



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 20 September 2017**, Room 3.1, 3rd Floor, 5 Strand, London WC2 5HR

**Members Present:** Councillors Jonathan Glanz (Chairman), Barbara Arzymanow, Susie Burbridge Patricia McAllister, Gotz Mohindra, Jan Prendergast, Glenys Roberts and Barrie Taylor.

**Also Present:** Councillor Heather Acton.

#### 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 made. No further declarations were made.

#### 3. MINUTES

3.1 RESOLVED:

3.1.1 That the Minutes of the meeting held on 19 June 2017 be approved.

3.1.2 That the Minutes of the meeting of the Health Policy & Scrutiny Urgency Sub-Committee on 29 June 2017 also be approved.

#### 4. CABINET MEMBER UPDATES

4.1 Cabinet Member for Adult Social Services & Public Health

4.1.1 Councillor Heather Acton provided a briefing on key issues relating to her portfolio, which included Adult Social Care, Public Health, and the Westminster

Health & Wellbeing Board. The Committee also heard from Rachel Wigley (Deputy Executive Director and Director of Finance & Resources - Adult Social Care & Health), and Gaynor Driscoll (Head of Public Health Commissioning - Adults).

- 4.1.2 The Committee commended the collaborative working between Clinical Commissioning Groups (CCGs) and health providers in Westminster and RB Kensington & Chelsea in responding to the Grenfell fire. The Cabinet Member similarly highlighted the closer joint working, and acknowledged that lessons would be learnt.
- 4.1.3 The Committee discussed mental health, and the need to give more emphasis on prevention and early intervention. The Cabinet Member acknowledged the need for change, and confirmed that the Director of Public Health would be publishing a 'Health for All' report in conjunction with the Westminster Health & Wellbeing Board, that would seek to move away from medicalisation and focus more on children and young people. Meetings were also being arranged with third sector stakeholders to consider how the City Council could help promote early intervention for mental health. The Committee commented on the Zumos emotional wellbeing service, which offered an online preventative service for primary and secondary schools; and also commented on the impact of social media such as Facebook and Twitter on young people's mental health. Although the number of young people who had mental health problems was difficult to assess, at present, over 200 school children were taking their lives each year. It was agreed that the Committee should take account of the recommendations that had been given in the annual survey of children and young people's mental health, which had been published by YoungMinds.
- 4.1.4 Members sought clarification of the reduction in service users for the Safe Space mental health day service provided by the Single Homeless Project. The Cabinet Member confirmed that although some service users had opted out of the scheme, she was happy with the progress of the day service in which people had been linking into specific programmes.
- 4.1.5 The Committee requested a briefing on mental health (including the mental health of young people), and on the move from a medical model to early intervention and prevention. It was agreed that consideration would be given to including these issues in the Committee Work Programme.
- 4.1.6 Committee Members discussed the proposed reconfiguration of the Health Visiting service, which sought to achieve savings of £680k through measures which included the deletion of 19.7% of senior roles and an increase of 8.4% in active Health Visitors. A written briefing on the proposals was requested from Public Health, and Members highlighted the need for the Committee to have been consulted on the substantial change to the Health Visiting service.

- 4.1.7 The Committee commented on the findings of the Kings Fund review of the Sustainability & Transformation Plan (STP). The Cabinet Member acknowledged the Committee's concerns that the STP for North West London could merge with other Plans to cover a much bigger area, which could bypass and potentially undermine what was being handled at a local level. The review was to be discussed by the NW London Transformation Group, and the Cabinet Member was confident that effective progress would continue to be made. The Committee repeated its request to receive the minutes of STP meetings, and the Cabinet Member agreed to take this forward and confirm whether there was any issue of confidentiality.
- 4.1.8 The Committee discussed inspections of Westminster's Care Homes by Adult Social Care, and noted that regular visits were undertaken by officers and by the Care Quality Commission (CQC). Councillor Acton confirmed that most of the Care Homes had improvement plans, and that none were failing.
- 4.1.9 The Committee discussed the value of an annual Health & Wellbeing Survey of Westminster's residents which could inform the City Council of current and emerging health issues, and agreed that Public Health should be requested to take the proposal forward. Members also sought clarification on future plans for the Gordon Hospital, and the Cabinet Member confirmed that there were currently no plans for bed closures. Councillor Acton would be visiting the hospital next week, and would report back.
- 4.1.10 Other issues discussed included the oral health campaign, and the efforts by Adult Social Care to encourage the NHS to stop the sale of sugary drinks in hospitals.

## 4.2 Cabinet Member for Public Protection & Licensing

- 4.2.1 The Committee received a written briefing on key issues within the Public Protection & Licensing portfolio, which included the Notting Hill Carnival; the Westminster Rough Sleeping Strategy; and the London Crime Prevention Fund.
- 4.2.2 The Committee were invited to raise any questions directly with the Cabinet Member, and noted that Councillor Cox would be attending the next meeting in November to provide an update on key issues and to take part in a Q&A session.

## 5. **STANDING UPDATES**

### 5.1 Committee Task Groups

- 5.1.1 The Committee received updates on work undertaken by its Task Groups.
- 5.1.2 Artemis Kassi (Scrutiny Officer) reported on progress in establishing the Evening & Night Time Economy Joint Task Group, which included Membership from the

Adults, Health & Public Protection and the Business, Planning & Transport Policy & Scrutiny Committees. The Committee endorsed the Terms of Reference for the Joint Task Group, which had held a preliminary meeting.

- 5.1.3 Councillor Taylor and Artemis Kassi outlined progress in the Health & Wellbeing Centre Task Group. Preliminary research undertaken during the summer had included the Marmot Review into health inequalities; and the recommendations of the all-party Parliamentary Committee on Health & Art, which had been published in July. A number of initial site visits to inform the work of the Task Group had taken place, which had included the Health & Wellbeing Centre at Bromley-by-Bow in Tower Hamlets; and the Well Centre in Streatham, which offered an integrated approach towards health care for 13-20 year olds with a focus on mental health. The Task Group would be holding its first meeting on 29 September to discuss objectives, receive a briefing presentation and agree a schedule of meetings. Councillor Taylor agreed to circulate a summary of the all-party Parliamentary Committee report on Health & Art, which he commended as a source of best practice.
- 5.1.4 Councillor McAllister updated the Committee on the work of the Community Independence Service Single Member Study, and on her visit to the virtual ward at LB Hammersmith & Fulham. Councillor McAllister commended the level of care which had been exhibited at the Virtual Ward, which served as an excellent model for supporting community independence.
- 5.1.5 No further meetings of the Joint Health Overview & Scrutiny Committee or Patient Transport Working Group had taken place since the last update in June.
- 5.1.6 The Chairman invited all Members to take an active role in supporting the work of the Committee's Task Groups

## 5.2 Westminster Healthwatch

- 5.2.1 Olivia Clymer (Chief Executive, Healthwatch Central West London) updated the Committee on recent work undertaken by Westminster Healthwatch. Activity had focused on care co-ordination for people with long-term health conditions; planned changes to mental health day care; and the Central London Clinical Commissioning Group's Engagement & Communications Strategy for 2017-21.
- 5.2.2 The Committee commented on the trial of the telephone based Babylon Health service that was being undertaken in Westminster by the CCG, which would be considered in more detail later in the agenda during the discussion on the Community Services Transformation Programme. Committee Members also highlighted the importance of podiatric services.
- 5.2.3 Olivia Clymer outlined the response from Healthwatch to the proposed Engagement & Communications Strategy. The Committee noted that although the CCG had arranged a number of workshops, the consultation period in which

people could participate and respond had been short. The Committee wished to record its support for the comments and suggestions made by Healthwatch in response to the proposed Strategy, and asked to receive details of the replies from the CCG when they were received.

### 5.3 Changes to Shared Services

5.3.1 The Committee received a written update on progress in work being undertaken to terminate the current arrangements for shared services, and to establish bi-borough arrangements between the City Council and RB Kensington & Chelsea.

5.3.2 As Members had been unable to fully respond due to the lateness of the report, it was agreed that the Chief of Staff would be invited to attend the next meeting in November, to present the outcome of consultation on the new operating models that were being proposed.

## 6. **LONDON AMBULANCE SERVICE (LAS) – REVIEW OF PERFORMANCE**

6.1 Ian Johns (Assistant Director of Operations - NW London Ambulance Service) and Catherine Wilson (Stakeholder Engagement Manager, NW London) provided an overview of current key issues and levels of performance. The LAS had been placed in special measures following a Care Quality Commission (CQC) inspection in 2015, and had subsequently published a Quality Improvement Plan in January 2016. A further inspection undertaken in June 2017 had found an overall upward trend with the LAS having improved in all areas, with performance having increased and the provision of care provided by staff being rated 'outstanding'. Frontline capacity had also increased through recruitment; leadership and governance had been strengthened; and vehicles and equipment improved.

6.2 The Committee noted that the LAS were currently responding to between 3,000 and 4,500 patients per day, with a 9.2% rise in demand for ambulance services in North London. The LAS were working with the Central London Clinical Commissioning Group (CCG) to reduce pressure on services and to review calls from hostels and the homeless population. The Service was also working with the Metropolitan Police Service to understand their rise in activity, which had been 37% over the past three years. A proactive approach had been taken to demand management through social media, which had included initiatives such as the #NotAnAmbulance campaign which sought to reduce the number of alcohol related calls.

6.3 The Committee sought clarification of Command Management and the different categories of response to emergency calls. Catherine Wilson commented that responses would be re-categorised on 4 October 2017, when the new Ambulance Response Programme would come into operation. At present 1,800

calls were made per day across London, and there were several categories of response of which Category A was the most seriously life threatening. Under the new Programme, Category A would be re-determined as Category 1, which would be more targeted and would respond to between 300 and 400 calls a day. The greater focus would enable a much quicker response time with more appropriate resources, with a target of 7 minutes instead of the current 8 minutes for Category A calls. Prioritisation in responding to calls would continue to be identified through a structured process, and Catherine Wilson agreed to provide Committee Members with further information on the LAS Patient Response Programme.

- 6.4 The Committee asked if there was a correlation between the increase in frequent callers and the rise in the number of older people living alone. Ian John confirmed that frequent callers were monitored, and that the LAS worked closely with CCGs and Community Teams to assist people when needed. Callers were never denied an ambulance, but were assessed to differentiate between urgent and emergency care, and to determine whether another response would be appropriate.
- 6.5 The Cabinet Member congratulated the LAS on the CQC improvements, and commented on Westminster's #DontBeldle campaign, which aimed to improve air quality by eliminating engines idling and running unnecessarily. Councillor Acton sought clarification of the type of vehicles that had been procured by the LAS to reduce pollution from emissions. Ian Johns confirmed that some vehicles needed to have engines running to power monitoring equipment that would otherwise drain batteries, and that new ambulances were Mercedes with diesel engines. The Committee noted that the new Chief Executive of the LAS was aiming to put together a more structured and robust fleet plan going forward. Members also commented on ambulances being parked in Soho Square, and noted that response times could be minimised and demand better managed by placing ambulances on standby at different locations within the borough.
- 6.6 The Committee discussed the recruitment of staff and opportunities to progress within the Service. Ian Johns confirmed that Ambulance Paramedic training was university based, with three of the universities which offered the course being based in London. The LAS had reintroduced in-house training for paramedics which was to a university standard; and offered a clear clinical career structure that would allow them to progress from the emergency crew, up to Paramedic, and then to Advanced Paramedic Practitioner.
- 6.7 Members discussed public engagement, and the public engagement policies and provisions for monitoring that were in place. Ian Johns confirmed that in addition to monitoring from the NHS and GLA, a robust and engaged group of London citizens met regularly at the LAS Headquarters in Waterloo to discuss the Service. Public engagement had also been facilitated on-line, with service users being able to respond electronically. Ian Johns agreed to provide the Committee

with more details on public engagement, and Committee Members were encouraged to attend and take part in the public meetings in Waterloo.

- 6.8 Other issues discussed included how callers were located; responding to recent terror attacks; the increase in alcohol-related calls; and the potential impact of Brexit.
- 6.9 The Committee wished to place on record the City Council's thanks and admiration for how the emergency services had responded to the Grenfell fire.
- 6.10 The LAS invited Committee Members to visit their Emergency Operations Centre, and to accompany an ambulance team during a shift.

## **7. COMMUNITY SERVICES TRANSFORMATION PROGRAMME**

- 7.1 In response to a request in the Work Programme, Philippa Mardon (Deputy Managing Director, Central London CCG) and Emma Playford (Senior Engagement & Corporate Affairs Manager) provided the Committee with a general update on Central London's CCG's Community Services Transformation Programme, which set out the intended quality improvements for 2017-18. The Committee was invited to comment on the Programme, and to suggest how it could be further developed.
- 7.2 The Deputy Managing Director informed the Committee that the Programme sought to improve the quality and experience of services for the population of Westminster. In recent years, healthcare had developed along separate disciplines and specialities that worked in isolation rather than having a larger perspective of the whole health system. This had led to increased focus on acute care and not prevention, with systems being geared to offering the best treatment rather than investing in prevention. The Committee noted that efforts to improve the quality of service and achieve saving within different areas of related care could also create more costs, if they were not viewed from a whole system perspective.
- 7.3 The Committee discussed technological improvements, and requested an update on the trial of the telephone based Babylon Health service that was being undertaken by the CCG. Philippa Mardon acknowledged that patients increasingly wanted to make referrals by telephone, and confirmed that the Babylon service was currently being piloted in Westminster by two practices. The Deputy Managing Director agreed to provide an update on the success of the Babylon service during the trial, together with the utilisation rate.
- 7.4 The differing types and formats of advice that were available for the physiotherapy service were also discussed, and Philippa Mardon confirmed that the CCG had been working hard to establish self-referrals. Resources such as

iPhone holograms which demonstrated how exercises should be done were becoming increasingly available, and Members highlighted the need for innovations to provide an alternative and additional service rather than a replacement.

- 7.5 The Committee discussed the provision of follow-up healthcare and service monitoring, and the Deputy Managing Director agreed to provide details of the monitoring carried out by Healthshare. Philippa Mardon also confirmed that representatives from Healthshare would be invited to attend a future meeting.
- 7.6 Other issues discussed included the importance of podiatric services; the planned reduction to the Community Gynaecology Service; and the need to build on existing technology to enable patients to have greater access to their medical records.

## **8. COMMITTEE WORK PROGRAMME**

- 8.1 Artemis Kassi (Policy & Scrutiny Officer) presented the Committee's Work Programme and Action Tracker.
- 8.2 The Committee discussed the agenda for the next meeting on 22 November, which was to focus mainly on issues relating to Community Protection and include items on:
- the PREVENT initiative and CONTEST Sub-Group of the Safer Westminster Partnership;
  - the Annual Report of the Westminster Adult Safeguarding Board; and
  - progress in the establishment of bi-borough services, and the outcome of consultation on the proposals for new operating models.
- 8.3 It was suggested that consideration be given to inviting the new Chief Executive of Imperial NHS Trust to be invited to the meeting in January 2018, to report on how Imperial had performed in A&E, and to inform the Committee his vision going forward. The Committee also requested a written update on the level of use of services at St Mary's Hospital by non-Westminster residents, who may come from abroad to obtain treatment in London.
- 8.4 The Committee agreed that to enable effective scrutiny, responses to requests for further information should be sought within two weeks of the date of the meeting.

## **9. ANY OTHER BUSINESS**

- 9.1 No further business was reported.



The Meeting ended at 9.06pm.

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

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