.
- 7.7 Committee Members discussed the reported incidents given in the report, and commented on the difficulty in obtaining accurate and comprehensive data, particularly from some minority ethnic groups that may not report mental health issues. Members highlighted the need for cultural attitudes towards mental health to be considered when planning services, and suggested that a mapping exercise was needed which would take into account additional socio-economic factors such as ethnicity and deprivation.
- 7.8 Other issues discussed included the understanding of personality disorders and the need for therapeutic settings outside of the prison service; the link between alcohol, drugs and mental health; and dementia awareness training.
- 7.9 The Committee thanked Westminster's Clinical Commissioning Groups for attending the meeting and for their useful contributions.

## **8. PRIMARY CARE MODELLING PROJECT**

- 8.1 Following the closure of a number of GP surgeries, it was recognised in order to be able to commission quality primary care services for residents in the future the current demographic profile of Westminster and how it will look by 2030 would need to be understood and taken into account. Damien Highwood (Evaluation & Performance Manager) accordingly presented a report on progress in the Primary Care Modelling Project, which was being developed jointly by the health service and local authority to shape our understanding of the future burden of needs arising from issues such as cancer and dementia. The modelling would also inform the decision making of the City Council and NHS Joint Primary Care Co-Commissioning Committee.
- 8.2 The Clinical Commissioning Groups (CCGs) would be providing data on the variants between the resident based population and GP registered population, which included people who did not live in Westminster. Committee Members noted that the GP population was higher than the number of residents and continuing to rise, which could present a challenge when seeking to provide joined-up services. Westminster's CCGs would also be providing data on disease burdens at different ages at a local level, which could enable assumptions to be made about future levels of childbirth and housing needs.

- 8.3 Committee Members also discussed the provision of hubs and the need for balance in providing services across the borough; and acknowledged the role of pharmacies, and highlighted the support which they could offer to people with long-term conditions.

## **9 REGULATION OF INVESTIGATORY POWERS ACT 2000 (RIPA)**

- 9.1 The process for the City Council to carry out surveillance and investigation under the powers given to public bodies by the Regulation of Investigatory Powers Act 2000 (RIPA) had changed since last being reviewed in 2013, and Westminster's current RIPA policy and process needed to be updated, together with the list of authorised officers who also needed to receive training. Joyce Golder (Principle Solicitor, Tri-Borough Legal Services) accordingly presented the revised RIPA Policy Document and Procedure Manual, for initial comment by the Committee before being submitted to the Cabinet Member for Public Protection for formal approval. Members noted that City Council most commonly sought RIPA approvals for directed surveillance by Trading Standards, and that the Committee had received an update on recent use at its last meeting on 27 January 2016 (Minute 8).
- 9.2 Westminster had previously received positive feedback from the Surveillance Commissioner for having introduced quality assurance within the RIPA process, and the Committee noted that the City Council was expecting to receive a further inspection from the Surveillance Commissioner in 2016. Committee Members also noted that consideration would be given to the Policy being further revised to include social media and networking, together with 'non-RIPA' activity such as the hiring of private investigators in support of work being undertaken by social services.
- 9.3 **RESOLVED:** That the amended RIPA Policy document and Manual be endorsed, and submitted to the Cabinet Member for Public Protection for formal approval.

## **10 WORK PROGRAMME 2015/16**

- 10.1 Members discussed the Committee Work Programme for the remainder of the current municipal year, together with possible agenda items for 2016-17.
- 10.2 Further issues suggested for the future included MOPAC funding and priorities after 2017, the Shield pilot, and the Better Care Fund.
- 10.3 Members acknowledged that the Committee had a wide remit which included statutory functions, and highlighted the importance of the Work Programme being balanced to include issues relating to Public Protection.

## **11 ITEMS ISSUED FOR INFORMATION**

### **11.1 Tuberculosis**

At the Committee's request, Members received a briefing paper on the rise of Tuberculosis (TB) in Westminster, together with details of trends, origins, and containment. The Committee noted that the issue of tackling the prevalence of TB had been taken up by the London Assembly Health Committee, and that the subsequent recommendations from the Mayor of London and Public Health had been for a London-wide response. Committee Members also noted that a vaccination programme for new-borns and infants had commenced in April 2015.

The Meeting ended at 9.30pm.

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

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



<b><i>Actions Arising</i></b>	
<b>Item 5 Cabinet Member Updates</b>	The Cabinet Member for Adults & Public Health to review the publicity given to the launch events for the new Drug and Alcohol service.
<b>Item 5 Cabinet Member Updates</b>	The Cabinet Member for Adults & Public Health to provide details of the sexual health services that were currently being provided in Westminster, together with details of their location and how they were staffed and funded.
<b>Item 5 Cabinet Member Updates</b>	The Cabinet Member for Public Protection to comment on the recent stabbing incidents.