



CITY OF WESTMINSTER

# MINUTES

## Adults and Public Health Policy & Scrutiny Committee

### MINUTES OF PROCEEDINGS

Minutes of a virtual meeting of the **Adults and Public Health Policy & Scrutiny Committee** held on **Wednesday 28 April 2021**.

**Members Present:** Councillors Iain Bott (Chairman), Ruth Bush, Nafsika Butler-Thalassis, Maggie Carman, Angela Harvey, Eoghain Murphy and Selina Short

**Also Present:** Councillor Tim Mitchell (Cabinet Member for Adult Social Care and Public Health)

#### 1. MEMBERSHIP

1.1 Apologies for absence were received from Councillor Margot Bright.

#### 2. DECLARATIONS OF INTEREST

2.1 There were no declarations of interest.

#### 3. MINUTES

##### RESOLVED:

3.1 That the minutes of the Adults and Public Health Policy and Scrutiny Committee held on 17 February 2021 be agreed as a correct record of proceedings.

#### 4. CABINET MEMBER FOR ADULT SOCIAL CARE AND PUBLIC HEALTH – UPDATE

4.1 Councillor Tim Mitchell (Cabinet Member for Adult Social Care and Public Health), provided a briefing on key issues within his portfolio. The Committee also heard from Gareth Wall (Bi-Borough Director of Integrated Commissioning).

- 4.2 Councillor Mitchell advised that he would cover non Covid-19 items in his Cabinet Member Update and Covid-19 related issued under Item 8.
- 4.3 The Committee noted that the North West London (NWL) area was moving to an Integrated Care System (ICS) commencing on 1 April 2021. The local Central London CCG had been dissolved on the 31 March 2021 and had been replaced by a Borough Committee.
- 4.4 Members were interested to learn more about the work undertaken with PA Consulting to build on the existing digital offer in developing a roadmap to enable WCC to be at the forefront of digital delivery in adult social care. The Committee discussed the planned use of Automated Contact Services and Smart Speakers and the potential for any GDPR issues to arise. It was explained that any products identified as a potential assistive technology would go through a thorough data protection and information protection testing process. Members were advised that where data was processed for Council uses any data stored and used would be strictly controlled under the Council's GDPR processes. Concern was expressed that it was important that the use of such technologies would not replace human contact. In response the Committee was advised that the use of such technology was to eliminate any administrative issues patients had. The technology would not replace human to human contact and was being piloted to try and ensure any face to face contact was high quality and related to the patients care and support.

## **5 HEALTHWATCH REPORT: RESIDENTS EXPERIENCES OF USING PRIMARY CARE SERVICES**

- 5.1 Olivia Clymer (CEO, Healthwatch Central West London) presented a report detailing residents experiences of accessing primary care information, support and services subsequent to the first wave of Covid-19.
- 5.2 The Committee welcomed the report and thanked Healthwatch for producing such a comprehensive overview of patients' experiences. Members echoed concerns raised in the report over online access and the use of online consultation apps such as Dr IQ. Whilst it was acknowledged some patients found these services useful others found them difficult to use with no alternative options available. Limitations had also been experienced when patients with low literacy or English language skills had attempted to use such online applications. In terms of telephone access concerns were raised over long waiting times, patients becoming anxious over missing GP call backs and some patients receiving excessive amounts of text messages.
- 5.3 The importance of ensuring patients still had access to face to face contact with their GP was highlighted by the Committee. As such it was requested that the local CCGs provide an update to the Committee on what actions they were undertaking to assist those residents experiencing issues with accessing

meaningful engagement with their GP in addition to ensuring any online or telephone access was appropriate for their needs.

## **6. UPDATE ON THE GORDON HOSPITAL**

- 6.1 Ela Pathak-Sen (CNWL, Director for Mental Health Services, Westminster) provided an update to the Committee on the Gordon Hospital inpatient wards and CNWL's mental health provision for Westminster.
- 6.2 The Committee was informed that engagement continued to take place with patients, families, communities, and partners to work collaboratively to ensure the right inpatient service was in place to meet the mental health needs of Westminster residents. It was explained CNWL planned to formally consult on the future of the Gordon hospital in the summer, provided National Emergency regulations allowed. In response to a question it was confirmed that the consultation would include options on how the current bed base in Westminster would be utilised, including St Charles Hospital, and also how a site in the south of the borough on Woodfield Road could be potentially developed. It was confirmed however that there currently was no plan to build a new hospital in Westminster.
- 6.3 Concern was expressed that the closure of the Gordon Hospital was resulting in some residents having to travel long distances to access health provision. The Committee was informed that if patients were placed outside of Westminster systems were in place to assist family members in visiting these patients.
- 6.4 In response to questions regarding the reasoning behind the closure of the inpatient wards due to Covid-19 Members were informed that this was because it was not possible to provide adequate ensuite facilities, there was a lack of outdoor space and the current toilet facilities were not suitable with current Covid-19 guidelines in place. Following discussions, the Committee was advised that a site visit to the Hospital could be arranged to view the facilities currently available.
- 6.5 In terms of the effect the planned closure would have on Westminster's mental health provision further questions were asked on what support was provided to patients discharged into the community. It was explained that a number of pathways had been developed to support patients, including:
- Therapeutic interventions where a patient had a trial leave period in the community allowing them to be assessed on how they are integrating back into society;
  - For those at high risk the Home Treatment Service was available, and they treated people who were at high risk but who would benefit from being back at home and in the community;

- The use of step-down beds located within a house in Westminster supported by a care worker to help transition people back into the community; and
- The Coves service providing patients with 1:1 support, signposting, practical advice and coping techniques when discharged back into the community.

6.6 Following discussions the Committee strongly advised of the importance that there was adequate in-patient provision within Westminster. It was requested that when the formal consultation process on the Gordon Hospital commenced the Committee and Cabinet Member be formally notified to allow Members to inform residents and ensure a representative picture of residents feelings and views on the closure were captured. Finally, the offer of visiting the Gordon Hospital was welcomed to view the facilities on site and it was hoped a date would be arranged shortly to allow this.

## **7. UPDATE FROM NHS NORTH WEST LONDON INTEGRATED CARE SYSTEM**

7.1 Professor Tim Orchard (CEO, Imperial College Healthcare Trust) updated the Committee on the impact the Covid-19 pandemic had on elective surgery activity in Westminster.

7.2 The Committee was pleased to note that North West London had maintained a greater level of elective activity in wave 2 of the pandemic compared with wave 1 due to the work of NHS staff and improved Covid-19 protected pathways, which had enabled many more planned procedures to continue. It was recognised that although waiting times for elective care had not increased at the same rate in wave 2 as wave 1 there was still a significant number of patients waiting for planned care, some over 52 weeks.

7.3 The Committee was interested to learn what steps were being taken to address the issues identified and was advised that robust processes had been put in place for systematic “harm reviews” to understand whether anyone waiting for care was likely to be suffering, or had suffered, any harm as a result of the delay to their treatment and then to identify remedial action. It was noted that clinicians were also continuing to review each patient on the waiting list to ensure those who had the highest clinical need were treated first.

7.4 The Members held a detailed discussion on the remedial actions and interventions outlined in the paper including:

- The development of a single view of waits across their hospitals, to offer patients who had been waiting for treatment the opportunity to transfer to a hospital with more capacity;

- The re-starting of 'fast-track surgical hubs';
- Putting in processes to enable GPs to get advice and guidance quickly and easily from specialist colleagues in the acute trusts when needed; and
- Moving some outpatient consultations to telephone or video during the pandemic to minimise the risk of Covid-19 infections.

7.5 Following detailed discussions the Committee noted that work continued to try and return rates of elective surgery to at least 80 per cent of pre-pandemic activity by June 2021. It was expected however that more people would join the waiting list as the country emerged from the second Covid-19 wave, with long waits expected to continue to climb for a period of time.

7.6 The Committee expressed its thanks to Imperial College for all its hard work and dedication in caring for Westminster residents during such an incredibly challenging period.

## 8. UPDATE ON COVID IMPACTS

8.1 Councillor Tim Mitchell (Cabinet Member for Adult Social Care and Public Health), provided a briefing on the impact of Covid-19 in Westminster. The Committee also heard from Russell Styles (Deputy Director of Public Health).

8.2 Councillor Mitchell provided an update on the following areas:

- Cases/Epidemiology - An update on the number of Covid-19 cases reported within Westminster was provided.
- Local Contact Tracing – It was explained this was supplementary to the national scheme which passed details of those who tested positive but have not been contactable within 24 hours to the local authority for intervention. Local teams were phoning or visiting persons at home to encourage self-isolation and provide necessary support. The Committee was pleased to note that the NHS and local teams were now regularly achieving 80% of necessary contacts.
- Vaccinations - An update on the local vaccination programme was provided. It was noted that residents in all care homes had been offered the vaccine via an initial round of visits from NHS teams. In priority groups 1 to 9 (adults over 50 and at clinical risk) 51,185 of first doses had been administered as of 20 April 2021, representing 65.05% of that population.

8.3 The Committee was interested to learn how £3 million of the grant received from Public Health was being invested into local Covid-19 recovery programmes. It

was explained that it would be utilised on various projects including helping to assess why some communities were disproportionately impacted by the pandemic. It would also look at methods of addressing health inequality in the City and improve residents' chances of living a healthy and happy life. The Committee highlighted the importance of this work and recommended an item be placed on the work programme to receive a regular update on this area.

- 8.4 Members also discussed the methods being utilised to communicate messaging around the Covid-19 vaccine. Localised communications were being used to address local vaccination hesitancy in addition to working close with the NHS to amplify national NHS campaigns. Ongoing work was also being undertaken with community champions to encourage residents to feel confident in taking up the vaccine when they were offered it.
- 8.5 The Chair expressed the Committee's thanks to the Cabinet Member and all those staff who were providing valuable assistance in helping respond to the challenges faced by the Covid-19 pandemic.

## **9 WORK PROGRAMME FOR 2020/21**

- 9.1 Artemis Kassi, Lead Scrutiny Officer, presented the Committee's 2020/21 Work Programme and suggested future topics for the next municipal year's work programme.
- 9.2 The Committee reviewed the draft list of items and also suggested the following potential future topics:
- Core Drugs and Alcohol Treatment Service
  - A regular update on assessing why certain sectors of the community were disproportionately affected by Covid-19 and the work being undertaken to address this.

### **RESOLVED:**

That the Work Programme be noted.

The Meeting ended at 9:03pm.

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

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