



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 28th April, 2015**, Rooms 1B & 1C, 17th Floor, City Hall.

Members Present: Councillors David Harvey (Chairman), Barbara Arzymanow, Adam Hug, Jan Prendergast, Robert Rigby, Glenys Roberts, Ian Rowley and Barrie Taylor.

Also Present: Councillor Rachael Robathan.

1 MEMBERSHIP

- 1.1 Apologies for absence were received from Councillor Peter Cuthbertson. Councillor Robert Rigby attended the meeting as his replacement.

2 DECLARATIONS OF INTEREST

- 2.1 The Committee noted the Standing Declarations of Interest tabled in the agenda.
- 2.2 Councillor Adam Hug declared a non-pecuniary interest in that he was a Member of the Adult Safeguarding Board.
- 2.3 Councillor Barrie Taylor also declared a non-pecuniary interest, as a Member of the Westminster Health & Wellbeing Board.

3 MINUTES

- 3.1 **RESOLVED:** That the Minutes of the meeting held on 11 March 2015 be approved for signature by the Chairman.

4 CHAIRMAN'S Q&A

- 4.1 The Committee confirmed that it had no questions or comments for the Chairman.

STANDING UPDATES

5 CABINET MEMBER UPDATES

5.1 Cabinet Member for Adults & Public Health

- 5.1.1 Councillor Rachael Robathan (Cabinet Member for Adults & Public Health) updated the Committee on key issues relating to her portfolio.
- 5.1.2 The Committee discussed progress in implementation of the Care Act, and noted that workshops and publicity to increase public engagement were on-going. Committee Members recognised the need to support unpaid carers, who were often providing 50 hours of unpaid care a week; and noted that the Carers Network had been commissioned by the City Council for a number of years to offer carers support. Although carers were entitled to a Personal Budget of up to £600 per year, many carers in Westminster had come forward, and Government funding had been overspent by £70,000 during the first year of availability.
- 5.1.3 The development of the Community Independence Service (CIS) had also continued to progress, with Imperial NHS Trust now acting as lead health provider; and the City Council acting as lead provider for social care. In-reach social care teams were working with medical staff in hospitals to speed the discharge process.
- 5.1.4 The Cabinet Member reported that the Tenders received for the Homecare service had been of a very high quality, and confirmed that the Committee would be kept up to date on progress in the procurement process.
- 5.1.5 The Cabinet Member highlighted the need for sufficient capacity in Primary Care as being central to the delivery of the Health and Social Care agenda. Committee Members noted that the Westminster Health & Wellbeing Board was currently scoping work which would consider the likely demand and long-term capacity for GP services in Westminster over a 15 year horizon, taking into account Public Health information, which would include health inequalities in different areas; and the demographic rates of the number of people that came into Westminster each day. It was intended that the work would assist CCGs in planning ahead more efficiently for the skill sets and services they would need to deliver; and similarly assist the local authority in ensuring affordable housing policies were in place that could seek to provide sufficient housing for health workers. The Committee agreed that local authorities needed to play a greater role in the estates planning process for GP practices.

- 5.1.6 Committee Members commented on the link and interconnections between substance misuse and mental and sexual health; and highlighted the need for services to be restructured and improved to avoid an overlap. The Cabinet Member recognised that drug use could lead to initial low level mental health issues, and acknowledged the need to target specific groups. The Committee noted that mental health services were being commissioned separately.
- 5.1.7 The Committee commented on the launch of the Taxicard website in April, and on the reduction in uptake of the Taxicard service. Committee Members noted that reasons for the decrease could be due to people not using Taxicard for hospital visits, or to problems such as delays, and the Cabinet Member emphasised the need to raise any issues or complaints relating to taxi drivers with London Councils, so they may be followed up. Members also noted that people were also only using a fraction of their eligibility. The Committee commented on future viability if uptake remained poor, and agreed to look again at the Taxicard Service at its meeting in November, together with the Passenger Transport Service which was funded by the NHS.
- 5.1.8 The Committee also discussed progress in the uptake of Health Checks, which were commissioned through Public Health and provided by GP surgeries to provide a health profile for people aged between 45 and 74, and to offer signposting for any specific issues that may arise. Although targets were being met, uptake needed to be improved, and discussions with CCGs on how GP services could receive more support from Public Health were on-going. Members also highlighted the value of poster campaigns in GP surgeries.
- 5.1.9 The Cabinet Member commented that the City Council was also supporting the Healthier Workplace Initiative, which assisted companies in Westminster to provide health support to staff who may be leading stressful careers.
- 5.1.10 Other issues discussed by the Committee included establishing public health community hubs across Westminster which were close to schools, and which could offer advice on issues such as mental and sexual health as part of the school health service.

5.2 Cabinet Member for Public Protection

- 5.2.1 The Committee received a written update from Councillor Nickie Aiken (Cabinet Member for Public Protection), which provided updates on the reorganisation of Westminster's Public Protection and Licensing Department, and on the new code for street entertainment.
- 5.2.2 Members commented on the work and priorities of the Safer Westminster Partnership and Safer Neighbourhood Board, and agreed that the Chairman of

the Safer Neighbourhood Board would be invited to the next meeting of the Committee that the Cabinet Member for Public Protection would be attending.

5.2.3 Committee Members also commented on progress in the Prevent programme, and requested more detail on areas of focus, and on the number of Foreign National Offenders in Westminster.

5.3 **RESOLVED:** That the briefings detailing the recent work undertaken within the portfolios of the Cabinet Member for Public Protection; the Cabinet Member for Adults & Public Health; and the standing updates from the Committee's Task Groups be noted.

6 STANDING UPDATES

6.1 The Committee discussed the progress of its current and forthcoming Task Groups, and noted that the report of the Hostels Task Group, 'Safe in the City', would be published after the forthcoming General Election. The report had reviewed the supported accommodation available for the 16-25 year old age group, and had highlighted the potential risks when residents were discharged from care. The Committee acknowledged the complexity of managing the agencies involved and the need for accountability, and noted that poor housing, social services and relations with the police in other boroughs could result in serious problems. Committee Members also noted that the report had been called in by the National Audit Office, who were conducting national work on care leavers' outcomes.

6.2 Members' further comments on the draft report were invited, and the Committee agreed to discuss at a future meeting how the findings and recommendations of the final report could be taken forward.

6.3 **RESOLVED:** That the standing updates from the Committee's Task Groups be noted.

7 THE WESTMINSTER HEALTH & WELLBEING BOARD

7.1 Holly Manktelow (Principal Policy Officer) provided an overview of the work of the Health & Wellbeing Board, since it was established in April 2013 as part of the NHS service reforms. The primary role of the Board was to build stronger relationships between local authorities and CCGs, and to share understanding of the needs of the local population for health and social care. The Board also sought to develop a central vision of what patients should receive from the health service over the next 10 to 15 years, and to provide Whole System leadership.

- 7.2 Since its foundation, the Board had delivered the Westminster Joint Health & Wellbeing Strategy, together with other statutory requirements such as Westminster's Joint Strategic Needs and Pharmaceutical Needs assessments. The Board had also overseen the development and agreement of the Better Care Fund, and had established a Task Group to improve the mental health and wellbeing of children and young people, which had suggested a range of short to medium term improvements, together with a new vision for providing services.
- 7.3 The Board would also be looking at future capacity in the Primary Care system, and had recognised the need to make significant improvements in the City Council's strategic influence on NHS England. Details of outcomes in the Health & Wellbeing Strategy would be circulated to Committee Members.
- 7.4 The Committee discussed the relationship between the Health & Wellbeing Board and Scrutiny, and noted the role of the Board in governance and in driving change among Westminster's health providers. Committee Members acknowledged that Health & Wellbeing Boards did not have a role in Scrutiny, and agreed that it would be useful to draw up a working protocol that would define Scrutiny's function and relationship with the Board and NHS Trust at a local level, together with strategic intentions. Members suggested that the Scrutiny Committee could provide a source of evidence for the Board, where elements in the health system were not operating or responding as well as they should be.
- 7.5 Members also commented on the complexity of the NHS, and noted that a guide to the structure and inter-relationships of the NHS was being prepared and would be circulated.
- 7.6 The Committee discussed the promotion of health and wellbeing in schools, and acknowledged that changes to the School Health Service would be beneficial in bringing together issues such as mental and sexual health, and general counselling for children and young people. Immunisation rates would also be a key area for improvement over the forthcoming year.
- 7.7 Committee Members discussed the high rates of mental ill-health in Westminster, and noted that the rise may have occurred in response to a cultural change in the recognition of mental health issues, and to a rise in pressures relating to work and housing. Members acknowledged that it was better to treat mental health issues at an early stage, and noted that limited funding and resources had required a completely different approach to dealing with mental ill-health. The Committee also commented on the work that was being undertaken to provide meaningful employment for people with high levels of mental health needs; and discussed the increase in cases of dementia in older people, which was associated with medical advances that enabled people with severe health problems to live longer.

7.8 Members discussed information sharing between HWB agencies, and acknowledged that difficulties in obtaining data from NHS England was an issue which may need to be approached from a pan-London perspective. The Committee agreed that data collection across the system needed to be reviewed collectively, and that bringing together public health and corporate data would be useful in informing policies such as Westminster's Housing Strategy. Committee Members acknowledged that Westminster Healthwatch was able to provide the Board with a practical overview of data from a service user's perspective.

7.9 The Committee also discussed progress in Co-Commissioning, and recognised full delegated commissioning was not possible in the time frame that had been given. Other issues discussed by the Committee included health inequalities, and the role of local pharmacies in local health provision.

7.10 **RESOLVED:** That

- 1) The Committee look in detail at a number of the outcomes of the Westminster Health & Wellbeing Board, to establish how targets were set and whether they had been achieved; and
- 2) The Work Programme of the Westminster Health & Wellbeing Board for the next year be reviewed, to determine whether specific issues such as dementia and immunisation could benefit from also being considered by the Scrutiny Committee.

8 ROUGH SLEEPERS

8.1 Jenny Travassos (Senior Manager, Rough Sleeping Commissioning Team) presented a review and evaluation action being taken by the City Council to reduce rough sleeping. Westminster's location in the centre of London attracted rough sleepers from across the UK and Europe, and the City Council currently commissioned over £7m of services to support vulnerable rough sleepers to find a lasting solution to their housing and support needs. The Committee acknowledged that the life expectancy for rough sleepers was 42.

8.2 Although core numbers in Westminster were reducing, there had been significant demographic changes, with an increasing number of rough sleepers who were economic migrants and European nationals. The Committee noted that 70% of rough sleepers in Westminster were European, with 60% being Romanian. The other rough sleepers were mainly British, with problems relating to alcohol, drugs, mental health and personality disorders. Out-reach work now involved the Home Office and Police, and the Committee acknowledged that a response to these changes would need to be made in the new three-year Rough Sleeping Strategy. The City Council was also only able to work within existing legislation, as rough sleeping was not illegal.

- 8.3 As part of Westminster's 2013-16 Rough Sleeping Strategy, new contracts had been tendered and awarded to Connections at St Martin's; the Passage; and St Mungos Broadway. Following their commencing in July 2014, the outcomes of the new contracts would be formally reviewed at the end of the first year.
- 8.4 The new contracts had provided for three outreach teams that could respond to the changing demographics of rough sleeping in Westminster:
- The Contact and Assessment Service (CAS): which would reduce the total number of rough sleepers on the streets through early prevention; by providing a rapid response; and through casework with rough sleepers who may have multiple needs;
 - The Compass Team: which would seek to move an identified group of the most entrenched rough sleepers with multiple needs off the streets, by providing additional support and addressing offending and health issues; and
 - The Hot Spot Team: which would work alongside the City Council, Community Protection, Police and Home Office to co-ordinate the enforcement and social care response to areas with four or more rough sleepers; including newly arrived migrants, who may also be causing anti-social behaviour.
- 8.5 The Committee discussed the effectiveness of the three outreach teams, and noted that support continued to be available to rough sleepers who had moved into accommodation, and that people could ask to be moved out of London. Members Committee Members noted that 45% of the Compass Team's original 190 entrenched rough sleepers were now in accommodation, which in turn had reduced unplanned hospital admissions. The Hot Spot Team was also continuing to work in locations such as tunnel areas, and was engaging with communities.
- 8.6 The Committee discussed the high number of Romanian rough sleepers in Westminster, and noted that two Romanians were currently employed within outreach teams. The Romanian rough sleepers were very aware of the law and of the 90 day period in which they could exercise their treaty rights, and refused offers of support for hostels, accommodation, or to get work. Reconnection with their home countries had not been effective, and people who had been assisted to return home often came back to Westminster at a later date. Members also commented on border checks, and noted that the 90 day period only commenced when people came into contact with immigration officers. Although the Home Office was responsible for immigration enforcement, it needed to have specific referrals before it could use its powers.
- 8.7 Committee Members acknowledged that there was potential for the Romanians to make large amounts of money from begging, which was highly organised. Members suggested that the Police were taking limited action as they had other operational priorities, and begging was not considered high harm. The Police

were however able to undertake dispersals under new Anti-Social Behaviour legislation.

8.8 Members noted that the problem of organised rough sleeping and begging was more severe in other European cities, such as Madrid and Paris, and suggested that a common agenda be created for a cross-city initiative, which highlighted the interconnectivity between rough sleeping, drug issues, organised crime and other problems which affected EU Member States. The Committee agreed that this was an issue for which the European Parliament had a responsibility, and that Westminster's experience could contribute to European Policy. There were a range of options that could be brought into effect in Member States, and Jenny Travassos confirmed that the Rough Sleeping Commissioning Team would welcome the opportunity to raise this at a national or EU level.

8.9 The Committee also discussed providing information on begging to hotels; measures that could be taken to encourage people to move from hot spot areas; seeking funding contributions from businesses; and the cost of consistent cleaning.

8.10 **Resolved:** that

- 1) The Committee receive an initial report which considers how the structured rough sleeping and begging is operating, together with the current police response; and
- 2) Consideration then be given to contacting the local authorities and MEP's of other affected European cities in order to draw up a common agenda, with a formal submission highlighting the interconnectivity with organised crime subsequently being made to the European Parliament in Brussels.

9 WORK PROGRAMME 2015/16

9.1 Members were invited to comment on the long-list of possible items for the Committee Work Programme, and to suggest issues that could be included. The Committee noted that the Work Programme for 2015-16 would be agreed at the first meeting of the new municipal year.

10 ITEMS ISSUED FOR INFORMATION

10.1 The Committee noted that the following papers had been circulated for information separately from the printed Agenda:

- Safer Recruitment
- Quality Accounts
- Outpatients Services Imperial College Healthcare NHS Trust
- Health Policy & Scrutiny Urgency Sub-Committee.
- Gynaecology and Urogynaecology Service Model Development

11 ANY OTHER BUSINESS

11.1 No further business was reported.

The Meeting ended at 9.34 pm.

CHAIRMAN:_____

DATE:_____