

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Tuesday, 17 September 2024 at 7.00pm

IN ATTENDANCE: Councillors Aliya Sheikh (Chair), Carol Webley-Brown (Vice-Chair), Peter Bernards, Andre Bourne, John Muldoon, and Sakina Sheikh.

ALSO JOINING THE MEETING VIRTUALLY: Councillor Rudi Schmidt, Nigel Bowness (Healthwatch Lewisham)

ALSO PRESENT: Councillor Paul Bell (Cabinet Member for Health, Wellbeing and Adult Social Care), Councillor Laura Cunningham, Councillor Jacqueline Paschoud, Tom Brown (Executive Director of Adult Social Care and Health), Tristan Brice (Joint Commissioning Lead Community Support and Care), Brian Fisher (End Social Care Disgrace) and Nidhi Patil (Scrutiny Manager).

ALSO PRESENT VIRTUALLY: Natalie Sutherland (Assistant Director of Adult Integrated Commissioning), Andrea Benson (Service Improvement and Assurance Manager), and Kenneth Gregory (Director of Adults Integrated Commissioning)

NB: Those Councillors listed as joining virtually were not in attendance for the purposes of the meeting being quorate, any decisions taken or to satisfy the requirements of s85 Local Government Act 1972.

1. Minutes of the meeting held on 18 July 2024

- 1.1. It was noted that the financial information and case studies requested in relation to the Empowering Lewisham Programme had been circulated last week.
- 1.2. RESOLVED: that the minutes of the last meeting be agreed as a true record.

2. Declarations of Interest

- 2.1. Councillor Jacqueline Paschoud, attending under standing orders, declared a personal interest as she had a close family member in receipt of a care package from Lewisham Social Care.

3. Adult Social Care (ASC) and Social Care Institute for Excellence (SCIE) Co-Production Update

Tom Brown (Executive Director for Adult Social Care and Health) and Andrea Benson (Service Improvement and Assurance Manager) introduced the report. This was followed by questions from the Committee members. The following key points were noted:

- 3.1. Adult Social Care (ASC) was collaborating with the Social Care Institute for Excellence (SCIE) to develop an infrastructure and approach for co-production across the ASC service, aiming to embed it in all operations. This report summarised key findings to date, highlighted future areas for development, and outlined current challenges and risks.

- 3.2. The Social Care Institute for Excellence (SCIE) was a non-profit organisation that worked with both local authorities and the social care provider market to raise standards and achieve excellence.
- 3.3. SCIE's resident workshops underscored the need for the Council to adapt its resident engagement methods based on the diverse needs of individuals and communities, as there was no one-size-fits-all solution.
- 3.4. Officers noted that this work was now moving towards exploring a less formal approach to resident engagement. Discussions were underway with Sydenham Gardens to explore using their facility for engaging people through shared activities in a less formal setting. Additionally, evening resident engagement sessions were considered important to accommodate residents with daytime commitments, enabling broader participation.
- 3.5. The workshops conducted by SCIE emphasised a fundamental shift from a traditional service delivery model, where services were 'done for' people, to a co-production model, where services were 'done with' people. This shift was seen as essential for fostering genuine collaboration. Currently, there was no formal mechanism to measure this mindset shift; the focus remained on listening to all participants and stakeholders. However, future efforts would explore methods to gauge this change.
- 3.6. ASC had committed £95,000 to SCIE for an 18-month period beginning April 2023. This investment covered consultancy, training, workshop facilitation, and support for implementing co-production practices within ASC. When asked about demonstrating value for money, officers indicated this would be measured through both qualitative outcomes, like residents feeling empowered to collaborate with the Council, and quantitative metrics, such as improved commissioning specifications and enhanced service delivery. Success would also be reflected in the diversity of voices engaged in the co-production process, signalling that people felt heard and respected. Additional metrics in the contract included developing a co-production toolkit and framework.
- 3.7. Healthwatch Lewisham commended the co-production efforts and the progress achieved thus far.
- 3.8. Officers shared that insights from this co-production work would be applied across various council service areas, including children's services, community development, housing, etc. They noted the benefits of a unified council-wide approach to co-production.
- 3.9. In the workshops, lack of trust between local authorities and the community was identified as a significant barrier. Some participants felt that engagement efforts were more of a 'tick-box' exercise than genuine attempts to involve service users and carers in decision-making. However, the Council was actively making efforts to assuage these concerns by reaching out to residents through various channels, including voluntary sector groups, newsletters, leaflets (both physical and digital), and senior officers attending community events to build accountability and trust. 17 residents attending the workshops despite challenges in community engagement, was considered a success. Efforts to build a network of community, service user, and carer champions would continue to strengthen trust and confidence in Council initiatives.
- 3.10. Discussions highlighted the anxiety parents, carers and individuals often felt when transitioning from children's to adult care services at age 18, as some services were no longer available once you were an adult. Tailored support was essential, given

that individuals' needs varied widely, from those with robust family networks to those requiring greater support due to limited care networks.

- 3.11. Questions were raised about the value for money provided by SCIE's £95,000 contract over 18 months, specifically regarding the development of a lasting co-production infrastructure rather than merely offering feedback based on resident engagement. Concerns were also expressed about the limited workshop attendance. Officers countered that the individuals engaged in these workshops were often those typically disconnected from Council processes, making the turnout a positive outcome. While acknowledging the significant investment, officers emphasised that it was an investment in both staff and community, with long-term returns expected as the processes became ingrained. SCIE, a community interest company established by the social care sector, aimed to improve the sector rather than generate profit.
- 3.12. SCIE's deliverables to the Council included a structured framework and toolkit to support co-production with diverse groups. The network being built by SCIE was expected to endure after their involvement concluded.
- 3.13. Brian Fisher, who sat on the Steering Group of a campaign to transform social care and support called End Social Care Disgrace, commended the Council's work on co-production, highlighted its importance and enquired about the next steps for this work. It was discussed that the aim of this work was to shift mindsets across both professionals and communities towards genuine collaboration and co-production. SCIE's role was to guide the Council in embedding this approach, aiming for a gradual, consultative to co-production transition in daily operations.
- 3.14. Questions were raised about the decision to engage SCIE rather than building internal capacity for co-production within the Council's workforce. Officers explained that SCIE brought specialised expertise, derived from working on similar projects with other councils. Developing this capacity in-house would require hiring short-term staff with the necessary skills, which presented recruitment challenges.
- 3.15. Responsibility for advancing this work would not fall to a single team or individual; rather, it would be embedded across the organisation as a core practice. Monitoring progress within adult social care would be overseen by the Executive Director for Adult Social Care and Health and the Cabinet Member for Health, Wellbeing, and Adult Social Care. This Committee would also play an active role in evaluating the initiative's progress.

RESOLVED: That

- the report be noted.
- the Committee receive regular written updates on the progress of co-production efforts in Adult Social Care.

4. Ensuring Unpaid Carers are visible, valued, and supported

Tristan Brice (Joint Commissioning Lead Community Support and Care) introduced the report. This was followed by a discussion with the Committee members. The following key points were noted:

- 4.1. The key points from the presentation were highlighted.

- 4.2. Councillor Laura Cunningham addressed the Committee in her capacity as Cabinet Advisor. She outlined that there were two strands to improving the Council's support to unpaid carers. First, the delivery partner Imago had been tasked with reaching out to as many carers as possible by maximising outreach efforts. Councillor Cunningham emphasised the importance of getting the word out- both through Imago and other channels- that this support package was available for unpaid carers. Expanding awareness was key to making this support accessible to everyone who might benefit from it. The second strand involved the Carers Forum, a platform for unpaid carers to voice their concerns and needs. This forum was in its early stages, having held four monthly meetings so far, but its purpose was to give carers a space to discuss the issues they found most pressing. A small steering group was actively shaping these meetings to reflect carers' priorities, and the forum's registered participants had grown to around 400 and continued to expand.
- 4.3. The Committee discussed the need to address cultural and language barriers for carers accessing support. It was noted that reaching carers across all communities was vital, and that faith organisations could play a significant role in supporting unpaid carers. Officers shared that the steering group for the carers forum was diverse to promote inclusion. While the carers hub was currently located at Glassmill Leisure centre, other venues to engage with carers were being considered to enhance accessibility. Officers also acknowledged that in some communities, family care was viewed as a traditional responsibility rather than as an unpaid caregiving role, so outreach efforts also needed to focus on raising awareness around what constitutes an unpaid carer.
- 4.4. Recognising that unpaid carers often juggle work, caregiving, and other responsibilities, the Committee stressed the importance of making support streamlined and accessible to fit their schedules.
- 4.5. The Committee highlighted the importance of gathering input from a diverse group of carers, as more varied perspectives would lead to more inclusive and effective solutions.
- 4.6. The sustainability of funding for unpaid carers' support was also discussed. Under the Imago contract, any unpaid carer in need was entitled to services, which included bereavement and counselling support seven days a week. The Council acknowledged the importance of sustaining this support even in a tight budgetary context. The Carers Forum had been established even though there was no dedicated budget for it. It was hoped that the forum could evolve similarly to POSAC (Positive Aging Council), with an established role in the Council's ongoing work.
- 4.7. A Committee member enquired about the data loss that occurred while transitioning to the new service provider, Imago. They sought details on the extent of this loss and the measures being taken to address it. Officers clarified that no data had been permanently lost; rather, it remained with the previous service provider YVHSC (Your Voice in Health and Social Care), which served as the data controller under GDPR regulations and still held the service user data. Since data was still with the previous provider, everyone previously on the database had to re-register after the transition to Imago. To prevent similar issues in the future, the Council had established its own database of carers. Negotiations were currently ongoing with YVHSC to establish a Data Processing Agreement (DPA) to facilitate the transfer of the remaining data.
- 4.8. The report noted that out of the 414 young carers (aged 17 and under) in Lewisham, 300 had been identified by the Council to date. The Committee commended the

72% identification rate, recognising the effort that was put into identifying these young carers so that support could be made available to them.

- 4.9. It was highlighted that the Carers Trust had found that 52% of young carers did not receive support from their school or college, and only one in three reported that their school understood their caring responsibilities. The Committee discussed Imago's well-developed programme that they used in other local authorities where school leaders worked with teachers to increase awareness around young carers and how they could be supported. As part of this programme, assemblies and presentations were also conducted to raise awareness among students. Identifying young carers, helped schools to connect them with helpful resources. The Committee noted that Lewisham's schools, the majority of which were rated 'Good' or 'Outstanding', would be valuable partners in this outreach.
- 4.10. Imago organised after-school activities for young carers at Glassmill Leisure centre from 4pm to 6pm and was working to expand this offering. They were also exploring other venues, such as Wavelengths in Deptford, where there was a higher concentration of young carers. Imago's activities coordinator was responsible for setting up these events for both young and adult carers.
- 4.11. It was discussed that unpaid carers sometimes struggled with workplace performance due to their caring responsibilities, highlighting the need for awareness amongst workplaces about the pressures of being an unpaid carer. Carer Champions were working on this by promoting carer-friendly policies and practices with employers.
- 4.12. Recognising that unpaid care was a 24/7 responsibility, the Committee emphasised the importance of round-the-clock support for carers. It was noted that counselling services at Glassmill Leisure centre were already available seven days a week, and there were plans to add Saturday events to ensure maximum accessibility.

ACTION:

The Committee-

- requested regular updates on the number of carers being identified in the borough and the number of carers attending the Carers Forum.

RESOLVED:

- That the Committee receive an update in the future on:
 - the progress of the data transfer process being undertaken due to the transition from previous service provider to new service provider- Imago Community.
 - provision in schools for young carers.

5. Adult Social Care Performance Review

Tom Brown (Executive Director of Adult Social Care and Health) introduced the report. This was followed by questions from the Committee members. The following key points were noted:

- 5.1. The key points from the presentation were highlighted.

The Committee suspended standing orders.

- 5.2. The Committee discussed concerns over only 42.8% of service users reporting adequate social contact, highlighting issues of isolation, particularly among older adults whose partners had passed away or whose families had moved away. While the Council aimed to foster social connections, it faced resource limitations in providing high levels of social contact. However, during care assessments, officers worked with service users to identify existing social connections, whether through faith communities or distant family. Efforts were consistently made to maintain these connections, and often informal partnerships with the voluntary sector also helped support these social ties.
- 5.3. The presentation noted that only 26.6% of carers were satisfied with social services and the support provided to the people they care for. The Committee expressed concern over this figure, enquiring about efforts to improve it. Officers acknowledged that Lewisham's support for carers had historically been insufficient, which was part of the rationale for transitioning to a new contract for carer services. While immediate improvements were not expected, officers noted that some gradual positive changes were beginning to emerge.
- 5.4. Committee members enquired about monitoring and evaluating partner agencies or contracted providers who deliver care services, as well as ensuring they provide appropriate staff training and compensation. Officers explained that initial oversight for regulated services like care homes came through the Care Quality Commission (CQC). The Council's contracts with care providers included pay conditions, such as the London Living Wage and occupational sick pay. Lewisham had also committed to the UNISON Ethical Care Charter, and the Cabinet Member for Health, Wellbeing and Adult Social Care conducted branch visits to hear directly from staff, who could also connect with him through trade unions to raise concerns. Carers and family members of service users also provided valuable feedback, alerting officers if specific services encountered issues.
- 5.5. The importance of the Lay Visitor scheme was underscored, which offered independent peer monitoring of residential care homes. Efforts were underway to re-establish this scheme, which had been paused following the retirement of a key officer. The Cabinet Member for Health, Wellbeing and Adult Social Care encouraged Committee members to visit and build relationships with the care homes in their wards.
- 5.6. Committee members asked whether the Council could require private residential homes to pay the London Living Wage when placing residents. They were informed that this was not feasible, and that spot rates were used instead. Additionally, a third of placements in private residential homes were outside of Lewisham and even outside London, making the London Living Wage inapplicable. The Council also lacked block contracts with these providers, meaning it had limited influence over pay structures, particularly since homes often served residents from various boroughs with differing financial arrangements.
- 5.7. The Committee discussed the possibility of visiting care homes in the borough. While a large group visit might be challenging, members suggested organising visits in smaller groups or choosing larger care homes to minimise disruption to residents. Informal social events were also proposed as a way for Committee members to engage with residents in a more relaxed setting, which could provide valuable insights beyond formal visits.

5.8. A Committee member raised concerns about some care home operators with opaque business models, where ownership and operational entities may be registered in offshore locations like the British Virgin Islands. This setup, they argued, enabled funds to be siphoned from Council budgets through inflated rents paid by care home operators to anonymous owners, potentially the same entity under a different name. The member suggested that the Council's finance department should investigate whether funds were being diverted from Lewisham in this way. Officers were not aware of this issue but it was suggested that if further investigation seemed warranted, a full Council motion on the matter could be pursued.

ACTIONS:

The Committee-

- asked for suggestions of Care Homes that the Committee could visit.
- requested further information on the costs associated with out-of-borough care placements.

RESOLVED: That

- the presentation be noted.

6. Select Committee Work Programme

6.1. The Committee considered the work programme report.

RESOLVED:

- That the agenda for the Committee meeting in November 2024 be agreed.

The meeting ended at 9.50pm.

Chair:

Date:
