



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 24th June, 2015**, Rooms 6 & 7, 17th Floor, City Hall.

Members Present: Councillors David Harvey (Chairman), Barbara Arzymanow, Paul Church, Audrey Lewis, Patricia McAllister, Guthrie McKie and Ian Rowley.

Also Present: Councillors Nickie Aiken and Rachael Robathan.

1 MEMBERSHIP

1.1 Apologies for absence were received from Councillors Jan Prendergast and Shamim Talukder. Councillors Audrey Lewis and Guthrie McKie attended as their replacements. Apologies for absence were also received from Councillor Glenys Roberts.

2 DECLARATIONS OF INTEREST

- 2.1 The Committee noted the Standing Declarations of Interest tabled in the agenda.
- 2.2 Councillor Guthrie McKie declared a non-pecuniary interest as a Patient Governor of the Royal Brompton and Harefield Hospital.
- 2.3 Councillor Patricia McAllister declared a non-pecuniary interest, as a patient of the Garway Medical Practice at Pickering House, and of St. Mary's Hospital.
- 2.4 Councillor Audrey Lewis declared a non-pecuniary interest in that she was a patient of St. Mary's Hospital, Hammersmith Hospital and Western Eye Hospital.
- 2.5 Councillor Paul Church declared a non-pecuniary interest as Deputy Cabinet Member for Children & Young People.

3 MINUTES

3.1 **RESOLVED:** That the Minutes of the meeting held on 28 April 2015 be approved for signature by the Chairman.

3.2 Matters Arising

3.2.1 Rough Sleepers: Minute 8.3

The Committee noted that as part of Westminster's 2013-16 Rough Sleeping Strategy, there was to be a review of the service at the end of the first year. Committee Members sought clarification as to why there had been a £70,000 reduction in funding for St. Mungo's before the end of that period. The Cabinet Member for Public Protection confirmed that outreach services had been restructured when the new services had come into effect in July 2014, and agreed to investigate the issue and update the Committee.

4 CHAIRMAN'S Q&A

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

4.2 Committee Updates

4.2.1 Committee Members received 'Safe in the City', which was the final report of the Task Group which had reviewed supported accommodation for 16-25 year olds in Westminster. The Committee endorsed the report and ratified its recommendations.

4.2.2 Committee Members also commented on the findings of the Care Quality Commission's inspection of the Central North West London Foundation Trust, and agreed that the issues raised would be added to the Committee's Work Programme. It was also agreed that Committee Members would undertake a site visit to Redwood Ward at St Charles Hospital.

5 CABINET MEMBER UPDATES

5.1 Cabinet Member for Public Protection

5.1.1 Councillor Nickie Aiken (Cabinet Member for Public Protection) updated the Committee on key issues relating to her portfolio.

5.1.2 The Committee noted that the current count of rough sleepers in Westminster was between 200 and 250, who were mostly foreign nationals with a third coming from Romania for economic reasons. The City Council was continuing to work

with the Romanian Embassy, Home Office, Border Agency and the Police to address the associated street based activities, which were detrimental to local residents and businesses. The Committee noted that the City Council was also preparing a constructive evidence based report, which would support negotiations with the European Union for the current 90 day visa rule to be reviewed.

- 5.1.3 The Committee discussed the work and priorities of the Safer Neighbourhood Board (SNB) with Anthony Wills, who was the Independent Chairman. The SNB had replaced the Community Policing Engagement Group, and held the performance of the police to account at a local level. Members expressed concern over a possible overlap in the work of the SNB and the Safer Westminster Partnership (SWP), which could lead to conflicting policies. The Cabinet Member confirmed that the two agencies worked well together, as the community representatives within the SNB could highlight community concerns which would support the SWP and inform the City Council's own strategy. Anthony Wills highlighted the positive quality of the SNB in attendance and police commitment, and of the debate which had included discussions on issues such as stop and search, sex-workers and LGBT. The Committee noted that the SNB continued to seek wider community representation, and had submitted a bid for additional funding. Anthony Wills commended the work of Adam Taylor, Westminster's Head of Commissioning for Community Safety, in providing support for the Board. A public meeting of the SNB was to be held in December
- 5.1.4 The Committee discussed policing in Westminster and the relationship between the City Council and the Police at both officer and senior levels. Members commented on the difficulty of engaging with senior police leadership. The Committee highlighted the importance of effective two-way communication; and considered that changes in senior management may have caused a disconnect between the police and communities, which had been further aggravated by cuts in funding. Committee Members also commented on the Ward impact of relocating police to the West End, and noted that police officers were being brought in to Westminster from other boroughs.
- 5.1.5 The Cabinet Member updated the Committee on the new Strategy for Violence Against Women and Girls which was to be launched in July, and would include honour violence and forced marriage.
- 5.1.6 The Cabinet Member also provided an update on the current position following the arrests which had been made over the last year in connection with gang activity in Pimlico. The Committee noted that of the 23 arrests that had been made, 18 offenders had received prison sentences and 5 had received orders for community service. A range of measures had also been put in place, with the involvement of the Probation Service, to ensure against re-offending when the former residents returned to the community.

5.1.7 Other issues discussed with the Cabinet Member included the nuisance caused by unregulated street performers and the forthcoming launch of the Busk in London Programme on 18 July; fixed odds betting machines; and the potential impact of the 24 hour tube service.

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 Adult Social Care, Public Health, and the Westminster Health & Wellbeing Board.

5.2.2 The Committee discussed Westminster's Public Health role in HIV and sexual health, and noted that the City Council was responsible for the prevention of HIV and for the provision of support and care at home, but not for treatment. The Cabinet Member commented on future budget reductions, and confirmed that a review was to be made of all sexual health services.

5.2.3 Committee Members also discussed the forthcoming devolve of the Independent Living Fund to local authorities in July, and requested details of any possible redundancies which may arise.

5.3 **RESOLVED:** That the briefings detailing the recent work undertaken within the portfolios of the Cabinet Member for Public Protection and the Cabinet Member for Adults & Public Health be noted.

6 **STANDING UPDATES**

6.1 Mark Platt (Trustee, Healthwatch Central West London) updated the Committee on the current work and priorities of Westminster Healthwatch. Over the forthcoming year, Healthwatch would seek to strengthen their visibility and effectiveness; improve support for their members; and plan for future independence. Other priorities recommended by the Healthwatch Local Committees had included implementation of the new Home Care service; mental health; and the patient experience and outcomes for maternity services. Since being established, the membership of Westminster Healthwatch had risen from 600 to 1,500; with the Tri-Borough Healthwatch groups collectively having 5,000 members. The Committee was invited to attend the forthcoming Annual General Meeting of Westminster Healthwatch, which was to take place in September.

6.2 Mark Platt commented on the effect that the uncertainty of forthcoming independence had on business planning, as Healthwatch moved to a position where it would commission its own providers for services. Healthwatch sought the support of the City Council to make the process clearer and speedier, and the Chairman agreed to raise these issues when he next met with the Chairmen of Tri-Borough Adults & Health Committees at the end of July.

- 6.3 The Committee discussed the accountability and membership of Healthwatch, as a statutory service. Members noted that as a member of the Westminster Health & Wellbeing Board, Healthwatch was able to provide an insight into how the changes to health services were working for Westminster's residents, as demand and expectation continued to rise and resources were reduced.
- 6.4 The Committee requested a briefing on the role and function of Westminster Healthwatch, and agreed that a substantive agenda item on Healthwatch would be added to the Committee Work Programme if needed. The Committee also agreed that it would be useful to receive details of the reasons for Healthwatch priorities and the actions they were taking.
- 6.5 **RESOLVED:** That the standing update from Westminster Healthwatch be noted.

7 NHS ESTATE IN WESTMINSTER

- 7.1 The Committee received an overview of the use and availability of NHS estate in Westminster from Tony Griffiths (Regional Director) and Sunita Burke (Strategic Estates Planner) from NHS Property Services, North West London; and from Julie Sands of NHS England. Comments were also received from Matthew Bazeley (Managing Director) and David Cox from Central London CCG; and from Louise Proctor, Managing Director of West London CCG. Approximately 50% of the estate previously owned by Primary Care Trusts had been transferred to NHS Property Services, who sought to ensure that properties were safe and fit for purpose, while also making investments where appropriate. NHS Property Services acknowledged the urgent need for research to establish the demand for health services in 5–10 years' time, and where they would be located.
- 7.2 The Committee discussed the approach of NHS Property Services and NHS England to the wider healthcare estate in Westminster, and highlighted concerns over pressures facing Westminster's GP practices and on the effective use and management of current property assets. Initial work to determine the need for primary care in Westminster over the next 15 years was being carried out by the Health & Wellbeing Board, which was also considering the number of GPs that would be required, together with the associated need for premises, housing and transport.
- 7.3 Westminster's CCGs recognised the need for premises for health services, and acknowledged that NHS Property Services had made considerable progress in responding to operational challenges. GP premises could have a range of different owners and landlords, which could include the local authority, and the Committee noted that NHS England was now a co-commissioner linked with NHS Estates and GPs to plan for future needs rather than being reactive.

- 7.4 The Committee discussed the greater use of the planning process for health premises, and the CCGs suggested securing estate through the D1 property classification, which could prioritise and maintain the future use of property for health purposes. The CCGs also commented on the cost of delivery, and on the possibility of obtaining funding through contributions such as Section 106 agreements
- 7.5 The Committee commented on the NHS properties in Westminster which were currently empty, and on the apparent incomplete knowledge of the number and nature of empty properties. The Committee highlighted the need for NHS Property Services to have effective audit systems in place to respond to the issue of vacant premises. NHS Property Services and Westminster's CCGs acknowledged the need to identify and respond to void property more rapidly, without compromising existing healthcare services. Committee Members also commented on the Samaritan Hospital site having been empty for a number of years, and noted current proposals for the property to be sold, together with the adjoining Western Eye Hospital, to provide funding for the development of St. Mary's Hospital.
- 7.6 The Cabinet Member for Adults & Public Health considered that the City Council was entering a new era of collaborative working with health partners, which was focussed on the goal of improved health and care services for Westminster's residents. The Cabinet Member also commented on other significant property issues that needed to be addressed in Westminster, which included improving care homes; providing more supported housing for people with learning difficulties; and ring-fencing housing for care workers.
- 7.7 Other issues discussed by Committee Members included the difficulties that could arise from groups with divergent interests; the closure of Gopal Road Surgery in North Kensington; areas of deprivation in Westminster; and the need for affordable service charges for health premises.
- 7.8 The Chairman thanked the witnesses, on behalf of the Committee, for attending the meeting and for their contributions.
- 7.9 **RESOLVED:** That NHS Property Services be asked to review how estates were managed and on the audit of vacant NHS property in Westminster; and to report back to the Committee on that process and its findings.

8 NHS ACUTE STAFFING

- 8.1 In October, the Care Quality Commission's inspection of Chelsea & Westminster Hospital NHS Foundation Trust had questioned the level of staffing, and had considered that the Trust 'required improvement'. In December, the Commission's inspection of Imperial College Healthcare NHS Trust had made a number of comments related to similar issues, and had also reported that

improvement was required. In response to the two inspections, the Committee now heard from Elizabeth McManus (Executive Director) and Vanessa Sloane (Director of Nursing) from the Chelsea & Westminster Hospital; and Steve McManus (Chief Operating Officer & Deputy Chief Executive) and Jayne Mee (Director of People & Organisational Development) from Imperial Healthcare. Comments were also received from Matthew Bazeley (Managing Director of Central London CCG); and Louise Proctor (Managing Director of West London CCG).

- 8.2 The NHS Trusts had taken the CQCs comments very seriously, and had welcomed the introduction of transparency about safe staffing levels. The Trusts were using flexible bank and agency staffing, which was expensive, to ensure levels were maintained, and it was recognised that continuity was needed. The NHS Trusts acknowledged the high turnover of staff in London and that recruitment could be competitive, and confirmed that they were now working together to offer common packages and incentives. The Committee recognised that a stable workforce helped maintain quality of care
- 8.3 The NHS Trusts also acknowledged the need to be more innovative about the channels and speed of recruitment, and in staff engagement and retention. The Trusts had increased the number of recruitment campaigns, with greater use of social media, and aimed to offer posts on the day of recruitment. The timescales for placing advertisements and clearing staff had also reduced, which had helped increase the volume of people being recruited. Staff were receiving on-going training to enable them to progress into specialities, and award schemes had been introduced which valued staff and recognised what they were doing. The Committee noted that the vacancy rate at Imperial Healthcare had dropped to 7.68%, and that the momentum was continuing.
- 8.4 The Committee commented on the need for the NHS to encourage careers in the health service by working more closely with schools, and through more training placements being made available. The NHS Trusts commented that although young people were applying to train as nurses, there were few places which did not need self-funding.
- 8.5 Although the shortage of nurses and medical staff was a general problem across the UK, the cost of housing had made the issue particularly difficult for hospitals in Westminster and London. Members agreed that the issue needed to be addressed as a pan-London problem, and recognised competition from other major cities could attract staff by offering more affordable accommodation. The Committee noted that interest free loans which had been available for transport were now being extending to accommodation.
- 8.6 The NHS Trusts highlighted the current difficulty in retaining staff that came to the UK from other countries. Many nurses from Australia, New Zealand and Asia, who may have been trained in the UK, had been affected by changes to immigration rules, which now stated that people who were not earning over £35k

after being in the UK for five years had to return home. Changes to Sponsorship had also made it more difficult for people to come from other countries, and the NHS Trusts commented that they would welcome the support of the City Council in lobbying for change in the sponsorship system.

- 8.7 The Committee discussed the anticipated devolution of powers to London Councils, and acknowledged that the local authority could not be certain of what impact devolution could have, or of how it could support health services and health education. Members recognised that London was different to other major cities, and that issues needed different answers. The NHS Trusts welcomed the City Council's support on what could be done collaboratively, and in lobbying on issues such as housing.
- 8.8 The Chairman thanked the witnesses, on behalf of the Committee, for attending the meeting and for their contributions.
- 8.9 **RESOLVED:** That consideration be given as to how the City Council can provide support in the on-going debate on devolution, by highlighting the issue of the recruitment and retention of NHS staff.

9 WORK PROGRAMME 2015/16

- 9.1 The Committee noted proposals for the 2015-16 Work Programme.

10 ITEMS ISSUED FOR INFORMATION

- 10.1 The Committee noted that the following papers had been circulated for information separately from the printed Agenda:
- Minutes of the meeting of the Joint Health Overview & Scrutiny Committee held at Hounslow on Tuesday, 3 March 2015.
 - The Committee's response to the Quality Account of Imperial College Healthcare NHS Trust
 - Fixed Odds Betting Terminals

11 ANY OTHER BUSINESS

- 11.1 No further business was reported.

The Meeting ended at 9.36 pm.

CHAIRMAN:_____

DATE:_____