



CITY OF WESTMINSTER

DRAFT MINUTES

Adults & Health Policy & Scrutiny Committee

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Adults & Health Policy & Scrutiny Committee** held on **Monday 9 April 2018** in 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 and Barrie Taylor.

Also present: Councillor Heather Acton.

1. MEMBERSHIP

1.1 Apologies for absence were received from Councillor Glenys Roberts.

2. DECLARATIONS OF INTEREST

2.1 No declarations were made.

3. MINUTES

RESOLVED:

3.1 That the Minutes of the meeting held on 31 November 2018 be approved, subject to the following revisions:

i) Minutes - Matters Arising

Minute 3.3: That the paragraph be amended to read: "Councillor Burbridge requested that consideration be given to the future Work Programme including the provision of services at St Mary's Hospital for local residents and international visitors."

ii) Cabinet Member Update

Minute 4.2: That the second sentence be amended to read: "The Committee also noted that consideration allocating specific responsibility for arts, health and wellbeing to a member of the Health & Wellbeing Board."

Minute 4.3: That the last sentence be amended to read: “The Committee was pleased to note that officers from the City Council were liaising closely with officers from LB Brent, who had attended the February symposium and November event, and that further follow-up work was planned.”

Minute 4.4: That the sixth sentence makes reference to facilities “outside Westminster”, and not “outside London”.

iii) Work Programme

Minute 10.3: That the paragraph be amended to read: “The Committee agreed that potential items for the future Work Programme would include the provision of services at St Mary’s Hospital for local residents and international visitors”.

4. CABINET MEMBER UPDATE

- 4.1 Councillor Heather Acton (Cabinet Member for Adult Social Services & Public Health) provided a briefing on key issues within her portfolio, which included implementation of the Better Care Fund Plan; changes to mental health day services; and tackling poor oral health amongst children across the borough. The Committee also heard from Bernie Flaherty (Bi-Borough Executive Director for Adult Social Care & Health), Mike Robinson (Director of Public Health), and Mike Boyle (Tri-Borough Director for Strategic Commissioning & Enterprise).
- 4.2 The Cabinet Member commented on the difficulties some patients were having in obtaining repeat prescriptions, and on the potential for fraud. The Committee noted that NHS England had changed how repeat prescriptions were regulated, and had requested that pharmacists sought to avoid wastage by not automatically renewing prescriptions. This had led to problems in some practices who were being inflexible in their interpretation of the guidance, as elderly and infirm patients had difficulties in getting to their GP to obtain repeat prescriptions. The Committee agreed that best practice in approving and obtaining repeat prescriptions should be established, and circulated to GPs in Westminster.
- 4.3 The Committee discussed progress in the ongoing programme to halt and reverse the rising trend in childhood obesity, and noted that the City Council had been working with schools, hospitals and businesses to reduce sales and availability. Members also acknowledged the link between sugar and Attention Deficit Hyperactivity Disorder (ADHD).
- 4.4 Committee Members highlighted the problems that a young person had experienced in obtaining funding for a FreeStyle Libre Sensor, which was a personal device that automatically measured and stored glucose levels in diabetics. The Committee noted that the introduction of new technology in the

health service needed to follow a process, and agreed that the Clinical Commissioning Group should be asked to advise on how this and similar situations could best be dealt with. Members commented that Diabetes UK were hoping to finance some of the costs of the devices, and were intending to make an announcement later in the month.

- 4.5 Members also expressed disappointment over the time being taken by CityWest Homes for aids and adaptations, which was currently 18 weeks for urgent work and 45 weeks for non-urgent. Councillor Acton confirmed that this fell within the portfolio of the Cabinet Member for Housing, and that she had passed on Members' comments.
- 4.6 The Cabinet Member highlighted ongoing concerns relating to the GP practice at Soho Square, which would be discussed in more detail later in the agenda (Minute 6).

5. STANDING UPDATES

5.1 Committee Task Groups

- 5.1.1 The Committee received updates on activity undertaken by its Task Groups since the last meeting.
- 5.1.2 Councillor Taylor and Artemis Kassi (Policy & Scrutiny Officer) updated the Committee on the report of the Health & Wellbeing Centre Task Group, following its successful launch on 19 March. Interest in the report had been shown by the All Party Parliamentary Group on Art & Health, and by the Centre for Public Scrutiny.
- 5.1.3 Councillor Arzymanow commented on the recent meeting of the Joint Health Overview & Scrutiny Committee, which had been hosted by Westminster on 13 March. The Committee had discussed A&E performance in North West London, which although below the national waiting time target of 95%, had improved. A&E performance at Imperial had continued to be lower than other Trusts in North West London, and had been affected by the closure of wards at St. Mary's due to the condition of the building. The Committee also considered implementation of the Sustainability & Transformation Plan (STP) for North West London, and highlighted the need for hospital discharge teams to develop stronger links with Housing which could make a significant contribution to integrated care. Other issues discussed had included the NHS pilot on the use of Apps that supported people in managing conditions such as diabetes.
- 5.1.4 Committee Members commended the ride out with the London Ambulance Service (LAS) and visit to the Urgent Care Centre at St Mary's Paddington. The opportunity to ride out with the LAS would remain available to new Members following the forthcoming election.

5.2 Healthwatch

- 5.2.1 Godwyns Onwuchekwa (Westminster Engagement Lead, Healthwatch) updated the Committee on recent work undertaken by Healthwatch in Westminster. Following consultation with local people, activity had focussed on two projects: the effectiveness of care co-ordination for people with long-term health conditions; and ensuring that service users were fully included in planned changes to mental health day provision.
- 5.2.2 The Committee received the Healthwatch Central West London report 'Charing Cross Hospital: Experiences of Today, Questions for Tomorrow', which sought to provide patients' views and experiences, and build a comprehensive picture of the current situation at the hospital. The report had highlighted the need to develop and implement a clear and robust communications and development strategy, and to provide clear information on how decisions about the future of the hospital would be made. Members highlighted the need for the report to have greater emphasis on the views and experiences of Westminster's residents.
- 5.2.3 Healthwatch also continued to raise serious concerns about the Soho Square GP practice, which was to be discussed in more detail later in the agenda (Minute 6).

6. SOHO SQUARE GP PRACTICE

- 6.1 The Committee expressed serious shared concerns had been expressed over the ongoing situation at the Soho Square GP practice; and in the failure of the contract between the Central London Clinical Commissioning Group (CCG) and the operator Living Care Medical Services. Issues relating to the nature, implementation and communication of proposed changes had been previously discussed at a meeting of the Health Urgency Sub-Committee on 30 November 2017, and undertakings given by the operator had not been met. Councillor Heather Acton (Cabinet Member for Adult Social Services & Public Health) and Godwyns Onwuchekwa (Westminster Engagement Lead, Healthwatch) also shared Members' concerns, and contributed to the discussion.
- 6.2 Councillor Jonathan Glanz commented that although the Soho Square practice was in his Ward, the Committee was concerned with the broader implications relating to the provision of services; the implementation and communication of changes; and the lack of interaction with the CCG to determine what was happening.
- 6.3 The Committee noted that since the meeting of the Urgency Sub-Committee, the situation at Soho Square had continued to deteriorate, with the GPs now having left and been replaced by locums. On several occasions the practice had been open to patients, but with no medical staff who could offer advice or authorise repeat prescriptions, which had resulted in patients having to go to A&E. Many

patients also preferred not to have appointments with different locums who may not speak their language, and had begun to register with other GPs. The Soho Square practice continued to receive funding for its registered patients, while not providing a service.

- 6.4 The Committee noted that NHS England had changed its contractual obligations for GP practices, and were concerned that the contract model could have implications for the overall direction of travel for the 27 GP practices in Westminster, and across London and the country as a whole.
- 6.5 Michele Golden (Acting Deputy Chief Inspector – Primary Medical Services Care Quality Commission London) was attending the meeting for another agenda item, and agreed to arrange an inspection of the Soho Square practice as soon as possible and take any action that was required. The Care Quality Commission (CQC) considered that being able to keep the practice open but not allowing any patients to be seen was a fault in the contract, which could be replicated across the country. Healthwatch offered to share details of specific incidents with the CQC, to assist in their inspection.
- 6.6 Members wished to formally record its dissatisfaction and public criticism of the failure of the CCG to attend the current meeting, despite invitations from the Committee and the Cabinet Member, as the issues could not be addressed without their involvement. Healthwatch had also written formally to the CCG to complain about the situation and to request a meeting and details of the business case for the proposed changes, but had received no response.
- 6.7 The Committee agreed that a joint letter with the Cabinet Member should be sent to Westminster's MPs, highlighting the ongoing issues at the Soho Square practice and difficulties in working with the CCG. It would also be suggested that the MPs consider referring the potential implications of the NHS model contract to the Secretary of State.

7. TRI TO BI-BOROUGH PROGRAMME - ADULT SOCIAL CARE & PUBLIC HEALTH UPDATE

- 7.1 Bernie Flaherty (Bi-Borough Executive Director for Adult Social Care & Health) updated the Committee on progress made in the transition from a Tri-Borough to Bi-Borough structure in Adult Social Care and Public Health. The majority of changes had come into effect on 1 April 2018, and it was anticipated that all adult services would be disaggregated by October. A launch event was to take place later in the month, which would acknowledge the good work that had been done and look towards Bi-Borough working.

- 7.2 Measures had been taken to mitigate the potential financial impact of the move to a Bi-Borough service, and to ensure that the current service provision did not suffer as a result of the uncertainty being experienced by staff.
- 7.3 A number of legacy contracts remained, and officers were liaising with LB Hammersmith & Fulham to secure the legal agreement for these continued multi-borough services, until the contracts ended or were due for renewal.
- 7.4 The Committee also discussed progress in the recruitment of Bi-Borough Directors; and the Change Request to BT to migrate services from Agresso into the new Bi-borough arrangements.

8. CARE QUALITY COMMISSION – HEALTH & SOCIAL CARE IN WESTMINSTER

- 8.1 The Committee received a presentation on the work of the Care Quality Commission (CQC) from Michele Golden (Acting Deputy Chief Inspector – Primary Medical Services London), together with the work that had been undertaken in Westminster over the past year. In order to supply health and social care in England, providers needed to be registered, and services were monitored, inspected and regulated by the CQC to ensure they met fundamental standards of quality and safety. Regulated services included the treatment, care and support provided by hospitals, GP practices, ambulance services, care homes and care home agencies. Hospitals were inspected at least every three years, and General Practices at least every 5 years. The CQC published its findings and performance ratings, and earlier inspections could be triggered if problems were reported, or if a practice had a change of provider.
- 8.2 Between 1 April 2017 and 31 January 2018, the CQC had inspected 88 services in Westminster, of which 5 locations had been rated 'outstanding'; 58 had been 'good'; 23 had 'required improvement'; and 2 had been 'inadequate'. The Committee noted that 7% of care providers in London required improvement, or had been rated inadequate.
- 8.3 In establishing ratings, the CQC asked five key questions of all care providers, which considered the safety of patients and the effectiveness and level of care; and the leadership of the services; and how responsive they were to people's needs.
- 8.4 The CQC took action if services were failing to meet the fundamental standards of the key questions. Measures that were available depended on how serious the problems were, and how they affected the people who used the service. The CQC could hold providers to account by issuing cautions and fines, and by prosecuting cases where people were harmed or placed in danger of harm. Providers could also be placed in 'special measures', which gave a clear timetable for improvements to avoid further action or the cancellation of the registration. As

closing a GP practice could impact 5,000 patients, taking enforcement action was difficult, and suspensions were always made in association with the NHS or Clinical Commissioning Group to ensure continuity of care. Care providers could challenge actions through civil tribunal.

- 8.5 The CQC acknowledged the changes that were taking place in health and social care, and over the next five years would be seeking to improve regulation, and to become more targeted, responsive and collaborative.
- 8.6 The Committee discussed the criteria under which the inspections were made, and noted that poor ratings could be improved through additional inspections after providers had responded to recommendations.
- 8.7 Members highlighted the value of sharing the best practice that may have been identified in the CQC inspection reports; and noted progress in the 'ghost patient' programme being promoted by NHS England, which sought to reduce the number of patients registered with GP practices that had either died, or who had left the country but could return for prescriptions.
- 8.8 The Committee discussed how people could become involved in inspections in Westminster, and Michele Golden confirmed that patients could comment and share their experiences by contacting the CQC through its website, by email or telephone, or by other means such as Healthwatch and patients' surveys. Members agreed that information on how patients and residents could contribute should be shared as widely as possible.
- 8.9 Although the CQC was unable to share draft reports, Michele Golden agreed to let the City Council know when inspections were taking place in Westminster, and would provide copies of completed reports. The CQC also agreed to attend future meetings of the Committee, at least on an annual basis, to present a Westminster focussed report that would link with inspection reports and highlight what was working well, together with issues of concern.

9. COMMITTEE WORK PROGRAMME

- 9.1 Artemis Kassi (Policy & Scrutiny Officer) sought suggestions for the Committee's future Work Programme.
- 9.2 It was agreed that following the local election, the next meeting in June should focus on a report by Chief Officers on key issues within the service area and Cabinet Member portfolio, which would serve as an induction for new Members. The induction would also consider the role and limitations of Scrutiny, and inform the Committee's Work Programme.

- 9.3 It was also agreed that the report on sexual health would be deferred from the meeting in June until October, and that consideration should be given to inviting the Care Quality Commission to future meetings, at least on an annual basis, so they may provide an overview of inspections carried out in Westminster.
- 9.4 Members suggested that the future Work Programme could also the regulation of doctors, and it was hoped that there would be the continued opportunity to ride out with the London Ambulance Service.

10. COUNCILLOR BARRIE TAYLOR AND COUNCILLOR GLENYS ROBERTS

- 10.1 Members wished to record their thanks to Councillor Barrie Taylor and Councillor Glenys Roberts, who would not be standing for re-election, for their contributions and work carried out in support of the Committee.

The Meeting ended at 9:12pm.

CHAIRMAN: _____

DATE: _____