



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 **Tuesday 19 April, 2016**, Rooms 1B & 1C, 17th Floor, City Hall, 64 Victoria Street, London SW1E 6QP

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

Also Present: Councillor Nickie Aiken.

1 MEMBERSHIP

1.1 No apologies were received. All Members were present.

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 21 March 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

The Committee noted that a meeting of the Health Urgency Sub-Committee was being arranged for 19 May, to hear proposals from the North West London CCGs

for the development of a new service model for NHS111, and for wider integrated urgent care.

3.3.2 Strategic Approaches to Mental Health

Muge Dindjer (Scrutiny Manager) updated the Committee on mental health statistics and rates of suicide among ethnic groups in Westminster, which had not been found to be disproportionate to the local population. The Committee noted that a study of coroner's cases by Public Health had shown that there had been 85 suicides in Westminster over the three-year period from 2009-11. The age profile of those cases had indicated that 11 (one in 8) had been people over 70 years of age; and that 18 people aged 60 and over had committed suicide of which 11 had been women. The commentary to the Public Health report had indicated that vulnerable, elderly people who were experiencing bereavement, loss of independence, social isolation and debilitating illness seemed to be at risk of suicide, and that most of the people who had committed suicide had not received a diagnosis of mental health issues or received support. Although the national trend indicated a 2% decrease in suicide rates, instances of male suicides had gone down while the number of female suicides had increased. The Committee agreed that the Older People's workstream should take the risk of suicide into account. The Scrutiny Manager also agreed to research existing services which sought to tackle isolation among older people

The Committee also commented on the Single Point of Access service for mental health, and on the preventative work that was being done in schools. Members agreed that Dr Fiona Butler (Chairman, West London CCG) would be asked to provide a briefing note on the service provided to children and adolescents, and on how it worked with schools and offered support to young people who may be suicidal.

The Committee noted that the Central & North West London NHS Trust (CNWL) had requested input from the City Council towards their development of a business case for serious and long-term mental health needs. Members agreed that CNWL would be invited to submit their proposal at the forthcoming meeting of the Health Urgency Sub-Committee on 19 May.

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 Community Cohesion, rough sleeping, and the evening

and night-time economy. A new Rough Sleeping Strategy was to be circulated for consultation following the forthcoming GLA elections.

- 5.1.2 The Cabinet Member had taken part in a successful multi-agency emergency planning day on 18 April with other Members of the Cabinet, and commended the City Council's officers for the work they had done to ensure that they were prepared should an emergency occur. The Cabinet Member also commented on the role of elected Members in providing community reassurance.
- 5.1.3 The Committee highlighted the on-going issue of Eastern European begging and rough sleeping in Westminster, which was causing significant problems in the West End and Marylebone Road Wards. The Cabinet Member confirmed that Westminster was seeking to get the interpretation of the European Treaty changed, and that she would be meeting with Mark Field MP and the Borough Commander to discuss the work being done to address foreign national offenders. The Borough Commander had acknowledged and understood that there was an element of organised crime and trafficking within the Eastern European group, which included drugs and prostitution.
- 5.1.4 The Cabinet Member informed the Committee that a new campaign was to be launched, which would seek to persuade people to give to charities and outreach teams rather than entrenching rough sleepers or beggars by giving them money in the street. Letters would also be sent to the ambassadors of relevant countries seeking to dissuade visitors from giving money to beggars.
- 5.1.5 Committee Members thanked Councillor Aiken for the useful briefing she had provided on the recent escalation in stabbings within Westminster, and highlighted the need to maintain and further develop the relationship between the police and local communities. The Committee acknowledged that Territorial Support Groups needed to operate in confidence, but expressed concern that they appeared to be working separately from local communities and community groups who strongly wished to help. The Cabinet Member considered that the escalation had been aggravated by the reduction of the Safer Neighbourhood Teams, which had been achieving good results from meetings with representatives from the Mozart and Churchill Estates, and agreed that she would highlight the Committee's concerns.
- 5.1.6 Committee Members also commented on the replacement of Paddington Green Police Station, and noted that a cross-party working group that could make recommendations had been set up with appropriate Ward Members.

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 the Better Care Fund, School

Nursing and Health Visitors, and the work of the Westminster Health & Wellbeing Board.

- 5.2.2 Committee Members commented on the forthcoming legislation on Club Drugs and the link with mental health; and requested an update and analysis from Public Health on the impact of the new legislation and what was being done. Members also commended the Joint Health & Wellbeing Strategy refresh which had been considered by the Westminster Health & Wellbeing Board in March, and asked for the relevant papers to be circulated.
- 5.2.3 The Committee highlighted the need for the Specialist Housing Strategy to provide for the adaptation of two-bedroomed properties to enable carers to have their own rooms, and Matthew Bazeley (Managing Director, Central London CCG) confirmed that this would be referred to the Project Board which was now looking at the facilities that would be provided.

6 STANDING UPDATES

6.1 Committee Task Groups

- 6.1.2 The Committee discussed the progress of its Task Groups, which included Trafficking in Westminster. Committee Members noted that a letter had been sent to Mark Field MP concerning the separation of workers' visas from their employers; and that a meeting had taken place with the Human Trafficking Foundation. Members agreed that Tamara Barnett would be invited to a future meeting, to brief the Committee on the work of the Foundation, and to present the GLA report 'Shadow City - Exposing Human Trafficking in Everyday London'.

6.2 Healthwatch

- 6.2.1 Muge Dindjer (Scrutiny Manager) provided an update on the work of Westminster Healthwatch since the last meeting in March. The transition and reorganisation of Healthwatch had continued, and Healthwatch had been briefed on the Scrutiny Committee's work programme in order that it could be linked in with their own work plan. Key performance indicators (KPIs) for the new contract were also being reviewed, to make them more outcome focussed. Committee Members requested a briefing on the details and parameters of the new contract, together with information on the KPI's.

7. THE IMPLEMENTATION OF SHAPING A HEALTHIER FUTURE

- 7.1 As part of its Work Programme, the Committee wished to examine progress in the implementation of the Shaping a Healthier Future (SaHF) transformation programme across the NHS in North West London. The Committee also wished to assess Imperial College Healthcare Trust's proposals for the development of

its sites and local hubs in Westminster. The Committee accordingly heard from Clare Parker (Chief Officer) Central London, West London, Hammersmith & Fulham, Hounslow and Ealing CCGs; and from Dr. Tracey Batten (Chief Executive) and Dr. Bill Oldfield (Deputy Medical Director) from Imperial College NHS Trust. Members also heard from Matthew Bazeley (Central London CCG) and Louise Proctor (West London CCG).

- 7.2 Clare Parker informed the Committee that SaHF sought to improve quality, outcomes and safety for residents through an overarching strategy that encompassed primary care and out of hospital services. The clinical basis for SaHF was that care should be localised where possible; centralised where necessary; and integrated across health and social care avoiding duplication. A consultation event had taken place in November, which had sought to identify the main concerns of partners and service users. The consultation had found that although the principle of out of hospital services and moving people closer to home had been fully supported, clarification was needed on the implementation business case; and on the key priorities of the strategy and what it could deliver. The paper now submitted to the Committee accordingly sought to address these two questions, with a focus on Westminster.
- 7.3 The Committee noted the progress and future plans of Imperial's Clinical Strategy for its five hospitals, which included St. Mary's Hospital and Western Eye Hospital. As part of the SaHF strategy, A&E departments at Hammersmith Hospital and Central Middlesex had been closed for clinical reasons, as neither had been functioning with fully operational specialist emergency departments. Funding saved from the closures had been invested in St. Mary's Hospital and Northwick Park, in support of moving towards a London Quality Standard in which expert staff were available on site. The model of care for women had also changed, with more continuity being provided for ante natal and post natal care; and with a paediatric assessment unit model being introduced at St. Mary's in the next few months to reduce hospital admissions. Other benefits from the reconfiguration had included an increase in breastfeeding rates, and better access to midwifery led units.
- 7.4 The Committee agreed that it was critical to ensure that a fully functioning hospital could be provided in parallel with the redevelopment, to ensure that access was preserved; and highlighted the need to establish an effective traffic management plan.
- 7.5 Committee Members sought clarification of the timescales of the out of hospital strategy and what could be achieved, and noted that a reduction of 500/600 beds was anticipated over a 5 year period. It was acknowledged that people at the end of life could be better placed in care homes than in hospital, and that further opportunities for reducing the number of beds could be gained from people receiving care in their own homes; by reducing the length of stay in hospitals; and by providing access to diagnostics within 48 hours.

- 7.6 Members also noted that the clinical benefits of SaHF had the potential to save more than 300 lives a year, and sought clarification of death rates, and whether there was any gender or ethnic disproportionality. Clare Parker offered to provide the Committee with a briefing on this, and on the methodology that had been used in determining this figure.
- 7.7 The Committee commented on the role of the City Council in helping to reduce the number of patients who were in hospital beds unnecessarily, and Clare Parker highlighted the importance of Adult Social Care working with the NHS, GPs and the voluntary sector to offer better discharge plans which were supported by community services. Although good progress was being made, more could be done, and some delays in patient discharge were still occurring through the right care not being in place, and from people who were medically fit not qualifying for a nursing home. Tracey Batten confirmed that a business case was being drawn up for providing better patient outcomes from intermediate care in appropriate settings within the community, rather than in an acute hospital.
- 7.8 The Committee highlighted the need for transparency and accountability in taking SaHF forward, and discussed the levels of funding that had been allocated for the proposed redevelopment. Committee Members also highlighted the need for independent financial advice when dealing with property developers, and in determining land value and the cost of redevelopment, as high costs would reduce the funding available for front-line health care. Tracey Batten confirmed that the procurement process by which the advisors and developers had been appointed had required interested parties to declare interests, and that the applications had also been considered by the Trust Board. Imperial had also sought separate specialist advice on specific issues when appropriate.
- 7.9 Committee Members acknowledged the useful background information on SaHF which had been provided, but considered that the local authority was not being consulted on issues such as planning and infrastructure. Members commented on the role and duty of the Scrutiny Committee in relation to the health service, and highlighted the need for consultation to enable the Committee to provide a response. Clare Parker commented that boroughs had different requirements but was keen for the Scrutiny Committee to add value, so would be happy for future reports to contain questions and recommendations.
- 7.10 The Committee discussed whether there was a single metric that could be used to assess whether SaHF had been a success, and noted that while there was no single metric, the efficiency of services was being measured before and after the changes.
- 7.11 The Committee thanked the health practitioners for attending the meeting and for their useful contributions.

8. ANNUAL WORK PROGRAMME 2016-17

- 8.1 Muge Dindjer (Scrutiny Manager) presented a report which set out the responsibilities and scope of the Committee's work, and which sought Members comments on establishing a Work Programme for 2016-17. Committee Members acknowledged the need to prioritise the issues that were to be included in the Work Programme, and noted the recommendation that two substantive items were considered at each meeting in addition to standing reports.
- 8.2 The Committee agreed that the next meeting in June would focus on the review of the Community Independence Service (CIS) after its first year of operation; and on holding to account the work of the Westminster Health & Wellbeing Board. Committee Members also agreed that the review of the CIS would include information on the GP's role in reducing pressure on hospital services.
- 8.3 Committee Members noted that the report on Stress Areas would be deferred until the New Year, but requested that an interim report be provided in November. Members also noted that the Environment Policy & Scrutiny Committee had established an Air Quality Task Group, which would include a representative from the Adults, Health & Public Protection Policy & Scrutiny Committee.
- 8.4 The Scrutiny Manager circulated details of the data that the City Council collected or had access to relating to crime and community safety, and asked Members to consider the key performance indicators on which they wished to receive regular information. Members noted that the Borough Commander would be invited to attend the Committee twice a year with the Cabinet Member for Public Protection; and also noted that MOPAC may attend a future meeting to consult on the new Mayor's Crime Plan.

The Meeting ended at 9.15pm.

CHAIRMAN: _____

DATE: _____

<i>Actions Arising</i>	
Item 3 Minutes – Issues Arising	The Scrutiny Manager to research existing services which sought to tackle isolation among older people
Item 5 Cabinet Member Updates	Committee Members to be provided with an update and analysis from Public Health on the impact of the new legislation relating to Club Drugs, and what was being done.
Item 5 Cabinet Member Updates	Committee Members to be provided with the relevant papers regarding the Joint Health & Wellbeing Strategy refresh, which had been submitted to the meeting of the Westminster Health & Wellbeing Board in March.
Item 6 Standing Updates	Tamara Barnett to be invited to a future meeting, to brief the Committee on the work of the Human Trafficking Foundation, and to present the GLA report 'Shadow City - Exposing Human Trafficking in Everyday London'.
Item 6 Standing Updates	Committee Members to receive a briefing on the details and parameters of the new Healthwatch contract, together with information on the KPI's.
Item 7 The Implementation of Shaping a Healthier Future	Committee to be provided with a briefing giving clarification of death rates and whether there was any gender or ethnic disproportionality, and on the methodology that had been used in determining that the clinical benefits of SaHF had the potential to save more than 300 lives a year.
Item 8 Annual Work Programme 2016-17	Committee Members were asked to consider which KPI's they wished to receive data on regularly, regarding data that the City Council collected or had access to in terms of crime and community safety.