

THE LONDON BOROUGH OF CAMDEN

At a meeting of the **HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE** held on **TUESDAY, 27TH FEBRUARY, 2024** at 6.30 pm in Council Chamber, Town Hall, Judd Street, London WC1H 9JE

MEMBERS OF THE COMMITTEE PRESENT

Councillors Lorraine Revah (Chair), Anna Burrage, Judy Dixey and Lorna Greenwood

MEMBERS OF THE COMMITTEE ABSENT

Councillors Nasim Ali (Substituted by Councillor Kemi Atolagbe), Ajok Athian, Rebecca Filer and Gio Spinella

ALSO PRESENT

Councillors Anna Wright

The minutes should be read in conjunction with the agenda for the meeting. They are subject to approval and signature at the next meeting of the Health and Adult Social Care Scrutiny Committee and any corrections approved at that meeting will be recorded in those minutes.

MINUTES

1. APOLOGIES

Apologies for absence were received from Councillors Nasim Ali and Gio Spinella. Councillor Kemi Atolagbe substituted for Councillor Ali.

2. DECLARATIONS BY MEMBERS OF STATUTORY DISCLOSABLE PECUNIARY INTERESTS, COMPULSORY REGISTERABLE NON-PECUNIARY INTERESTS AND VOLUNTARY REGISTERABLE NON-PECUNIARY INTERESTS IN MATTERS ON THIS AGENDA

Councillor Judy Dixey noted that the Peckwater Health Centre was not on the agenda for discussion, although it was mentioned as part of the Minutes subject to approval, but declared being a patient at the GP practice situated there.

Councillor Lorna Greenwood declared for transparency that she worked for a not-for-profit creative health CIC in Suffolk.

3. ANNOUNCEMENTS

Broadcasting

The Chair announced that the meeting was being broadcast live by the Council to the Internet and could be viewed on the website for twelve months after the meeting. After that time, webcasts were archived and could be made available upon request. Those who were seated in the Council Chamber or participating remotely were deemed to be consenting to having their contributions recorded and broadcast and to the use of those sound recordings and images for webcasting and/or training purposes.

4. DEPUTATIONS (IF ANY)

There were no deputations.

5. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT

There were no items of urgent business.

6. MINUTES

RESOLVED –

THAT the minutes of the meeting held on 23rd January 2024 be approved and signed as a correct record.

7. UPDATE OF THE CABINET MEMBER FOR HEALTH, WELLBEING AND ADULT SOCIAL CARE

Consideration was given to the report of the Cabinet Member for Health, Wellbeing and Adult Social Care.

In response to questions about Adult Social Care waiting lists, Avril Mayhew, Head of Adult Social Care Operations and Deputy DASS, confirmed that the fluctuation in social care referrals was not uncommon during the winter period. However, there were 41 fewer people waiting in the neighbourhood community teams for an annual review. There was a slight increase at the front door, consistent with winter activity. There had been a decrease of 37 people waiting for standard Occupational Therapy assessments but there had been an increase in numbers waiting for complex Occupational Therapy assessments. There were now only six reviews for people with learning disabilities placed outside Camden that were slightly overdue. The next priority was to look at waiting lists in mental health teams.

Councillor Anna Wright, Cabinet Member for Health, Wellbeing and Adult Social Care, noted that the Supporting People Connecting Communities (SPCC)

Accommodation Plan would be launched from April 2024. Chris Lehmann, Head of Adult Social Care Strategy and Commissioning and Deputy DASS highlighted the cross-cutting approach of the plan and commented that a more detailed report would be brought to Committee following the launch.

ACTION: Senior Policy and Projects Officer

In response to questions about the increase in cases of measles, the Director of Health and Wellbeing confirmed that there had not been any cases in Camden yet. The outbreak started in the West Midlands and there were clusters across England. They had unknown links of transmission, making it more concerning. There were clusters in North West London but now in South East London. There was work ongoing on access to vaccinations, building confidence and trust. The work was targeted at young adults and parents. There was a big campaign starting, with coffee mornings across early years and schools settings, and proactive communications through WhatsApp and social media channels. There would be three sessions of the mobile MMR bus, linked to Children's Centres and early years' settings. Learning from the previous sessions indicated that the greatest success was achieved when linking to GP settings and using the early years workforce to build confidence and trust prior to the bus arriving. It was also better to hold sessions outside of school holidays. The work would take place over the next four weeks. A report could be provided on the data and uptake from the work in due course.

ACTION: Senior Policy and Projects Officer

The Head of Adult Social Care Operations and Deputy DASS commented that the number of people waiting for a review in the community had been 211 in January 2024. This had now reduced by 41.

The Cabinet Member for Health, Wellbeing and Adult Social Care informed the Committee that home adaptations to enable hospital discharge was handled separately to the waiting lists for Occupational Therapy review and assessment. The Head of Adult Social Care Operations and Deputy DASS confirmed that there was a specific hospital social work team attached to each hospital to prioritise arrangements for discharge including care packages and any minor home adaptations.

Jess McGregor, Executive Director Adults and Health, explained in 2018 work had launched looking at supported accommodation in adult social care. The Supporting People Connecting Communities Accommodation Plan had a ten-year horizon and would take a broader whole-council approach to housing.

In response to concerns, there was acknowledgement about the need for Plain English and avoiding corporate-speak in the reports.

In response to questions about the Adult Social Care CQC (Care Quality Commission) Assessment, the Cabinet Member for Health, Wellbeing and Adult Social Care stated that the service was still waiting for it to be announced for

Camden but it was not expected for several months. Preparation continued in a number of areas and was being approached in a constructive spirit.

It was explained that, while there had been lots of work to support residents to have and maintain a healthy weight over the years, the Cabinet Member had initiated the programme to inject the issue with urgency. Obesity was a major crisis that needed to be tackled.

In response to a suggestion that leaflets on the importance of vaccines be placed in maternity wards, the Director of Health and Wellbeing confirmed that pregnant women received information on the full range of childhood immunisations from their midwife, health visitor and other contact points.

With regard to the SPCC Accommodation Implementation Board, the Head of Adult Social Care Strategy and Commissioning and Deputy DASS explained that membership was at a draft stage. Thinking was ongoing on ensuring diversity and the inclusion of hard to reach groups. It was intended for resident voice to be included within the Board but also within the individual projects making up the programme.

The Cabinet Member for Health, Wellbeing and Adult Social Care confirmed that discussions were continuing on the St Pancras Transformation Programme and implications for the Peckwater Centre.

In response to questions about the procurement of the new contract for Integrated Sexual Health Services within the new Provider Selection Regime (PRS), the Director of Health and Wellbeing clarified that the PRS was new legislation. It was responding to concerns that the internal and external market of health care services had not significantly improved health outcomes or service quality and recognised greater collaboration through integrated care systems. There were far-reaching implications for commissioning services as where there was a significant health aspect there would be no need for competitive tendering and local government could commission from current providers. For sexual health services, the current provider was high performing and there was a limited market. The Executive Director Adults and Health highlighted broader implications for the voluntary and community sector.

RESOLVED –

THAT the report be noted.

8. ADDRESSING HEALTH AND WELLBEING INEQUALITIES AMONG THE BANGLADESHI COMMUNITY IN CAMDEN: UPDATE ON THE WORK OF THE 2015 "IMPROVING OUTCOMES FOR THE BANGLADESHI COMMUNITY IN CAMDEN" SCRUTINY GROUP, AND CURRENT INITIATIVES

Consideration was given to the report of the Director of Health and Wellbeing (London Borough of Camden), Director of Integrated Care (North Central London

Integrated Care Board) and Director of Equalities and Disproportionality (Camden Council), as presented by Piers Simey (Assistant Director for Public Health).

In response to questions about whether similar work could be conducted to address the health and wellbeing needs of other ethnic minority groups, the Assistant Director for Public Health agreed that there was a need to address inequalities across all communities but in particular for larger populations such as the Bangladeshi and Somalis communities in Camden. There was an opportunity to revive the work for the Bangladeshi community and to launch a piece of work for the Somali community. Ian Sandford, Public Health Strategist, addressed queries about whether any recommendations had not been met. It was clarified that the recommendations were action-based and had been either time-limited with learnings identified, were still in place, or had evolved over the previous seven years.

It was confirmed that Camden did have a community champion model, which was resident-led and sought to improve lives on estates on broad basis. There were also champions that were more specifically health-focused.

In response to questions about how success could be quantitatively and qualitatively measured for activities, such as the smoking cessation service, the Director of Health and Wellbeing commented that attrition was an issue due to the timescale, with Covid-19 preventing an earlier report to committee. The Assistant Director for Public Health highlighted the two-thirds success rate for the smoking cessation service, although it was not known how far the service reached into the community. One element to consider would be what would have happened without the programme being in place. Further objective information for the reporting period would be useful for analysis. Census data did indicate that there were greater needs in this population. The Director of Health and Wellbeing noted that desired quantitative outcomes would be considered for future programmes, alongside the development of participation and evaluative frameworks from the outset. The involvement of participants and their perception of the process was equally as important as the outcomes.

The Assistant Director for Public Health highlighted the initial findings of the physical activity needs assessment in paragraph 8.6 of the report, which helped to increase understanding of barriers and opportunities for being physically active more broadly among Asian/British Asian residents. More work was required with particular communities. There were particular themes such as the need for women to exercise in environments where they feel safe, comfortable and not overlooked. There were already specific opportunities such as at three leisure centres, swimming pools could be made private for women to swim in female-only sessions.

With regard to campaigns to support less active residents over 60, it was noted that there were differences in participation based on age, disability, ethnicity, and deprivation. There was a particular need for older residents to become more active and the campaign would draw on behavioural science, with voluntary and community sector (VCS) organisations conducting outreach.

It was recognised that there was an over-representation of Bangladeshi learners in the adult community learning in 2022/23, which was considered a success. This had been achieved through working with community groups.

In response to questions about learning on community strategies and how that could be applied to other groups, the Director of Health and Wellbeing commented on the gap in organisational memory following the Scrutiny Panel recommendations in 2016 but highlighted other learnings from Covid-19 around communicating health risk, increase health literacy and the need to build trust. A multi-faceted approach was needed, with cross-London approaches taken for very small communities dispersed widely.

The Chair noted the need to support deaf residents within the Bangladeshi community.

The Assistant Director for Public Health explained that social value requirements in contracts were a broad area in addition to quality requirements. They included wider benefits such as the recruitment of apprentices.

Mathurini Visakan, Head of Equalities and Social Purpose, commented that the council communicated key messages through working closely with the VCS, via WhatsApp groups for certain communities, and information was provided in different languages or formats. The Building Equal Foundations programme had been developed into the Equalities service and was able to support on health inequalities issues.

RESOLVED –

- (i) THAT the key findings relating to the focus of the Scrutiny Panel on meeting the needs of the Bangladeshi Community, and key progress that was made, be noted;
- (ii) THAT the range of initiatives currently in place that help meet the health and wellbeing needs of the Bangladeshi Community in Camden be considered;
- (iii) THAT an ongoing focus on addressing health and wellbeing inequalities within this community through tailored initiatives by the Council and a range of local organisations responding to key local intel/information on the needs of the Bangladeshi Community, and by ensuring that initiatives supporting all communities are fully accessible and well promoted, be endorsed.

9. SUPPORTING PEOPLE WITH A LEARNING DISABILITY IN CAMDEN

Consideration was given to the report of the Executive Director, Adults and Health, which was presented by Andrew Reece, Head of Community Learning Disability Services.

In response to questions from the Chair regarding a project on supported living for people with a learning disability, the Head of Community Learning Disability Services explained that in one project to improve the support offer in Camden, four residents had chosen to move from a dilapidated four-storey townhouse, with single bedrooms that could not be suitably adapted. They had been offered and had accepted one of the Council's sheltered housing tower blocks, where they each had their own one bedroom flat alongside shared communal spaces. The residents were very happy with their new accommodation. There was a similar second project in the pipeline, and a recent project had also supported people to move from another large unsuitable town house in to newly adapted en-suite rooms in the old Mayford day service.

With regard to monitoring the quality of supported living services, there were quarterly monitoring meetings between Camden Learning Disability Service (CLDS), the learning disability commissioners and providers. Clinical staff and commissioners also conducted unannounced visits at peak times to supported living placements. Work was also underway with commissioning colleagues to build in measures of physical activity that people were enabled to do.

A Member raised a case whereby a placement had caused considerable distress to neighbours over a number of months, with local residents stating that the situation had affected their mental health and finances. While there was now a solution in place, the Member commented that the Council had provided no reassurance to the neighbours and felt that officers had not wished to discuss the problems. It was suggested that the rights of a variety of stakeholders needed to be taken into account rather than just the rights of the particular individual. The solution had been sudden and an understanding of the process to be undertaken to resolve such situations in the future would be welcomed. The Head of Community Learning Disability Services acknowledged that communications could have been better between the various parties. It was not considered that this could have resulted in a shortened timeframe for resolution as there was a shortage of specialist providers.

The Executive Director Adults and Health suggested that the process to resolve such situations would be different in each case but the contact for councillors would be Adult Social Care. It was agreed that the Executive Director Adults and Health, Head of ASC Operations and Deputy DASS, and Head of Community Learning Disability Services would meet with Councillor Anna Burrage to discuss any lessons arising from the case.

ACTION: Executive Director Adults and Health

It was suggested that lessons from cases such as where there are disturbances to neighbours could be developed into cases studies in a similar way those in the Safeguarding Adults Partnership Board annual report.

The Head of Community Learning Disability Services explained that 'The Big Plan' was the strategic plan for supporting people with learning disabilities. A 'competitive

dialogue' approach with bidders for support contracts allowed the competitive tendering process to be informed by the expertise of providers.

It was confirmed that some Camden residents with learning disabilities who had been placed out of borough had been supported to return. However, residents often settle into their placements and do not want to moved back.

RESOLVED –

THAT the report be noted.

10. CARE AND SUPPORT AT HOME TRANSFORMATION PROGRAMME

Consideration was given to the report of the Executive Director Adults and Health, which was presented by Chris Lehmann, Head of Adult Social Care Strategy and Commissioning and Deputy DASS.

In response to concerns raised about workforce challenges linked to the undervaluing of care workers, the Head of Adult Social Care Strategy and Commissioning acknowledged the significance of the workforce challenges. The change project aimed to change the narrative about the care workforce and stress that it is valued in Camden. The Council worked in accordance with the Ethical Care Charter, co-produced with staff in commissioned services and sought to commission local organisations, demonstrating how the Council valued care workers. Remuneration was also being looked at. Karen Timperley, Head of Adults Commissioning, confirmed that a lot work was being progressed with the care workforce. Providers were looking at different ways of contracting with staff to meet the needs of workers. There was a piece of work with care workers to discuss what the work was like, what training was like, and personal development needs to understand what was important for them and how the role could be made sustainable. A lot care workers would say they enjoy their work. Fora, the design-led research organisation supporting the change project, was carrying out a photography project that would result in an exhibition on care workers.

The Head of Adults Commissioning assured the Committee that proposals regarding visitor parking and scratchcards was not an issue that care workers had raised. Care work was structured to operate within neighbourhoods so workers could walk or use public transport between visits. The Chair noted that proposals could impact on private carers who might use their cars to take people out.

Monitoring and measuring success was key to commissioning work. With the new initiatives, Fora was supporting with developing creative ways to measure outcomes. The Executive Director Adults and Health reinforced that the project was a learning process, with the service listening deeply to care workers and care recipients to think about what transformation could look like to make significant improvement within existing constraints. Over the next few years, there would be an exploration of different approaches, with a focus on measurement of learning activities. Over a longer period, there would be a shift in outcomes for care recipients.

In response to questions about the training of personal assistants, People Plus have been asked to start peer support groups so that personal assistants could learn from each other. Additional training, such as on safeguarding or moving and handling, could also be provided within those spaces. It was noted that personal assistants were not employed by the Council but by the resident. Training for care workers is supported by the providers and monitored by the Council. There was work underway with reablement workers to understand what their training looked like and how it could be enhanced. The Head of Adult Social Care Strategy and Commissioning and Deputy DASS also highlighted informal learning such as through sharing learning with providers from Safeguarding Adults Reviews.

The Executive Director Adults and Health assured the Committee that workforce shortages did not mean that anybody was not receiving the care they were assessed for. However, it was less likely they would receive the same care worker consistently which would impact relationships.

The Chair commented on the need for care workers to have a broad knowledge of disabilities so that they could provide a better experience for care recipients.

A Member suggested that a reward ceremony similar to that given for foster carers be considered to demonstrate how the care workforce was valued.

RESOLVED –

THAT the report be noted.

11. INTERIM REPORT OF THE SCREENING AND PREVENTION SCRUTINY PANEL

Consideration was given to the report of the Chair of the Screening and Prevention Scrutiny Panel.

There was support by members of the Committee, the Cabinet Member for Health, Wellbeing and Adult Social Care, and officers for the work that had been done so far and was continuing.

Councillor Anna Burrage, Chair of the Scrutiny Panel, suggested that the final report would be submitted to the July meeting of the Committee.

A Member highlighted personal experiences of poor communication, with cervical screening records not being forwarded to the GP practice and problems with Royal Mail resulting in an appointment letter being delivered to the wrong address. The Chair of the Scrutiny Panel would pick up those issues in the further discussions. The Head of Adult Social Care Strategy and Commissioning and Deputy DASS advised the committee of a new three-year programme working with people with learning disabilities on screening and suggested working with the Panel on this. The

Chair of the Committee requested that the Disability Oversight Panel also be involved.

RESOLVED –

THAT the report be noted.

12. HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE WORK PROGRAMME AND ACTION TRACKER

Consideration was given to the report of the Executive Director Adults and Health, introduced by James Fox, Senior Policy and Projects Officer, who noted that the forward planning session was being rescheduled to follow the Statutory Meeting of Council.

The Chair requested that a number of issues be added to the forward plan: the proposed merger of North Middlesex University Hospital NHS Trust and the Royal Free London NHS Foundation Trust; plans by Centene Corporation to sell its GP surgeries in Camden; and engagement with the dDeaf community, including statistics and communication channels.

Officers were thanked for their support and hard work over the previous year.

RESOLVED –

THAT the Committee's Action Tracker (Appendix A to the report) be noted.

13. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

There were not items of urgent business.

The meeting ended at 8.50 pm.

CHAIR

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MINUTES END