



CITY OF WESTMINSTER

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 29 March 2017**, Rooms 6 & 7, 17th Floor, City Hall, 64 Victoria Street, London SW1E 6QP

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 were received from Councillor Glenys Roberts.

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.

2.2 Councillor Jan Prendergast declared a non-prejudicial interest in that she was an outpatient at St. Mary's Hospital, and a member of the Friends of St. Mary's Hospital.

3. MINUTES

3.1 **RESOLVED:** That the Minutes of the meeting held on 1 February 2017 be approved.

3.2 The Chairman reported that since the last meeting of the Committee, he had met with Tracey Batten (Chief Executive, Imperial Healthcare NHS Trust).

4. CABINET MEMBER UPDATES

4.1 Cabinet Member for Adult Social Services & Public Health

- 4.1.1 The Committee received a written update on key issues relating to Adult Social Care, Public Health, and the Westminster Health & Wellbeing Board.
- 4.1.2 Councillor Heather Acton attended the meeting as Cabinet Member, and expressed regret that that the London Borough of Hammersmith & Fulham would be withdrawing from Tri-borough working arrangements. The Cabinet Member emphasised that the City Council would work with partners to ensure that service users experienced no change in delivery, and that Westminster still had a strong bi-borough arrangement. Committee Members sought clarification of how the £43 million in savings from tri-borough working had been achieved, and what the costs would be moving forward. Members commented on the importance of maintaining the Community Independence Service as a bi-borough service; and highlighted the need to be kept updated on progress in the changes that would take place, and on the potential implications for the delivery of Adult Social Care in Westminster.
- 4.1.3 The Cabinet Member commented on the national policy framework and planning guidance for the 2017/18 Better Care Fund, and reported that correspondence had now been received from the Department of Communities & Local Government (DCLG) which set out the conditions of the additional funding that was to be used to help stabilise the market for social care.
- 4.1.4 Consultation with partners and service users on the proposed reconfiguration of Mental Health Day Services was ongoing, and the Cabinet Member confirmed that no discharges from current settings would be made until service users were happy with the alternatives that were being offered.
- 4.1.5 The Westminster Health & Wellbeing Board had met in closed session to discuss measures to improve partnership working, and an additional meeting had been scheduled for April to progress the work that had been done. Work on the Delivery Plan for the Westminster Health & Wellbeing Strategy published in December 2016 was ongoing, and the Cabinet Member confirmed that the implementation process would involve the voluntary sector, community organisations and CityWest Homes.
- 4.1.6 Other issues discussed by Committee Members included the advice offered by the City Council on mobility, and the Blue Badge scheme operated by Transport for London.

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 Mayor of London's Police & Crime Plan; the night time economy and Licensing Charter; and the operation to tackle spice and associated anti-social behaviour.
- 4.2.2 The Committee discussed shisha smoking, and highlighted ongoing problems relating to shisha in Harrow Road. Several countries had banned the smoking of shisha in public, and shisha providers would need to comply with new tobacco regulations that would come into effect in May 2017. Members suggested that the City Council needed to be clear on its position on shisha smoking, which should be licensed, and also suggested that the dangers of shisha should be publicised in Westminster's schools. The Committee also discussed the findings and statistics of the World Health Organisation, and asked to receive details of Westminster's Shisha Strategy.
- 4.2.3 Following the last meeting, Westminster's response to the draft Police & Crime Plan for London 2017-2021 had been sent to the Mayor of London, and had included the Committee's opposition to the proposals for merging Borough Command Units (BCU's). Members asked to receive the findings of a pilot for the new BCU's that had taken place in Barking & Dagenham, and suggested that the Deputy Mayor of London could be invited to attend the Committee to discuss the proposed changes.
- 4.2.4 The Committee requested an update on the reconfiguration of CCTV in Westminster, and sought clarification on whether a report or update would be available following the 2017 Hackathon staged by the Imperial NHS Trust. Members also requested an update on Fixed Odds Betting Terminals; together with details of the powers available to address the rise in rough sleepers using tents, and whether they were in the control of the City Council, the Police, or Transport for London.

5. **STANDING UPDATES**

5.1 Air Quality Task Group

- 5.1.1 Muge Dindjer (Policy & Scrutiny Manager) provided an update on the work of the Air Quality Task Group which had met for the last time on 30 March, and outlined the draft recommendations within the report that related to health. The Task Group now fell within the remit of the Children, Environment & Leisure Policy & Scrutiny Committee, and the sets of recommendations for health, and seeking to deal with emissions from transport and buildings were to be considered for adoption on 15 May 2017, prior to publication. The Committee noted that 80% of the City breached EU air pollution limits at any one time.

- 5.1.2 The Greater London Authority (GLA) had suggested that Public Health England took the Mayor's air quality messages into schools, care homes and nursing homes; and the Task Group had highlighted the need to ensure that front line staff were trained to advise residents and vulnerable people on self-care when pollution was particularly bad. It was also suggested that the Westminster Health & Wellbeing Board could work more closely with stakeholders on issues relating to air quality.
- 5.1.3 Committee Members acknowledged the importance of preventative work in improving air quality, and highlighted the important role of schools in engaging with children and parents. The Cabinet Member for Adult Social Services & Public Health confirmed that all of Westminster's schools now had sustainable travel plans, and that Public Health was already working with schools on air quality. Members noted that safer routes to school had been established in Marylebone, and that new playgrounds were being sited away from areas of particularly poor air quality.
- 5.1.4 The Committee commented on the ability of Ward Members to have greater involvement in local measures to improve air quality, and highlighted the role of the planning process to avoid grouping high buildings which could concentrate pollution; and of the licensing service in seeking a commitment to use low emission taxis.

5.2 Health & Wellbeing Centres Task Group

- 5.2.1 Councillor Barrie Taylor updated the Committee on progress in the development of the Health & Wellbeing Centres Task Group. Members noted that preliminary informal discussions were taking place with the Mental Health Trust, Public Health and Westminster's Clinical Commissioning Groups; and that clarification would be sought of the contribution being made to health and wellbeing by Sport and Leisure. Councillor Taylor suggested that advice could also be sought from an all-party group on Art and Health, which had held a workshop at a Public Health conference he had recently attended. All Members of the Committee were encouraged to take part in the Task Group.
- 5.2.2 Councillor Heather Acton (Cabinet Member for Adult Social Services & Public Health) informed the Committee that the Health & Wellbeing Board had commissioned the Communications Department to work with Public Health and Adult Social Care, to provide a map of all existing hubs and community centres in Westminster as a blueprint for the City Council and its partners.
- 5.2.3 The Committee endorsed the proposed Terms of Reference for the Health & Wellbeing Centres Scrutiny Task Group.

5.3 Healthwatch Westminster

- 5.3.1 Helen Mann (Healthwatch Programme Manager) updated the Committee on Westminster Healthwatch activity between January and March 2017, and provided details of the 2016-18 Work Plan priorities which sought economies of scale through tri-borough working.
- 5.3.2 An ongoing survey of residents in Westminster had shown a lack of awareness and engagement in the Sustainability & Transformation Plan, and in response Healthwatch were pressing for the changes to health and wellbeing to be more explicit for service users. Other ongoing areas of work included Homecare; signposting for information and services; and working with commissioners in the reconfiguration of Mental Health Day Services.
- 5.3.3 The Committee commented on the work of the Healthwatch dignity champions, who were volunteers that sought to improve people's experiences of health and social care, and noted that they would be speaking informally to patients in urgent care services in St. Mary's Hospital.

6. **ST MARY'S HOSPITAL URGENT CARE CENTRE**

- 6.1 In response to a request from the Committee, Professor Tim Orchard (Divisional Director of Medicine & Integrated Care, Imperial NHS Trust) and Claire Braithwaite (Divisional Director of Operations, Imperial NHS Trust) presented a joint report with the Central London Clinical Commissioning Group on the delivery and performance of the Urgent Care Centre (UCC) at St Mary's Hospital. Committee Members also heard from Jules Martin (Managing Director, NHS Central London CCG). Data provided in the report included A&E monthly performance from April 2016 to February 2017; complaints and patient feedback; and the number of patients attending A&E that had required input from mental health services. The Committee was informed that Central London CCG's responsibility for the operation of the UCC at St. Mary's had been assumed by Vocare Ltd in April 2016, and that a new service model had been put into place which had led to difficulties in managing waiting times, particularly overnight.
- 6.2 The Emergency Department at St. Mary's was under considerable pressure with Type 1 attendances having increased by over 9%, and although designed to see 80,000 people per year, over the past 12 months the Hospital had seen 111,000 attendances. While the physical constraints at St. Mary's remained a considerable challenge, the medical quality of the care remained high. A £3.2m refurbishment of the Emergency Department would soon be completed, and would enable the patient flow to become more logical and efficient, and supported by early triage

- 6.3 Although national urgent care standards required that 95% of all patients presenting for urgent care were assessed within 20 minutes of arrival, from April to November 2016 only 43% of patients been assessed within that time. The Committee noted that the increase in Emergency Department attendances had led to most hospitals in London falling short of the 95% target. Although some improvement had been seen in late 2016 and early 2017, it had not been sufficient to meet the contract standards, and in January 2017 the CCG had developed an improvement plan with Vocare.
- 6.4 A number of schemes were being implemented in addition to the refurbishment, which included the opening of a Surgical Assessment Unit to reduce delays; the continued expansion of the Emergency Ambulatory Care Centres; streaming and avoiding unnecessary hospital admissions; and improving ward and discharge processes. Since the plan had been implemented, performance had risen to 96% of patients being seen within 20 minutes of arrival. Imperial had also developed an on-going and extensive programme to improve the urgent and emergency care pathway with the aim of reducing waits, improve patient flow, and manage increased demand.
- 6.5 The Committee sought clarification of comparative performance in patients being seen within the 4 hour target between St. Mary's and other hospitals, and noted that the number of breaches through inappropriate attendances at St. Mary's was low, due to general practice at the front door steering people to primary care when appropriate. Members also commented on the implementation of the improvement plan, and on the effect of other influences on performance such as winter sickness, staff retention, and unexpected major incidents. Professor Orchard confirmed that staffing levels did not have a particular impact on breaches at St. Mary's, which had started its own programme for training Extended Nursing Practitioners and had improved recruitment and retention.
- 6.6 Committee Members discussed the discharge of patients from St. Mary's and the benefits of a cross-service assessment of their needs. Professor Orchard acknowledged that the only way to improve the situation was for all of the people involved to actively work together, and for one person to make an effective assessment of the patient's health needs. Problems in down-stream beds could also cause delays in discharge, and robust systems had been put in place to deal with what was an ongoing issue.
- 6.7 Professor Orchard expressed concern over an ongoing increase in Mental Health cases being brought into Emergency Services over the past 18 months. Although a recent change to the law had led to medical centres being considered places of safety, busy service and medical wards were not a good environment for people experiencing a mental health crisis. Professor Orchard recognised that although St. Mary's had employed registered mental health nurses, who could provide support, and had access to psychiatric services provided by the CCG, services

needed to be further improved. St Mary's also continued to have difficulty in finding placements for patients with mental health issues.

- 6.8 A substantial rise in the number of older patients had attended the hospital during the winter, which was increasing annually. Professor Orchard agreed that the providers of acute primary, community and secondary care needed to work together more closely to address issues arising from the ageing population. A more preventative strategy also needed to be adopted, that would help people receive care in their own homes and reduce the need for expensive hospital beds.
- 6.9 The Committee acknowledged the improvements to urgent care services and waiting times that were being made, and commended St. Mary's Hospital for providing a good service during the on-going reconfiguration.

7. END OF LIFE CARE

7.1 Colin Brodie (Senior Engagement & Corporate Affairs Manager), Jules Martin (Managing Director, NHS Central London CCG) and Chris Neill (Interim Assistant Managing Director, NHS Central London CCG) presented a report which summarised the work and findings of the Joint Strategic Needs Assessment (JSNA) on End of Life Care. The Committee also received the report of the London Assembly Health Committee on End of Life Care in London.

7.2 The JSNA represented a summary and pulling together of work, which had taken into account available data, including current policy and strategy, and included five recommendations for key partners:

- To maximise choice, comfort and control through high quality effective care planning and co-ordination;
- To promote end of life care as 'everybody's business' and develop communities which could help support people;
- To identify clear strategic leadership for end of life care across both social care, health and the independent sector;
- To establish a coordinated education and training program for practitioners, the person dying, carers and for family/friends (if they wish); and
- That everyone should have easy access to evidence and information.

The JSNA also summarised the local direction of travel for End of Life Care in Westminster, and continuing progress made against the recommendations since publication. Although good palliative care services were available in the UK, an increasing number of reports were highlighting the same issues and themes as were identified in the JSNA. Members noted that the data given in the JSNA was now over a year old, and that more recent information was available online.

- 7.3 The Committee acknowledged that people were living longer, and that the end of life following illness could not always be accurately projected. Colin Brodie reported that care was seeking to focus more on the last phase of life rather than the final few weeks, with people who were able to return home being supported with care planning by multi-disciplinary teams. Colin Brodie also highlighted the need for a change in culture regarding attitudes towards death and dying, which would assist in appropriate care being obtained for people who were approaching the end of life. Committee Members commented on the value of the Patient Contract for supporting care, when people who were nearing the end of life were discharged from hospital.
- 7.4 Other issues discussed included the benefits of consultations with GP's and care professionals through telemedicine; the introduction of a more innovative social finance model in care homes; and the availability of assistance in meeting the cost of funeral arrangements.
- 7.5 The Committee endorsed the JSNA report and recommendations, which had receive initial approval by the Westminster Health & Wellbeing Board.

8. COMMITTEE WORK PROGRAMME AND ACTION TRACKER

- 8.1 Muge Dindjer (Policy & Scrutiny Manager) presented the Committee's Work Programme for the remainder of the current municipal year, together with the Committee's Action Tracker.
- 8.2 The Committee discussed Agenda items for future meetings, and asked to receive regular updates on the forthcoming changes to Tri-borough working. Members also agreed that consideration should be given to including a review of Westminster's Shisha Strategy, together with further discussion on the London Policing Plan and proposals for Borough Command Units. Other issues for consideration included rough sleeping; serious youth violence; and anti-social behaviour and the evening and night-time economy.
- 8.3 It was also agreed that the Committee would receive a presentation on the reconfiguration of primary care services from the Central London CCG at the next scheduled meeting on 8 May, or at a separate Special Meeting.

9 ITEMS ISSUED FOR INFORMATION

- 9.1 The Committee noted that a briefing note which provided an update on Tackling Childhood Obesity had been circulated for information separately from the printed Agenda.

10 ANY OTHER BUSINESS

10.1 No further business was reported.

The Meeting ended at 9.12pm.

CHAIRMAN:_____

DATE:_____