



MINUTES

CITY OF WESTMINSTER

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 Monday 27th September 2021.

Councillors Present: Councillors Angela Harvey (Chairman), Ruth Bush, Nafsika Butler-Thalassis, Barbara Arzymanow, Danny Chalkley, Maggie Carman, Murad Gassanly.

Also Present: Councillor Tim Mitchell (Cabinet Member), Senel Arkut (Director of Health Partnerships, WCC), Olivia Clymer (Chief Executive, Healthwatch), Graham Behr (CNWL, Consultant Psychiatrist), Bernie Flaherty (Bi-borough Executive Director, Adult Social Care and Public Health), Darren Hale (Environmental Health Services Officer, LB Brent), Alex Juon (Head of Service for South and West, PPL), Artemis Kassi (Statutory Officer and Lead Scrutiny Advisor), Dr Brian Parsons (JH Kenyon Funeral Directors), Ela Pathak-Sen (Director of Mental Health Services, CNWL), Anna Raleigh (Deputy Director of Public Health), Visva Sathasivam (Bi-Borough Director – Social Care), Ann Sheridan (CNWL, Borough Director), Hannah Small (Policy and Scrutiny Co-Ordinator), Philip Smyth (Manager at JH Kenyon Funeral Directors), Dennis Speight (Environmental Health Officer) and Gareth Wall (Director of Integrated Commissioning).

AGENDA PART 1

1. MEMBERSHIP

- 1.1. Cllr Iain Bott and Cllr Selina Short sent their apologies. Cllr Barbara Arzymanow replaced Cllr Bott. Cllr Murad Gassanly replaced Cllr Short.
- 1.2. Cllr Eoghain Murphy has been replaced by Cllr Danny Chalkley.

2. DECLARATIONS OF INTEREST

- 2.1. None Received.

3. MINUTES

- 3.1. The minutes of the meeting on 15th July 2021 were approved after requests for corrections.
- 3.2. The first correction was in section 4.8 of the minutes to clarify which 'Harris School' was referred to. It was agreed that the minutes would be updated to include 'Harris School Westminster Sixth Form.'
- 3.3. The second correction was in section 6.1 of the minutes in reference to the discussion on the Healthwatch report. The Chairman wanted it reflected in the minutes that the Committee wanted more quantitative data from Healthwatch. It was discussed that Healthwatch has limited resources and might not be able to provide aggregated data, but they do provide qualitative analysis.
- 3.4. The third correction was in section 7.8 of the minutes in reference to the use of the word 'unanimous', this word will be removed. The Chairman also asked that, when referencing the closure of the Gordon Hospital, the word, "temporary" be inserted in, so that the minutes read, "the temporary closure of the Gordon Hospital".

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

- 4.1. The Committee received an update from Councillor Tim Mitchell, the Cabinet Member for Adult Social Care and Public Health. The Cabinet Member began by expressing his condolences to the families of the 400 residents that have sadly passed away from Covid19. He paid tribute to Council Officers, the NHS and voluntary sector for their hard work throughout the pandemic.
- 4.2. The Committee received an update on Covid-related hospital pressures, including that there had been 30 Covid admissions over the past week. It was acknowledged that this was a fall from its peak but still showed that the NHS was under pressure.
- 4.3. The Committee received an update on pressures in primary care, and it was noted that Westminster was ranked highest in Northwest London for achieving and maintaining the target of over 50% face to face appointments with GPs. The Cabinet Member raised concerns on this progress, despite ranking highest amongst neighbouring boroughs, and informed the Committee that they may wish to examine this issue in further detail.
- 4.4. The Committee discussed mental health crisis presentations to A&E and inpatient services. Members discussed anecdotal evidence suggesting that hospitals were finding it difficult to source inpatient beds for patients.
- 4.5. The Cabinet Member and Chairman put on record their thanks to Senel Arkut (Director of Health Partnerships at WCC) for her years of service to the Council as she would be leaving her post shortly.
- 4.6. The Committee discussed the increase in National Insurance contributions designated for adult social care funding. It was noted that the Council as employers would have to absorb the initial economic cost, but that the benefits of the NI increase would be felt a year later.
- 4.7. The Committee discussed compulsory vaccinations amongst care home staff, and it was noted that 90% of care home staff had been vaccinated. Officers informed

the Committee that care homes were working with their employees to encourage them to be vaccinated, however it was noted that the deadlines for compulsory vaccinations were set in stone and discipline procedures or re-deployment for unvaccinated staff would have commenced. The Committee asked if compulsory vaccination requirements were in place for sheltered accommodation. Officers advised the Committee that, at present, compulsory vaccinations were only in place for CQC registered care homes.

- 4.8. The Committee discussed the Covid and Flu vaccination programme. It was noted that the Council was about to begin its *'Stay Well this Winter'* campaign to encourage residents to get their flu jab.
- 4.9. The Committee questioned the Cabinet Member as to why the City's vaccination rates were low. The Cabinet Member acknowledged the challenges faced by the City and discussed the number of people temporarily not residing in Westminster as a possible cause of the low figures.

Actions

1. Officers to update the advice pages on the Council's website about the vaccination programme to clarify that both the flu and Covid19 jabs can be administered to residents at the same time.

5. UPDATE ON THE GORDON HOSPITAL

- 5.1. The Committee received an update from Ela Pathak-Sen, Director of Mental Health Services at CNWL, on the temporary closure of the inpatient wards at the Gordon Hospital. Members discussed an upcoming roundtable with the CEO of CNWL NHS to discuss the issue in greater detail.
- 5.2. The Committee asked how patients had been affected by the pandemic and if this had impacted on admission rates. It was noted that there had been Covid19 outbreaks on wards in CNWL and this was managed through the appropriate protocols. The Committee was informed that crisis presentations at St Mary's A&E had risen by 10% post-Covid, and that there had been a rise in children and young people presenting in crisis.
- 5.3. The Committee was told that beds outside of CNWL are always used as a last resort, and that they prioritise patients with fewer connections to Westminster for these beds (e.g. foreign nationals).
- 5.4. The Committee also discussed the small in-month peaks in 'long-stayers' on acute wards. It was noted that this was due to the complexity of presentations on these wards and the wait for forensic places on wards elsewhere.
- 5.5. The Committee raised concerns about post-discharge care for patients with mental health issues and what referral pathways were available to concerned neighbours or family members. CNWL informed the Committee that they had a 24/7 crisis line, and the Committee asked if the Council could do more to advertise this.
- 5.6. The Chairman summarised the discussions and stated that the Committee wanted to see the inpatient wards at the Gordon Hospital re-opened. It was noted that CNWL did not consult when the inpatient wards were closed so questioned why

there must be a consultation for them to re-open. The Chairman thanked Ela, Ann and Graham for attending and for their hard work over the pandemic.

Actions

1. Scrutiny Advisor to re-circulate dates for the upcoming roundtable between Members and the CEO of CNWL NHS to discuss the temporary closure of the inpatient wards at the Gordon Hospital.
2. CNWL to provide the Committee with trend data on the use of extra contractual beds for Westminster patients.
3. Officers to update the Council's advice pages with clearer guidance on what to do if someone is concerned about a neighbour's mental health and linking through to CNWL 24/7 phone line.
4. Officers to produce referral flow data between the local authority and CNWL for Members to better understand the referral pathways between the two.

6. OBESITY IN WESTMINSTER

- 6.1. The Committee received a report from Anna Raleigh, Director of Public Health, on obesity in Westminster. It was noted that the Council had launched the "Tackling Childhood Obesity Together" programme which demonstrated that a place-based approach was required and formed the basis of the current Change4Life Programme.
- 6.2. The Committee reflected that tackling obesity was complex and multifaceted. Members discussed what levers the Council had to involve businesses.
- 6.3. The Committee discussed the importance of joint working between Council directorates. Officers provided an example of effective cross-council working such as ensuring streets are well-lit so that residents felt safer to walk around the City.
- 6.4. The Committee reflected on the Council's physical health offer. Concerns were raised by Members regarding the lack of free indoor leisure activities during the winter and whether more after school clubs could be encouraged.
- 6.5. Members further raised concerns that the report focused too much on encouraging physical activity and not enough on educating residents about healthy diets. Officers informed the Committee that the Change4Life programme was a whole-family approach and focused on supporting children, young people, families and carers to lead healthier and happier lives.
- 6.6. The Committee also discussed the difficulty of reducing obesity rates. Senior Officers reflected that the Council needed to change its approach to tackling obesity and that a whole-systems approach would be required, with multi-agency working across the CCG and Northwest London.

Actions

1. Scrutiny Officers to begin scoping for a Task Group on obesity in Westminster.

7. PUBLIC HEALTH FUNERALS

- 7.1. The Committee received a report from Alex Juon, Head of Service for South and West PPL, on public health funerals (PHF) in Westminster. It was noted that this was the first-time public health funerals had been scrutinised by a policy and scrutiny committee and this had been brought to Scrutiny in response to a recently published [Quaker Social Action report](#) on the accessibility of public health funerals.
- 7.2. Officers put on record that the Council's public health funerals provided a good and dignified service to residents.
- 7.3. The Quaker Social Action Report noted that Westminster City Council could improve its awareness amongst its residents of the public health funerals offer. The Committee was advised that the report had stated that *'Kensington & Chelsea and Westminster both lost two points for their information being very difficult to find. We acknowledge however that we do not know if the People First website is well-known to residents and if they would automatically look there for help.'*
- 7.4. The Committee was informed that there had been a spike in referrals for these funerals at the beginning of the pandemic, but that the referral rate had returned to pre-Covid19 levels. Officers informed the Committee that these funerals sometimes had lengthy delays, though this was due to delays at the mortuary and not Council procedure.
- 7.5. The Committee asked about the use of 'common graves' for public health funerals and was advised up to a maximum of four people could be buried in a common grave.
- 7.6. The Committee also discussed if the term 'Public Health Funerals' was the best phrasing to use and if other terms might be more accessible to the public. Witnesses informed the Committee that other local authorities referred to them as 'contractual funerals', but it was felt by Members that this phrase was not suitable either.
- 7.7. Darren Hale (Environmental Health Services Officer, LB Brent), advising the Committee as an expert witness, informed the Committee that it was important to strike the right balance between promoting public health funerals to residents and the cost to the public purse.
- 7.8. The Committee asked Officers how much costs were recovered from public health funerals and how the service forecasts its budget. It was noted that LB Brent recovered on average 75% of its costs per funeral and the Committee asked for further breakdown of recovered costs from Westminster.
- 7.9. The Committee wished to support the resilience of the Council Officer working day in day out on arranging public health funerals and asked if the Officer had enough support. The Officer reassured the Committee that whilst it was an intensive job, the Council provided pastoral support.
- 7.10. The Committee reviewed the questions in the report and decided that this agenda item should come back to this Committee at a later date.

Actions

1. For the service to consider redefining public health funerals in its public communications.

2. For Officers to update the Council's website so that information about public health funerals is more easily accessible to Westminster's residents.
3. For Officers to share with the Committee a breakdown of costs recovered from public health funerals.
4. Public Health Funerals to be added to the work programme for later in the municipal year (in sufficient time ahead of the re-procurement of the contract).

8. WORK PROGRAMME

- 8.1. The Committee received a report on its work programme for the remainder of the municipal year and agreed that the next meeting would focus on oral healthcare.
- 8.2. The Chairman requested the Scrutiny Officer to begin scoping for a Task Group on Obesity/Metabolic Diseases in Westminster.

9. TERMINATION OF MEETING

- 9.1 The meeting ended at 9.41pm.

CHAIRMAN _____ DATE _____