



CITY OF WESTMINSTER

MINUTES

ADULTS AND PUBLIC HEALTH POLICY AND SCRUTINY COMMITTEE 24th January 2022

MINUTES OF PROCEEDINGS

Minutes of a hybrid meeting of the **Adults and Public Health Policy and Scrutiny Committee** held on 24th January 2022 at 7.00pm via Microsoft Teams and Rooms 18.01-03, 18th floor, 64 Victoria Street, London, SW1E 6QP.

Members Present: Councillors Iain Bott (Chairman), Margot Bright, Ruth Bush, Nafsika Butler-Thalassis, Maggie Carman, Danny Chalkley, Angela Harvey, and Selina Short.

Also Present: Councillor Tim Mitchell (Cabinet Member for Adult Social Care and Public Health), Graham Behr (CNWL, Consultant Psychiatrist), Olivia Clymer (Bernie Flaherty (Bi-borough Executive Director, Adult Social Care and Public Health), Emma Colverd (Founder and manager of Safe Haven Basketball), Rachel Dickinson (Community Liaison and Policy Manager), Artemis Kassi (Statutory Officer and Lead Scrutiny Advisor), Marina Kroyer Change4Life Programme Manager, Ela Pathak-Sen (Director of Mental Health Services, CNWL), Anna Raleigh (Director of Public Health), Anne Sheridan, (CNWL, Consultant), , Martin Skipper (Head of Policy, London Dental Committees Confederation), Kisi Smith-Charlemagne (Committee Officer), Emilie Szasz (Owner of a large NHS dental practice in Westminster and Chair of the Kensington, Chelsea and Westminster Local Dental Committee), Gareth Wall (Director of Integrated Commissioning), Jeremy Wallman (NHSE), and Dr Huda Yusuf (Senior Clinical Consultant Public Health England).

1. MEMBERSHIP

1.1 No apologies received.

2. DECLARATIONS OF INTEREST

2.1 Councillor Bott declared that in relation to item 6, he is a practising dentist working in a private practice.

3. MINUTES

3.1 **RESOLVED:** That the Committee approve the minutes of the meeting of 8 November 2021.

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

- 4.1 The Committee received a written report from Councillor Tim Mitchell (Cabinet Member for Adult Social Care and Public Health) who provided a short verbal update on current and forthcoming priorities in his portfolio.
- 4.2 The Committee discussed the following topics in detail:
- the new building strategy for St Mary's Hospital;
 - planning for the wind-down of vaccination centres;
 - provision for outpatients and acute care;
 - statistics on vaccinated and unvaccinated people in the City;
 - the White paper: People at the Heart of Care, bidding for funding and where the money should be allocated;
 - compulsory vaccinations for care home staff and workforce planning;
 - plans for the Carlton Dean redevelopment; and
 - updates on the Beachcroft contract.
- 4.3 Concerning the listed outpatients building at St Mary's Hospital, the Committee sought clarification on the strategy to upgrade the building. The Cabinet Member advised the Committee that unfortunately the issue had not been resolved and it was a matter for Planning. However, that the Cabinet Member felt that the building should be fit for purpose and was not convinced of its suitability.
- 4.4 The Committee discussed the falling rates of Omicron and COVID-19 generally and queried the Council's plans for reducing the vaccination infrastructure, including centres and pop-up centres; and if there was an assumption that this would now be reduced and wound-down. The Cabinet Member advised the Committee that it was an NHS matter, and the Council was very much in the hands of the NHS. The Cabinet Member informed the Committee that in his view the Council would move to a model where COVID-19 vaccinations would be delivered as a part of business as normal and would involve GP surgeries, pharmacies, and support from Primary Care.
- 4.5 Concerning out of borough outpatient care, the Committee discussed transportation for frail patients, and the costs to patients. The Committee sought clarification on how the Cabinet Member was informed when such provisions were moved out of Westminster. The Cabinet Member confirmed that patients would be asked to travel further whilst the acute sector caught up and that NHS England had invested money in the private sector in order to bring down NHS waiting times.
- 4.6 The Committee queried the partnership change for outpatient testing. The Cabinet Member stated that he was not aware of any changes to the partnership and would have been informed of any such changes but would confirm and report back to the Committee.

- 4.7 **The Committee requested that a map be provided of the locations where Westminster residents are being sent for outpatient care.**
- 4.8 Members of the Committee discussed the number of unvaccinated residents (44%). The Committee noted that the council was working with health partners to improve vaccination number and queried if the council should know who these individuals are, as the numbers did not seem to be improving. The Cabinet member confirmed that 61% of residents had been vaccinated, he confirmed that the council did not know who had been vaccinated, however the council had been working very closely with health partners to increase vaccine take up numbers.
- 4.9 The Committee sought further information on the white paper update, the available funding and plans to bid for money. Responding to the Committee's query Gareth Wall, Director of Integrated Commissioning advised the Committee that there was some money the council anticipated and would come in waves over the next 3 years. He confirmed that there would be an initial £900,000 due next year and there were some criteria regarding how this would be distributed. Mr Gareth Wall confirmed that there would be some work to ensure that there was a deep understanding of the cost of care, the implication on the market and where any gaps are identified. He noted that as the remaining funding come through to the council ensuring that it is distributed in a way that fills any identified gaps.
- 4.10 The Committee discussed the roll out of vaccinations for members of staff in the care sector. The Cabinet Member confirmed that the council had been working closely with Care Home providers and achieved high vaccination rates. The Committee also discussed privately employed personal carers and the fact that they are not regulated. Mr Gareth Wall confirmed that whilst this was correct the council were working with all carers to ensure that the spirit of the mandate was carried out and encouraged all carers working with the vulnerable to be vaccinated.
- 4.11 The Committee queried the support for carers as discussed at the last meeting. The Cabinet member confirmed that the council already supported carers and he had regular meetings with Carers UK and participate in a number of forums. The Committee queried how Care Homes would cope when the mandate to self-isolate was reversed in March. Responding to the Committees query, Mr Gareth Wall advised the Committee that Care Homes had done an impeccable job in responding to the previous mandates and the council would continue to support Care Homes with changes, he advised that he had confidence in the Care Homes abilities to adapt.

- 4.12 The Committee queried the status of the position for the Carlton Dean building which was in a poor state and an update on the Beachcroft contract. The Cabinet Members advised the Committee the council decanted the two existing care homes including Carlton Dean and the building has been emptied since. He confirmed that there would be a planning application in the next year to develop the site. In the meantime, the building will not be used. On Beachcroft the Cabinet Member informed the Committee that there would be a Cabinet Member report available in the next few months on the options.
- 4.13 The Committee raised further questions regarding the derelict state and the Planning permission for the Carlton Dean building. The Cabinet Member confirmed that there was planning permission in place but needed to work with potential providers to draw up the details for a mixed community of residents who required support. He advised that the item would come back to the Committee in the near future to discuss the plan. The Committee also discussed the Promoting Independence Budget and the predicted 1.7million savings in adult social care. the Cabinet Member advised the Committee that the Budget task group was the forum where the council dealt with queries regarding budgets and savings.
- 4.14 The Committee sought further information on the white paper update, in particular the fund available to integrate housing into local health and care strategies with a focus of increasing new supported housing options. The Committee also discussed if the extra money could be used to ease pressures of overcrowding and disrepair. Mr Gareth Wall advised the Committee that the white paper and supporting policy was not specific regarding the funding for housing and Social Care, however it was clear that it was under the umbrella of Adult social care and not general housing.
- 4.15 The Cabinet Member advised that ASC was responsible for Care Homes, whilst Housing Services was responsible for supported housing and general needs housing. He advised that he would be sitting down with the Cabinet Member for Housing to discuss housing provision to ensure that all pathways were clear and supported by the council. Mr Gareth Wall advised the Committee that ASC would work with Housing colleagues towards and a holistic approach, however the money was tied to adult social care needs.
- 4.16 The Committee discussed the compulsory vaccination for medical staff across Westminster and staff moving to countries where there was not a compulsory vaccination. The Committee queried the impact across Westminster and if the council held any data on number of Health Care professionals who were vaccination or unvaccinated. The Cabinet Member advised that he did not hold any information on the matter. He confirmed he attended regular meetings with Chief executive of St Mary's and this issue had not been flagged as a concern.

4.17 **The Chairman requested that the number of Health Care professionals who were vaccination or unvaccinated data be provided by Health Care Partners.**

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

The Committee Requested:

- A map be provided of the locations where Westminster residents are being sent for outpatient care.
- Data on the number of Health Care professionals who were vaccination or unvaccinated

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), Graham Behr (CNWL, Consultant Psychiatrist) and Anne Sheridan, (CNWL, Consultant) who provided a short verbal update on the temporary continuing closure of the in-patient wards at the Gordon Hospital.

5.2 The Committee discussed the following topics in detail:

- the pressure facing Mental Health services;
- outcomes from the Voice Exchange Project;
- the impact of the hospital's continuing closure on Westminster;
- the number of consultants recruited;
- the numbers of patients being treated outside of Westminster; the rise in unwell people across Central North-West London and the number of compulsory admissions to in-patient units; and
- the increase in admissions under the Mental Health Act.

5.3 Concerning the increase in admissions under the Mental Health Act, the Committee was informed that the Community Mental Health teams were under immense pressure and patients were being released before they were well. The Committee queried if the money from the closure should be invested in Mental Health Services as there were not enough resources. Responding to the question, Graham Behr advised the Committee that investing in community resources was the right direction and that there had been a change in the model, where access had been widened by incorporating primary health care services in to the "one stop shop" model. He stated that this allowed higher interface and interaction with GPs to support managing people as soon as interventions had been completed.

- 5.4 The Committee sought further clarification on the Voice Exchange project and whether it was entirely staff orientated. The Committee also wanted further information on the treatment and care. Responding to the query raised, Ela Pathak-Sen advised the Committee that whilst the report was not yet published, those who participated in the project had very much appreciated the work that staff had done for them, however for them to be able to receive better and more compassionate care, staff members needed to be cared for better. She added that service users also wanted to be more involved in decision making.
- 5.5 The Committee noted the letter which had been received in relation to staff experiences which was shared with partners. The Committee sought clarification on why people were re-admitted to mental health services. Mr Graham Behr advised that when looking at data across all the boroughs the biggest cause for readmission was drug use. He informed the Committee that investments in Westminster had been directed to supporting young men in particular, however it was not an issue that they had the answers to immediately. The Committee noted earlier comments with regard to funding from the closure of the Gordon Hospital going into mental health care, however, but doubted that the finances were organised in that way.
- 5.6 The Committee noted that, during its round table discussions with Clare Murdoch, she remarked that the CQC report had found the Gordon Hospital to be unsatisfactory and stated that it must be invested in. The CQC assessment had not concluded that the Gordon Hospital must be closed. The Committee advised that, during the site visits to both the Gordon and St Charles Hospitals, on speaking to service users, they had not found the St Charles Hospital to be satisfactory and could not wait for the Gordon Hospital to be reopened.
- 5.7 **The Committee stated that it was important to know what the economic impact had been on Westminster and how much had been saved each year of the Gordon Hospital's closure. The Committee noted that this had included the loss of jobs as well as care in Westminster and asked that CNWL come back to the Committee with that information.**
- 5.8 The Committee welcomed the mental health services working within GP practices and sought clarification on the number of GP practices that currently had Mental Health practitioners. Graham Behr stated that there were over 50 surgeries but was unable to give the exact figures. He advised the Committee that they were rolling out additional remunerated roles, with band 7 workers attached to every surgery in Westminster.
- 5.9 **The Committee also sought the number of consultants that had been recruited to GP surgeries.**

- 5.10 The Committee sought further clarification of the community settings raised in the paper. Ela Pathak-Sen felt that in the next paper to the Committee it would be useful to discuss the pathways. She stated that the other community settings were provided by the voluntary sector, including 'Step Down beds' and working with the British Red Cross. Ela Pathak Sen also advised the Committee of the future launch of the 'Crisis House' to help avoid admission and the involvement of communities which would support the destigmatisation of Mental Health.
- 5.11 **The Committee discussed the figures relating to patients treated out of the borough and sought further clarification on the data, including the 9% of patients receiving care out of area and the connections they had to Westminster i.e., how many were residents or had family in the City.**
- 5.12 The Committee noted that it continued to be concerned about the closure of the Gordon Hospital and looked forward to the consultation, now scheduled for the period after the local elections. The Chairman confirmed that next update would be in March
- 5.13 **RESOLVED:** that the Committee note the update report on the closure of the Gordon Hospital.

The Committee Requested:

- Data on the economic impact on Westminster and how much had been saved each year of the Gordon Hospital's closure. including the loss of jobs.
- The number of consultants that had been recruited to GP surgeries.
- Further clarification on the data, including the 9% of patients receiving care out of area and the connections they had to Westminster i.e., how many were residents or had family in the city.

6. ORAL HEALTH IN WESTMINSTER

- 6.1 The Committee received a report from NHS England Dental Service on Oral Health in Westminster (represented by Dr Huda Yusuf and Jeremy Wallman) and Westminster's Public Health team. The Committee also welcomed as external expert witnesses Martin Skipper (Head of Policy, London Dental Committees Confederation) and Emilie Szasz (a practising NHS dentist and owner of a dental practice in Westminster Chair of the Kensington, Chelsea and Westminster Local Dental Committee)

6.2 The Committee discussed the following topics in detail:

- the treatment charge system, the cost of materials and the balance between acute and emergency treatment;
- the decay statistics for children under 5 and supporting parents for improved outcomes;
- oral health inequalities and the procedures for oral health care in care homes;
- oral health provision for the homeless and rough sleepers, in particular the impact of substance misuse on oral health;
- the use of social media for promoting oral health, the costs of oral health treatments and the fear of visiting the dentist; and
- the ability to register with NHS dentists and the fluoridation of the London water supply.

6.3 The Committee discussed the pricing and charge structure outlined in the report. The Committee queried whether COVID-19 delays had resulted in more extensive and more costly dental work, and whether this had caused issues. Responding to the Committee's query, Martin Skipper advised the Committee that, from a commissioning point, this was an issue as routine issues had become urgent, and practices were seeing more complex and long-drawn-out treatments. Emilie Szasz advised the Committee that costs had increased, including the cost for materials. She added that patients were coming in large numbers and because the UDA system does not measure access it is very difficult for the commissioners to know exactly what is happening

6.4 The Committee noted the 3 measures required to tackle the problem of decay amongst for children did not appear to be complex. It noted that one third of children were suffering from tooth decay and the position had worsen over the last 5 years. The Committee wondered if there should be more work to educate parents. The Committee suggest that social media should be used as another tool to promote oral health as nearly all parents will have a smart phone.

6.5 Dr Huda Yusuf (Senior Clinical Consultant, Public Health England) observed that "victim blaming" parents was not constructive and that the focus should be on issues that impact on child oral health, such as child poverty, deprivation, and access to education and opportunities. It was also felt that the 'Commission Better Oral Health' guidance providing an evidence-based intervention was a key tool. It was noted that Westminster had implemented a number of these interventions such as training of the wider workforce, health education and social care, empowering parents to take control over their lives.

- 6.6 Anna Raleigh (Director of Public Health) confirmed that using social media to promote improved oral health was certainly something that the Council would look at, as the Change4Life programme was using social media and she would find out further details. She advised the Committee that, with regards to the oral health of children and young people, there was more work to do. The Committee was advised that the Council was working from a baseline of 2007 and, whilst there had been some improvements, there was still further work required to improve. Ms Raleigh also advised that much of the work commissioned involved direct work with parents and families to raise awareness.
- 6.7 The Committee considered that the main cause of tooth decay related to sugary drinks, and that this did relate to parents. The Committee also sought clarification on the guidance for dental care in Care Homes. For example, it had been brought to the Committee's attention that carers had been told not to brush the teeth of people with mental health issues or people with no teeth at all. The Committee wanted confirmation that residents in care homes were having their teeth brushed. Ms Yusuf observed that this information was not current and advised the Committee that there had been recent training of staff in care homes across London, with an oral health assessment being conducted for every person entering a care home and regular review of the initial assessment.
- 6.8 Olivia Clymer confirmed that Healthwatch was running a project with dignity champions on oral health. She advised the Committee that the picture was more positive, with people stating that they were content with dental care and support they received, though the picture was less clear for those with dementia or without capacity **The Committee requested data on the brushing and flossing of teeth for Westminster's elderly residents, especially for those without capacity.**
- 6.9 The Committee considered if the Community Hubs could be a place where dental advice was offered. The Committee also sought confirmation on how the Council supported the homeless and rough sleepers with oral health care. Huda Yusuf advised the Committee that this was an area of focus and NHS England had conducted an oral health needs assessment on a pan-London basis, including focus groups with dental practitioners and peer groups. She also advised that there were bespoke dental surgeries and a clinic in Soho specifically for rough sleepers and the homeless population.
- 6.10 The Committee discussed the widely held fear of going to the dentist and the provision for support in NHS practices. The Committee noted that residents had not only complained that it was difficult to get a dentist appointment, but it was also difficult register with a dentist. The Committee also queried whether it was possible to add fluoride to the London water supply. Jeremy Wallman advised the Committee that there had been no formal registration of patients since the new contract started in 2006. It was explained that to add fluoride to the London water supply would be complicated, hopefully with the white paper there will be a move in that direction, but it would not be any time soon.

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

The Committee Requested:

- Data on the brushing and flossing of teeth for Westminster's elderly residents, especially for those without capacity.

7. AUTISM STRATEGY

7.1 The Committee received a report on the WCC Autism Strategy Bernie Flaherty (Bi Borough Executive Director of Adults) presented the Autism Strategy and report

7.2 The Committee discussed the following topics in detail:

- The need for concrete commitments, levels of funding and the accuracy of the statistics presented in the strategy
- The action plan for how the council would achieve the statements and description detailed in the strategy
- How the Council will ensure social value is embedded in the strategy
- Ensuring the continuing work with that service users

7.3 Emma Colverd (Founder and manager of Safe Haven Basketball) was invited to comment and ask questions. Ms Colverd welcomed the strategy, she felt that it was very thorough and cover the main factors. She wanted to make two points, the first was that the delivery of the strategy should be as good as the strategy itself and she queried how and what measures would be put in place to set expectations, targets and monitor performance and outcomes. Ms Colverd also suggested the use of secret shoppers, to establish user experiences for people with autism. Ms Colverd advised the Committee that she was concerned that the Autism strategy may become less important, and possibility shelved after the elections in May.

7.4 The Committee welcomed the report and thought that it was very interesting and appreciated the case studies presented. The Committee found the presentation of the report difficult to read. The Committee felt that the report was very good at describing the problems, however in terms of actions and commitments, there was very little concrete commitment. The Committee also felt that there was no real commitment to funding, just a mention of £50,000 for solving the issues with IEPT at the very end of the report. The Committee noted that the graphs (P.42) suggested that the numbers would increase and then decrease, the Committee felt that there was no evidence to support this and queried the accuracy of the data.

- 7.5 Responding to the queries, Bernie Flaherty advised the Committee that regarding performance, the council needed to take a deeper look, as it was not clear. She also added that there were wider issues to consider, i.e., diagnoses rate, which was many times lower than what it should be and businesses doing more to support outcomes. Ms Flaherty advised the Committee that the data nationally was very poor, and the council was working with health colleagues to try and establish baseline data. The Committee noted that other issues like poor access to mental health and support were key and required specific actions to tackle these issues.
- 7.6 Gareth Wall advised the Committee that this was a strategy with high level aims and ambitions set out by residents and service users. He advised that detailing the action is the that would happen next. He added that each of the seven pillars had a group assigned to it, working on four areas, 'what's going well', 'were to focus', 'how to improve' and 'how will we know it's better'. He advised the Committee that detailed actions will be developed as a result of this work.
- 7.7 The Committee sought further details on the workflow stream relating to social value and compared this to the structure established in France. Gareth Wall informed the Committee that the council can use leverage through social value and procurement exercises to require and assess organisations that would offer internships, apprenticeships, and jobs etc. as part of their bid. The Committee queried the poor national data and noted that it would have like to have seen more information on improved diagnoses or changes in the population or specific factors so that there is a better understanding. The Committee noted that it would like to see more information on the research into Autism and the supporting data.
- 7.8 The Committee again welcomed the report and thanked everyone involved, it was noted the council should continue to work with residents, service user and their experiences to ensure that the key actions are aligned with needs.
- 7.9 **RECOMMENDATIONS:** The Commission recommended:
- That the statistic presented in the Autism Strategy are reviewed for accuracy.
 - That a one-page summary document of the Autism Strategy be produced for sharing with others.
- 7.10 **RESOLVED:** that the Committee note the report.

8. WORK PROGRAMME

8.1 The Committee received a report on its work programme and discussed the work programme for the remainder of the municipal year. Artemis Kassi reminded the Committee that there was one final meeting before the local elections in May. Ms Kassi advised the Committee that the following items were suggested for the next meeting:

- an update on Gordon Hospital;
- a report from Healthwatch;
- Joint Strategic Needs Assessments; and
- an update on the work programme.

8.2 Artemis Kassi advised that there were still unallocated items, and that the scrutiny team would be approaching the directorates with regards to planning the work programme for the upcoming year. The Committee asked why the statutory Public Health Annual Report had not been published. Anna Raleigh confirmed to the Committee that the Director of Public Health's annual report was a statutory report and the 2021 report had been through governance and would be uploaded to the website very shortly. She added that the Annual Health report would be published in the spring or early summer 2022. It was agreed that the Annual Public Health report would be brought to the Committee prior to publication in either June or September and that Anna Raleigh would liaise with Artemis Kassi to confirm the dates.

8.3 The Committee observed that it would like more information on where Westminster residents were going for tests and noted that the information may be provided as part of the NWL integrated care system. The Committee also suggested more items on Care Homes and Public Health services being delivered by the voluntary sector, such as "Step down beds". The Committee also sought information about the progress of the Obesity/Metabolic Diseases task group.

9. END OF MEETING

9.1 The Chairman formally closed the meeting at 9.24pm.

CHAIRMAN _____

DATE _____