



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 22 June, 2016**, Rooms 6 &7, 17th Floor, City Hall, 64 Victoria Street, London SW1E 6QP

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

Also Present: Councillor Rachael Robathan.

1 JO COX MP

1.1 The Committee held a minute's silence for Jo Cox MP.

2 MEMBERSHIP

1.1 Apologies were received from Councillors Barbara Arzymanow and Glenys Roberts. Councillor Jacqui Wilkinson attended the meeting as replacement for Cllr Arzymanow.

3 DECLARATIONS OF INTEREST

3.1 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.

3.2 Councillor Barrie Taylor declared that he had a non-prejudicial interest in item 6 of the published Agenda (Minute 7 below), in that he was a Member of the Westminster Health & Wellbeing Board.

4 MINUTES AND ACTION TRACKER

4.1 **RESOLVED:** That the Minutes of the meeting held on 19 April 2016 be approved for signature by the Chairman.

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

5 CABINET MEMBER UPDATES

5.1 Cabinet Member for Adults & Public Health

- 5.1.1 Councillor Rachael Robathan updated the Committee on key issues within her portfolio, which included the Better Care Fund, Mental Health Day Services, and the work of the Westminster Health & Wellbeing Board. The Committee noted that the review of the Joint Health & Wellbeing Strategy was nearing completion, and that the proposals would be published for consultation at the beginning of July. The Cabinet Member commended the joint working and contributions that had been received from Adult Social Care and from Westminster's health partners.
- 5.1.2 The Cabinet Member commented on the delivery of the Community Independence Service (CIS), which sought to save funding through avoiding unnecessary hospital admissions, and to also avoid the deterioration that could happen in hospital, by providing care for the frail elderly at home as far as possible. Although the CIS has been working well, hospital admissions had increased, and the Cabinet Member considered that it would be useful to receive the views of the Committee on the effectiveness of the service. The Committee agreed that consideration would be given to creating a Task Group which could review progress.
- 5.1.3 The Committee noted progress in the commissioning of sexual health and substance misuse services. Gaynor Driscoll (Head of Commissioning Substance Misuse Services & Offender Health, Public Health) informed the Committee that consultation on proposed changes to genitourinary medicine services had now been completed, with responses being evaluated prior to implementation.
- 5.1.4 Consultation on proposed changes to Community Mental Health Day Services had also now concluded, with the findings being published shortly together with proposals for the reshaping of services. Committee Members acknowledged the importance and value of early intervention before people reached a situation of crisis.
- 5.1.5 The Cabinet Member updated the Committee on the commissioning process for 0-19 Services and School Nursing, and confirmed that the Health Visiting Service was to become integrated with children's services. The Cabinet Members also commented on the recommissioning of the Family Nurse Partnership, which was a wrap-around service for young single mothers, and highlighted the benefits of a 24/7 Skype service being made available between new mothers and the health service.

- 5.1.6 The Committee discussed recruitment difficulties for the School Nurse service, and noted that recruitment was an issue across all health and care services. Members acknowledged the importance of a strategy for future recruitment, which could include the provision of affordable housing to enable people to live and work in Westminster. Louise Proctor (Managing Director, West London Clinical Commission Group) commented on the challenge of health workers moving out of the London area once their training had been completed and they had gained experience.
- 5.1.7 The Cabinet Member informed the Committee that the Health & Wellbeing Board was in the process of looking at how services should be directed in the future, and that a prioritisation framework was being prepared which would consider how funding should be prioritised taking into account statutory and non-statutory functions. It was anticipated that a paper on the proposed framework would be submitted to the Committee for comment and input at its meeting in November.
- 5.1.8 The Committee also discussed the effective use of estates in providing hubs to make delivery more effective, and to provide clearer pathways to avoid duplication. Members noted that consideration was being given to staging an initial pilot in the south of the Borough, which would map existing services together with the use of estates.
- 5.1.9 Committee Members requested a copy of Westminster's Better Care Fund application which had been submitted to the Department of Health.

5.2 Cabinet Member for Public Protection

- 5.2.1 The Committee received a written briefing from Councillor Nickie Aiken which included proposed changes to the CCTV service; the Westminster licensing standard; and the link between foreign national offenders and human trafficking.
- 5.2.2 Committee Members commented on the recent escalation of youth violence in Westminster, and expressed concern over the withdrawal of CCTV, which had in some circumstances been useful to the Police and community. The Committee noted that the provision of CCTV was now becoming reliant on companies and public bodies such as City West Homes and TfL, and agreed that the provision of CCTV should be included in the discussion on Stress Areas for Licensing at the next meeting in September.
- 5.2.3 Committee Members also commented on the results of Operation Vanadium, which had been a multi-agency operation that had focussed on Edgware Road, and had sought to disrupt criminal activity which included drugs, prostitution and human trafficking.

6 STANDING UPDATES

6.1 Task Groups - Human Trafficking

6.1.1 The Committee received a briefing on the work of the Human Trafficking Foundation from Tamara Barnett (Project Leader, Human Trafficking Foundation), who also outlined the findings of the GLA report 'Shadow City - Exposing Human Trafficking in Everyday London'.

6.1.2 Although initial first steps were being taken to address human trafficking, with changes being seen within the Police and Home Office, local authorities had been slower to respond to their statutory obligations. The Committee noted that while Westminster was ahead of many other boroughs, London lagged behind the rest of the country. Local authorities were also being required to respond without the support of additional funding.

6.1.3 The GLA report aimed to clarify responsibilities and how to be most effective with limited resources, and had taken into account three key issues:

- (i) **Identification:** There was considerable evidence that London was a hub for human trafficking and slavery in the UK.
- (ii) **Lack of support when exiting the Government safe houses:** After they had finished receiving the statutory 45 days of care, there was very little or often nothing in place in local authorities to provide any specialist support for victims of trafficking, who could become homeless and at risk of further exploitation.
- (ii) **Inadequate services for child victims of trafficking:** Although adults received special trafficking support, children are meant to be protected by broader safeguarding laws and received no specialist service. As a result, vulnerable children were at risk of going into inappropriate foster care, or of falling into criminal activities.

The report also sought to map existing gaps, and to create partnerships between boroughs. The Committee acknowledged the need to engage local authorities in London to make them aware of their new statutory responsibilities, and noted the action that was already being taken in Westminster.

6.1.4 Liz Bruce (Executive Director, Tri-Borough Adult Social Care) commented on her role as the national lead for Adult Safeguarding, and was also a member of the Home Office Group that was writing the guidance for modern slavery. The Committee noted that although Adult Social Care was willing to support the new ways of working, the guidance was still being written and needed to be circulated for consultation prior to implementation. Committee Members also acknowledged difficulties in funding.

6.1.5 The Committee recognised the overlap in the work being undertaken in connection with trafficking and with vulnerable young adults and children in hostels, and highlighted the need for better understanding and co-ordination by the City Council. Committee Members also noted that children who had been trafficked could have issues that had not been addressed, and suggested that Tamara Barnett met with Children's Services to make them aware of the training that was available for foster carers.

6.1.6 Committee Members suggested that it would be useful to provide a briefing on Human Trafficking to elected Members in the north of the borough.

6.1.7 The Committee agreed to:

- (i) Promote the free October Conference, on how local authorities can best tackle human trafficking in light of the Modern Day Slavery and Care Acts, to relevant Councillors and Officers related to Community Safety, Child and Adult Safeguarding, Housing and Violence Against Women & Girls.
- (ii) Consider how the City Council could contribute to the agenda of this Conference and have broader input.
- (iii) Write to relevant Directors in Adult Social Care, Children's Services and Public Protection, asking how they:
 - identify victims leaving safe houses to ensure that the ongoing support provided by the City Council was compliant with new legislation and represented best practice
 - improve access to intelligence
 - identify and protect child victims of trafficking
- (iv) ask the Director of Adult Safeguarding and Director of Housing to provide a briefing on how the City Council supported adult victims of trafficking after they were recognised as trafficked; had leave to remain; and had left a safe house.

6.1.8 The Committee thanked Tamara Barnett for attending the meeting.

6.2 Air Quality Task Group

6.2.1 Committee Members noted that the first meeting of the Air Quality Task Group was scheduled to take place on 11 July, and that Councillor Antonia Cox was representing this Committee and would report back.

6.3 Healthwatch

- 6.3.1 Janice Horsman (Healthwatch) provided a brief update on the current work and priorities of Healthwatch Westminster.
- 6.3.2 A recent consultation event and survey on priorities highlighted by the Health & Wellbeing Board had highlighted a number of themes, which had included the availability and accessibility of services; better care for long term conditions; and the health and mental health of children and young people. More detailed feedback from consultation and survey would be available once the results had been analysed.
- 6.3.3 The Committee also noted key issues for the 2016-17 work plan that had arisen from consultation with members of Healthwatch, which included differences in life expectancy for people with mental health issues; social isolation; and access to primary care and waiting times for referred services.
- 6.3.4 Healthwatch recognised the need for further self-publicity, and to ensure that priorities were aligned with the strategic priorities of Westminster.

7. **WESTMINSTER HEALTH & WELLBEING BOARD**

- 7.1 Councillor Barrie Taylor declared a non-prejudicial interest in this item, in that he was a Member of the Westminster Health & Wellbeing Board, and confirmed that he would not take part in any formal decision that may be taken.
- 7.2 The Committee welcomed Jules Martin, who had recently been appointed as Managing Director of the Central London Clinical Commissioning Group.
- 7.3 Liz Bruce (Tri-Borough Executive Director of Adult Social Care Services) updated the Committee on the work of the Health & Wellbeing Board, and on progress in the refresh of the Joint Health & Wellbeing Strategy, which was being undertaken by the City Council and Westminster's Clinical Commissioning Groups (CCGs) through consultation and a series of workshops. As a result of the discussions and outcomes of the workshops, four priorities that would reflect local priorities had been agreed by the Health & Wellbeing Board to form the basis of the refreshed Strategy:
- Improving outcomes and life chances for children and young people;
 - Reducing the risk factors for and managing long term conditions such as dementia;
 - Improving mental health outcomes through prevention and self-management; and
 - Creating and leading a health and care system fit for the future.

The Committee noted that the new Strategy needed to be in place by the end of the year.

- 7.4 The Committee also received an update on Westminster's Sustainability & Transformation Plans which were being developed in collaboration with the City Council and CCGs in North-West London, and which sought to change the overall health and care system in Westminster so the results that were needed could be achieved within the existing budget. The Committee noted that the Health & Wellbeing Board was also responsible for Westminster's Pharmaceutical Needs Assessment.
- 7.5 Committee Members commented on the need for behaviour change, the greater use of pharmacies, the collaborations of schools and self-care to be passed to the community. Louise Proctor (Managing Director, Central London CCG) confirmed that the planning of pharmacy services was co-ordinated through NHS England, and agreed to provide the Committee with a briefing on whether pharmacies would be able to deliver the role envisaged for them given the reductions in their funding.
- 7.6 Committee Members commented on the strategic priorities set out in the Joint Health & Wellbeing Strategy, and suggested that some of the aims were too general with delivery being difficult to measure.
- 7.7 The Committee agreed that the City Council's Policy & Communications Department would be requested to draw up proposals for the publication and distribution of consultation on the draft Strategy, and that the consultation programme would be shared with Committee Members.

8. COMMUNITY INDEPENDENCE SERVICE – ONE YEAR ON

- 8.1 As part of its work programme, the Committee wished to review how the Community Independence Service (CIS) was delivering its objectives after a year of operation, and to also consider the successes and challenges that had arisen. The Committee accordingly heard from Professor Tim Orchard (Clinical Divisional Director for Medicine and Integrated Care, Imperial College Healthcare NHS Trust); Anna Bokobza (Imperial College Healthcare NHS Trust); and Anne Elgeti (Community Services Programme Director, NHS Central, West and Hammersmith & Fulham CCGs). The Committee also heard from Liz Bruce (Tri-Borough Executive Director of Adult Social Care Services); Jules Martin (Managing Director, Central London CCG), and Louise Proctor (Managing Director, West London CCG).
- 8.2 Professor Orchard informed the Committee that the contracts for delivery had been short term, and sought to develop working relationships between Westminster's health partners. Imperial had worked hard to deliver the best model of care across the three boroughs, but had experienced difficulties over

the year in obtaining information from providers for monthly reviews. Professor Orchard acknowledged that some of the Key Performance Indicators (KPIs) had been complex, and confirmed that the number of KPIs had been significantly reduced over the year.

- 8.3 The Committee sought clarification as to why Imperial had decided not to bid for the new Lead Provider contract. Professor Orchard confirmed that the decision had been based on the issue of measuring services through KPIs, which needed to be clear and agreed in advance; the need for delivery of the contract to be financially viable; and the need to include embedded services such as care homes, which Imperial would not normally wish to deliver. Imperial did however remain committed to the CIS, and considered that the first year of service had been useful for all parties, with many referral processes and eligibility criteria being standardised. Customer feedback had also been positive, with 94% of patients having said that the service was excellent or good, with home interventions having made a difference.
- 8.4 The Committee noted that although the City Council continued to support the model for the CIS, the anticipated savings had not been achieved, and further work was needed to reduce costs and make the service more effective. Members acknowledged that costs could be reduced through effective planning and by identifying problems at an early stage.
- 8.5 The Committee discussed how the effectiveness of the CIS was measured, and suggested that the next progress report should include analytical detail relating to outcomes, financial performance and efficiency savings on some of the assessments that were given. Louise Proctor (Managing Director, West London CCG) commented that although the level of detail would improve, the new contract would not be for an accountable care partnership, and it would be unlikely that data on all of the outcomes referred to by Committee Members would be available for the next report.

9. CLINICAL SERVICE IMPROVEMENTS - PROPOSED NEW PATHWAYS FOR ACUTE MEDICINE AND CHEST PAIN PATIENTS

- 9.1 In response to a request from Imperial College Healthcare NHS Trust, the Committee received a briefing from Professor Tim Orchard (Clinical Divisional Director for Medicine & Integrated Care, Imperial College Healthcare NHS Trust) on proposed changes for related acute medicine and chest pain services. A period of public engagement on the proposals was currently being undertaken running until July, and would report to the Imperial Trust Board.
- 9.2 The Committee noted that the proposals sought to bring benefits for Westminster residents in terms of improved clinical outcomes and better patient experience by ensuring that patients saw the correct physician, and received the right care and treatment in the right facilities.

9.3 The Committee sought assurance that the proposed changes would still enable access to the hospital sites by carers and relatives, and sought further information on the levels of efficiency savings this would produce.

10 PUBLIC PROTECTION DATA AND INFORMATION

10.1 Muge Dindjer (Policy & Scrutiny Manager) presented a report which enabled Committee Members to identify information they may wish to receive quarterly by way of briefing, and which may assist in the scrutiny of the services of the City Council and its partners in the Westminster Community Safety Partnership.

10.2 Committee Members agreed that it would be useful to receive notification of significant events or changes in trends, and noted the intention that the Metropolitan Police website check with Damian would in future provide Councillors with the facility to view crime figures relating to their Wards. Members also suggested that the public protection data paper be made available to the forthcoming meeting of the Westminster Scrutiny Commission as a background paper for the discussion on Committee Work Programmes.

11 ANNUAL WORK PROGRAMME 2016-17

11.1 Muge Dindjer (Policy & Scrutiny Manager) presented a report which set out the responsibilities and scope of the Committee's work, and which offered suggestions for the Committee's Work Programme for the 2016-17 municipal year.

11.2 The Committee noted that the proposed agenda for the meeting in March 2017 included capacity for a key issue from the Public Protection portfolio that Members could identify by reference to this data.

11.3 The Committee agreed that the Work Programme be published, and that consideration should also be given to receiving proposals for the new NHS 111 service at a meeting of the Urgency Sub-Committee.

The Meeting ended at 9.32pm.

CHAIRMAN: _____

DATE: _____

<i>Actions Arising</i>	
Item 5 Cabinet Member Updates: Adults & Public Health	A paper on the proposed Prioritisation Framework being drawn up by the Westminster Health & Wellbeing Board to be submitted to the Committee for comment and input at its meeting in November.
Item 5 Cabinet Member Updates: Adults & Public Health	Committee Members to receive a copy of Westminster's Better Care Fund application which had been submitted to the Department of Health.
Item 6 Task Groups – Human Trafficking	Suggested that Tamara Barnett met with Children's Services to make them aware of the training that was available for foster carers.
Item 6 Task Groups – Human Trafficking	Suggested that it would be useful to provide a briefing on Human Trafficking to elected Members in the north of the borough.
Item 6 Task Groups – Human Trafficking	<p>Agreed that the Committee would:</p> <ul style="list-style-type: none"> i) Promote the free October Conference, on how local authorities can best tackle human trafficking in light of the Modern Day Slavery and Care Acts, to relevant Councillors and Officers related to Community Safety, Child and Adult Safeguarding, Housing and Violence Against Women & Girls. ii) Consider how the City Council could contribute to the agenda of this Conference and have broader input. (iii) Write to relevant Directors in Adult Social Care, Children's Services and Public Protection, asking how they: <ul style="list-style-type: none"> • identify victims leaving safe houses to ensure that the ongoing support provided by the City Council was compliant with new legislation and represented best practice • improve access to intelligence • identify and protect child victims of trafficking (iv) Ask the Director of Adult Safeguarding and Director of Housing to provide a briefing on how the City Council supported adult victims of trafficking after they were recognised as trafficked; had leave to remain; and had left a safe house.

<p>Item 7 Westminster Health & Wellbeing Board</p>	<p>Committee to receive a briefing paper on NHS England's plans for pharmacy services and whether pharmacies would be asked to have a greater role.</p>
<p>Item 7 Westminster Health & Wellbeing Board</p>	<p>The City Council's Policy & Communications Department to be requested to draw up proposals for the publication and distribution of consultation on the draft joint Health & Wellbeing Strategy, and to share the consultation programme with Committee Members.</p>
<p>Item 10 Public Protection Data and Information</p>	<p>The paper on public protection data to be made available to the forthcoming meeting of the Westminster Scrutiny Commission as a background paper for the discussion on Committee Work Programmes.</p>
<p>Item 11 Annual Work Programme 2016-17</p>	<p>The approved Committee Work Programme for 2016-17 to be published.</p>