CITY OF WESTMINSTER

MINUTES

Adults and Public Health Policy and Scrutiny Committee

MINUTES OF PROCEEDINGS

Minutes of a hybrid meeting of the **Adults and Public Health Policy and Scrutiny Committee** held virtually on 8th November 2021 at 7.00pm via Microsoft Teams and Rooms 18.01-03, 18th floor, 64 Victoria Street, London, SW1E 6QP.
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Members Present: Councillors Iain Bott (Chairman), Angela Harvey, Ruth Bush, Nafsika Butler-Thalassis, Barbara Arzymanow, Danny Chalkley, Maggie Carman and Selina Short.

Also Present: Councillor Tim Mitchell (Cabinet Member for Adult Social Care and Public Health), Graham Behr (CNWL, Consultant Psychiatrist), Aileen Buckton (Independent Adult Safeguarding Chair), Louise Butler (Head of Safeguarding Adults), Bernie Flaherty (Bi-borough Executive Director, Adult Social Care and Public Health), Artemis Kassi (Statutory Officer and Lead Scrutiny Advisor), Gareth Wall (Director of Integrated Commissioning), Visva Sathasivam (Bi-Borough Director – Social Care), Professor Jill Manthorpe (Professor of Social Work, King's College London), Anna Raleigh (Deputy Director of Public Health), Graham Behr (CNWL, Consultant Psychiatrist) , Ann Sheridan (CNWL, Borough Director), Olivia Clymer (Chief Executive, Healthwatch), Ela Pathak-Sen (Director of Mental Health Services, CNWL) and Hannah Small (Policy and Scrutiny Co-Ordinator).

1 MEMBERSHIP

1.1 None received.

2 DECLARATIONS OF INTEREST

2.1 None received.

3 MINUTES

3.1 The Chairman approved the minutes of the meeting held on Monday 27th September 2021.

4 CABINET MEMBER FOR ADULT SOCIAL CARE AND PUBLIC HEALTH - PORTFOLIO UPDATE REPORT

4.1 The Committee received a written report from Councillor Tim Mitchell (Cabinet Member for Adult Social Care and Public Health) who also provided a short verbal update on current and forthcoming priorities in his portfolio.

4.2 The Committee discussed the following topics in detail:

- vaccination rates across Westminster and population data
- compulsory admissions into inpatient units versus voluntary admissions
- discharge to access and pressures on local authority budgets
- priority funding areas for public health
- the £3 million budget to be spent on Covid19 and health inequalities
- compulsory vaccinations for care home staff and workforce planning
- the Council's dementia plan and how to support new carers
- how to improve Covid19 and vaccination public communications

4.3 Concerning vaccination rates across Westminster, the Committee was informed that there had been a 25% reduction in infection rates, though Officers believed that the peak of infections had passed but that this should not allow complacency. The Committee also discussed the difficulty of measuring vaccination rate success across Westminster due to inaccurate population data. Officers believed that generally the older population was overstated, and the young population understated across Westminster.

4.4 The Committee discussed compulsory and voluntary mental health admissions and enquired as to whether the number of detainees under the Mental Health Act was always higher than voluntary admissions. The Committee discussed community treatment orders and detention under guardianship. Dr Graham Behr explained to the Committee that community treatment under section 3 of the Mental Health Act enabled clinicians to state attendance for receipt of care and treatment in the community and that if a patient did not adhere to those conditions, the patient might be subject to recall to hospital. Dr Behr further explained that guardianship under the provisions of the Mental Health Act compelled a person to reside at a particular residence, with the legislation conferring the power to convey a person in breach of the residence requirement back to that place. The Committee heard these terms were often used to require a person to stay in supported accommodation.

4.5 Concerning discharge to access, the Committee discussed the ongoing complexities of the relationship between local NHS Trusts and local authorities and the financial responsibility of discharging patients who have care needs from hospitals.

4.6 Members of the Committee discussed the public health funding priorities. The Committee was informed that the £3 million public health grant allocated to addressing the impact of Covid19 on residents constituted new funding that Public Health had in reserves from a budget underspend.

4.7 The Committee discussed in detail the roll-out of the booster vaccine programme in Westminster, specifically in care homes. Officers informed the Committee that they had been working hard alongside their NHS partners to increase the vaccination rates across care homes. Officers stated that just over 70% of residents in care homes had received a booster vaccine and 15% of staff in care homes. The Committee was informed that the low booster vaccination rate amongst care home staff was due to guidance concerning the need for a six-month gap between an individual's second vaccine and their booster dose.

4.8 The Committee discussed the Council's dementia plan, the Carers' Network and how new carers were being identified and supported. It was noted that Officers worked with new carers and supported them to receive a care assessment under the Care Act, in addition to working with Children's Services to support young carers. Members of the Committee requested more communications on this in addition to information and referral routes under the Care Act to share with residents.

4.9 The Committee discussed vaccination uptake, including "vaccine fatigue", what initiatives to improve vaccination rates had worked and what types of engagement the PH team was using to engage hard to reach communities. Officers informed the Committee that they had trialled incentivisation and were using a hyper-localised approach known as 'making every contact count', which involved working with 'Covid Champions' and community leaders.

4.10 **RESOLVED:** that the Committee note the Cabinet Member report.

5 UPDATE ON THE GORDON HOSPITAL

5.1 The Committee received a written report from Ela Pathak-Sen (Director of Mental Health Services in CNWL) who provided a short verbal update on the temporary closure of the in-patient wards at the Gordon Hospital. The Committee also welcomed Ann Sheridan and Dr Graham Behr.

5.2 The Committee Chairman noted that, prior to the evening's Policy and Scrutiny Committee meeting, Members of the Committee had attended a private roundtable with Claire Murdoch, Chief Executive of the Central Northwest London (CNWL) NHS Foundation Trust, to discuss the temporary closure of the in-patient wards at the Gordon Hospital. The Chairman stated his thanks to the Officers from CNWL for facilitating the session and engaging in a robust conversation about the temporary closure of the in-patient units at the Gordon Hospital.

5.3 The Committee discussed the following topics in detail:

- the rise in unwell people across Central North West London
- the number of compulsory admissions to in-patient units
- the increase in admissions under the Mental Health Act

5.4 Concerning the increase in admissions under the Mental Health Act, the Committee was informed that there had been a rise in unwell people presenting in crisis across Northwest London and that this was being seen across the Country. Ela Pathak-Sen advised that admissions were tracked on a 26-week basis

5.5 The Committee was informed that there had been a spike in unknown people presenting in crisis, with “unknown” defined as individuals living outside of the NHS Trust area where they were presenting, those new to mental health services and those that had previously been mental health service users and were re-presenting.

5.6 Concerning the increasing admissions to hospital under the Mental Health Act and the difference between compulsory and voluntary admissions, the Committee was advised that CNWL was trying to minimise the number of informal admissions to hospital. CNWL officers stated that this was because these individuals could usually be more appropriately treated in community, not hospital, settings. The Committee requested further statistics.

5.7 **RESOLVED:** that the Committee note the update report.

6 HEALTHWATCH REPORT

6.1 The Commission received a written report and a short verbal update from Olivia Clymer (CEO of Central West London Healthwatch) on local experiences of accessing healthcare digitally.

6.2 The Committee discussed the following topics in detail:

- access to face-to-face appointments with General Practitioners across the City
- the ‘hyper local’ approach to distributing information to residents and communities
- how to upskill residents to become more digitally savvy to access appropriate healthcare
- the use of interpreters by clinicians
- the perception of local public health messaging as confusing and unclear.

6.3 Concerning access to face-to-face consultations with General Practitioners, the Committee asked if other areas across Northwest London were also being offered a mixture of face-to-face consultations and digital consultations. Healthwatch informed the Committee that this was the experience across London.

6.4 The Committee discussed generally how people felt about accessing information related to healthcare online. Distrust, language, and age were all cited as barriers to accessing information. Healthwatch informed the Committee that members should be heartened by the level of trust in NHS information but observed that local GP websites needed to be strengthened.

6.5 The Committee discussed the use of interpreters in primary care. Members raised concerns with Healthwatch regarding recommendation 7 within their report. Members of the Committee believed that the onus for sharing and using translation services should be on clinicians and not members of the public.

6.6 Concerning local public health messaging, the Healthwatch report found that messaging was unclear or confusing and that people reported that they did not know where to go for reliable public health information. The Committee discussed different methods of engaging with residents and suggested that public health officers spoke with residents as they were queuing for vaccinations at testing centres.

6.7 **RECOMMENDATIONS:** The Committee recommended that:

- Healthwatch attend a Policy and Scrutiny Committee session in the next municipal year to update on the progress of implementing the recommendations within the Healthwatch report.

6.8 **RESOLVED:** that the Committee note the report.

7 SAFEGUARDING ADULTS EXECUTIVE BOARD - ANNUAL REPORT 2020/21

7.1 The Committee received a written and short verbal update from Aileen Buckton (Independent Adult Safeguarding Chair), supported by Louise Butler (Head of Safeguarding Adults) on the Safeguarding Adults Executive Board Annual Report.

7.2 The Committee welcomed Professor Jill Manthorpe (Professor of Social Work, London Kings College) attending as an expert witness. The Professor reflected that the report was comprehensive and overall the ASC team was to be congratulated. The Committee heard from Professor Manthorpe that she welcomed the emphasis on safeguarding being ‘everyone’s business’ and noted that both Westminster and RBKC do not stand out against national trends. Professor Manthorpe highlighted areas covered by the report, including hoarding, self-neglect, gambling, serious adult reviews, scamming and cuckooing. The Committee also heard that, whilst the Covid context had presented challenges, it had also created opportunities to identify the shielding populations. Professor Manthorpe identified that there was no mention in the report of autistic people, often being blended into the grouping of people with learning difficulties, and that there could have been more detail on convictions as well as providers and engagement with the providing community.

7.3 The Committee discussed the following topics in detail:

- the specialist training available for staff for complex safeguarding cases
- safeguarding concerns around pressure sores

- the link between obesity and vulnerability
- the intended target audience for the Annual Report and if the report would be read by both professionals and residents
- the process for making a safeguarding referral and if it easy to do so for residents
- the language used when describing people with learning disabilities
- the presentation of age data within the report and whether this could be broken down further
- increases in Female Genital Mutilation (FGM) during the pandemic.

7.4 Concerning pressure sores, Professor Jill Manthorpe, the independent witness, noted that this safeguarding issue was notably absent from the Safeguarding Adults Executive Board Annual Report. Professor Manthorpe observed that pressure sores presented a complex safeguarding issue and were often not mentioned in any safeguarding training. The Committee asked how to include this in Council work and was advised by Professor Manthorpe that dealing with pressure sores and ulcers was not always included in training, so it should be ensured that this is included in training. The Committee noted that the National Stop Pressure Ulcer Day was the third Thursday in November (this year 18 November 2021) and requested communications to highlight this. Professor Manthorpe observed that with more people living and dying at home, pressure ulcers would become more of an issue.

7.5 The Committee discussed obesity and whether there was a connection between mental health, physical appearance and obesity. Officers noted that there was a connection between obesity and increased vulnerability and also advised that a priority of safeguarding partners was often the physical health of people with learning disabilities and that this issue had become more marked during the pandemic.

7.6 The Committee reflected on the design of the report and its intended target audience. The Committee observed that, for example, in a map of the two boroughs, Westminster was covered under an informational box. Members recommended that the report could be improved by including data on what had improved since the previous report and by being made more accessible to residents. The Independent Chair of the Board reflected that it was a struggle to strike the right balance between being read by both professionals and residents.

7.7 The Committee discussed the process of making a safeguarding referral. Officers informed the Committee that there were three stages to a safeguarding referral and that they used a person-centred approach, which meant firstly trying to reach out to the individual about whom the referral had been made. Healthwatch informed the Committee that they were about to undertake a mystery shopper exercise to test the Council's and NHS safeguarding referral routes.

7.8 Concerning specialist training for staff across the Council, the Committee was informed that frontline staff were strongly encouraged to undertake safeguarding training. Members of the Committee recommended that level 1

safeguarding training be made mandatory for all frontline staff and frontline contractors working with the Council. The Committee also discussed thresholds, domestic abuse and coercive control.

7.9 The Committee queried how little English was needed before an interpreter would be used and queried the language in concerning the case study on page 23 of the report. The Committee was advised that in future the SAEB would be supported by more user groups and noted the comments concerning language.

7.10 The Committee queried whether the report could be broken down into age categories and ethnic identification. The Committee observed that currently the report referred to adult safeguarding referrals in the age range of 18-64 years old. The Committee was interested to learn whether referrals were more dominant in specific age ranges. Bernie Flaherty advised that, until two years ago, data had been very poor, that a disproportionate number of alerts came from BAME communities and that this would now form a base for further work.

7.11 Concerning FGM, the Committee asked the witnesses whether this issue had had become more prevalent over the Covid19 pandemic. The Committee was informed that, whilst Officers were aware and concerned about this issue, it was hard to get referrals and data on this as often people were worried about coming forward for support or to make a referral.

7.12 The Committee commended the report, the work being done to safeguard the City's adults and the exemplary work being carried out on cuckooing.

7.13 **RECOMMENDATIONS:** The Committee recommended that:

- level 1 safeguarding training for all frontline Council staff and frontline contractors working with the Council be mandatory.
- councillor inductions after the upcoming local elections in May 2022 include mandatory training of child and adult safeguarding.

7.14 **RESOLVED:** that the Committee note the Safeguarding Adults Executive Board annual report.

8 WORK PROGRAMME

8.1 The Committee discussed its work programme for the remainder of the municipal year, including oral healthcare, vaccination uptake, care homes and the Gordon Hospital. The Committee agreed to scrutinise oral healthcare at the next meeting.

The Meeting ended at 9.06pm.

CHAIRMAN: _____ **DATE** _____