



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 at 7.00pm on Thursday 15 July 2021.

Councillors Present: Councillors Iain Bott (Chairman), Margot Bright, Ruth Bush, Nafsika Butler-Thalassis, Geoff Barraclough, Angela Harvey, Eoghain Murphy, Selina Short.

Also Present: Councillor Tim Mitchell (Cabinet Member), Lewis Aaltonen (Policy and Scrutiny Co-Ordinator), Senel Arkut (Director of Health Partnerships, WCC), James Benson (Chief Operating Officer, Central London Community Healthcare NHS Trust), Veronica Christopher (Portfolio Advisor), Janet Cree (North West London Collaboration of Clinical Commissioning Groups), Robyn Doran (Chief Operating Officer, Central and North West London NHS Foundation Trust), Bernie Flaherty (Bi-borough Executive Director, Adult Social Care and Public Health), Artemis Kassi (Statutory Officer and Lead Scrutiny Advisor), Jeffrey Lake (Deputy Director Public Health, WCC), Pippa Nightingale (Chief Nurse, Chelsea and Westminster Hospital), Ela Pathak-Sen (Director of Mental Health Services, CNWL), Philip Perkins (Resident), Jackie Shaw (Service Director for CAMHS, Central and North West London NHS Foundation Trust), and Lesley Watts, Interim Chief Executive at the North West London Integrated Care System.

AGENDA PART I

1 MEMBERSHIP

- 1.1 Cllr Maggie Carman sent apologies; Cllr Geoff Barraclough attended in her place.

2 DECLARATIONS OF INTEREST

- 2.1 Cllr Geoff Barraclough declared that his wife is a trustee of Healthwatch.

3. MINUTES

- 3.1 The minutes of the meeting on 27 April 2021 were approved, with the Committee noting there had not yet been an update from the Clinical Commissioning Groups regarding support provided to patients accessing healthcare services remotely.

- 3.2 One correction was noted. In section 6.2 of the minutes, Woodfield Road was erroneously described as being in the south of Westminster. It was agreed that the minutes would be updated to reflect its location in the north of the borough.

4. VERBAL UPDATE: VACCINATIONS IN WESTMINSTER

- 4.1 The Committee received a verbal update from Pippa Nightingale, Chief Nurse for North-West London and the SRO for the COVID-19 vaccination programme locally. Pippa Nightingale noted that several events were being run at different locations, including Chelsea Football Club, to facilitate vaccination uptake and that similar events would continue to be offered throughout the summer and a booster campaign was already being planned. Ms Nightingale also advised that the vaccination programme was now six months in duration to date, and characterised the current phase as a 'sprint'. Ms Nightingale advised the Committee that in North-West London, the number of vaccine doses delivered was approaching 2.5 million and that this represented 62% of the population of North-West London having received two doses of a vaccine. No proportion was noted for those having received one dose only, but the Chief Nurse did comment there was much work to do to catch up with second doses. Pippa Nightingale also noted that those who had not received their second dose primarily had not yet received it due to the necessary time delay between receiving first and second jabs.
- 4.2 The Committee was informed that uptake remained lower than required, especially amongst people aged 17-30. Pippa Nightingale, the Chief Nurse, noted that particular effort had been made to communicate using social media including via TikTok, as well as door-knocking and letter drops. Special vaccination events – for example in conjunction with sporting events had been organised to attract the 17-30 age group.
- 4.3 The Committee heard that plans for a booster vaccine for the over-50s were in development, with the intent to deliver the boosters through primary care and community pharmacy services alongside the annual influenza vaccination campaign.
- 4.4 The Committee queried whether ethnicity and vaccination uptake were being monitored and was advised that the disparity in vaccine uptake amongst older people from different ethnic backgrounds was not apparent in younger people from different ethnic backgrounds who were taking up the offer of vaccination. Pippa Nightingale, the Chief Nurse, also advised the Committee about the focus on multi-generational households, with younger people bringing older family members for vaccinations.
- 4.5 The Committee heard that the Joint Committee on Vaccination and Immunisation (JCVI) was evaluating all available evidence to determine which vaccinations would be offered as part of any future booster programme.
- 4.6 The Committee was informed that the use of separate data sources had resulted in difficulty in accurately assessing Westminster's level of vaccine uptake. The Office for National Statistics (ONS) dataset, the Whole Systems Integrated Care (WSIC) database, and the GP register data suggested differing perspectives on the proportion of Westminster's population who had been

vaccinated. The Committee further heard that this was particularly the case for some foreign national residents and Westminster's significant student population, who may have travelled elsewhere during earlier phases of the pandemic and potentially been vaccinated elsewhere.

- 4.7 The Committee queried the ability of local community pharmacy services to deliver vaccines in Westminster, with only one pharmacy in Westminster presently offering the vaccine compared to nine in Ealing. Pippa Nightingale, the Chief Nurse, noted that the decision about which pharmacies offered the vaccine had not been made locally in the initial rollout phases of the programme, but that this would change for upcoming phases. Ms Nightingale also observed that Westminster's vaccination centres were larger than elsewhere, meaning that there may have been less need to recruit use of community pharmacy services to deliver vaccinations.
- 4.8 The Committee also queried the reduction in use of Little Venice Sports Centre as a vaccination centre. Pippa Nightingale, the Chief Nurse, explained to the Committee that this was due to a significant reduction in demand for vaccination in the locality, so the venue's operating hours had been reduced and an alternative additional venue (Harris School) had been provided.

5. CABINET MEMBER UPDATE: ADULT SOCIAL CARE AND PUBLIC HEALTH

- 5.1 The Committee received an update from Councillor Tim Mitchell, the Cabinet Member for Adult Social Care and Public Health. Councillor Tim Mitchell noted that the incidence of coronavirus infections in Westminster had risen to 246.7 per 100,000 population, although hospital admissions continued to remain manageable for local NHS services. The Committee was advised that the local backlog of NHS patient care that had accumulated during the course of the pandemic was beginning to be addressed.
- 4.2 The Committee heard that there had been some frustration regarding logistics of the vaccination programme, including the use of different datasets causing difficulty assessing the proportion and demographics of the local population receiving the vaccine. Further difficulties had been caused by changes to venue availability.
- 4.3 The Committee was informed about the availability of support for people required to self-isolate, with eligibility for financial support being limited to those on a low income and in work. The Committee heard that other local authorities had extended such support to wider groups, and queried whether Westminster might be able to do the same. The Committee heard that this was constrained by available funding.
- 4.4 The Committee also queried face coverings, with mask requirements on transport services noted, and whether Westminster's businesses could be supported to make similar requirements. It was noted that the guidance required individuals to act responsibly, and that the Council was able to offer advice to businesses.

- 4.5 The Committee raised an issue concerning the reference to the partnership with Palantir to use NHS and Council data to analyse local populations. Bernie Flaherty explained to the Committee that, whilst work in collaboration with Palantir was in its infancy, her professional opinion was that their assistance might prove useful to grant greater understanding of patients in Westminster, within the guidelines of data sharing. The Committee noted that in these efforts, it was imperative that all due levels of security be observed in order that no data was stored or shared insecurely.
- 4.6 The Committee observed that, in the Cabinet Member's report, there had been a note that the Council would be working to improve and enhance face-to-face consultations between GPs and their patients and questioned how best the Council could attempt this. The Committee was pleased to hear from the Cabinet Member as well as from CNWL NHS Trust that the number of face-to-face consultations in Westminster was being closely monitored and reviewed on a weekly basis, allowing for flexible response and shifting provision back towards a more in-person GP model.

6. HEALTHWATCH REPORT

- 6.1 Olivia Clymer could not attend the meeting to give the Committee a report from Healthwatch Central West London. The Committee noted that questions for Healthwatch would be noted. The Committee discussed the Healthwatch report and noted that for example, telephone calls from the St Charles Hospital were not free. Robyn Doran stated that she would look into this.

7. UPDATE ON THE GORDON HOSPITAL

- 7.1 The Committee received an update from Robyn Doran, Director of CNWL NHS Foundation Trust, and Ela Pathak-Sen about the status of the Gordon Hospital.
- 7.2 The Committee requested clarity on the potential of a site at Woodfield Road to provide in-patient care in Westminster. The Committee heard that, whilst a site in the area was one option, it was not the only option being considered, and that plans were still in their infancy.
- 7.3 The Committee noted that the [HSJ](#) had featured an article on 14 July focusing on how central government was pulling back on hospital building. The Committee discussed this and questioned how long it would take to build and open a new site or hospital with capacity for in-patient care to replace the Gordon Hospital provision. The Committee and others present agreed that this would require many years. The Committee stated firmly their hope and recommendation that the Gordon Hospital would be reopened.
- 7.4 The Committee heard that there would be a formal consultation surrounding the reopening of the Gordon Hospital at the end of summer 2021. Robyn Doran stated that there was no plan to reopen the Gordon Hospital.
- 7.5 The Committee asked where patients who needed bed care were being sent, given the closure of the Gordon Hospital, and heard that a breakdown of where Westminster patients was being sent was available in the report submitted to the Committee. The Committee also heard that the bulk of patients were being

sent to the St. Charles' Hospital. The Committee was advised that, despite the rise in mental health difficulties noted by both the Committee and CNWL NHS due to the conditions of the pandemic, there was currently no indication of a rise in need for in-patient provision.

- 7.6 The Committee welcomed as an external witness Philip Perkins, a Westminster resident, who shared his lived experience and views on the closure of the Gordon Hospital. Mr Perkins informed the Committee that his wife was a former in-patient at the Gordon Hospital, and that moreover he firmly believed that there remained a need for in-patient provision for south Westminster residents, who might need support to prevent them from going to hospital as a last resort. Mr Perkins further shared with the Committee his view that the location of the Gordon was crucial as from the south of Westminster, it could take one hour each way to visit the St. Charles' Hospital in North Kensington. Mr Perkins strongly expressed his desire that the Gordon Hospital reopen and remain open with premises local to south Westminster, and that, even if it did not reopen as a hospital, it should reopen as a Wellbeing Centre, based on the model of Argo House.
- 7.7 The Committee discussed members' visit to the Gordon Hospital site. The Committee also noted, in conclusion, that whilst considerable reconstruction work to future-proof the Gordon Hospital and make it fit for high-standard in-patient care might be required, it would surely cost no more money than developing a new site elsewhere in the borough. The Committee further noted that developing a site elsewhere was an option that residents did not seem to desire.
- 7.8 The Chairman summarised the discussion, noting that the Committee was unanimous in its belief that further in-patient mental health care within the boundaries of Westminster would be beneficial, and that the closure of the Gordon Hospital, though necessary at the time due to the COVID-19 pandemic, had not helped matters.

8. REPORT ON MENTAL HEALTH PROVISION IN WESTMINSTER

- 8.1 The Committee received a report from CNWL NHS Foundation Trust, focusing on mental health provision in Westminster. The Committee noted that mental health services for provision for children and adolescents had been included in this report for a comprehensive survey of the mental healthcare landscape, though health issues relating to children and adolescents came within the remit of the Business and Children's Policy and Scrutiny Committee.
- 8.2 The Committee asked about waiting times for mental health care and therapy services in Westminster, especially for the Woodfield Trauma Service. The Committee was advised that, though long waiting times were recognised, they were at times deliberate, and discussed with patients, where time was needed to prepare mentally for receiving therapeutic treatment. The Committee was pleased to hear that one of the aspirations of CNWL was to stay in contact with patients on waiting lists, to make certain that they were aware and updated about any changes.
- 8.3 The Committee also heard from Jackie Shaw, Service Director for CAMHS,

Central and North-West London NHS Foundation Trust. Jackie Shaw explained to the Committee that during the pandemic, more children and young people had presented as potentially autistic, leading to longer waiting times for assessments.

- 8.4 The Committee observed firmly that the listed waiting time for Autism Diagnostic Observation Schedule (ADOS) assessments in Westminster (currently ten months) was far too long. The Committee was informed that additional investment in assessments for autism had been secured in order to assist the service in training more staff and catching up. In addition, the Committee heard that, where a full ADOS assessment was not necessary, other forms of assessment had been implemented. The Committee discussed an ideal waiting time of 24 weeks as the timeframe that CNWL had been given by Commissioners. The Committee heard that measures to achieve this waiting time included a recruitment drive, an effort to give staff access to relevant training, and improving staff working conditions to drive efficiency.
- 8.5 The Committee had requested clarity on standard waiting times for different categories of mental health care provision. The Committee was advised that 'emergency' cases received a response within four hours, which was a standard met in almost 100% of cases. The Committee was advised that 'urgent' cases were responded to within 24 hours and that 'routine' response times were 27 days. The Committee was further advised that patients were allocated to these categories on a case-by-case basis based on the severity of crisis experienced, and their level of distress, either self-reported or as assessed by a member of the first response team. The Committee heard that a policy of 'no wrong door' had been implemented, meaning that whichever method patients used to access services, they would be directed holistically to the correct provider, specialist, or therapist.
- 8.6 The Committee asked for more information about Kooth, an online counselling service commissioned by North-West London commissioning group. The Committee heard that therapists accessed through Kooth were all qualified practitioners and that Kooth was aimed at making mental health services accessible to users up to 25 years old, having seen success in the past engaging with young men and groups that did not engage readily with primary care. The Committee also heard that the Kooth confidential service provided advice, direction or signposting towards local services, and counselling via telephone.
- 8.7 The Committee queried the approach taken with rough sleepers and was pleased to hear that a joined-up approach was being adopted towards rough sleepers, many of whom were struggling with substance dependencies. The Committee heard that consistent work was being undertaken to engage with rough sleepers so that they did not disappear from the radar of CNWL.
- 8.8 The Committee requested the publicly available performance reports across all CNWL service areas, so that it would be clear how well the services were performing against their targets. The Committee observed that the CAMHS data included in the report was useful to the Committee and requested further detail and rigorous data examination across the board.

- 8.9 The Committee asked where children and young people were able to go if they required in-patient care and would only be safe in a residential care environment. The Committee heard that CNWL was the provider for two wards that fitted this description within the North-West London area: Collingham Child and Family Centre, a longstanding unit offering 12 beds for children under 13 years of age, and also Lavender Walk, an in-patient adolescent unit, also offering 12 beds. Jackie Shaw advised that there was no provision within the borough boundaries of Westminster at present.
- 8.10 The Committee was advised that the most frequent diagnoses seen in children and young people in Westminster were eating disorders, self-harming, and psychosis. Jackie Shaw informed the Committee that depression and anxiety were now frequently being picked up by CNWL's at-home treatment service, in cases where families could keep children safe at home.
- 8.11 The Committee expressed concern for CNWL staff, noting the possibility of burnout due to the intensity of work required of them. An anonymous letter to Councillors from a member of CNWL staff described conditions as extremely stressful and unhealthy. CNWL committed to responding to the letter. The Committee was pleased to hear that measures were being taken to support staff given the pressures that staff were under, including resilience sessions, breakout areas to provide space, and reporting systems to communicate difficulties upward without risk to staff.
- 8.12 **ACTIONS:**
- 1) The Chairman requested that NHS monthly performance data be shared with the Committee, and added as a standing item for future meetings.
 - 2) The Chairman requested that data around Emergency, Urgent, and Routine assessments be submitted to the Committee on a quarterly basis.

9. WORK PROGRAMME

- 9.1 The Committee received a report from Artemis Kassi, Lead Scrutiny Advisor and Statutory Officer regarding the Committee's Work Programme. The Committee noted that for the meeting in September, obesity and metabolic disease in adults had been scheduled as an agenda item. The Committee also agreed that Public Health Funerals be scrutinised at the September meeting of the Committee.
- 9.2 The Committee noted the exemplary work of Artemis Kassi, who had supported the Committee alone for several months, before welcoming Lewis Aaltonen, Policy and Scrutiny Co-ordinator, who would expand the resource of Westminster's Policy and Scrutiny Team.
- 9.3 The Committee heard that a more detailed Work Programme would be composed for the attention of the Committee before the next meeting.
- 9.4 The Committee requested that in future publicly available performance data should be supplied to the Committee before each meeting, in order to provide better context for Committee Members.

- 9.5 The Committee discussed how the Adult Social Care component of its remit might have been overshadowed by Public Health, in particular the focus on the Covid-19 pandemic, and that it would be beneficial for more items on Adult Social Care to come before the Committee. Councillor Ruth Bush requested that a briefing note on Adult Social Care be circulated for the purposes of informing the Committee.
- 9.6 **ACTION:** The Committee requested that a briefing note regarding Adult Social Care be circulated amongst the Committee members.

AGENDA PART II

- 10.1 The Chairman advised the Committee that, in light of information before the Committee, Agenda Item 9 concerned matters under Section 100 (A) (4) and paragraph 3 of Part 1 of Schedule 12A to the Local Government Act (1972) (as amended). The Chairman asked members to note the report and invited members to vote to conduct this portion of the meeting in private.
- 10.2 The Committee voted and resolved to hold this portion of the meeting concerning Agenda Item 9, Part II in private. The Committee noted the report relating to Agenda Item 9.
- 10.3 The Chairman directed that the meeting be conducted in private and instructed officers to cease livestreaming. In addition, members of the press and public were politely instructed to leave the meeting. The Chairman formally closed Part I of the meeting at 21:05.

The meeting conducted in public closed at 21:05.

CHAIRMAN:

DATE
