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Agenda

Camden

HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

TUESDAY, 27 FEBRUARY 2024 AT 6.30 PM
COUNCIL CHAMBER, TOWN HALL, JUDD STREET, LONDON WC1H 9JE

Enquiries to:	**Cheryl Hardman, Committee Services**
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MEMBERS

Councillor Larraine Revah (Chair) (L)

Councillors Nasim Ali (L), Ajok Athian (L), Anna Burrage (L), Judy Dixey (LD), Rebecca Filer (L), Lorna Greenwood (L) and Gio Spinella (C)

SUBSTITUTE MEMBERS

Councillors Camron Aref-Adib (L), Kemi Atolagbe (L), Nasrine Djemai (L), Nancy Jirira (LD), Nazma Rahman (L), Jonathan Simpson (L) and Stephen Stark (C)

L = Labour, C = Conservative, LD = Liberal Democrat

Issued on: Monday, 19 February 2024

Jenny Rowlands
Chief Executive
Town Hall
Judd Street
London WC1H 9JE

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HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE
27 FEBRUARY 2024

THERE ARE NO PRIVATE REPORTS

PLEASE NOTE THAT PART OF THIS MEETING MAY NOT BE OPEN TO THE PUBLIC AND PRESS BECAUSE IT MAY INVOLVE THE CONSIDERATION OF EXEMPT INFORMATION WITHIN THE MEANING OF SCHEDULE 12A TO THE LOCAL GOVERNMENT ACT 1972, OR CONFIDENTIAL WITHIN THE MEANING OF SECTION 100(A)(2) OF THE ACT.

AGENDA

Wards

1. APOLOGIES

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

Members will be asked to declare any Statutory Disclosable Pecuniary Interests, Compulsory Registerable Non-Pecuniary Interests and Voluntary Registerable Non-Pecuniary Interests in respect of items on this agenda.

3. ANNOUNCEMENTS

Broadcast of the meeting

The Chair to announce the following: ‘In addition to the rights by law that the public and press have to record this meeting, I would like to remind everyone that this meeting is being broadcast live by the Council to the Internet and can be viewed on our website for twelve months after the meeting. After that time, webcasts are archived and can be made available upon request.

If you have asked to address the meeting, you are deemed to be consenting to having your contributions recorded and broadcast, including video when switched on, and to the use of those sound recordings and images for webcasting and/or training purposes.’

Any other announcements

4. DEPUTATIONS (IF ANY)

Requests to speak at the Committee on a matter within its terms of reference must be made in writing to the clerk named on the front of this agenda by 5pm two working days before the meeting.

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

6. MINUTES

To approve and sign the minutes of the meeting held on 23 January 2024. (Pages 9 - 18)

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

All Wards

(Pages 19 - 24)

Report of the Cabinet Member for Health, Wellbeing and Adult Social Care.

This report provides the Committee with an update relating to the portfolio of the Cabinet Member for Health, Wellbeing and Adult Social Care.

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

All Wards

(Pages 25 - 46)

Report of the Director of Health and Wellbeing, London Borough of Camden; Director of Integrated Care, North Central London Integrated Care Board; Director of Equalities and Disproportionality, Camden Council.

An update report was requested at the Health and Adult Social Care Scrutiny Committee in December 2023 on the work of the Scrutiny Panel set up to address health and wellbeing inequalities experienced by Camden's Bangladeshi community. The Committee asked that the update report identify if there are any outstanding recommendations not sufficiently progressed yet and consider further opportunities for collective action.

The Panel was set up by this Committee in 2015, working with Healthwatch Camden. There have been several published updates, with the most recent received by this Committee in 2017. This report

focuses on progress against actions identified within four key workstreams for this work:

- Healthy weight and healthy lives – obesity and physical activity;
- Adult community learning, training, and routes into employment;
- Accessibility and quality of primary care;
- Building resilience and mental wellbeing

This report updates the Committee on the status of actions identified in 2016, describes inequalities in the Bangladeshi community from the 2021 Census, and summarises current activities tackling inequalities in the Bangladeshi community.

This review found that there were no outstanding recommendations that have not been sufficiently progressed, however both the issues contributing to inequalities and the Council's and partners' response have evolved considerably in recent years.

A combination of the Covid-19 pandemic and the subsequent Cost of Living crisis have impacted on the inequalities experienced by the Bangladeshi community as well as other ethnic communities. This review identified a range of activity building on that underway in 2017 and incorporating a focus on tackling further inequalities identified during Covid and the Cost of Living crisis, from key overarching strategies such as We Make Camden and Building Equal Foundations to individual services.

Conversations with voluntary and community sector organisations supporting the Bangladeshi community show that inequalities are persistent and enduring and that a focus on tackling inequalities needs to be maintained.

9. SUPPORTING PEOPLE WITH A LEARNING DISABILITY IN CAMDEN — **All Wards**

(Pages 47 - 54)

Report of the Executive Director Adults and Health.

This report sets out how Adult Social Care works with adults with a learning disability and their families and carers to support them to live as independently as possible in the community through Supported Living.

Camden is committed to supporting people who have care and support needs to stay in or near to Camden where at all possible. People who have a learning disability and their families have told officers that this is especially important to them as it helps people stay connected to family, friends and their local community. Supported living is often the best way to achieve this and it means an adult with a learning disability

can live locally in a supported environment whilst having their own tenancy and their own ‘front door’.

10. CARE AND SUPPORT AT HOME TRANSFORMATION PROGRAMME **All Wards**

(Pages 55 - 64)

Report of the Executive Director, Adults and Health.

Camden’s Adult Social Care (ASC) department is ambitious to develop and transform the way we engage with our residents to support them to remain independent in the place they call home. Central to our future vision for Camden is a programme of transformation that focusses on the objectives of the ‘Supporting People, Connecting Communities’ strategy and reinforces our ambition for residents to live and age well in Camden. We know that when residents stay connected with their loved ones, local neighbourhoods and communities that they thrive. This involves recognising that people are the experts in their own lives, that they have strengths, resources and networks of their own, and with some support and connection can retain independence, live a good life and delay the need to draw on more intensive care and support.

Our aim is to transform our care and support at home offer for residents alongside a range of interconnected projects, such as our emerging Accommodation Plan, and include the further development of a neighbourhood approach with key partners across the Council, health, care and the voluntary and community sector (VCS).

11. INTERIM REPORT OF THE SCREENING AND PREVENTION SCRUTINY PANEL **All Wards**

(Pages 65 - 82)

Report of the Chair of the Screening and Prevention Scrutiny Panel.

This report provides an update on progress of the Screening and Prevention Panel’s work to date. The report presents initial findings from interviews and research into cancer screening services. Preliminary recommendations are included, and are grouped into four themes; accessibility and resource, information and marketing, social and cultural, and accountability.

The next steps for the panel are set out at the end of the report.

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

(Pages 83 - 96)

Report of the Executive Director, Adults and Health.

This paper sets out the plan to hold a work planning session for 2024-25 and tracks actions from previous meetings.

13. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

AGENDA ENDS

The date of the next meeting will be Tuesday, 9 July 2024 at 6.30 pm in Council Chamber, Town Hall, Judd Street, London WC1H 9JE.

THE LONDON BOROUGH OF CAMDEN

At a meeting of the **HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE** held on **TUESDAY, 23RD JANUARY, 2024** at 6.30 pm in Council Chamber, Town Hall, Judd Street, London WC1H 9JE

MEMBERS OF THE COMMITTEE PRESENT

Councillors Larraine Revah (Chair), Nasim Ali, Anna Burrage, Judy Dixey, Rebecca Filer and Lorna Greenwood

MEMBERS OF THE COMMITTEE ABSENT

Councillors Ajok Athian and Gio Spinella

ALSO PRESENT

Councillors Anna Wright and Jenny Headlam-Wells

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 Councillor Gio Spinella and apologies for early departure were received from Councillor Nasim Ali. Councillor Anna Wright, Cabinet Member for Health, Wellbeing and Adult Social Care had given apologies for late arrival.

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

There were no declarations of interest.

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, subject to sentence “A few virtual wards were enabled with remote technology” being rephrased as “A number of virtual wards in North Central London were enabled by remote monitoring technology”, the minutes of the meeting held on 18th December 2023 be approved and signed as a correct record.

7. NORTH CENTRAL LONDON INTEGRATED CARE SYSTEM: START WELL PROGRAMME - PUBLIC CONSULTATION

Consideration was given to the report of the North Central London Start Well Programme Director, presented by Anna Stewart (Start Well Programme Director, North Central London Integrated Care Board (NCL ICB)), Tim Hodgson (Medical Director Specialist Hospitals Board, UCLH), Mike Greenberg (Medical Director, Barnet Hospital, Royal Free London), and Chloe Morales Oyarce (Assistant Director Communications and Engagement, NCL ICB).

In response to a request from the Chair for the Committee to see the feedback on the consultation prior to a decision being taken, the Start Well Programme Director stated that the independent consultation outcome report would be published and brought to the North Central London Joint Health Overview and Scrutiny Committee.

It was confirmed that Camden Council colleagues had been involved in the options appraisal and that, on balance, there were more positives for Option A, retaining maternity and neo-natal service at Whittington Hospital. This was due to fewer staff needing to move to a new location from the closure of maternity and neo-natal services at the Royal Free Hospital. Modelling of patient outflows also indicated greater capacity in North West London for women who would have attended Royal Free Hospital than in North East London should the services at Whittington Hospital be closed.

There were questions about the number of labour ward and neonatal beds per 1000 female population of childbearing age in North Central London and how many there

would be in the two options, as well as how this compared to the rest of England. The Programme Director agreed to provide the data after the meeting.

ACTION: Start Well Programme Director, NCL ICB

Reassurance on the time and resources spent on the Start Well programme to close maternity services that could have been spent more productively on other areas such as screening programmes was also requested.

The Programme Director responded that capacity would not be reduced but redistributed. The case for change was set out in slide 9 (page 31 of the agenda pack) and included the rationale for reducing the number of units. This had been developed over time through discussions with clinical leaders and detailed modelling. A report on the case for change had been published 18 months previously. There was a declining birth rate in North Central London but increased complexity of service users. Staffing levels did not always meet best practice in some units and there were high vacancy rates. There was low occupancy at the Level 1 Unit at the Royal Free Hospital. This led to clinical risk, with challenges in maintaining clinical competencies. Additional consultants mitigated risks but this was not a sustainable approach. There were issues with the maternity and neonatal estate at the Whittington Hospital. There were also declining numbers of women choosing to use the Edgware Birth Centre. Modelling had been conducted on the number of babies needed in neonatal units in North Central London for all units to be a minimum of a Level 2 and the staffing required. The modelling indicated this could only be provided safely and equitably across four units rather than across five.

The Medical Director, Barnet Hospital, Royal Free London, explained that a Level 1 unit cared for babies of 34 weeks gestation and above. A city like London did not need a Level 1 unit, it was of more use in a rural area. With low occupancy in a Level 1 unit, clinical skills to handle emergency situations would become degraded. Staff would not want to work in a unit where they could not develop themselves. The Medical Director Specialist Hospitals Board, UCLH, suggested there was room for improvement in all North Central London maternity units. As a clinical team, colleagues felt they could provide better quality of care if the service was rationalised.

It was queried whether specific risks such as to Black women in childbirth was included in the options appraisal criteria. The Programme Director noted the data on Black women giving birth and differential outcomes. There was work underway to address differential experiences of childbirth in maternity and neonatal services.

In response to questions about whether pregnant women would be able to reach a maternity unit fast enough in the event of a premature delivery, the Programme Director commented that the units worked in partnership. If a woman was likely to give birth before 33 weeks, she would be directed to book at a different maternity unit to Royal Free Hospital as it only had a Level 1 co-located neonatal unit. Where a woman gave birth at the Royal Free Hospital and the baby required specialist care unexpectedly, the woman would stay and the baby transferred. Clear feedback had

indicated the distress this caused and supported the move to provide a minimum of Level 2 units.

With regard to the impact on residents in the North West of Camden, there had been an integrated impact assessment. Increased antenatal and postnatal care locally was being pursued to improve community provision and reduce travelling across the period. There would only be a small increase in travel time for the local population to reach the closest maternity unit. There would still be a range of choices available. In response to a question about why an option to improve services at both Royal Free Hospital and Whittington Hospital was not included, the issue was the need to meet minimum volume levels in order to meet best practice standards and quality of care. It was noted that travel time in some parts of the UK could be up to 45 minutes.

In response to questions about community antenatal and postnatal provision, it was clarified that further detailed work would be undertaken once a decision had been taken on which option to take forward. With regard to the impact on populations outside Camden, it was explained that representatives of North West London ICB, North East London ICB and Hertfordshire ICB had sat on the Programme Board and participated in the options appraisal.

Concern was expressed about the impact on the Jewish community should the Royal Free Hospital maternity services be closed. The Programme Director confirmed that the Integrated Impact Assessment had identified Jewish women as a group to be engaged with on the potential impact and mitigations. It was suggested that the Start Well Programme could talk to the community partnerships team at the Council for a list of relevant voluntary and community groups. The Programme Director proposed sharing the existing list used for engagement with the Committee to enable Members to identify any gaps and propose further voluntary and community groups.

ACTION: Start Well Programme Director, NCL ICB

The Chair thanked officers for participation in the meeting.

RESOLVED –

THAT the update on the programme be noted and feedback as to how to raise awareness of the consultation with Camden residents and encourage participation provided as summarised above.

8. 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 care staff who were employed by the Council, where staff preferred to be on a guaranteed hours contract the Council sought to offer that.

This was not required from external contractors as many care staff preferred zero hours contracts, providing them flexibility. The care and support at home transformation programme included an exploration of different contractual forms to give care staff more guarantees while supporting flexibility.

In response to questions about individual cases reported in the press but not part of the papers, the Cabinet Member for Health, Wellbeing and Adult Social Care offered to discuss this outside of the meeting.

RESOLVED –

THAT the report be noted.

9. HEALTH AND WELLBEING STRATEGY IMPLEMENTATION: COMMUNITY CONNECTEDNESS AND FRIENDSHIPS

Consideration was given to the report of the Director of Health and Wellbeing, introduced by Kirsten Watters (Director of Health and Wellbeing) and Sue Hogarth (Public Health Consultant).

In response to questions about whether the community connectedness work would be included in the neighbourhood model, bringing a network of activities addressing various issues together at a community level, the Public Health Consultant confirmed that work in neighbourhoods and family hubs was being monitored. Staff have notified that it was difficult to identify who was lonely and isolated due to stigma. Questions had been developed enabling staff to ask residents about connections. The population health approach meant that staff from neighbourhoods, family hubs and others services were being upskilled to think about social isolation and connectedness and to tap into existing assets within Camden. A communications campaign aimed to destigmatise loneliness and raise awareness of existing assets.

It was noted that young people aged 16-24, including students and international students, were among the initial target groups but that there were significant challenges in reaching them. Officers acknowledged the challenges but highlighted close contacts between the service and universities who were encouraged to think about social isolation in their mental health work. A communications expert had been embedded in Public Health to support the work. Information on a deep dive communication strategy for young people aged 16-24 could be shared outside of the meeting.

ACTION: Communications and Engagement Lead – Camden Health and Wellbeing

In response to questions about whether there was funding for the voluntary and community sector (VCS) to develop new initiatives, it was clarified that there was no funding attached to the project but there was some funding available for communications work. It was noted that there was already a lot of existing activity in the VCS that could be better used by the Council to enhance connectedness.

Officers confirmed that older people were also a target group for the project.

It was agreed to share data on boroughs experiencing migration from other countries, including Afghanistan and Ukraine.

ACTION: Public Health Consultant

It was queried what success would look like and what measures and targets were in place over the long-term for the project. The Public Health Consultant explained that activities were being considered and agreed. Measures would be developed based on the activities and in collaboration with services. An evaluation framework would be developed for the communications campaign.

Concerns were expressed about digital exclusion and the risks of digital services to connections for older people. Officers confirmed that the Digital Inclusion Lead was involved in the project. Information would not just be relayed via a website but through upskilling staff to know what assets were available.

The Chair highlighted the vast range of people who can be impacted by social isolation and loneliness. Monica Riveros, Age UK, confirmed that the organisation had been participating in the project. The organisation offered visiting and a Telefriends service. The Chair requested that officers provide a list of groups that the project was working with so that Members could identify any gaps and propose further groups.

ACTION: Public Health Consultant

RESOLVED –

THAT the ongoing work under the Community Connectedness and Friendships priority be noted.

10. THE REDEVELOPMENT OF ST PANCRAS HOSPITAL SITE, WHAT THIS MEANS TO CURRENT CAMDEN SERVICES, AND HOW THIS RELATES TO WIDER CAMDEN HEALTH AND CARE SYSTEM TRANSFORMATION

Consideration was given to the report of the St Pancras Transformation Programme Director (Camden and Islington NHS Foundation Trust), Director of Property (RFL Property Services Ltd), Divisional Clinical Director (Royal Free London NHS Foundation Trust), Director of Integration (Camden borough, NCL ICB) and Director of Financial Performance and Deputy CFO (Royal Free London NHS Foundation Trust). The report was introduced by Alison Edgington, St Pancras Transformation Programme Director.

Questions were asked about which service users at the Peckwater Health Centre had been consulted about proposals to relocate services and where they were expected to go, in particular the users of the wheelchair and dementia services. It

was noted that there was no information on this in the report as the focus had been on viability of the building for the dialysis unit. The questions raised by the deputation to the previous meeting had also not been responded to.

The St Pancras Transformation Programme Director had been an option for the relocated dialysis unit for a number of years but now was considered the only option. There was a significant challenge in finding affordable accommodation in London for NHS services. The preference was to find the best location for services at the best cost. It was acknowledged that more could have been done to engage primary care colleagues on options. There was a range of community and mental health services at the Peckwater Health Centre. Unlocking the value of the land was an important consideration for the project but not the only consideration. The review of where the existing services at Peckwater Health Centre could be relocated had not been completed but the aim was that services remained local and accessible with the volume and quality of service provision retained. Engagement with service users had been stepped up, with a group established before Christmas to ensure the project was engaging with all stakeholders. Service users would be involved in the development of future proposals for an integrated service including dialysis and there had been a strong input from service users on the mental health perspective of the transformation programme.

In response to a question about why locations in the other boroughs impacted had not been explored, the St Pancras Transformation Programme Director explained that it had been very difficult to find a suitable place for the dialysis service. A design team including clinicians, nurses, doctors and technical experts had looked at a range of options. It was hoped that the dialysis unit would not be an unwelcome addition wherever it was relocated to. The project wanted to work with partners. It was agreed that a further written response to the deputation's questions would be provided.

ACTION: St Pancras Transformation Programme Director

The Chair highlighted that existing service users would require support to access relocated services and not just signposting. The St Pancras Transformation Programme Director commented on the desire to improve local services for communities using an integrated neighbourhood hub model. New models of delivery could offer improvements to services. New technologies could be used by clinicians in patients' homes and patients given support to gain digital skills.

Dr Kevin Clarkson, Managing Partner of the Caversham Group Practice, was representing all the GP practices in Kentish Town who had come together to oppose the loss of the primary care estate through the proposal before the committee. The plan in Kentish Town had been to grow services that were already there and build the Integrated Care Team through co-location of services. The Peckwater Health Centre was a purpose-built space and was the only site that could accommodate the number of people required to deliver a co-located service. Alternative sites had been sought with the Integrated Care Board (ICB) but none had been found that could include all the services required. Kentish Town residents had not been consulted

about the loss of the integrated service at the Peckwater Health Centre and its potential. Having analysed the scoring, if the financial criteria were removed, Peckwater Health Centre would not be the best site for the dialysis unit. The programme had been asked to consider funding the dialysis unit more effectively from within the project.

The Chair noted that the North Central London Joint Health and Overview Scrutiny Committee (JHOSC) had received a report on the NHS Estate a few months previously but this relocation had not been mentioned. The St Pancras Transformation Programme Director explained that the ICB was trying to facilitate a way forward between the primary care estate needs and the transformation programme. The issues around stakeholder engagement were acknowledged and would be fed back to colleagues.

The St Pancras Transformation Programme Director stated that, while Peckwater Health Centre was the preferred option for relocating the dialysis unit, it was not the end of the process. The Programme would work with primary care and the ICB on the solution. Both integrated hubs and the transformation programme would bring better services to Camden. In response to Dr Clarkson, it was suggested that there was no place on site that the dialysis unit could be relocated and if it were to remain on site, it would need to be temporarily moved out while facilities were constructed.

The Chair requested that a report on the Estate Strategy be brought to the Committee.

ACTION: Senior Policy and Projects Officer

The Chair also requested that the response to the deputation's questions include the options that had been considered and rejected.

ACTION: St Pancras Transformation Programme Director

The Cabinet Member for Health, Wellbeing and Adult Social Care expressed support for the deputation's comments at the previous meeting and stressed the need for analysis of the impact of relocating services from Peckwater Health Centre to conducted urgently and consulted on fully. There was concern at the loss of opportunity for integrated care. A productive meeting had been held with NHS colleagues since the previous meeting and there was an ongoing conversation about the Council working in partnership with the NHS to unlock resources not available to the health service alone. It was understood that there was value in considering dialysis as a community service to be provided within an integrated hub. There was a conversation to be had about what community services could remain and be offered alongside dialysis were the dialysis unit be relocated to the Peckwater Health Centre.

In response to questions about a timeline, the St Pancras Transformation Programme Director commented that it was difficult to set timescales for a range of reasons. Many of the dates set early in the programme had slipped for a range of

reasons that had resulted in land values falling and the cost of construction rising. An appraisal of the Peckwater option had been shared with the GP practice and the Patient Participation Group (PPG) and could be shared with the Committee.

ACTION: St Pancras Transformation Programme Director

A further report on the proposed timeline for the dialysis unit relocation could be provided to the committee when there was greater clarity.

ACTION: St Pancras Transformation Programme Director

Roderick Alison, who had brought the deputation to the previous meeting, highlighted that there had been no assessment of the impact of relocating the dialysis unit to the Peckwater Health Centre on existing users of services there or suggestion of where the services would be moved to. Consultation on the St Pancras transformation programme had not mentioned relocation of the dialysis unit and the PPG had only been consulted through the Scrutiny Committee discussion on December 2023. It was also noted that the options appraisal appeared to have been driven by financial concerns. The Chair requested that these further points be responded to by the programme.

ACTION: St Pancras Transformation Programme Director

The St Pancras Transformation Programme Director was thanked for attending the meeting.

RESOLVED –

THAT the update on transformation of St Pancras hospital, the specific impact on the Mary Rankin Dialysis Unit (MRDU), the process to identify a new home for the service, and the work undertaken to manage any prospective change robustly, be noted.

11. 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.

Members noted the importance of monitoring developments of the Start Well Programme and the relocation of the Mary Rankin Dialysis Unit.

RESOLVED –

(i) THAT the work programme for 2023-24 (Appendix A) be noted, with amendments agreed as summarised above; and
(ii) THAT the Committee's Action Tracker (Appendix B) be noted.

12. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

There was no urgent business.

The meeting ended at 8.55 pm.

CHAIR

Contact Officer: **Cheryl Hardman**
Telephone No: **020 7974 1619**
E-Mail: **cheryl.hardman@camden.gov.uk**

MINUTES END

Update of the Cabinet Member for Health, Wellbeing and Adult Social Care
Health and Adult Social Care Committee 27th February 2024

1. Purpose of the Cabinet Member update

1.1. This paper provides a short round of updates from across the portfolio of the Cabinet Member for Health, Wellbeing and Adult Social Care. It presents an opportunity for the cabinet member to speak directly to the HASC Scrutiny Committee and highlight key pieces of work, both to share successes and identify challenges and opportunities in the coming months. The Committee are invited to consider the information below and ask questions of clarification at the meeting subject to the Chair's discretion. Requests for additional information can be addressed to the relevant director/s outside of the meeting. The Committee may also use the cabinet member updates to inform their scrutiny work planning for the coming year.

2. Adult Social Care (ASC) Waiting Lists

2.1. We have seen a rise in social care referrals in early 2024 however this is not untypical during the winter period. We are nonetheless continuing to see an overall gradual reduction in numbers of people and carers who are waiting for an assessment or review as the management action plan continues to take effect.

2.2. We are also seeing the number of people who are waiting for an Occupational Therapy assessment begin to reduce. We continue to source additional staffing capacity to assist us with completing overdue reviews and assessments and we are confident that the numbers of people waiting will continue to fall over the coming months.

2.3. Our social work and occupational therapy teams continue to screen and prioritise people who present with the most urgent need and will always prioritise residents where there are safeguarding concerns. We continue to perform well in supporting NHS colleagues with hospital discharge and the numbers of people waiting for a package of care before discharge remain comparatively low.

3. ASC CQC (Care Quality Commission) Assessment

3.1. Adult Social Care is making good progress in our preparation for CQC Assessment, due to take place at any point from now through 2025. Phase one of our preparation included engagement of wider staff in our stocktake and review of evidence as part of our checklist exercise. Significant advances have been made with the drafting of our own self-assessment in phase two of our preparation, with further engagement of staff and residents underway. The views of staff, residents and stakeholders will be incorporated throughout the self-assessment whilst we continue finalising the document and ensuring the draft remains contemporaneous. Staff and resident engagement will continue

going forward to ensure that we have mechanisms for capturing feedback and iterating our self-assessment and action plan in order to keep these up-to-date and reflective of the experiences of the workforce and our local population.

3.2. In December 2023, the CQC issued further detailed guidance about the information required for submission by authorities upon a notification of inspection. We are gathering this comprehensive range of evidence, quality assuring it and maintaining a 'library' of evidence to ensure that we can respond within the required timescales.

4. Supporting People Connecting Communities Accommodation Plan

4.1. In recognition of its cross-cutting nature, we are realigning the plan's name which currently signals a focus on adult social care (ASC), to a broader organisational and partnership approach as the 'Supporting People Connecting Communities (SPCC) Accommodation Plan'.

4.2. We have developed an implementation plan in partnership with key stakeholders to identify a number of emerging projects, many already in planning or delivery phase, which are strategically linked to the SPCC Accommodation Plan and its five key ambitions. The plan will facilitate work across commissioning teams and council departments to create a more permeable approach to aspects of capital development, planning, resourcing and resident pathways.

4.3. Because of the dependencies identified with cross-borough priorities, projects and opportunities for transformation, we have highlighted the need for robust governance in order for collaborative working to effectively deliver these projects. Robust accountability and governance for the plan will be in place through an SPCC Accommodation Implementation Board, creating a space to bring people together across accommodation-based portfolios, transformation programmes and departmental teams.

4.4. The Board will have a shared endeavour with cross-council networks, service providers, Camden stakeholders and residents that focuses on delivering positive outcomes, utilising a whole systems approach. The Board will ensure that strategic and operational links associated at project level are aligned and will be a catalyst for future work across the ten-year Plan. The activity within the current implementation plan is focused on the next three years and is now in final draft form.

4.5. The timeline for the launch of the SPCC Accommodation Plan includes meetings with a number of senior and departmental management teams to ensure shared ownership, before moving through to sign-off at the SPCC Board on the 26th March towards a full launch of the Plan from April.

5. Update on the Healthy Weight Programme

5.1. As part of Camden's commitment to support residents to have and maintain a healthy weight, a Healthy Weight Driving Group was convened in January 2024, and will continue to meet bi-monthly, to establish strong working connections between different organisations and departments in Camden to enable effective and comprehensive whole systems working on healthy weight.

5.2. This group will ensure that resident views underpin the work and identify levers and opportunities to influence a whole systems approach to Healthy Weight. The working group will contribute to an updated needs assessment on healthy weight that includes partner and resident views and will oversee the development of a Camden Healthy Weight Acceleration Plan. The long-term plan will focus on supporting healthy weight throughout early years, school years, and adult years, with an initial focus on early years.

6. Coproduction within the Homeless Transformation Programme

6.1. Camden's Homelessness System Transformation aims to take a 'whole system' approach to addressing homelessness across housing, health, social care and the voluntary sector. A key pillar of the approach has been to coproduce the work with people with lived experience of homelessness, to ensure they are actively involved in deciding what needs to change and the efforts to change it.

6.2. The transformation includes a core group of people with lived experience (coproducers) who have helped prioritise the activity of the programme, including members of the Transformation Board, alongside, council, NHS and voluntary and community sector (VCS) colleagues. Other coproduced activities include developing a 'personal passport' that people can carry across services, developing an accessible map/guide for how to access the support they need, and improving access to mental health support. We are in the process of testing these ideas out and as part of our evaluation of the programme we will be assessing both the efficacy of these changes and the approach itself.

7. Recommissioning Adult Integrated Sexual Health Services

7.1. Camden are currently part of a commissioning collaborative with three other North Central London (NCL) boroughs (Barnet, Haringey and Islington). The current contract lead is provided by Islington Council and this contract runs until the end of June 2025.

7.2. At present the commissioning collaborative wish to continue to work together to develop and procure the new contract to start from July 2025 and Camden Council will be providing the lead for this (with financial contributions towards this lead arrangement being agreed with all participating boroughs).

7.3. This is a clinically complex contract which whilst locally designed needs to ensure that it aligns with the work of the London Programme for Sexual Health. As sexual health services are direct access, residents can go to any sexual health service in England for their care and their home borough will be invoiced for this activity. In London prior to the programme there was significant variation in pricing, as a result the Programme was set up to ensure a consistent tariff price for interventions provided within sexual health services.

7.4. The procurement of the new contract for Integrated Sexual Health Services will fall within the scope of the new Provider Selection Regime (PSR) which provides a range of procurement routes, including direct award. This is likely to be the first large scale procurement in the Council to commission under PSR and commissioners are working closely with procurement, finance and legal colleagues to ensure that the appropriate evidence is provided to enable robust decision making about the best procurement option to take.

8. Measles (data as of 8th February 2024)

8.1. Since 1st October 2023, UKHSA (United Kingdom Health Security Agency) have reported an increase in cases of measles across England, with a disproportionately high rate seen in the West Midlands (mainly in Birmingham) and an increase also seen in London. This has been declared by UKHSA as a standard national incident and by London as a local standard incident. 465 laboratory confirmed cases have been reported, 71% of which have been in the West Midlands, 13% in London and 7% in Yorkshire and The Humber. Most cases reported have been in children under the age of 10 years (66%) and 25% of cases were reported in young people and adults over the age of 15. Camden has not had any confirmed cases to date during this period.

8.2. Further outbreaks of measles are expected if Measles, Mumps and Rubella (MMR) vaccination uptake is not improved. The MMR is a 2-dose vaccine given routinely when children are age 12 months and then 3 years and 4 months as part of the routine schedule. Vaccination uptake in Camden is low with approximately 20% of 2-year-olds still not having received the first dose that was due age 12 months and almost 30% unvaccinated / partially vaccinated age 5.

8.3. Increasing MMR coverage in Camden is a well-established priority and a significant amount of work is in progress. The focus of this work is improving communications & access for MMR vaccination for children and young adults (12 months to 26 years old) and working with our NHS and community partners to do this. We are constantly trying to find new ways to communicate

with our residents and find out why MMR uptake is low so that we can improve our communications and access.

8.4. We are also training staff who have contact with children and vulnerable groups in our populations so that they are able to Make Every Contact Count (MECC) and communicate the importance of vaccination and access. We will use feedback from the contact that our staff have with residents to review communications material and access.

8.5. Key actions being taken forward include:

- Planning of vaccine clinics supported by the UCLH vaccination team, Family Hubs & Camden Council's vaccine bus, based on information about our unvaccinated population.
- Refreshed our communications (leaflets & posters) and distributed to schools, libraries, family hubs and VCS (Voluntary Community Sector) (translations available). A promotional poster will go live at bus stops around Camden on Monday 12.02.24 and digital screens after that.
- Written an article on Measles and MMR for the Heads newsletter.
- Developed a campaign resource and shared with VCS.
- Attended Headteacher's meeting on 07.02.24. to raise awareness of increase in cases and importance of MMR.
- Developed a 'Making Every Contact Count' (MECC) training pack for non-clinical staff.
- Training for parent & community champions is in the process of being developed.

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LONDON BOROUGH OF CAMDEN	**WARDS:** All

REPORT TITLE

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

REPORT OF

Director of Health and Wellbeing, London Borough of Camden; Director of Integrated Care, North Central London Integrated Care Board; Director of Equalities and Disproportionality, Camden Council

FOR SUBMISSION TO	**DATE**
Health and Adult Social Care Scrutiny Committee	27th February 2024

SUMMARY OF REPORT

An update report was requested at the Health and Adult Social Care Scrutiny Committee in December 2023 on the work of the Scrutiny Panel set up to address health and wellbeing inequalities experienced by Camden's Bangladeshi community. The Committee asked that the update report identify if there are any outstanding recommendations not sufficiently progressed yet and consider further opportunities for collective action.

The Panel was set up by this Committee in 2015, working with Healthwatch Camden. There have been several published updates, with the most recent received by this Committee in 2017. This report focuses on progress against actions identified within four key workstreams for this work:

- Healthy weight and healthy lives – obesity and physical activity;
- Adult community learning, training, and routes into employment;
- Accessibility and quality of primary care;
- Building resilience and mental wellbeing

This report updates the Committee on the status of actions identified in 2016, describes inequalities in the Bangladeshi community from the 2021 Census, and summarises current activities tackling inequalities in the Bangladeshi community.

This review found that there were no outstanding recommendations that have not been sufficiently progressed, however both the issues contributing to inequalities and the Council's and partners' response have evolved considerably in recent years.

A combination of the Covid-19 pandemic and the subsequent Cost of Living crisis have impacted on the inequalities experienced by the Bangladeshi community as well as other ethnic communities. This review identified a range of activity building on that underway in 2017 and incorporating a focus on tackling further inequalities identified during Covid and the Cost of Living crisis, from key overarching strategies such as We Make Camden and Building Equal Foundations to individual services.

Conversations with voluntary and community sector organisations supporting the Bangladeshi community show that inequalities are persistent and enduring and that a focus on tackling inequalities needs to be maintained.

Local Government Act 1972 – Access to Information

No documents that require listing have been used in the preparation of this report.

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RECOMMENDATIONS

That the Health and Adult Social Care Scrutiny Committee is asked to:

a) Note the key findings of this report relating to the focus of the Scrutiny Panel on meeting the needs of the Bangladeshi Community, and key progress that was made;
b) Consider the range of initiatives currently in place that help meet the health and wellbeing needs of the Bangladeshi Community in Camden;
c) Endorse 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.

Signed: 

Kirsten Watters, Director of Health and Wellbeing

Date: 8th February 2024

1. Purpose of Report

1.1. In its first report in 2016, the Health and Adult Social Care Scrutiny Committee identified four themes, under which recommended actions to reduce inequalities experienced by Camden's Bangladeshi community were agreed:

- Healthy weight and healthy lives – obesity and physical activity;
- Adult community learning, training, and routes into employment;
- Accessibility and quality of primary care;
- Building resilience.

1.2. The Covid-19 pandemic interrupted this programme of work and contributed to further inequalities, worsened by the Cost of Living crisis. Camden's Building Equal Foundations report and action plan was an immediate response to tackle racial inequalities and the disproportionate impact of Covid-19 on people of Black, Asian and other ethnic backgrounds.

1.3. The Bangladeshi population in Camden increased by 15% between 2011 and 2021, and now comprises 6.8% of the population, up from 5.7%. St Pancras & Somers Town, Regent's Park, Holborn & Covent Garden, King's Cross, and Haverstock wards have the largest populations of people identifying from the Bangladeshi ethnic group. Despite the Bangladeshi population being on average younger than the whole Camden population, a greater proportion stated that their heath was bad or very bad, and a greater proportion identified as being disabled in the 2021 Census.

1.4. A review of the actions identified in 2016 and current known services has been undertaken to update the Committee. As would be expected, seven years after the most recent report to Committee there have been many changes in service provision. Whilst some time limited actions ended naturally (with learning carried forward), others are still in place, some have evolved, and new opportunities have emerged.

1.5. At the time of the last report to Scrutiny in 2017 there was a range of activity in place aimed at reducing inequalities in the Bangladeshi community, including:

- Targeted outreach including NHS Health Checks, diabetes prevention and smoking cessation
- Increasing opportunities for culturally appropriate physical activity
- A focus on reducing inequalities in education, employment and training including adult community learning aimed at speakers of other languages, a new Science, Technology, Engineering, Arts, and Maths (STEAM) strategy, and employability and skills support in the community.
- Improving access to health services through extended hours, health advocates and later social prescribing
- Increasing resilience through strategic partner funding, Making Every Contact Count (MECC) and tackling hate crimes.

1.6. The Covid pandemic brought inequalities into even sharper focus, with over

140 actions identified in the Building Equal Foundations report. The Cost of Living crisis further highlights the inequality and disproportionality experienced by many of our Black, Asian and other ethnic residents. As a result, the Council's Cost of Living Community Response Fund was established to support local organisations to provide services such as access to food, warm spaces, clothing, and activities for children, young people and older residents.

1.7. A review of current activity demonstrates that work is still in place to reduce inequalities, including:

- Support for healthy weight and promoting physical activity through the MoreLife programme, the Council's leisure offer and support for culturally appropriate community based physical activity.
- Social value requirements in the stop smoking contract for delivering sessions in the community.
- A range of outreach tackling physical health conditions with the Camden Mobile Health Bus partnering with organisations including the Surma Centre and Henna Asian Women's Group
- Renewed strategic partner funding and cost of living funding to support a vibrant voluntary and community sector reach communities experiencing inequality and disadvantage.
- A strong partnership between the Council, Police and communities to tackle hate crime.

2. Background

2.1. In July 2015 the Camden Health and Adult Social Care Scrutiny Committee established the "Learning from Camden's Bangladesh Community" panel. The aims of this panel were:

- To listen and learn from Camden's Bangladeshi community about how to encourage and sustain improvements in health and wellbeing and how to address inequalities;
- To listen to and learn from and to scrutinise the work of local commissioners and providers;
- To ensure recommendations are focused on sustainable improvements and are fit for purpose;
- To ensure that all the work of the panel is focused and robust.

2.2. In February 2016, the Committee received the Panel's findings and recommendations for action.

2.3. The Committee received its most recent update report in September 2017.

2.4. Considerable time has passed since the Committee last received an update in 2017. During this period, major challenges arose from the Covid Pandemic, including new and deeper inequalities. Camden's updated corporate plan "We Make Camden" has been developed to help steer the response across the borough.

2.5. In line with the request made at the committee meeting in December 2023, this report updates the Committee on the status of actions identified in 2016 to ensure there has been meaningful progress, describes inequalities in the Bangladeshi community from the 2021 Census, summarises current activities tackling inequalities in the Bangladeshi community, and identifies opportunities to further reduce inequalities.

2.6. Voluntary and community sector partners also report that demand for some services can outstrip supply, and that securing external funding in a borough that is often perceived as wealthy from outside can be challenging. Key programmes such as We Make Camden, Building Equal Foundations and the Community Partner Fund, along with a focus on inequalities in all programmes and strategies, will maintain focus on reducing inequalities across Camden's ethnic communities.

3. Introduction

3.1. This report provides an update on progress in addressing the actions identified in the strategic response in September 2016. Four priority areas for action had been identified in which there was clear strategic alignment between the Panel's recommendations and key Council and partner priorities and programmes, and where a clear voice for Bangladeshi community within these programmes could galvanise action and change:

- Healthy weight and healthy lives – obesity and physical activity;
- Adult community learning, training, and routes into employment;
- Accessibility and quality of primary care;
- Building resilience

3.2. Considerable time has passed since the Committee last received an update in 2017. During this period, major challenges arose from the Covid Pandemic, including new and deeper inequalities. Camden's updated corporate plan "We Make Camden" has been developed to help steer the response across the borough.

3.3. Current inequalities identified by the 2021 census are described, and current actions tackling inequalities in the Bangladeshi community are summarised.

3.4. More recently, there is a range of work happening that contributes to tackling inequalities in Camden. The Building Equal Foundations report identified over 140 actions that were implemented. We Make Camden recognises that actively tackling injustice and inequality sits at the heart of a shared vision for Camden.

3.5. Camden identifies proudly as a diverse community that is an open and welcoming borough. The pandemic and ensuing Cost of Living Crisis has revealed the depth of injustice and inequality that has been created by systemic racism, discrimination, and structural injustice. It has also shown how Covid-19 and the ensuing Cost of Living crisis continues to

disproportionately affect residents from Black, Asian, and other ethnic communities.

4. Actions identified in the 2016 Strategic Response – progress review

4.1. Review Theme 1: Healthy weight and healthy lives – obesity and physical activity.

4.2. This theme identified 10 activities:

- An Innovation Fund;
- The Camden Pledge;
- Improving our communications;
- Smoking Cessation;
- NHS Health Checks;
- Diabetes Prevention Programme;
- St Pancras and Somers Town Partnership;
- Active All Areas;
- Physical Activity Needs Analysis (PANA);
- Adult Weight Management.

4.3. The Innovation Fund was a time-limited fund to be used to galvanise and provide seed funding to community activity to address unhealthy weight locally. The fund is now closed. One grant from this time limited fund was relevant to talking inequalities in the Bangladeshi community. This was a grant to the Somers Town Community Association to work with students from Central Saint Martins College and the local community to create and launch a people's fruit and vegetable stall. This operated as a cooperative to give local people access to affordable fresh food. However, following the pilot the stall proved to be economically unviable without ongoing subsidy and lacked facilities for storage.

4.4. The Camden Pledge developed a series of key actions which businesses, community organisations and other public sector organisations could undertake to contribute to creating a healthy environment in Camden. There was low uptake of the pledge, and it was therefore discontinued.

4.5. As part of the scoping work for creating an identifiable Camden brand for communicating health-related messages to residents, employees, and visitors, a specific focus group was undertaken with Bangladeshi Residents. This resulted in the "Camden Can" brand which has now been superseded by the "Families for Life" programme.

4.6. A new contract for the Smoking Cessation service had started in 2017 and employed a Bengali speaking smoking cessation worker as well as having the ability to sub-contract to community orgs to provide the service themselves with training and on-going support from the smoking cessation service. A new contract with a different provider started in 2023. Numbers of Bangladeshi residents setting a quit date and successfully quitting between 2017/18 and

2022/23 are shown below:

Table 1: Smoking cessation in the Bangladeshi community 2017/18 to 2022/23

Year	Bangladeshi residents setting a quit date	Successful quits	Number of quits delivered by the community service*
17/18	74	52	14
18/19	102	63	38
19/20	72	46	15
20/21	69	43	20
21/22	Quarter (Q)1 data only: 15	13 (Q1 only)	Not available
22/23	68	49	Not available
Total	400	266 (66.5% quit rate)	

‘* Excludes locally commissioned services at GPs and pharmacies.

4.7. The community outreach provider for NHS Health Checks worked closely with local voluntary and community sector organisations and faith groups to increase access to NHS Health Checks among the Bangladeshi community. Community outreach no longer offers NHS Health Checks; however, the Camden Mobile Health Bus is a community outreach programme designed to detect risk factors for type 2 diabetes in those aged 30 to 70 years old. It is targeted towards Asian, Black and other ethnic populations and areas of deprivation, and provides education, signposting, and referrals to services to help prevent progression to diabetes. An evaluation of the Camden Mobile Health Bus in 2023 shows that the bus effectively reached residents from Black, Asian and other ethnicities, and has been successful at identifying those as risk, with 90% assessed as having an increased, moderate, or high risk of developing Type 2 diabetes.

4.8. The NHS Diabetes Prevention Programme (NDPP) is a face-to-face and tailored behavioural change programme available to people who are clinically at risk of developing diabetes. In 2017 the outreach provider had recruited a Bengali speaking trainer to deliver targeted DPP sessions in the community including the Somers Town Healthy Living Centre. The programme trialled different methods of outreach to engage with the community, such as using

invite letters written in Bengali and community-based promotion of DPP, working with local organisations. Outreach is now conducted by the Camden Mobile Health Bus with clinician support.

4.9. The St Pancras and Somers Town Partnership was a time limited partnership to galvanise partners in the area. With strong active Voluntary and Community Sector (VCS) interorganisational work in Somers Town in place irrespective of the formal partnership, the partnership was discontinued.

4.10. The Active All Areas initiative ended following the end of funding, with legacies built into the new Leisure Management Contract and the Community Sport and Physical Activity service. Several of the sessions, activities, and relationships started and enhanced through Active All Areas are maintained but the Council is not actively monitoring this.

4.11. The Physical Activity Needs Analysis (PANA) was launched in 2018, an updated needs assessment is due to be finalised imminently.

4.12. **Review Theme 2: Adult community learning, training, and routes into employment**

4.13. Although a universal offer, Somers Town Job Hub is in an area with a high proportion of Bangladeshi residents. According to the Somers Town Community Association website the Job Hub continues to operate.

4.14. The Camden STEAM (Science, Technology, Engineering, Arts, and Mathematics) Commission launched a new strategy to scale up its successful STEAM programme and create more opportunities for young people to access the borough's leading tech, scientific, and creative industries in March 2023. It includes:

- Designing programmes to encourage participation from underrepresented young people (e.g., females, young people from Black, Asian, and other ethnic communities, young people eligible for free school meals);
- Embedding ambitious targets in all programmes (e.g., work experience) for numbers of underrepresented young people participating;
- Working with stakeholders across the borough to challenge stereotypes in our programming and communications;
- Using expertise and influence to shape employer activities and programmes that embed good practice.

4.15. The STEAM programme links with Building Back Stronger, Camden's Education Strategy to 2030.

4.16. Camden was one of the London boroughs that delivered the Adult Community Learning (ACL) Talk English Project (TEP) in local community settings. Although TEP was not specifically targeted at the Bangladeshi community, the majority of the Camden TEP learners were from the Bangladeshi community.

4.17. Hopscotch successfully applied for Building Better Opportunities funding from the Big Lottery and the European Social Fund (ESF) to develop a project that

sought to provide individualised employability and skills support to women aged between 16 and 65 from Black, Asian and other ethnic communities. Whilst the Big Lottery and the European Social Fund (ESF) funding ceased in 2023, Hopscotch's web site continues to advertise the Better Employment Opportunities service.

4.18. **Review Theme 3: Accessibility and Quality of Primary Care**

4.19. Under the Extended Hours scheme, Somers Town Medical Centre continues to provide GP appointments each weekday from 6.30pm to 8.00pm and on weekends from 8.00am to 8.00pm.

4.20. In 2017 there were four Bangladeshi health advocates out of the 22 who were engaged by Camden CCG (Clinical Commissioning Group). The Health Advocates were in GP practices. The Health Advocates were part of a programme that Voluntary Action Camden (VAC) ran with the then Clinical Commissioning Group that eventually became a collaboration within the Care Navigation and Social Prescribing Service with Age UK Camden (from 2018).

4.21. Mental health – the Team around the Practice (TAP) in place in 2017 has been discontinued as the contract came to an end. The psychology resource was put into the core teams as part of the community transformation developments in Camden.

4.22. Camden iCope NHS Talking therapies service continues to work with the different communities in Camden, including the Bangladeshi community, which accounted for 5.0% of referrals between 2021 and 2023. Whilst the service had Bengal-speaking staff, Step 2 'staying well' groups in Bengali (psychoeducational groups aimed at helping people with common mental health problems) were provided. There was a slow-down in community and outreach groups during the pandemic and as referrals increase the service has developed an outreach strategy to focus work on developing partnerships with local community organisations to target specific populations. A number of workshops around mental health for people from the Bangladeshi population who had diabetes were held.

4.23. Somers Town GP Practice was reprocured and a new provider appointed following consultation with the community

4.24. **Review Theme 4: Building Resilience**

4.25. In December 2015, Camden Council approved its Voluntary and Community Sector Investment Programme 2017-2024 (Strategic Partner Funding), and in 2017 the following organisations with interests in the Bangladeshi community were awarded funding:

- Somers Town Community Centre (£85,000 per annum);
- St Pancras Community Association (£49,000 per annum);
- Bengali Workers Association (£30,000 per annum as part of project funding for the Beyond Boundaries project);

- Hopscotch (£75,000 per year).

4.26. Strategic Partner Funding has recently been renewed and decisions on funding are pending.

4.27. Making Every Contact Count (MECC). In 2017, local organisations representing the Bangladeshi community had good engagement with MECC:

- Hopscotch had 12 outreach/case workers complete MECC face to-face training and encouraged all staff to do the same.
- Bengali Workers' Association, Henna Asian Women's Group and three local Mosques had staff trained, giving excellent feedback on the course.
- Seven people of Bangladeshi origin volunteered to become MECC champions who can take up additional specialist training in areas including smoking cessation, mental health first aid, fuel poverty, safeguarding and more.

4.28. Addressing Hate Crime: a No Place for Hate working group (which sat underneath the Community Safety Partnership) published a leaflet highlighting sites for reporting hate crime in the Borough, which include Hopscotch, the Queens Crescent Community Association and Tell MAMA (an online hate-crime reporting site which is national and specific to Islamophobic hate crime). The leaflet also promotes the True Vision app which allows people to report hate crime incidents directly to the Police using their phone. Camden Council frontline staff were trained to be aware of and be able to effectively signpost residents to sources of support regarding hate crime.

5. Current data and intel on health needs and health inequalities affecting the Bangladeshi Community

5.1. Camden's Bangladeshi population in the 2021 Census.

5.2. **I**n the 2021 Census, 14,356 people (6.8% of the total population) living in Camden self-identified as belonging to the Bangladeshi ethnic group (London - 3.7%; England - 1.1%). The Bangladeshi population has increased since the previous Census in 2011, when 12,503 people (5.7% of the total population) living in Camden self-identified as belonging to the Bangladeshi ethnic group (London - 2.7%; England - 0.8%).

5.3. St Pancras & Somers Town (17.3%), Regent's Park (13.8%), Holborn & Covent Garden (13.5%), King's Cross (13.0%) and Haverstock (10.1%) wards have the largest populations of people identifying from the Bangladeshi ethnic group. (The percentages within brackets indicate the total Bangladeshi population as a percentage of the total ward population).

5.4. Camden's Bangladeshi population is younger than the total Camden population, with 45.4% of Bangladeshi residents being under 25 years old at the time of the 2021 Census, compared to 30.6% of the total Camden population who were under 25.

5.5. The Census 2021 asked for people's self-assessment of the general state of their health on a five-point scale: very good, good, fair, bad and very bad. At the time of the Census, 5.1% of the total population of Camden assessed their health as bad or very bad compared to 8.8% of the Bangladeshi population.

5.6. People who assessed their day-to-day activities as limited by long-term physical or mental health conditions or illnesses are considered disabled. This definition of a disabled person meets the harmonised standard for measuring disability and is in line with the Equality Act (2010). In the Census 2021, 15.2% of Camden's total population identified as being disabled compared to 18.0% of the Bangladeshi population.

5.7. Long term conditions: compared with the white group or national average, the Bangladeshi population, along with other South Asian groups, have a higher prevalence of cardiovascular conditions including heart disease, stroke and type 2 diabetes, are more likely to develop these conditions at a younger age, and are more likely to have multiple long-term conditions.

5.8. **Community observations of needs**

5.9. Initial conversations with VCS organisations supporting the Bangladeshi community flagged persistent inequalities in mental health, money/cost of living related issues (including issues with universal credit), housing, options for healthy lifestyle choices including healthy eating (linked to the cost of living), access to culturally appropriate physical activity, smoking, and gambling. Health literacy and communication issues were also identified, including language barriers and the digital divide, which can limit or prevent people from benefiting from services and initiatives.

5.10. VCS organisations spoke of the need for financial support in order to meet the needs of the Bangladeshi community, with demand outstripping capacity in many services. They reported that securing funding was competitive, particularly from outside the borough as Camden is often perceived as a wealthy borough with less disadvantage compared to other areas.

5.11. VCS organisations also said that some groups within the Bangladeshi community lack provision, for example yoga sessions at the Surma Centre are for over 50s and there is no provision for younger age groups who would benefit. The need for men only exercise in the Bangladeshi community was also mentioned.

6. Examples of key initiatives currently in place or planned that are directly relevant to supporting the Bangladeshi Community to improve their health and wellbeing.

6.1. **Community Cohesion and moving forward on Building Equal Foundations.**

6.2. During the pandemic, there was a spotlight on the inequality and disproportionality experienced by many of our Black, Asian and other ethnic

residents, which when viewed in combination with other protected characteristics such as disability were further compounded. As a result, Camden Council launched the Building Equal Foundations report and action plan in August 2020 to tackle this deep-rooted issue. The action plan identified 143 calls to action from across all the Council's services, on what could be done differently to reduce inequalities. These included:

- A partnership with the Black Curriculum and anti-racism hub supports schools to make strategic, long-term changes to ensure that anti-racism is embedded into every area of their school, focusing on curriculum, conduct, outcomes, and culture.
- Council investment of almost £1m of support to VCS partners to provide crisis emergency support to residents most impacted by the pandemic, including contributions to Camden Giving's Covid-19 Charity Fund, a 3-month rent waiver for VCS partners and additional investment in Advice Services.
- The We Make Camden website which is aimed at co-building Camden's renewal after the pandemic, where community organisations and residents can access funding advice and support, contributing to our objective of achieving diversity in positions of power.

6.3. The Council is now drafting its Equalities and Disproportionality Strategy, incorporating ambitious measures for success around the Equalities agenda, including areas such as a focus on improving social mobility, the Council's refugee response and strengthening community cohesion.

6.4. In February 2023 Cabinet agreed a five year 'Strategy for Diversity in the Public Realm' which includes plans to make cultural opportunities, green space and nature fully accessible and inclusive to everyone. Communities are empowered to create the public realm and develop new initiatives and projects through the Camden Future High Streets Crowdfund and the We Make Camden Kit.

6.5. **Supporting residents through the Cost of Living crisis**

6.6. The Council's Cost of Living Community Response Fund supports local organisations to provide services such as access to food, warm spaces, clothing, and activities for children, young people and older residents. The current year's fund closed on 14th February 2024, with 145 applications received by the beginning of February. Examples of community responses by organisations working with the Bangladeshi community or in areas with a high proportion of Bangladeshi residents include:

- Kings Cross Brunswick Neighbourhood Association, which received funding to run an older persons' warm space and provide advice, free refreshments and a subsidised hot lunch at the Marchmont Centre and Chadswell Healthy Living Centre.
- Queens Crescent Community Association, which received funding to run a 'Get Up & Warm Up' exercise class, Monday to Friday, for older people and adults to help them stay fit and active followed by a tea/coffee club so

people can socialise and access vital information and advice organised by their older people services.

- Henna Asian Women's Group, which received funding to set up an 'Art Hub' and were able to provide people who attended with food and essential items such as a hot meal on the day, non-perishable food packs and hygiene products to take home.
- In Regent's Park ward, the Old Diorama Arts Centre (ODAC), Fitzrovia Youth in Action (FYA), Bengali Workers' Association (Surma Centre), The Euston Partnership, Camden's Detached Youth Team, and local residents as Community Champions Regent's Park came together to produce Regent's Park Together with the funding. A Community Kitchen provides up to 400 hot, freshly cooked meals to residents on a weekly basis to take away or eat together, with social space and creative entertainment, and specialist advice and signposting to support
- Somers Town Community Association received funding to set up a Breakfast Club targeted at Job Club clients, older people and single parents, to help reduce isolation and remove the need to choose between eating or heating their home.

6.7. **Addressing hate crime is a priority for the Community Safety Partnership Board, and is progressed through:**

6.8. A Tension Monitoring Group (TMG) has been established which includes representatives from various services within the organisation and the police. By meeting regularly, the TMG proactively identifies potential sources of tension arising from local, national, or international events. The horizon scanning approach ensures that the authorities are well-prepared for upcoming events that might impact community cohesion.

6.9. A dip sampling process involving collaboration between the Council, the Police, and voluntary community organisations demonstrates a commitment to thoroughly addressing reported hate crimes. By regularly reviewing cases, the authorities can assess the effectiveness of existing processes, outcomes, and victim satisfaction. This continuous evaluation allows for adjustments in policies and procedures to enhance their efficiency.

6.10. The Council's engagement with faith communities through the Faith Leaders Forum is an important aspect of community involvement. This forum provides a platform for open communication, allowing communities to voice concerns and enabling authorities to address issues promptly. Keeping faith leaders informed about developments ensures a more informed and connected community.

7. Supportive healthcare that addresses inequalities in health

7.1. In April 2023, North Central London Integrated Care System (NCL ICS) published its Population Health and Integrated Care Strategy. This document sets out how the integrated care system will approach improving the physical and mental health of local people and reducing health inequalities. It describes an overarching approach to improving the health of all population groups, including by matching focus, attention and resources proportionately

to need, and to deliver national ambitions (including those set out in NHS England's Core20PLUS5).

7.2. In Camden, the ICS collective health and care transformation ambitions recognise the different needs and experiences of Camden communities. The ICS facilitates a monthly Camden health inequalities group that is led by a Camden clinician, has broad and inclusive input from a wide range of community partners, and takes a data-led approach to identifying and targeting areas of need in the delivery of improved care. This group evolved from a more narrowly-focused Covid-19 vaccination partnership that directed action to promote and improve vaccine uptake in under-represented groups, including the Bangladeshi community.

7.3. The Integrated Care Board (ICB) has worked on a number of initiatives to address identified inequalities within the Bangladeshi community linked to primary care. This includes promotion of motivational interviewing to increase uptake of cervical and other cancer screening, and using new routes, tools and materials to engage with the community to promote the uptake of vaccines (including Measles, Mumps and Rubella (MMR) and the wider childhood vaccinations schedule as well as Covid19). This builds on coordinated community action research focused on the experiences of Black, Asian and other communities (including Bangladeshi) in St Pancras and Somers Town, with a focus on perceptions of access to general practice.

7.4. The Camden borough partnership (comprising local health and care organisations) continues to oversee a programme of local initiatives targeting inequalities, supported through the NCL inequalities fund, established in 2021. Several of these schemes are directly focussed on better supporting the Bangladeshi community, including:

- Outreach from the St Pancras and Somers Town Living Centre. This community asset is based in the heart of the two most deprived wards in Camden. The central Camden primary care network is hosting a physical activity programme, nutritional therapy programme and severe mental illness clinics from The Living Centre to promote access that is convenient to the local Bangladeshi community. Working with partners, the team also offers a broader programme of health and wellbeing services including cooking classes, yoga, signposting and advice, a job hub and Healthwatch Camden.
- Bridges to memory services: Camden and Islington Mental Health Foundation Trust is working with Hopscotch to place workers in community resources as a bridge for local people to access the Camden Memory Service for diagnosis, without the need for a GP referral, as well as by providing training and upskilling around recognising and responding to the early signs of dementia. This is intended to promote access by South Asian women to appropriate statutory support, as well as reducing stigma about engaging this help.
- Complete care communities in Kentish Town: general practice is working with third sector partners to engage and educate champions to share knowledge across, as well as to engage and support change around

mental wellbeing and support, in the Bangladesh and Somali community in East Camden. In 2024/25, this programme is working to re-engage with key Bangladeshi voluntary and community sector organisations to widen and deepen impact.

7.5. Alongside borough partnership and ICB activities, NHS providers in Camden continue to drive quality and innovate in local services. This includes bespoke work across general practice, adult community service, mental health and secondary care services to ensure information is accessible and available in a range of languages and formats, and that service user groups (including general practice patient participation groups) are broad, inclusive, and representative of the communities they support.

7.6. The Care Navigators and Social Prescribing service has Bengali speaking staff, including VAC's Community Links team, on the freephone line and the single access point for the service. This enables self-referrals from the Bangladeshi community as an accessible way into health support. The original health advocates service did highlight the value of staff and volunteers with community languages in encouraging take up of healthy activities, which is still embedded in the service. The current service has been operating since 2018.

7.7. A Cultural Advocacy service continues to be run by Mind and Voluntary Action Camden, and partners with organisations including the Bengali Workers' Association, Henna Asian Women's Group, and the King's Cross Brunswick Neighbourhood Association. This delivers culturally specific training in mental health to create mental health champions and workers to promote and deliver weekly peer support groups, individual support, workshops and wellbeing events to support people's individual mental wellbeing journeys, find mentors and receive practical help and support. Groups focus on connectedness, aiming to reduce isolation and build skills, resources and resilience across individuals, families and communities.

8. Preventative initiatives and opportunities to better meet the needs of the Bangladeshi Community in Camden

8.1. Support for a healthy weight

8.2. The population health impact of overweight and obesity is profound and anticipated to worsen, with major impact on residents, communities and services. A Healthy Weight Acceleration Plan is being developed which will build on the range of support already available in Camden, including progress in early years settings and in schools. Key workstreams will include action in: early years; schools; support for people with learning disabilities; setting up NHS specialist weight management support; and addressing an environment that makes maintaining a healthy weight more challenging. These workstreams will underpin a whole systems approach across communities.

8.3. One part of this approach is to improve access to effective interventions. The Council's MoreLife adult weight management service includes a key

performance indicator on engaging Black, Asian and other ethnic groups. To date, almost half of referrals (48%) into the service since January 2023 are for people from Black, Asian and other ethnic groups, and 40% of those that have completed the service are from these groups (monitoring is not tailored specifically to the Bangladeshi community). MoreLife provides sessions in community locations, currently at Abbey Community Centre, Kentish Town Community Centre, and Castlehaven Community Association. The service can provide sessions in other community venues, especially where they are supported to ensure full recruitment.

8.4. **Promoting Physical Activity.**

8.5. Adults from South Asian communities are more likely to be inactive, or not meet the nationally recommended guidelines.

8.6. The evidence around the benefits of physical activity for health and wellbeing is clear and compelling. Supporting these communities with tailored initiatives to promote physical activity, as well as ensuring easy access and use of Camden's range of physical activity assets is important. In 2023 the Sport and Physical Activity team updated the physical activity needs assessment, with a focus on less active Asian/British Asian residents in Camden. Initial findings include:

- 43% of British Muslim Women said that current sports facilities are not appropriate for them, and that there is a lack of female only physical activity sessions/classes with a female instructor.
- One in three British Muslim women said that past experiences have negatively impacted their participation in sports and physical activity.
- People need the freedom to wear culturally appropriate clothing to participate in sessions.
- Two thirds (65%) of surveyed British Muslim women were unaware of any women's only events or sports associations who run appropriate activities. However, 80% of these respondents said they would be likely to attend women's only sports sessions if they were available to them.

8.7. The assessment will now move towards deeper engagement with the community to test findings and identify new sessions/initiatives with them to meet their needs.

8.8. Camden's six leisure centres offer a range of universal and targeted opportunities for residents to be physically active. Almost half of total membership (45%) accesses the leisure centres at more affordable concessionary rates, available for example for those on certain benefits, for people with disabilities, for carers, and for people aged over 60. A deep dive into Camden's leisure centre membership in July 2022 found that 78% of Bangladeshi members were on concessionary rates.

8.9. In addition to the main leisure centre programme, current targeted offers that support this community include a free swimming offer for residents over 60

years and 12 women only gym, swim, sauna and steam sessions at varying times during the week and at weekends. The women only sessions are led by female lifeguards and female gym instructors. Three of the swimming pools can be made completely private to create welcoming and safe environments for participation by our Bangladeshi community. Camden's 'kids swim for £1' before 10am at weekends initiative supports increased participation by young people. A programme is also being developed to reach out into the community to those who may be unsure about visiting leisure centres.

8.10. A new "Active for Life" campaign will be launching in March 2024 to support less active older Camden residents aged over 60 to take advantage of the range of physical activity opportunities, including use of parks and green spaces. The campaign will be drawing on evidence from behavioural science to support residents over 12 weeks to convert an aim to be more active into an active habit. Following call outs for interest, VCS organisations are being funded to work with the Council to help the campaign reach deeper into communities and support those less likely to enrol. These organisations include:

- Hopscotch Women's Centre which engages with women from the Bangladeshi community. They will be providing physical activity sessions targeted at 'global majority older women', and will be running outreach sessions in mosques, markets, GP surgeries, community centres to target these groups.
- Holborn Community Association will be working with King's Cross Brunswick Neighbourhood Association (KCBNA) to run outreach sessions with Bangladeshi, Somali, and Chinese communities. They will also be providing physical activity sessions specifically targeting these residents.

8.11. **Stop smoking support**

8.12. The number of Bangladeshi residents who have benefitted from the service since 2017 is set out in Table 1, after section 3.1.5. 400 residents accessed the service, with two thirds of those (66.5%) successfully quitting, representing a major impact on the health and wellbeing of those individuals.

8.13. The new Breathe smoking cessation provider began mobilising in 2023. The contract with Breathe includes social value requirements for sessions to be delivered in community venues. The provider is currently in discussion with the Health & Wellbeing Department and VCS organisations on a partnership approach to delivering smoking cessation in the community, with the aim of reaching deeper into our communities and reaching those less likely to access the stop smoking service. This presents the opportunity to train community volunteers, provide culturally sensitive services close to where communities live, and further drive up the numbers of residents benefitting from the service.

8.14. **Mental health and wellbeing**

8.15. iCope has focused on skilling up staff to be more culturally aware, with diversity training for the whole team, training on working with interpreters,

developing Equality, Diversity and Inclusion (EDI) reflective spaces for the team and training up the facilitators of these spaces. In Camden part of this outreach work focuses on Bangladeshi and Somali groups and the service is currently in the planning stages of delivering a Bangladeshi women's group.

8.16. iCope continues with its partnership with Nafsiyat Intercultural Therapy Centre and refers people for culturally specific counselling in their first language – about one hundred people per year.

8.17. The Bangladeshi population made up 6.0% of referrals to iCope between April 2023 and January 2024, which is similar to Camden's Bangladeshi population aged 18 and over (5.7%).

8.18. iCope has also focused on increasing the diversity of our workforce and ensuring that staff from all backgrounds get access to training and professional development opportunities. This work is led by our anti-racism action group which has representatives from all parts of the service

8.19. The Making Every Contact Count (MECC) provider has been recruiting MECC Champions where possible, although over the pandemic it became difficult to recruit. Recently the Council has been having conversations with the provider around how we could best get the process going properly again, with greater focus on engaging Black, Asian and other communities when the contract is renewed.

8.20. As a recommendation from the Covid-19 Mental Health Needs Assessment 2020, a new innovative way of reaching out to local communities was identified in the form of Wellbeing Voice Messages for WhatsApp groups. Camden Public Health created these targeted interventions for 4 community groups- Arabic, Bengali, Somali and Turkish; working with voluntary and community partners to develop the messages to raise awareness on the five ways to wellbeing and support residents' mental wellbeing.

8.21. Camden's wellbeing leaflet is translated into Bengali as well as Somali, Arabic and Turkish. The leaflet has information and advice and includes a range of practical things that can be done to look after yourself and to help others. It also includes information on how to access local support services.

8.22. The Health and Wellbeing Department will be working on a mental health needs assessment over the next few months, and part of this work will include looking at inequalities in mental health including by ethnicity.

8.23. **Physical health**

8.24. The Camden Mobile Health Bus (CMHB) targets areas of health deprivation, and a substantial part is to engage local communities within these areas, including Bangladeshi communities. The main community partners for this are the Surma Centre and Henna as they are specifically working with Bangladeshi people. However, many places the CMHB visits have large Bangladeshi populations, although they are not specifically targeted (all

backgrounds are welcomed by the service). Locations where larger Bangladeshi populations live include Somers Town, Camden Town, Kilburn and King's Cross Area. Next to the health and vaccine buses, work with the digital inclusion team was piloted, visiting the Surma Centre and Euston Foodbank with mainly Bangladeshi clients. The Health Bus has plans to extend the health services offered to the Bangladeshi community, including health day sessions specifically addressing some health issues like:

- General cancer information and screening info (North Central London Cancer Alliance);
- Breast cancer - screening info and training (Royal Free);
- Bowel cancer - screening info and training (Royal Free);
- Pulmonary rehabilitation (Whittington);
- Diabetes and Endocrinology research (UCLH);
- Sexual health - screening and info (Central London Action on Sexual Health).

8.25. It should be noted that this depends on the NHS clinical services' availability as well as funding for outreach.

8.26. An evaluation of the service in 2023 found that 30% of Health Bus users were Asian or Asian British (population 18%) and 22% Black or Black British (population 9%).

8.27. **Adult community learning, training, and routes into employment**

8.28. Adult Community Learning (ACL) teams have been developing courses and engaging specifically with the Bangladeshi community in Camden to advertise and enrol students. In the 2022/23 academic year Bangladeshi learners made up 11.7% of adult community learners which is higher than the borough Bangladeshi community population aged 24 and over (5.4%)

8.29. Recently ACL has worked on a project with the Bangladeshi community in partnership with libraries. Over the past 12 months a group of Bangladeshi women have volunteered on the co-curation of a new temporary display exploring new ways of working and presenting collections and stories that will launch in the British Library's Treasures Gallery. The display will showcase British-Bangladeshi women's stories of identity, migration and diaspora. The display opened to the public on 15 December 2023 and will run until 9 June 2024. A Community Launch event will be held at the end of spring/early summer term of 2024.

8.30. **Community and voluntary sector support**

8.31. Three years on from Building Equal Foundations, all the ambitious actions identified have been delivered by services across the Council, and the team that was set up has become formally recognised as the Equalities Service. The remit of this service has since expanded due to the success and need in the organisation for viewing the Equalities agenda with a more sustainable and long-term approach in order to effectively measure its impact and

delivery.

8.32. In 2023 the Council agreed a new seven-year investment programme for the Community Partner Fund of £4m per year, from April 2024 to March 2031. The aim of the programme is to provide long term stability to Camden's voluntary and community sector. This reinforces Camden's commitment to investing in a strong and resilient Voluntary and Community Sector which has been instrumental in supporting our communities during the Covid pandemic and providing individual support to those impacted by the current cost of living crisis. Decisions on the award of funds to organisations are yet to be finalised, but it is noted that one of the core principles of the fund is to tackle inequalities and disproportionality.

8.33. The Council's Community Partnership team continues to play an important role in advising and building capacity in voluntary and community sector organisations.

8.34. Camden has a vibrant voluntary and community sector working directly with the Bangladeshi community or working in areas of Camden with large Bangladeshi populations. Examples include:

- KCBNA (King's Cross Brunswick Neighbourhood Association) has two weekly exercise sessions, one for people aged 18 plus and one for 50 plus with a Bangladeshi tutor, English for Speakers of Other Languages (ESOL) classes at beginners and level 1 for Bangladeshi community members, and supports local Bangladeshi community members to engage with local GPs and health related activities like Diabetes, CHD, and other health awareness sessions. KCBNA also has a Sylheti speaking community worker who provides housing, benefits and other information, advice and guidance to people suffering from the Cost of Living crisis.
- The Bengali Workers Association provides services including advice & Advocacy, Employment & Training, Healthy Lifestyles, Older People's Service, Women's Development, and a Younger People's Service, and referrals to other services.
- Hopscotch Asian Women's Centre provides support services for Asian women and other women and their families from different ethnic groups on a wide range of issues including domestic violence, training, employment, housing, and welfare benefits. Advisors speak Bengali, Sylheti, Hindi, Urdu, Arabic and French.
- The Somers Town Bengali Cultural Association provides activities including a mother-tongue supplementary school for children aged 5-16 and cultural activities and information provision for children and adults.
- Community centres such as the Somers Town Community Association and Queen's Crescent Community Association are in areas with large Bangladeshi populations and their services are accessible to the whole community.

8.35. With its remit, Healthwatch Camden promotes and supports the involvement of local people in the commissioning, the provision and scrutiny of local care services, enables residents to monitor the standard of provision of gives

residents a voice on how local care services could and ought to be improved.

8.36. In order to be trusted by Camden's communities, Healthwatch Camden has built strong and regular links with organisations thar are often attended by residents with protected characteristics including Camden Disability Action, Henna Asian Women's Group, Umoja Health forum, Hopscotch, Bengali Workers Association, Camden Chinese Community Centre, Age UK Islington, Kings Cross Brunswick, Camden YMCA, and Queens Crescent Community Centre to name a few.

9. Conclusions

9.1. This report includes a thorough review of learning from Camden's Bangladesh Community panel which ran to 2017. The report to Committee in 2017 found that commissioners, providers and those involved in the organisation of services were aware of the Bangladeshi population in Camden, had a high-level understanding of the inequality of outcomes that they are more likely to experience, and were committed to seeking where possible to tailoring services to address these issues. These findings equally apply today.

9.2. Recent data and intelligence from community leaders identifies that although the panel made significant progress, health needs and health inequalities clearly remain for the Bangladeshi Community, including money/Cost of Living, options for healthy lifestyle choices (nutrition, physical activity, smoking and gambling), and physical and mental health. Health literacy and communication present additional barriers in awareness of and accessing services.

9.3. There are a range of services and initiatives in place that support this community, but more progress can be made.

9.4. This report identifies further opportunities to address health and wellbeing related inequalities experienced by this community, including:

- A greater understanding of the needs among the Bangladeshi community from the Physical Activity Needs Assessment will provide deeper engagement with the community and the ability to test findings and identify new sessions/initiatives to meet those needs, working alongside voluntary and community sector partners. The Active for Life campaign for less active people aged over 60 will launch in March 2024 as a great opportunity for people to start an active habit.
- The new Breathe stop smoking contract has robust social value requirements that can enable engagement with and outcomes in the Bangladeshi community can be maximised.
- Funding, including the Community Partners Fund and Cost of Living Funs presents opportunities for building on current work with the Bangladeshi-facing VCS
- Ongoing partnership with Healthwatch and North Central London Integrated Care Organisation to improve access to physical and mental

health primary care services whilst continuing to engage with the Bangladeshi population.

9.5. This report recommends a focus on joining up support and resources across organisations in Camden to meet the ongoing needs of these communities. Further consideration of the data and intel that could help further address the health and wellbeing inequalities experienced across and within different Black, Asian and other ethnic communities would also be helpful.

10. Finance Comments of the Executive Director Corporate Services

10.1. The Executive Director of Corporate Services has been consulted on the contents of the report and has no comments to add to the report.

11. Legal Comments of the Borough Solicitor

11.1. The Borough Solicitor has been consulted and has no comments to add to the report.

12. Environmental Implications

12.1. No environmental implications have been identified.

REPORT ENDS

LONDON BOROUGH OF CAMDEN	**WARDS:** All
REPORT TITLE Supporting People with a Learning Disability in Camden	
REPORT OF Executive Director, Adults and Health	
FOR SUBMISSION TO Health and Adult Social Care Scrutiny Committee	**DATE** 27 February 2024

SUMMARY OF REPORT
This report sets out how Adult Social Care works with adults with a learning disability and their families and carers to support them to live as independently as possible in the community through Supported Living.

Camden is committed to supporting people who have care and support needs to stay in or near to Camden where at all possible. People who have a learning disability and their families have told officers that this is especially important to them as it helps people stay connected to family, friends and their local community. Supported living is often the best way to achieve this and it means an adult with a learning disability can live locally in a supported environment whilst having their own tenancy and their own 'front door'.

Local Government Act 1972 – Access to Information

No documents that require listing have been used in the preparation of this report.

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RECOMMENDATIONS

That the Health and Adult Social Care Scrutiny Committee note the report.

Signed: 

Jess McGregor, Executive Director Adults and Health

Date: 14th February 2024

1. Purpose of the Report

1.1. The purpose of this report is to brief Members as requested as to how Adult Social Care arranges supported living placements for people with learning disabilities and how the service works in partnership across social care, health, commissioning and providers to match the right people to the right supported living opportunity.

2. Demographics: People with a Learning Disability in Camden

2.1. Just over 1100 Camden residents are registered with their GP as having a learning disability, of these:

- over 770 people with a learning disability who are over 18 are known to Camden Learning Disability Service (CLDS) and Children and Young People Disability Service (CYPDS)
    - Over 240 of these also have a diagnosis of autism. This is likely to be under reported due to difficulties in getting a diagnosis,
- about 440 people have a funded package of support from Camden,
- around 500 people live with their family carers in Camden,
- around 110 live in supported living in Camden,
- about 130 people are placed out of borough, with the majority of these living in neighbouring boroughs,
- Over 87% of the people with a learning disability supported by the service live in 'settled accommodation', a key performance indicator for Adult Social Care (ASC), which is higher than most other comparable authorities.

3. Services in Camden

3.1. Camden Learning Disability Service[1] is an integrated health and care service that supports people with learning disabilities from Camden that is hosted by the Council, and part funded by North Central London Integrated Care Board (NCL ICB).

3.2. The Council directly provides support services through:

[1] https://www.camden.gov.uk/camden-learning-disabilities-service-clds-

- the Learning Disability Day Service at the Greenwood Centre,
- Shared Lives and
- Breakaway short breaks care home.

3.3. The Council also commission and 'spot purchase' a range of support services in Camden, including:

- supported living
- community support
- employment support
- a specialist further education college.

4. Legal and Policy Background

'The Least Restrictive Option'

4.1. The Council has a duty to meet a person's need for support under the Care Act 2014 in the least restrictive setting in which it is possible to meet their needs. In meeting those needs the Council also needs to take into account the parallel Human Rights Act, Equality Act and Mental Capacity Act duties to that person. CLDS holds this duty for both the Council and the ICB as below.

Integrated or Multi-disciplinary working

4.2. For a person with a learning disability who has complex needs, the assessment process is also likely to involve an assessment of their health needs from an NHS clinician, for example a psychologist, an Occupational Therapist (OT) or a Speech and Language Therapist. As CLDS is an integrated service, the coordination of health care and social care support works well in Camden and ensures the service delivers good outcomes for most people.

Care Closer to Camden

4.3. From the Winterbourne View scandal, through to the deaths at Cawston Park, the abuse at Wharton Hall and the abuse and neglect at Hesley Village, the risks of placing people with learning disabilities away from their homes and their families are significant, as they are usually unable to ask for help when something goes wrong.

4.4. As per Care Act guidance and recognised best practice, Camden is committed to supporting Camden residents with social care needs to stay living in Camden wherever possible, so people can continue to supported by their families and their informal support networks. Keeping people close to Camden is really important to family carers.

4.5. To support this ambition, Camden works hard to ensure ASC has commissioned enough care and support options within Camden, for all predicted demand. This is a duty placed on the Council under s5 of the Care Act 2014.

4.6. Since 2015, when Camden commissioned the Alexandra Centre of Further Education, the number of young people being placed in residential colleges outside London has reduced significantly, as people with complex needs no longer need to leave Camden to access appropriate Further Education.

4.7. One young man to benefit from studying at the Alexandra Centre has gone on to win an Art Prize and has even cooked his super-proud mother a meal for the first time.

4.8. His mother, was deeply moved by the news of the prize and expressed her emotions, stating,

"I couldn't believe that (he) could achieve this recognition. I want to express my heartfelt gratitude for this incredible news. It is a testament to (their) unwavering dedication and belief in (him), without which this achievement would not have been possible."

4.9. By being supported to stay in Camden, we were able to offer the resident bespoke, intensive support that prevented him from having to be admitted to hospital.

Planning our support arrangements

4.10. Camden Council hosts Planning Together, Camden's learning disability partnership board, which works with statutory bodies, including the Council and the ICB to ensure appropriate arrangements are in place to support people with learning disabilities to live full and active lives in local communities.

4.11. Planning Together brings together people with learning disabilities, their families, Council and NHS staff and providers from Camden's vibrant voluntary and community sectors to ensure that the voices and views of people with learning disabilities are central to all of our work. This is articulated through 'The Big Plan' which is in the process of being reviewed for 2025 to 2030.

Developing services

4.12. Based on demographics and an analysis of need, and in line with the priorities in the Big Plan, the Council takes a co-productive approach to commission local services to improve the wellbeing and outcomes of Camden's community with learning disabilities.

4.13. For example, in 2020, residents with learning disabilities and the Council co-produced the design and procurement of four new learning disability supported living locality services. Officers developed a specification based on key service requirements identified through engagement with more than 130 key stakeholders, over half of whom were residents and carers. Residents with learning disabilities and carers then selected providers using a 'competitive dialogue' approach to further refine the specification during the procurement process. Contract monitoring is now undertaken by the Council in partnership with Camden residents with learning disabilities, who visit a number of supported living schemes each quarter to gather peer-to-peer resident feedback.

Placement finding process

4.14. Once the Social Work and clinical assessments have been completed, the Social Worker (and clinician in some circumstances) present the request to source an accommodation-based placement to the monthly Learning Disability Accommodation Planning Group.

4.15. The Accommodation Planning Group is co-chaired by CLDS's Social Work Service Manager and CLDS's Lead Occupational Therapist (an NHS post) and is attended by Learning Disability Commissioners and local supported living providers.

4.16. Through this integrated partnership working model, across social care, health, commissioning and providers, the aim is to:

- Match the right people to the right supported living, extra care or shared lives opportunity.
- Consider whether the person should be referred for a housing nomination with a package of community support.
- Ensure the proposed provision can meet the needs of the person.

- Consider what additional support might be needed to best manage those needs, for example, clinical support from CLDS to the provider.
- Ensure commissioners are able to monitor present and future demand to enable services to best meet that demand.

4.17. The group may also recommend that the person's needs can be met though a community-based package of support in their own or family's home, ensuring that a Carers Assessment is completed too.

4.18. Where a person is in need of urgent accommodation, and no local provision is available, the group will recommend that a spot purchased placement be sought, with support from the Council's Resource Coordination Team.

Holistic support to our providers

4.19. Through the Social Work and clinical teams in CLDS (or CYPD Social Work if the person is under 25) we then work with the person, their family and the Supported Living Provider to ensure a successful move into the new provision. This will include agreeing a comprehensive support plan, funded by Camden or the ICB or both, that will meet their needs.

4.20. CLDS offer continued support to Supported Living Providers in the form of:
- Each supported living house should have a Named Social Worker, who acts as the first point of contact with the provider, the people living in the house and their families.
- CLDS clinical team offer a range of off-the-shelf and bespoke training to providers to ensure they are well placed to manage the health needs of the people they support.
- Where placements are at risk of breakdown, or a person is at risk of admission to hospital, CLDS will use it weekly Virtual Team Meeting (VTM)[2] to put plans in place to manage and mitigate these risks.

4.21. In exceptional circumstances, and where risks cannot be mitigated or resolved in the long term, VTM can:
- recommend that a new placement be sought.
- consider what short term mitigation is required.

4.22. Behaviours of distress, such as disturbance to neighbours or other tenants, cannot be managed under the Mental Health Act, and should not be managed through medication except as a last resort as a short term option, to prevent immediate harm to the person or to other people.

[2] The Virtual Team Meeting is chaired by the lead nurse in CLDS and brings together senior clinical and social work managers to manage and mitigate risks so as to avoid placement breakdown and avoid unnecessary admissions to either physical or mental health hospital. It can agree the rapid deployment of additional support to achieve these aims.

Ending a tenancy as a last resort

4.23. Neither VTM nor Social Work managers have the legal powers to compel someone to move. Such powers sit with the Courts only:

- Where a person is in breach of their tenancy, the landlord (not CLDS) can seek repossession of the tenancy through the court.
- Where a person does not have capacity to decide where they live (under the Mental Capacity Act), the Court of Protection can be asked to rule that it would be in the person's best interests to move to a different placement.

4.24. Both of these are last resort options, take several months and do not mitigate any current risks. In either case all parties will need to be able to demonstrate to the Court that they have taken all reasonable steps to resolve their concerns before seeking to enforce a move.

5. Finance Comments of the Executive Director Corporate Services

5.1. The Director of Finance has noted this report and has no further comment to add.

6. Legal Comments of the Borough Solicitor

6.1. The Care Act places a duty on the local authority to promote the market for adult care and support in their area. This includes a duty to ensure that the market has a wide range and the local authority should develop and shape it, to ensure it meets the needs of all its residents who need care and support. This report demonstrates that the local authority is adhering to its responsibilities.

7. Environmental Implications

7.1. No environmental implications have been identified.

REPORT ENDS

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LONDON BOROUGH OF CAMDEN	**WARDS:** All
REPORT TITLE Care and Support at Home Transformation Programme	
REPORT OF Executive Director, Adults and Health	
FOR SUBMISSION TO Health and Adult Social Care Scrutiny Committee	**DATE** 27th February 2024

SUMMARY OF REPORT

Camden's Adult Social Care (ASC) department is ambitious to develop and transform the way we engage with our residents to support them to remain independent in the place they call home. Central to our future vision for Camden is a programme of transformation that focusses on the objectives of the '*Supporting People, Connecting Communities'* strategy and reinforces our ambition for residents to live and age well in Camden. We know that when residents stay connected with their loved ones, local neighbourhoods and communities that they thrive. This involves recognising that people are the experts in their own lives, that they have strengths, resources and networks of their own, and with some support and connection can retain independence, live a good life and delay the need to draw on more intensive care and support.

Our aim is to transform our care and support at home offer for residents alongside a range of interconnected projects, such as our emerging Accommodation Plan, and include the further development of a neighbourhood approach with key partners across the Council, health, care and the voluntary and community sector (VCS).

Local Government Act 1972 – Access to Information

No documents that require listing have been used in the preparation of this report.

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RECOMMENDATIONS

That the Committee note and comment on the report.

Signed: 

Jess McGregor, Executive Director Adults and Health

Date: 14th February 2024

1. Purpose of Report

1.1. This report provides information and updates about an ambitious change project that aims to transform care and support at home[1] in Camden. This project includes research, testing new ways for residents to draw on care and support in the future and enhances opportunities for residents to connect with their communities and neighbourhoods. It incorporates a programme of work to scope out opportunities for change and improvement that will be developed and implemented incrementally over the next five years.

1.2. Adult Social Care (ASC) is designing the vision for care and support at home to reflect the life that residents would like to live:

"…We all want to live in a place we call home, with the people and things we love, in communities where we look out for one another, doing what matters to us…" **Social Care Futures[2]**

1.3. To support this project and to embed both co-production and imagination into our future vision, officers are engaging with a design-led research organisation, Fora. Alongside Fora, residents, carers, providers and partners in health, social care as well as the VCS, Camden is creating a bespoke approach to care and support at home.

1.4. There are a number of associated developments within ASC and the wider council that complement this project. These include the development of integrated health and care teams in the emerging neighbourhoods; our ambitions for Adult Early Help; our work on friendships and community connectedness; a review of our day services offer; and, our Supporting People Connecting Communities Accommodation Plan.

1.5. Any future vision for care and support at home in Camden will align with the Council's statutory responsibilities outlined within the Care Act 2014 (Care Act). These requirements include keeping people safe, providing information and advice on care and support, promoting wellbeing and independence within an integrated health and care system, and support for unpaid carers.

1.6. The Care Act is also clear about the role of the Council in sustaining and diversifying the local care market. Through this project, we are considering how to develop and build a sustainable care and support workforce that is skilled, flexible and responsive to our residents, whilst simultaneously offering good employment opportunities for local people.

1.7. Across the country a number of councils are recognising that current domiciliary care arrangements do not always meet ambitions to offer

[1] Care and support at home includes services such as long-term ongoing care (homecare), reablement support, floating support, day services, Direct Payments and our offer to unpaid carers.

[2] Social Care Future - In Control (in-control.org.uk)

personalised, strength-based support to residents. Future demographic changes indicate that demand for these services will grow, and many councils are reviewing their approach to care at home. Along with Camden, many councils take a 'home first' approach which focusses on supporting residents to remain in the place they call home for as long as possible. Consequently, new models for care at home that embed a personalised, strength-based approach are starting to materialise. These include a home based wellbeing model with a focus on community connections and preventing loneliness, integrated health and care services to maximise independence, changes to care worker recruitment and employment options to ensure a sustainable care market and use of digital technology to support independent living.

1.8. The care and support at home project is in an early stage, within the first year of the getting underway, and the committee is asked to consider its ambitions and progress to date.

2. Transform Care and Support at Home in Camden?

2.1. It is an opportune time to review and transform the care and support at home offer for a number of significant reasons covered in this section.

Social Care Contracts

2.2. Approximately 3,500 residents draw on support from homecare each year, enabling them to live safely and maintain independence within their own home. In addition, around 1,250 residents draw on short-term reablement[3] services in Camden per annum. The social care contracts for both homecare and reablement account for a substantial proportion of ASC expenditure, totaling nearly £16 million every year. The current homecare and reablement service contracts are coming towards the end of their agreements in 2025, and there is a crucial opportunity to explore what care and support could look like beyond 2025, with a focus on personalised support and improved outcomes across Camden's resident population.

2.3. Officers know from conversations with residents that the current care and support they draw on in their homes does not always offer the flexibility they wish, and that the quality of support and communication from providers and carers can be inconsistent. Although there has been some progress across these services through continuous improvement, service development and a strengths-based approach that focusses on what matters to residents, gaps remain in realising a truly coordinated and person-centred offer.

Neighourhood development and Integrated Care Teams

2.4. The Camden Health and Wellbeing Strategy 2022-30 commits to deepening the integration between health and care, particularly at a neighbourhood level.

[3] Reablement is a preventative service that enables residents to regain or retain their independence, often following a period in hospital.

Integrated Neighbourhood Teams (or 'INTs') are a new initiative aimed at co-locating staff and practitioners who deliver health and care support in Camden. INTs will operate at a 'neighbourhood level' and deliver integrated and coordinated care for residents with a range of support needs. The INTs will bring together primary, secondary and social care, as well as some community services. As this work develops, it is anticipated that homecare and reablement services will work in tandem with the INTs to ensure that the support people draw on is holistic and accessible. From a resident perspective, services will work together with the resident at the centre, making decisions about their own life so they can maintain their independence. This joined-up working will offer closer connections to residents' local communities so they are able to participate in the things that they enjoy, stay close to their loved ones, build their own networks and prevent feelings of isolation.

Sustaining and Uplifting the Social Care Workforce

2.5. The care workforce has been exposed to many challenges over the last few years. There was notable impact on the mental health and wellbeing of staff during and after the pandemic, with many care workers and managers exiting the care sector. This workforce situation has created ongoing challenges in the recruitment and retention of staff, which includes high turnover and vacancy rates that exist locally, regionally and nationally. Care workers in general are asked to offer more complex support in the community, which requires enhanced skills, a good understanding of prevention as well as local knowledge that helps connect people to their communities. Conversely, ASC recognises that care workers tend to be the lowest paid in the sector, with gender, age and ethnicity disproportionately represented by this workforce in comparison to the wider population.

Interconnected projects

2.6. There are a number of projects in development across Camden ASC and within other departments that have close links with the care and support at home project and will have an impact on any future innovation, design, commissioning and delivery:

- Supporting People, Connecting Communities Accommodation Plan
- A preventative model of Adult Early Help to prevent, reduce, or delay the need for statutory social care support
- Carers workplan being coproduced with carers and holding a key position in the way it aligns with care and support at home
- Review of day services
- Embedding a strengths-based approach in social care
- The implementation of Integrated Neighbourhood Teams which includes a commitment from ASC, community health partners and primary care to work closely together on a neighbourhood footprint and be connected to the wider community.

3. Care and Support at Home Project Workstreams

3.1. Over the last nine months, ASC has initiated a range of workstreams to move the vision and ambitions of the care and support at home project from ideas to reality. The workstreams are at a differing stages of progress, but are being managed and coordinated together to ensure a consistent approach, robust project management and clear accountability with achievable milestones. These include:

Co-production and Design

3.2. The design-led research organisation, Fora, are working alongside Camden, its providers and partners to establish communities and networks of stakeholders who will be engaging in a range of design initiatives. The aim is for the groups to collaborate with each other and with the Council on an ongoing basis. Fora will be working with the Council until Autumn 2024 and will support the development of 'test and learn' care and support pilots. They will also actively build knowledge and skills within the workforce to ensure that any change projects can be taken forward successfully from 2025 onwards. The outputs and outcomes from their work can be shared with the committee once it has been completed later this year.

In-house community based model

3.3. Officers are developing an innovative extension of a current in-house service to offer a small group of residents personalised, wraparound support that is tailored to offer the best outcomes for each individual. The project will focus on residents where it is known there is a particular gap or challenge with support, for example autistic and neurodiverse residents, with the aim to promote independence and connections within local communities. This is a 'test and learn' project that will help the service to understand the difference that offering a strengths-based and highly personalised service has for residents where care and support may have broken down in the past.

3.4. The service will adapt and expand incrementally, with set review periods throughout the workstream to reflect learning and incorporate changes over time. It is anticipated that this project will involve ten to fifteen residents and be in place from mid Spring 2024 for up to two years. Fora will support the service to design and implement bespoke resident impact measures to capture evidence that will simultaneously hold a person's story central to the care and support, whilst demonstrating impact and issues that arise over time.

Recovery, Reablement and Rehabilitation

3.5. Reablement is a short-term service which enable residents to regain or retain their independence through a goal-focused approach. Residents often draw on these services following a crisis in their health, such as a stay in hospital. Reablement is often combined with community health rehabilitation services such as physiotherapy and occupational therapy which maximises resident potential to recover or retain independence. Usually residents draw on these services within their own home but there is also short term residential option

within a sheltered housing scheme for periods up to six weeks. Reablement services are currently offered by four externally commissioned agencies.

3.6. Officers are researching best practice in these services and co-producing new ways of working with reablement workers, their managers and practitioners in health and social care to enhance Camden's current approach to reablement. This work includes both short-term and long-term objectives which will be the focus during 2024-2026.

3.7. Short term objectives will focus on refining the current approach to reablement through:

- Testing new ways of working with reablement providers in setting personal objectives for each resident, reviewing progress, supporting residents to connect to their networks and community
- Developing a coproduced enhanced training offer for reablement workers based on gaps identified by workers, their managers and resident feedback
- Improving communication between residents, reablement teams and ASC
- Building an understanding with residents, patients and their carers about the purpose and value of reablement

3.8. The long term objective is to develop a future vision for an integrated approach for reablement and rehabilitation across health and social care which could potentially come into place during 2026. This will run in parallel with the short term objectives during 2024-2026 and will include:

- Researching recovery, reablement and rehabilitation across England to understand best practice
- Building opportunities to test and learn any best practice identified
- Understanding the impact of integrated health and care models on resident outcomes
- Exploring the use of technology to support independent living alongside reablement.

3.9. **Promoting Choice through Self-Directed Support**

3.10. Direct Payments, referred to mainly as DPs, are financial payments that can be drawn down by a resident in place of Care Act eligible care services. DPs enable the resident to make their own arrangements for care and support independent of the council alongside professional guidance from an independent DP support service, People Plus.

3.11. Currently around 600 residents draw on DPs and arrange and manage their own care and support, this may include, for example, employing their own personal assistants[4] or arranging activities in the community. Most residents

[4] Personal assistants are people who a resident chooses to employ and provide the support they need in the way that suits them best this may include cooking, cleaning, help with personal care and other things such as getting out in the community.

employ or would prefer to employ personal assistants who offer tailored and personalised support. Residents report that there is a shortfall of personal assistants available in the employment market locally and this is preventing or delaying access to a DPs for some residents in Camden.

3.12. Camden is developing a number of initiatives through this specific workstream to expand access to DPs for residents. The intention is to coproduce these initiatives with residents. During 2024/25 the ambitions are to:

- Promote options for and benefits of DPs using varied communication channels
- Offer peer support networks for residents who draw on DPs with access to information and guidance on how to manage a DP and how to be a 'good employer'
- Offer peer support groups and access to training opportunities for personal assistants
- Build the personal assistant market in Camden alongside Good Work Camden and exploring alternative business models such as cooperatives and microenterprises
- Review and streamline the Council's internal DP process so that residents receive a speedy response to any request for DPs.

3.13. **Workforce development**

3.14. Alongside the workstreams outlined above, there is an exciting and important opportunity to work closely with care providers and their staff on workforce support and development. Camden is determined for employment in the care sector to be defined as a respected career for local people with potential for career progression across health, social care and beyond. The ambition of this workstream is to improve the experience of working in Camden's health and care sector whilst delivering better outcomes for local people through:

- Reviewing employment terms and conditions to fully understand pay and contractual arrangements, in line with the Council's current commitment to the Ethical Care Charter and London Living Wage
- Listening to care workers to understand what they consider to be the biggest issues (for example 'zero-hour' contracts, low pay, access to training, health and wellbeing, career progression)
- Working with providers and care workers to model sustainable approaches to recruitment and retention of staff, for example, using value-based recruitment that identifies core personal skills, testing differing employment contract arrangements, employing apprentices
- Reviewing access to care and support training that could enhance care worker skills and reduce the gaps that prevent personalised support
- Embedding and promoting the Memorandum of Understanding on Zero Tolerance so that care workers who are exposed to abuse feel able to report the abuse and can expect an appropriate and timely response from their employer and the Council.

4. Equality Impact Assessment (EQIA)

4.1 The majority of people who draw on care and support are likely to fall within the protected characteristic relating to disability. These services will engage with people with various protected characteristics, emphasising the importance of an intersectional approach to this work. Further EQIAs will be developed alongside the design options for care and support at home workstreams and key deliverables as they take shape over the next six to twelve months.

5 Finance Comments of the Executive Director Corporate Services

5.1 The financial implications of any proposed changes to how care at home is delivered are yet to fully determined and adequate financial modelling will need to be undertaken to ensure it can be delivered with the current budget envelop and any pressures which may arise are sufficiently funded.

6 Legal Comments of the Borough Solicitor

6.1 The Care Act places a duty on the local authority to promote the market for adult care and support in their area. This includes a duty to ensure that the market has a wide range and the local authority should develop and shape it, to ensure it meets the needs of all its residents who need care and support. This report demonstrates that the local authority is adhering to its responsibilities.

7 Environmental Implications

7.1 There are no environmental implications identified.

REPORT ENDS

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LONDON BOROUGH OF CAMDEN	WARDS: All
REPORT TITLE Interim Report of the Screening and Prevention Scrutiny Panel	
REPORT OF Chair of the Screening and Prevention Scrutiny Panel	
FOR SUBMISSION TO Health and Adult Social Care Scrutiny Committee	**DATE** 27 February 2024

SUMMARY OF REPORT
This report provides an update on progress of the Screening and Prevention Panel's work to date. The report presents initial findings from interviews and research into cancer screening services. Preliminary recommendations are included, and are grouped into four themes; accessibility and resource, information and marketing, social and cultural, and accountability.

The next steps for the panel are set out at the end of the report.

Local Government Act 1972 – Access to Information

No documents that require listing have been used in the preparation of this report.

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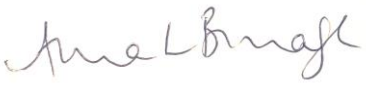
RECOMMENDATIONS

That the Committee note and comment on the report.

Signed: 

Cllr Anna Burrage, Chair of the Screening and Prevention Scrutiny Panel

Date: 14th February 2024

1. Purpose of Report

1.1. This report provides an update on progress of the Screening and Prevention Panel's work to date. The report presents initial findings from interviews and research into cancer screening services. Preliminary recommendations are included at section 15, these are grouped into four themes; accessibility and resource, information and marketing, social and cultural, and accountability. The next steps for the panel are set out at the end of the report.

2. Introduction

2.1. Even before the pandemic, Camden's coverage of many health screening and prevention initiatives such as cancer screening and (non-Covid) vaccination was typically below the average for London and significantly below the average for the UK.

2.2. Since the pandemic, many health screening and prevention programmes are still not reaching enough target participants. Uptake of some programmes has declined further compared to London and UK averages. Low uptake is driven by societal inequalities and itself contributes to health inequality in the Camden. Improving participation in these programmes is essential in narrowing the gap in life expectancy between the wealthiest and poorest parts of the borough and is critical to the delivery of Camden's Health and Wellbeing Strategy published in 2022, particularly the ambition for everyone to 'live well and age well'.

3. Purpose of the Panel

3.1. The objective of this Panel is to conduct an investigation into available screening and prevention programmes to help; a) determine which programmes should be prioritised for attention due to low uptake and demographic relevance, b) create an enhanced understanding of the barriers to take-up and c) facilitate the development of recommendations for how to improve participation across the borough both for where the most major gaps exist but also for where health inequality is worst on the fringes of society.

4. Scope

4.1. In the first instance, all adult screening and prevention programmes are considered but scope is narrowed once largest gaps between Camden and London/UK are identified.

4.2. Initial scope includes:

- Cancer screening in Camden
    - Cervical screening
    - Bowel Screening
    - Breast Screening
    - Targeted Lung Health Checks
- Locally delivered screening and prevention programmes
    - NHS Health Checks
    - NHS Diabetes Prevention Programme (NDPP)
- Other national screening programmes
    - Abdominal Aortic Aneurysm (AAA)
    - Diabetic Eye Screening

4.3. This Panel will not scrutinise screening programmes aimed at pregnant women and babies as children do not fall within the remit of this panel's parent committee, Health and Adult Social Care Scrutiny Committee.

5. Methodology

5.1. The Panel will review available Camden public health data on existing programmes and past and current participation. Panel members will conduct interviews with relevant organisations such as Public Health officials, Healthwatch Camden, GPs, practice managers, local NHS hospital trusts and patient consultation groups. A literature review will be conducted pertaining to efficacy of UK-wide screening and prevention initiatives to see if learnings can be gleaned from academic studies and organisations such as other local authorities.

5.2. A full literature review will be included in the final version of this panel's report.

6. Key lines of enquiry

6.1. Key lines of enquiry will guide interviews and gathering of evidence along three main themes:

- Which programmes in Camden suffer from the lowest relative uptake?
- What are the barriers to up-take of screening and prevention services?
- What approaches to improving uptake (e.g. from other local authorities) have proved most effective and therefore should be prioritised?

7. Interviews

7.1. Nature of the interview depends on the individual or type of organisation but will focus on understanding the role that organisation or individual plays in participating in, observing or delivering the screening and prevention programmes. A thorough picture of the types of barriers and where they might feature, plus the incentives which will encourage participation, are required and what, if any, of these issues or characteristics are specific to or unusual for Camden must be explored.

8. Findings

8.1. Initial analysis of the data and interviews with Public Health officials shows that Camden lags London and other areas of the country most significantly in the uptake of cancer screening programmes and abdominal aortic aneurysm (AAA) screening. In contrast, Camden reports higher than average uptake of NHS health checks. To ensure the scope of this panel did not become unwieldy, it was decided at an early stage to maintain a focus on cancer screening. This is both because low uptake of cancer screening was already identified as being very problematic for the borough, and also because those programmes cut across many different population demographics and therefore similarities will arise with other non-cancer screening programmes and similar recommendations to improve uptake will apply.

9. Cervical screening

9.1. Cervical screening, also called a smear test, is offered to women aged 25-64. It tests for high-risk human papillomavirus (HPV) which is found in 99% of cervical cancers. 25-49 year olds are asked to attend once every 3 years, and 50-64 year olds every 5 years. It is a hidden disease in that its symptoms are undetectable until the cancer is advanced, hence the importance of regular screening.

9.2. Cervical cancer is the cause of death of approximately 850 women per year in the UK but is now almost entirely preventable with the development of the HPV vaccine which, since 2008, has been administered to teenage girls and boys in a school-delivered programme. The World Health Organisation states that it is their ambition to eradicate cervical cancer; to achieve this all countries must reach and maintain an incidence rate of below 4 per 100,000 women and has set targets to be met by 2030 in order to achieve this ambition in the course of this century.

9.3. In the future, the need for a cervical screening programme may be eliminated as incidence of the disease declines (subject to the vaccine uptake holding up). The need for a programme remains as only women below the age of 29 are at present fully vaccinated (and the inclusion of 24-29 year olds is presumably to ensure the vaccination programme continues to have the desired effect).

9.4. Eligibility is determined by GPs who periodically review their patient lists. Invitations go out via a letter from a centralised NHS ‘Cervical Screening Administration Service’ with an information booklet. The GP may also send an invitation via text to the target recipient. Recipients are asked to call their GP surgery to make an appointment. Screening is completed in GP surgeries typically by the practice nurse; a small proportion are also completed in sexual health clinics. Approximately 75% of patients are given a clear result with no need for further follow up and 25% are directed for a follow up colposcopy at a local clinic.

9.5. **Cervical screening invitation process** in detail:

- NHS Digital sends invitations every 3 or 5 years from when last screened depending on the individual's age. Three letters are sent to the individual, inviting them to book an appointment with their GP practice.
- In London, a text message is also sent two weeks after the 1st letter, to remind people that are yet to attend their screen, to do so.
- When NHS Digital generate the list of people to be invited, the list ('prior notification list') is sent to practices to check if there are patients that need to be removed from it.
- As cervical screening is a primary care core service, practices are required via the Quality Outcome Framework (QOF) to follow up non-responders and report on what are effectively self-exemptions (if a patient has been followed up 3 times and not responded) in order for the GP practice to receive payments. The coverage target is 80%. The practice figures will always show higher because of exemption reporting rather than actual % coverage.
- How practices follow up with women who have not responded varies (text, letter, in-person events/talks). Again, there would be variation in activity based on the population the practice serves, sample taker capacity and so on.
- In 2024, the current IT system used for cervical screening will be replaced with the Cervical Screening Management System, designed to help improve management of the whole programme.

9.6. **Cervical screening uptake**:

9.7. For 24-49 year olds, nationally in 2012 74% of eligible women were adequately screened, 68% across London generally and 60% in Camden. By 2022 this had declined to 68%, 59% and 46% respectively. Local analysis indicates uptake is lowest among ethnic minority groups: Chinese (36%), Indian (45%), Other Asian (40%), Pakistani (49%), Other ethnic groups (49%), Other White (53%).

9.8. For 50-64 year olds, nationally in 2012 80% of eligible women were adequately screened, 78% across London and 72% in Camden. By 2022 this declined to 75%, 71% and 63% respectively. Local analysis in Camden indicates uptake is lowest among ethnic minority groups: Irish (61%), Chinese (59%) and Other Asian (62%).

9.9. **Barriers to uptake of cervical screening** emerging from interviews include:

- Awareness: up to 60% of people, and potentially even higher for women in some communities, are not even aware of the existence of screening programmes or that they might qualify for them
- Myths: there is a belief among some communities that 'people like us don't get cancer'; chemotherapy may be damaging for people with black skin; having had only one sexual partner means you can't get it; or the impression is that the test is prohibited according to a religion.
- Privacy: the test is too intimate; concern that the person carrying out the screening may not be female; fear that the test could hurt.
- Decision-making: within some communities especially, it may be that a man is making the decision on behalf of his partner and he does not want her modesty or

privacy invaded; or he assumes that the need for it (or the incidence of cancerous cells if they are found) has arisen because the wife/partner has had relations with another partner.

- Accessibility:
    - Particularly for people with disabilities – transport to the GP surgery, accessing the surgery itself and then climbing on to the examination table are insurmountable for some.
    - Simply finding time to call and make the appointment, availability of GP surgery when calling to make appointment, availability of appointment slots and then finding the time to actually attend the appointment – particularly for carers and women with inflexible employment circumstances or where the appointment is not close to the work location.
    - Some clinics explicitly prohibit children accompanying the participant to the appointment
- Habit: women whose mothers attend cervical screening are more likely to attend screening themselves as it is normalised for them and can become habitual.
- Lack of resources: availability of someone to cover caring responsibilities or the cost of alternative care or even transport to visit the GP.
- Communication: letters or texts may not be in an accessible language; not understanding what it is being offered, or why it's relevant to the recipient.
- Sharing of information: fear of government accessing people's personal data.
- Cost: although screening is free, for certain groups there is the fear that if a cancer is located they won't be eligible on the NHS and will be required to pay for their treatment in a secondary healthcare facility (ie hospital/clinic).
- Appointments in batches: if the 3 or 5 yearly invitation is missed, the next invitation for that cohort may not be for another 3 or 5 years. Routine screening might be losing women as they aren't aware that this will be their only opportunity within that timeframe.

9.10. Initiatives already underway to improve uptake of screening locally and nationally include:

- Implementation of online appointment booking system – the project aims to offer flexible appointment booking options for people across London.
- Cervical cancer prevention training for non-clinical staff – the aim of the project is to build non-clinical staff's knowledge on cervical cancer and screening, to facilitate activities within practices to improve uptake of screening.
- A project of training for health staff in taking samples– the objective of the project is to increase the number of available sample takers across the sector to improve capacity and access.
- YouScreen (HPV self-sampling) project – the study aimed to test the feasibility of incorporating HPV sampling into the cervical screening and assess whether it can increase uptake amongst non-attenders.
- Research is underway into the feasibility and effectiveness of self-testing kits; early data appears to indicate an increase in take-up.

10. **Bowel screening**

10.1. Bowel screening is offered to everyone registered with a GP aged 60-74. Since 2021, the programme has started expanding nationally to include 50-59 year olds and will cover that group within four years. In Camden, the extension to 54 year olds was implemented in 2023. Free testing kits are sent out to eligible recipients every 2 years. Screening comprises a faecal immunochemical test (FIT for short) and uses a diagnostic technique that examines stool samples for traces of non-visible blood, which could potentially indicate conditions including bowel cancer. A small stool sample is taken and posted back to the lab in a pre-paid envelope. Results are returned within two weeks.

10.2. Bowel cancer is the 4th most common cancer in the UK and the second most common cause of cancer death resulting in the demise of approximately 16,000 people per year. Just 10% of bowel cancers are diagnosed via screening and 25% are diagnosed when a patient presents at A&E. NHSE has a target of 75% of cancers being diagnosed at stage 1 or 2; for bowel cancer this is just 40%. Survival rates at stage 1 detection are 90% and just 8% at stage 4. Different regions of the UK have different thresholds for sensitivity of the FIT test and it is thought that this difference may contribute to early levels of detection, potentially leading to health inequalities across the country. Since 2023, GPs have been able to use the home diagnostic FIT test as a first step in diagnosing a patient who presents with symptoms at their surgery rather than having to make a referral to a hospital in the first instance.

10.3. **Bowel screening invitation process** in detail:

- London Bowel Screening Hub sends out the invitation letter to prime individuals (1st letter), then a 2nd letter with FIT kit, followed by a text message reminder for people living in London, and then a 3rd letter reminder letter. After 13 weeks, individual's screening episode (invite window) is closed.
- The GP practice gets notified after that point and that is when it is up to the practices to follow up these non-responders using the standardised code that is automatically entered in the patient's record. Prior to Covid, there might have been a locally commissioned service in place as this is not a core primary care service (unlike cervical screening). As part of the Primary Care Network Contract Directed Enhanced Service (DES), PCNs are required to focus on a screening programme of their choice and focus efforts on lower participating groups to improve uptake. Bowel screening isn't on the list in the current DES.
- There could be some variation in uptake across Camden at this second stage as it is dependent on for example, whether PCNs focus on it and accurate recording by GPs of a patient's current address.

10.4. Nationally in 2015, 57% of eligible adults were adequately screened, 47% across London and 47% in Camden. By 2022 this increased to 70%, 62% and 57% respectively, most of which nationally and locally, came after 2019, but Camden's increase in uptake was substantially lower than elsewhere. Local analysis indicates

uptake is lowest among ethnic minority groups: Pakistani (44%), Bangladeshi (35%), Indians (35%), African (38%) and Other White (45%).

10.5. Themes emerging from about **barriers to uptake of bowel screening** are:

- Communication:
  - the language barrier is a huge issue – up to 60% of Camden's local Chinese, South Asian and African communities are unaware that they are eligible for all sorts of screening, particularly men who are not in the habit of visiting their local doctor;
  - as with other screening programmes, where invited participants have learning disabilities or do not speak/read a reasonable level of English, they may struggle to understand what the test is for when it arrives, the relevance to their lives and/or how to complete the home test and return it.
- Participation of men: men aren't introduced to screening programmes as early as women who have cervical or breast screening from the age of 25 upwards; they are not therefore in the habit of responding in the same way; men also do not tend to reply immediately, they have 'by the way' conversations when they attend the GP for other reasons.
- Accessibility: various physical disabilities, which become more prevalent with age in any case, may make completing and returning the test difficult.
- Aversion: some people are squeamish and find the idea of taking a sample of their own poo very challenging.
- Focus: patient groups rarely discuss screening programmes possibly because they comprise largely of older patients who are not the target (although bowel screening is potentially the most relevant to the older population so could be of more interest).
- Oversight: as it is centralised and not managed locally, it feels impersonal.
- Initiatives already underway to improve uptake of bowel screening locally and nationally include:
  - Bowel screening calling project – to encourage good uptake amongst people being newly invited to the programme as part of the age extension, they are telephoned ahead of a kit being sent to them to provide information about the screening programme and encourage participation.
  - Improving colonoscopy capacity – the project aims to increase capacity to respond to additional demand as the bowel screening age extension programme expands and invites people from 50 years by 2025.
  - Bowel Screening Equity Audit – to understand inequalities in uptake of bowel screening across different population groups.

11. Breast screening

11.1. Breast screening is a free NHS test offered to women aged 50 –70 every 3 years. Screening takes the form of a breast x-ray called a mammogram to look for cancer that may be too small to see or feel. The screening service in Camden is provided by The Central and East London Breast Screening Service, with the site located in The Kentish Town Health Centre.

11.2. An automatic invitation will be sent for those aged 50 –70 and registered as female with a GP in the form of a letter inviting the recipient to call a central service or visit the London Breast Screening website to make an appointment. A female mammography practitioner (an expert in taking breast x-rays) will carry out the x-rays. The results are sent to the individual and their GP, usually within 2 weeks. Most women receive a letter to say no cancer was found and that they will be invited again in 3 years time. Some women will receive a letter to say that more tests are needed and they may be referred for a biopsy at a local hospital.

11.3. Breast cancer is the most common cancer in the UK and women are almost 2,000 times more likely to get it than men (and men are not screened for it). Around 11,700 people each year are diagnosed with breast cancer (75 of these will be men).

11.4. Nationally, screening take up is at its lowest level ever and the programme suffers from capacity limitations which made recovery from the pandemic hiatus difficult and reinforces health inequalities. According to a study from the thinktank Demos and the charity Breast Cancer Now, breast cancer is estimated to cost the UK economy approximately £2.7bn annually, which includes over £700m on screening and treatment, and patient productivity loss of £1.8bn relating both to the patient and carers, and the individual costs that people carry, such as out-of-pocket expenses and loss of income. This will continue to rise unless screening uptake improves.

11.5. **Breast screening invitation process** in detail:

- Pre-covid, patients used to be invited by their practice. This meant patients could be invited sometime between when they are 50-53 as opposed to when they turn 50. Now patients are invited according to their NTDD (‘Next test due date’) so it follows the same cycle as bowel and cervical.
- Patients are sent an invitation by the London Breast Screening Hub (managed by Royal Free London) with a date, time and location to attend their screen based on their registered address (the aim is to book a patient in no more than 30 mins from their registered address) 2-4 weeks before their appointment.
- They will then receive reminders of their appointment via text 7 days and 2 days beforehand.
- The patient has the flexibility to contact the hub by phone or go online to change the date, time and location of their appointment if it doesn’t suit them, however, it needs to be at a location managed by the breast screening service for the catchment area.
- If the patient does not attend their appointment, they receive a reminder letter, requesting them to book in when they can; this is sent 5 days after their missed appointment.

11.6. **Breast screening uptake:**

11.7. Nationally in 2012, 77% of eligible women were adequately screened, 69% across London and 61% in Camden. By 2022 this decreased to 65%, 55% and 46%

respectively (although Breast Cancer Now reports that Camden's rate is currently 42%). The national target for take up is 70%. Local analysis of participation by ethnicity is not currently available.

11.8. **Barriers to uptake of breast screening** include:

- Testing procedure: it is perceived to be intrusive, uncomfortable or even painful.
- Accessibility: as for cervical screening, attending a hospital/clinic requires physical mobility – and the mammogram equipment requires physical positioning and manipulation to be positioned correctly.
- Privacy: lack of confidence that it will be a female practitioner, undressing in front of strangers, cultural (or just personal) aversion to intrusion.
- Myths: fear that mammogram causes cancer.
- Time poverty: time required to book and attend a mammogram is greater than booking any other routine screening and problematic for women who are restricted by work or caring responsibilities.
- Limitations: the pandemic hiatus caused a backlog of testing from which the service has not recovered and questions have been raised about the actual appetite for successfully encouraging more women to come forwards if there isn't the capacity to accommodate them in the system.
- Oversight: like bowel, breast screening is not locally managed and the list is generated by the NHS Spine (central NHS database) not local GP so feels impersonal.

11.9. National and local initiatives to improve breast cancer screening take up include:

- Social marketing campaign – a regional campaign to encourage participation in breast screening and raise awareness of its importance.
- Adapting materials for people with a learning disability – develop and send tailored invitation resources to invited individuals to support participation in the programme.
- Raising awareness of gene testing, particularly for BRCA (a faulty gene with links to increased risk of breast cancer) which will encourage enrolment into the programme, particularly for Jewish communities.
- Supporting people with disabilities – the project aims to improve breast screening participation for people with physical and learning disabilities through working with primary care and community learning disability teams to identify adjustments needed for individuals, and put them in place.
- Language support at appointments – the project aims to streamline the language support available at screening sites to improve patient experience and efficiency during the appointments. The project targets people for whom English is not their first language do not or speak low levels of English.
- The breast screening team are planning to recommence sending a second timed appointment letter after a patient misses their first one to help improve uptake.
- The breast screening team are engaging with primary care and spoke at the Camden GP forum in October 2024, and are working on specific projects supporting people with learning disabilities and language support, in addition to attending health promotion events across NCL, to help improve uptake. NCL have also

funded a post in the breast screening team, to follow up and contact non-responders, to book them into an appointment.

12. Targeted lung health checks

12.1. Targeted lung health checks (TLHC) are currently being rolled out across the UK and the programme has been in place in Camden since 2022. This programme constitutes a new screening programme to detect lung cancer in anyone who has ever smoked aged 55-74. The national rollout follows a successful opening phase where approximately 70% of the screening took place in mobile units parked in convenient places – such as supermarket car parks – to ensure easy access and focused on more deprived areas where people are 4 times more likely to smoke.

12.2. In Camden, invitation letters are sent out by UCLH based on eligible patients from GP registers. The lung health check comprises of two stages: first a telephone call with a health professional who will carry out a brief assessment of the participant's risk of lung cancer. Secondly, if deemed to be high risk the participant will be invited for a lung health check and low dose chest CT scan. The TLHC service will organise this as required. The sites for attending a lung health check and CT scan appointment are University College Hospital and Finchley Memorial Hospital.

12.3. As a new programme, data on uptake of TLHCs is not currently available.

13. Prostate screening

13.1. Prostate screening is not yet available as part of a national programme, however 52,000 men annually are thought to get the disease. Over their lifetimes, 1 in 4 Black men, 1 in 8 White men and 1 in 13 Asian men will develop it. A targeted screening proposal has been submitted to NHS England for Black men over the age of 45 and any men with a history of prostate cancer in the family (presumably if known), and the largest ever screening trial costing £42M has recently been approved to begin recruiting participants from September 2024.

13.2. A 30 second risk-checker has also been developed and published online: https://prostatecanceruk.org/risk-checker.

13.3. Prostate Cancer UK advise that any campaign around prostate cancer needs to highlight three issues:

- Focus on asymptomatic population to catch it early
- Focus on risk awareness in target population
- Exclude practitioner bias for/against PSA test (a blood test which is highly contentious may or may not be a good indicator of the presence of disease; invasive surgery should never be recommended when someone may not have the disease or they may 'die with it, rather than of it').

13.4. GPs, if willing, could initiate regular – perhaps annual – audits without the formal roll out of a screening programme by selection, of ‘at risk’ patients according to:

- Black men aged 45-70
- Men with family history of prostate, ovarian or breast cancer (caused by the same gene)
- Men aged 50-70 in general.

13.5. Those to exclude from this audit would be men who:

- Have had a PSA test in the past 12 months
- Have/have had prostate cancer already
- Are on an end of life pathway.

13.6. However, efficacy of these audits may be conditional upon accurate recording by GPs of ethnicity and family history of patients.

14. Why Camden is Different

14.1. What accounts for Camden Borough’s results being lower than those of other London Boroughs, and the rest of the UK? Several factors have been identified as being particularly acute in Camden, which might affect take-up directly or might skew the data; each factor might only adversely influence the data marginally, but taken as a whole, create the significant variation.

1) Camden hosts several universities and therefore has a high and transient student population whose medical data tends to be held “at home”, other than for emergencies.
2) Camden hosts a large population of migrants (of high and low economic status), also transient and with irregular medical data; many foreign nationals are resident in Camden because of ease of access to transport hubs (e.g. St Pancras, Luton, Gatwick airports) who may use health facilities in their home countries, resulting in loss of local data.
3) Camden’s population has a great number of diverse ethnic groups, potentially already marginalised and with poor links into healthcare.
4) The number of homeless people, both on the streets, in hostels or “sofa-surfing” in Camden is substantial, resulting in many residents with inadequate access to medical support.
5) Camden is deemed to have a large wealthy population, which might access private healthcare for screening, resulting in loss of local data.
6) Camden borough also has a significant proportion of young residents, with a level of complacency and sense of invulnerability which militates against take-up of preventative screening.
7) At this stage of this investigation, the issue of number of primary care facilities and GPs per capita compared to other London boroughs and the rest of the UK has not been probed but, if lower, this might also contribute to lower screening rates.

15. Preliminary Recommendations

15.1. In conclusion, it is reasonable to concede that achieving national target levels of screening uptake in Camden will not be easy; however, it is therefore is essential that health-related bodies must try even harder to engage and push this as a priority if the borough's population health approach is to be successful.

15.2. A comprehensive approach that addresses cultural, economic, and logistical factors is crucial for the success of any and all cancer screening programmes. Further to this investigative work, recommendations for improvement of screening are captured under four main headings, and learnings can be extended to other screening and prevention programmes.

15.3. These recommendations are, as yet, unrefined and – where they aren't yet – need to be focused on specific individuals or organisations. This will happen as a follow up to the next phase of this panel's investigation.

15.4. **Accessibility and resources**

15.5. Fundamentally, the screening offering needs to be designed around the needs of the population rather than constrained by the apparent unquestioned inherent limitations of the service:

- Make booking as easy as possible: offer online, phone and in-person booking.
- Offer a wider variety of time slots including evening and weekends.
- Ask GPs to offer reciprocal clinics to the extend the range of locations available for cervical screening.
- Ensure clinics, treatment rooms and furniture are disabled-accessible or adaptable.
- Deploy the vaccine bus as a mobile clinic for cervical screening (at a minimum) and publicise location in advance via community groups, local and social media – and ask the community themselves when deciding where to visit.
- Dispense bowel testing kits (and blood pressure testing kits) via the Camden mobile health bus.
- Dispatch public health officers to hand deliver and collect bowel testing kits for patients with recorded disabilities.
- Offer money or vouchers for attendance to carers or those on income support – work with Camden Carers to determine a reasonable rate for compensation and tap into their care network to offer trustable replacement care.
- Run cervical screening or mammography clinics which overtly accommodate care recipients, e.g. children/grandchildren, while the participant is undergoing testing.
- Pioneer by creating a women's health hub in Camden where staff are guaranteed to be female, offer a range of health services including community gynaecology and *ad hoc* testing on a scheduled or drop-in basis for those women who have missed their 'every X years' slot.
- Prepare now for the introduction of self-testing for HPV cervical screening with urine testing as soon as it is available (likely 2025) – alternatively ask the University of Manchester to expedite their study or include Camden in their research phase.

- Public health to write to private GPs in the area requiring them to ask patients for permission to return the results of private cancer screening to the NHS Spine.
- Ultimately, the healthcare system needs to be sufficiently flexible to enable the 'by the way' conversations to allow GPs or hospital clinicians to direct patients to have tests when they are off-cycle for screening.

15.6. **Information and marketing**

15.7. The screening journey is not recognised or well-understood by many people. Pertinent and transparent information is not getting through to every group that needs it regarding the availability of screening and the relevance of that screening to the individuals that should be participating.

- Review and rewrite all letters and accompanying information to ensure they are in basic English and other community languages.
- Make the case in simple language at every opportunity (letters, texts, marketing materials) about the preventative benefits of screening.
- Personalise the offer within the context of the screening offered.
    - E.g. "X % of Black women aged 50-55 will develop breast cancer"
    - Not "Contact your GP to book", but "We have booked you an appointment at X time at Y location – please call/go online to select an alternative".
- Ensure all communications state, in effect, says "Do it now, this is your only chance for X years!" (unless an alternative, more flexible system can be created).
- Texting patients is useful but not sufficient – context and relevance to the target recipient is essential, ideally in their preferred language.
- Create an online portal for everyone to access their own records or schedule so they can see when they are due to do have their next screening.
- Improve the NHS app to include a section on screening.
- Introduce the concept of taking personal responsibility for screening participation alongside other beneficial health-related habits in schools, e.g. when students are given their HPV vaccine at age 14, include a lesson on health screening and what to expect in the future, and present them with a leaflet and timeline to take home that may have the benefit of reaching their family too – and use the children to spread the message.
- Public health to work with Camden GPs to (i) determine the proportion of ethnicities represented in their patient population and (ii) ensure they know the relative prevalence of cervical/bowel/ breast/prostate within those communities, e.g. high prevalence of breast cancer among Black women which might warrant more personalised engagement to encourage them to attend their mammogram appointment.
- Ensure ethnicity is linked to screening data for purposes of potential risk assessment and clarity of communication.

15.8. **Social and cultural**

15.9. Deeper exploration and penetration into the myths around screening and cancer itself, and the disconnect between the reality and perception, are critical to

improving uptake. The issue of screening uptake via other means is also a cultural problem because where people prefer to use other routes it would be helpful to capture that and even explore their rationale.

- The language barrier is a common thread across all screening programmes; up to 60% of members of ethnic community groups investigated by Camden Healthwatch reported that they were unaware that screening existed or that they were eligible for it.
- Examples exist of NHS staff, e.g. practice nurses, working with voluntary and community groups to engage and educate them in the importance of screening practitioner engagement needs to be extended into a range of communities who are particularly under-represented in the uptake figures – *more interviews needed here to understand how to link up healthcare providers with community groups.*
- Engage with private GPs to ask them to share their patients' screening test results into the NHS, or give them a pro forma letter to give to their patients for them to submit the results themselves to NHSE/Spine.
- Provide NHS GPs with a pro forma letter to send to registered patients who they believe may be accessing private healthcare or healthcare in a home country with a simple return slip/QR code to respond indicating they have been tested and where possible the outcome.
- Make strong, well-publicised commitments stating that cervical and breast screening are conducted by female practitioners and auxiliary functions within clinics are staffed by females to help avoid speculation or concern.

15.10. **Accountability**

15.11. It is often unclear who is responsible for ensuring good screening uptake and ultimately accountable for the success of the offerings; GPs are financially incentivised for take up of cervical screening on a practice level but no single organisation or individual holds responsibility for Camden. Different pathways for each screening programme and the perception that most are 'national' or NHSE initiatives make local accountability problematic.

- A stated objective of the NCL Cancer Alliance is to 'Meet national screening uptake targets'; the CEO of NCL Cancer Alliance should, therefore, be required to report annually to Camden's Health and Adult Social Care Scrutiny Committee or the borough's Health and Wellbeing Board specifically on this borough's screening uptake.
- NCL Alliance should also do a very focussed study on which demographic groups do/do not attend screening in Camden and share the results with GPs and the Council.
- GPs within the borough should be required to publish and publicise their screening rates both in their surgeries and online to highlight to patients the surgeries' performance and make patients aware of their need to contribute by partaking thus engendering competition and accountability.

- Every GP practice should have one named person who can speak to patients about screening programmes and answer questions about their eligibility or what happens after testing.
- Success such as an improvement in uptake by GP practice or in overall rates across the borough should be celebrated and publicised within specific communities, in the local press and on social media.
- As is the case already for cervical screening, GPs could be incentivised to do periodic checks of other screening programmes and be compensated for the time invested in doing so.
- Raising the screening issue as a regular item on the agenda of patient representative groups at GP practices and local hospitals would also help focus healthcare practitioners on their local outcome.

16. Next steps for the Screening and Prevention Panel

16.1. In the next phase of work, this panel will conduct another round of interviews with patient groups, health practitioners and health officials to test initial findings and finesse recommendations. The panel will also involve a variety of community groups and council officers who interface with them most frequently to determine how best to engage them in the process of screening uptake improvement.

16.2. Further research will also be conducted to establish why Camden fares better with uptake of NHS health checks than it does with other screening and prevention programmes as this could lead to valuable and easily applicable learnings.

16.3. The panel will also explore further the implications of low screening through a more focussed health inequality lens, by considering the specific needs of the physically disabled, learning disabled, carers, the homeless, the mentally ill, refugees/migrants and people who aren't eligible for NHS treatment and may have to pay for treatment should they be diagnosed via free routine screening.

16.4. The literature will be finalised and more examples of best practice will be investigated to add weight to recommendations.

16.5. Finally, but not least, the panel will explicitly link findings and recommendations to Camden's Health and Wellbeing Strategy.

17. Finance Comments of the Executive Director Corporate Services

17.1. The Executive Director of Corporate Services has been consulted on the contents of the report and has no comments to add to the report.

18. Legal Comments of the Borough Solicitor

18.1. The Borough Solicitor has been consulted on the contents of the report and has no comments to add to the report.

19. Environmental Implications

19.1. No environmental implications have been identified.

REPORT ENDS

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LONDON BOROUGH OF CAMDEN	WARDS: All
REPORT TITLE Health and Adult Social Care Scrutiny Committee Work Programme and Action Tracker	
REPORT OF Executive Director, Adults and Health	
FOR SUBMISSION TO Health and Adult Social Care Scrutiny Committee	**DATE** 27th February 2024

SUMMARY OF REPORT

This paper sets out the plan to hold a work planning session for 2024-25 and tracks actions from previous meetings.

Local Government Act 1972 – Access to Information

No documents that require listing have been used in the preparation of this report.

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RECOMMENDATIONS

That the Health and Adult Social Care Scrutiny Committee note the Committee's Action Tracker (Appendix A).

Signed: 

Jess McGregor, Executive Director Adults and Health

Date: 15th February 2024

1. Purpose of Report

1.1. This paper sets out the plan to hold a work planning session for 2024-25. It also presents an update on progress in following up the Committee's actions (Appendix A).

2. Terms of Reference

2.1. In considering topics, the Committee should have regard to its Terms of Reference:

- To scrutinise matters relating to health, public health and adult social care and to hear the views of local residents, with a view to improving health/care services, reducing health inequalities and improving the health/care of local residents.

- To scrutinise the impact of the Council's own services and of key partnerships (including the Health and Wellbeing Board) on the health of its population.

- To respond to consultations by local health trusts and by the Department of Health.

- To consider whether changes proposed by local health trusts amount to a substantial variation or development and, if so, to take appropriate action including appointing members to any joint committee where the proposals cover more than one local authority's area.

- To undertake all statutory health scrutiny functions.

- To receive and respond to referrals and reports from Healthwatch Camden relating to health services in the area of Camden.

- To receive and respond to referrals and reports from the Local Involvement Network relating to adult social care services in the area of Camden, in accordance with the Local Government and Public Involvement in Health Act, 2007 regulations and guidance.

3. Work Programme for 2024-25

3.1. The Health and Adult Social Care Scrutiny Committee's work programme for 2024-25 has yet to be developed. An informal work planning meeting will be scheduled in the Spring, where the Committee will discuss and agree priorities for the coming year.

4. Finance Comments of the Executive Director Corporate Services

4.1. The Executive Director of Corporate Services has been consulted on the contents of the report and has no comments to add to the report.

5. Legal Comments of the Borough Solicitor

5.1. The Borough Solicitor has been consulted on the contents of the report and has no comments to add to the report.

6. Environmental Implications

6.1. There are no environmental implications from the proposals in this report.

7. Appendices

Appendix A - Action tracker

Health and Adult Social Care Scrutiny Committee Action Tracker

Meeting	Item	Action	Action by	Status
23/1/24	The redevelopment of the St Pancras site, what this means to current Camden services and how it relates to wider health and care system transformation	The Chair requested that a report on the Estate Strategy be brought to the Committee.	James Fox, Senior Policy and Projects Officer	To be scheduled
23/1/24	The redevelopment of the St Pancras site, what this means to current Camden services and how it relates to wider health and care system transformation	A further report on the proposed timeline for the dialysis unit relocation could be provided to the committee when there was greater clarity.	St Pancras Transformation Programme Director	To be shared when ready.
23/1/24	The redevelopment of the St Pancras site, what this means to current Camden services and how it relates to wider health and care system transformation	An appraisal of the Peckwater option had been shared with the GP practice and the Patient Participation Group (PPG) and could be shared with the Committee.	St Pancras Transformation Programme Director	In train

23/1/24	The redevelopment of the St Pancras site, what this means to current Camden services and how it relates to wider health and care system transformation	In response to a question about why locations in the other boroughs impacted had not been explored, the St Pancras Transformation Programme Director explained that it had been very difficult to find a suitable place for the dialysis service. A design team including clinicians, nurses, doctors and technical experts had looked at a range of options. It was hoped that the dialysis unit would not be an unwelcome addition wherever it was relocated to. The project wanted to work with partners. It was agreed that a further written response to the deputation's questions would be provided. The Chair also requested that the response to the deputation's questions include the options that had been considered and rejected. Roderick Alison, who had brought the deputation to the previous meeting, highlighted that there had been no assessment of the impact of relocating the dialysis unit to the Peckwater Health Centre on existing users of services there or suggestion of where the services would be moved to. Consultation on the St Pancras transformation programme had not mentioned relocation of the dialysis unit and the PPG had only been consulted through the Scrutiny Committee discussion on December 2023. It was also noted that the options appraisal appeared to have been driven by financial concerns. The Chair	St Pancras Transformation Programme Director	In train

		requested that these further points be responded to by the programme.		
23/1/24	Community Connectedness and Friendships	The Chair requested that officers provide a list of groups that the project was working with so that Members could identify any gaps and propose further groups.	Sue Hogarth, Consultant in Public Health	Community Connectedness and Friendship working group membership was shared with Members on 15th February
23/1/24	Community Connectedness and Friendships	It was agreed to share data on boroughs experiencing migration from other countries, including Afghanistan and Ukraine.	Sue Hogarth, Consultant in Public Health	In train
23/1/24	Community Connectedness and Friendships	It was noted that young people aged 16-24, including students and international students, were among the initial target groups but that there were significant challenges in reaching them. Officers acknowledged the challenges but highlighted close contacts between the service and universities who were encouraged to think about social isolation in their mental health work. A communications expert had been embedded in Public Health to support the work. Information on a deep dive communication strategy for young people aged 16-24 could be shared outside of the meeting.	Lucy Lee, Communications and Engagement Lead, Health and Wellbeing	Information on a targeted approach to the 16-25 campaign will be shared after further insight including focus groups with young people.
23/1/24	Start Well Programme Consultation	There were questions about the number of labour ward and neonatal beds per 1000 female population of childbearing age in North Central London and how many there would be in the two options, as well as how	Anna Stewart, Start Well Programme Director	Data shared with Cllr Burrage

		this compared to the rest of England. The Programme Director agreed to provide the data after the meeting.		
23/1/24	Start Well Programme Consultation	Concern was expressed about the impact on the Jewish community should the Royal Free Hospital maternity services be closed. The Programme Director confirmed that the Integrated Impact Assessment had identified Jewish women as a group to be engaged with on the potential impact and mitigations. It was suggested that the Start Well Programme could talk to the community partnerships team at the Council for a list of relevant voluntary and community groups. The Programme Director proposed sharing the existing list used for engagement with the Committee to enable Members to identify any gaps and propose further voluntary and community groups.	Anna Stewart, Start Well Programme Director	The engagement list was shared with the Cabinet Member for Health, Wellbeing and Adult Social Care.
18/12/23	Work programme and Action Tracker	Information on the Food Mission was requested, including locations of groups and organisations. The Cabinet Member for Health, Wellbeing and Adult Social Care offered to share a recent paper on the Food Mission with the committee.	Cabinet Member for Health, Wellbeing and Adult Social Care	Paper shared with the Committee on 10th January 24
18/12/23	Quarter 2 2023/23 Insight, Learning and Impact report	It was agreed that a report could be scheduled exploring issues of substance misuse, alcohol misuse and sexual activity.	James Fox, Senior Policy and Projects Officer	To be scheduled for Summer 2024

18/12/23	Quarter 2 2023/23 Insight, Learning and Impact report	In response to questions about the action plan to address waiting lists in the Support and Safeguarding teams, including what the targets were, Avril Mayhew, Head of ASC Operation and Deputy DASS, explained that the action plan was multi-faceted. It included a process to engage external suppliers providing Occupational Therapists and social workers to manage work on the waiting lists. Internal staff were also being talked to about overtime working, including weekends, where willing. A report could be scheduled for a future meeting.	James Fox, Senior Policy and Projects Officer	An update is included in the Cabinet Member update to the 23rd January meeting
18/12/23	Safeguarding Adults Partnership Board Annual Report 2022/23	There was a request to have an informal training session to understand the work of the SAPB. The Chair offered to explore options with officers.	James Fox, Senior Policy and Projects Officer	Finding a date
18/12/23	NHS Winter Resilience	Respiratory illness in children was at a high level but this was now declining. There was an increase in calls to 111 for norovirus which could put pressure on wards. With regard to vaccines, 51% of eligible residents receiving the Covid booster vaccine was high compared with other London boroughs but low for England. The latest data could be circulated to the Committee.	Kirsten Watters, Director of Health and Wellbeing	Response shared with the committee on 10th January 2024
18/12/23	NHS Winter Resilience	Concern was expressed at the use of acronyms and lack of explanation of the functions of the various partners listed in the slides at Appendix A to the report. A number of the acronyms and groups were explained. It was requested that future	James Fox, Senior Policy and Projects Officer	To be flagged when commissioning reports

		reports from the ICB include a glossary of terms where necessary.		
18/12/23	Update of The Cabinet Member for Health, Wellbeing and Adult Social Care	Members expressed interest in the Shared Lives scheme and requested more information including how many people were involved and the cost-benefit analysis. Chris Lehman, Head of ASC Strategy and Commissioning, explained that the scheme supported 13 residents. Financial information could be brought to a future meeting, with the manager of the scheme.	Chris Lehman, Head of ASC Strategy and Commissioning	To be scheduled
18/12/23	Update of The Cabinet Member for Health, Wellbeing and Adult Social Care	Details of Voluntary and Community Sector (VCS) health days and events were requested for circulation to enable committee members to provide support.	James Fox, Senior Policy and Projects Officer	Officers have been asked to inform Members of upcoming events in their wards
18/12/23	Update of The Cabinet Member for Health, Wellbeing and Adult Social Care	The Chair requested that a report on the Healthy Weight Action Plan be scheduled for a future meeting.	James Fox, Senior Policy and Projects Officer	To be scheduled in Summer 2024
18/12/23	Deputation regarding draft proposals to permanently close the Peckwater Centre to convert it into a secondary care dialysis unit, relocating it from St Pancras Hospital	The Chair requested that an urgent report be scheduled for January 2024, with relevant officers invited, to enable a more in-depth discussion.	James Fox, Senior Policy and Projects Officer	A report will be brought to the 23rd January meeting

13/11/23	Cabinet Member for Health, Wellbeing and Adult Social Care Annual Report 2022/23	There was a further request for a progress update on the Bangladeshi Health and Wellbeing Scrutiny Panel report agreed in 2016. The Director of Public Health proposed that the data be reviewed before it was scheduled for the committee. The Chair suggested that an update be brought in February 2024, with further detail following an updated data analysis to follow.	James Fox, Senior Policy and Projects Officer	Item scheduled for the meeting in February 2024
13/11/23	Cabinet Member for Health, Wellbeing and Adult Social Care Annual Report 2022/23	A report on a campaign being launched to address stigma around loneliness could be brought to a future meeting of the Committee.	James Fox, Senior Policy and Projects Officer	An item on community connectedness and friendships is scheduled for the January 24 meeting. This can be included in that item.
13/11/23	Cabinet Member for Health, Wellbeing and Adult Social Care Annual Report 2022/23	The Cabinet Member for Health, Wellbeing and Adult Social Care explained that there was only a summary on the work of the Camden Food Mission but reassured Members that work was underway to address nutritional security and different ways to access healthy food. Understanding food, including growing and cooking, was embedded in the Mission. Further details could be provided	James Fox, Senior Policy and Projects Officer	Response shared with the committee on 18th December
13/11/23	Cabinet Member for Health, Wellbeing and Adult Social Care Annual Report 2022/23	The Chair acknowledged the breadth of the annual report and queried progress on the new mental health service to be delivered from April 2024. Jess McGregor, Executive Director Adults and Health explained that the current arrangements for mental health day services were being reviewed and the	James Fox, Senior Policy and Projects Officer	An item on mental health day services to be scheduled into the committee's work programme.

		options were being considered. A decision was due soon and it was suggested that a report be brought to committee.		
13/11/23	NCL ICB Dental Transformation and Dental Services Update	An update on progress with regards the delegation of dental services to the NCL ICB was requested for a future meeting	James Fox, Senior Policy and Projects Officer	To be considered in the work programme for 2024/25
12/9/23	Camden General Practice, an overview of current landscape and future plans	Kirsten Watters, Director of Public Health, reported that work was about to start looking at health equity and primary care. The inverse care law was cited whereby GPs in deprived areas needed to work harder for outcomes. The findings of the health equity and primary care research could be brought to the scrutiny committee	James Fox, Senior Policy and Projects Officer	To be scheduled
12/9/23	Camden General Practice, an overview of current landscape and future plans	A previous Scrutiny Panel on Bangladeshi Health and Wellbeing had made recommendations that were still relevant. It was suggested that the Committee review the report and progress on the recommendations.	James Fox, Senior Policy and Projects Officer	Item scheduled for February 2024
12/9/23	Future ambitions of Camden's Public Health Service	The Director of Public Health confirmed that there was a commitment to continue funding the Community Champions Programme following an evidence review that had shown its benefits. There would be an assessment of how to expand or develop it. Information on funding for the Community Kitchen would be circulated to the Committee.	Kirsten Watters, Director of Public Health	Response shared with the committee on 29th November

12/9/23	Work Programme and Action Tracker	The Chair suggested that the Committee scrutinise the budget deficits at the Royal Free Hospital at a future meeting.	James Fox, Senior Policy and Projects Officer	Have asked the Chair for clarity on what they'd like the report to cover.
10/7/23	ASC Peer Review	There was a request for a diagram setting out the interaction between the various boards referred to during the meeting. (SAPB and Quality Action Board)	James Fox, Senior Policy and Projects Officer	In train
10/7/23	Commissioning Strategy for Extra Care Services at Mora Burnett House	In response to a question from Allegra Lynch, Camden Carers, on whether an unpaid carer could at times be accommodated with a resident, officers agreed to look at the possibilities.	Chris Lehman, Head of ASC Strategy and Commissioning	Response shared with the committee on 30th August
10/7/23	Corporate Performance Report, Quarter 4 2022-23	Officers agreed to provide detail on the sectors that trainees on Mental Health and Wider Determinants had come from eg private sector, voluntary and community sector.	Piers Simey, Assistant Director for Public Health	Response shared with the Committee on 23rd August
10/7/23	Corporate Performance Report, Quarter 4 2022-23	Officers agreed to investigate and feed back to the committee on why the KPI 'tracking adult social care outcome for individuals (admissions/re-admissions)' had no data.	Avril Mayhew, Head of ASC Operations	The Cost of Living (COL) dashboard has been reduced in size to focus measures with readily available data. This ASC measure was added as a place holder, but was not taken further and removed in the update as it was deemed to not be COL related and had no readily available data.

10/7/23	Corporate Performance Report, Quarter 4 2022-23	In response to concern about reduced numbers accessing Making Every Contact Count (MECC) training, officers suggested that the total number of participants across the lifetime of the training contract was a more helpful perspective. However, it was noted that more targeted promotion and course availability would be addressed. It was also suggested that specific training could be offered to the Committee.	Piers Simey, Assistant Director for Public Health	Response shared with the committee on 23rd August