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PRESENT

Members of the Select Committee

Councillor Marwan Elnaghi (Chair)
Councillor Sarah Addenbrooke (Vice-Chair)
Councillor Robert Atkinson
Councillor Malcolm Spalding
Councillor Charles Williams
Councillor Maxwell Woodger
Christine Vigars (Co-opted Member – Healthwatch Central West London)

Other Councillors in Attendance

Councillor Cem Kemahli (Lead Member for Adult Social Care & Public Health)
Councillor Rossi (Chair of the Overview & Scrutiny Committee)
Councillor Pat Healy

Others in Attendance

Olivia Clymer (Healthwatch Central West London)
James Diamond (Scrutiny & Policy Officer)
Rory Hegarty (Director of Communications and Engagement, NWL ICS and NWL CCG)
Simon Hope (Borough Director West London, NWL CCG)
Kevin Jarrold (Chief Information Officer at Imperial College Healthcare NHS and NWL ICS)
Tom McColgan (Senior Governance Coordinator)
Odeta Pakalnyte (Healthwatch Central West London)
Anna Raleigh (Director of Public Health)
Visva Sathasivam (Bi-Borough Director of Social Care)
Dr Andrew Steeden (Borough Medical Director West London, NWL CCG)
Gareth Wall (Director of Integrated Commissioning)
Shukri Xalane (Healthwatch Central West London)

P u b l i c A g e n d a

72 SECOND SILENCE

The Select Committee and all others present observed 72 seconds silence to remember those who lost their lives in the Grenfell tragedy.

A1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Round.

A2. DECLARATIONS OF INTEREST

There were no declarations of interest.

A3. MINUTES OF THE MEETINGS HELD ON 23 SEPTEMBER 2021 & 15 DECEMBER 2021

Councillor Atkinson noted there were errors in the December minutes, and requested a reference to his questions on St Charles Hospice be added to the minutes. Councillor Spalding noted an error in the heading of item A3 in the September minutes. Councillor Spalding also referred to errors in items A4 and A6 in the December minutes.

The minutes as amended were agreed as a correct record.

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A4. HEALTHWATCH CENTRAL WEST LONDON REPORT

The Chair welcomed Olivia Clymer (Chief Executive, Healthwatch Central West London), Shukri Xalane (Research and Project Officer, Healthwatch Central West London) and Odeta Pakalnyte (Primary Care Engagement Officer, Healthwatch Central West London) to the meeting.

They introduced the report on digital access to healthcare along with a presentation, setting out how they had engaged with communities and residents. There were three main conclusions: digital tools should not replace other methods of accessing healthcare services such as face-to face, and for there to be improved visibility and accessibility of translation services. Finally, there were concerns surrounding privacy and security when using online platforms. Residents also wanted GP clinicians to talk to the community about prevalent diseases in addition to Covid-19. Another finding of the report was that many people liked accessing healthcare digitally and it worked best when there were established relationships with GPs, as well as managing long-term medical conditions. However, digital exclusion was a key factor to be aware off when discussing access. The report made six key recommendations for health partners to consider. As part of the research and from speaking to Patient Participation Groups it was confirmed that GP surgeries were open for face-to-face appointments.

The following points were raised in discussion:

- It would be appropriate to invite the NHS digital team to a future discussion.

- Healthwatch agreed to circulate a list of all the groups who had contributed feedback to the report.
- Healthwatch confirmed the methodology used to select participants.
- The research was qualitative rather than quantitative and involved workshops and in-depth discussions.
- It was important that GP practices considered the digital first model as many found it to be an attractive option.
- The focus of the report was to draw out key areas where challenges were prevalent.
- While many young people supported digital services, they also expressed a desire to see GPs face-to-face.
- GP practices noted they were able to see many more patients with the introduction of digital tools, but there were some issues with access. It was important to ensure face-to-face appointments were equally accessible.
- For many elderly patients who lived alone, their relationships with GPs were important to their mental wellbeing.
- Healthwatch had run several workshops to support the specification for the new e-consult software, which was being commissioned by North West London CCG.
- There were records of increased activity in primary care which could be shared with the committee, this included a reported 30% increase in contact with GPs.
- The current model of e-consult was up for review and there was a procurement process underway. There had been engagement with patients on the design of the online consultation.
- Homecare workers received digital training as part of their Skills for Care qualification. There were mechanisms in place to look at digital proposals as part of commissioning in homecare services.
- An updated report by Healthwatch could be brought back to the committee in the future.

The Chair thanked Healthwatch for their report and the North West London CCG NHS colleagues for contributing to discussions on the item.

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A5. RECOMMISSIONING OF HOME CARE SERVICES & MARKET MANAGEMENT

Cllr Kemahli (Lead Member for Adult Social Care & Public Health) and Gareth Wall (Director of Integrated Commissioning) presented the report to the Committee. There was a national issue with retention of home care workers. A Care Fair was scheduled for the end of the month which sought to bring together key stakeholders. Covid-19 had a significant impact on homecare services, and it was essential to ensure residents living at home were well looked after. The Borough had an ageing population, and it was important to adequately plan for this and explore ways of making home care work in the borough more beneficial for home care workers.

There were currently 640 residents in receipt of homecare and the number was likely to increase as the number of elderly residents in the Borough rose. More cases required specialist care with, for example, two carers at one time, which was costly and complicated to arrange. Costs in the borough were in the region of £7.65million a year, with an anticipated annual increase of £1.65 million a year. The current provision was a model of patch-based providers, which was commonly used in London. This meant homecare providers were contracted on a geographical basis. Of the patch-based providers, one was currently rated as requiring improvement by the Care Quality Commission (CQC). The registration of the provider in question was located in Hammersmith and Fulham. The council had twelve spot-purchasing providers, all of which were required to pay London living wage.

With regards to recommissioning homecare services, there was a proposal to maintain a patch-based model while diversifying the pool of supplies though a flex model. There were also discussions on offering a mix of hours for staff as well as exploring digital platforms to match staff with service users.

The following points were raised in discussion:

- There could be avenues into employment in home care for carers who were presently at home with family and unpaid.
- Complaints were approached in a multi-faceted way, there was a complaints process where people could go directly to the council. They could also go to the relevant care agency and speak to the care manager. A quality assurance approach included commissioners and the safeguarding team. Contract managers discussed service delivery with agencies and Key Performance Indicators were part of contracts. There was also information sharing across practitioner teams.
- Further information on division of the borough into four patches could be circulated outside the meeting.
- Direct payments with regards to personal assistants was being reassessed as part of the recommissioning process. There was some change surrounding the employment of personal assistants and the liability involved with being an employer.
- The number of complaints during the pandemic remained stable and may have reduced slightly. This was due to the reduction in the number of packages of care and a dip in the volume of homecare activity.
- Staffing had been challenging partly due to the potential vaccination mandate. Home care agencies were also paying marginally above minimum living wage or London living wage and were competing with other sectors.
- Work was underway with support from the Institute of Public Health at Oxford University to facilitate workshops with people in receipt of homecare and explore preferences for expanding the local market.
- The Lead Member indicated that directly offering care services by the council was not a likely option for the future as there were competent businesses in the sector.
- Spot purchases allowed additional capacity in the event that block contracts were not able to take last minute cases. Suppliers had signed a contract with the Council which gave the local authority assurances around factors such as wages and registration.

- Further information on staff retention could be circulated to the committee outside of the meeting.
- It was important to offer people long-term careers in healthcare and the Care Fair was a step towards that.
- On incentivising recruitment, the council was looking at partnerships with local cultural institutions as well as factors like transport and housing, for example, through the council's Key Worker Housing policy.
- Some boroughs did offer full time employment, but there were challenges in the uptake of it, as some staff favoured flexibility in their hours.
- Further information on the number of RBKC residents in Sagecare and the next scheduled inspection could be circulated.
- The council welcomed an increase in its direct payments which enabled a degree of personalisation and allowed individuals to choose how much they preferred to spend. Challenges around block contract hours and zero-hours contracts could be addressed by increasing the proportion of people accessing their care through direct payments.

Councillor Atkinson suggested the paper with amendments be presented at the March full council meeting. The Chair thanked officers and noted the committee would discuss Councillor Atkinson's suggestion via email.

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A6. VERBAL COVID-19 EPIDEMIOLOGY UPDATE

Anna Raleigh (Director of Public Health) provided a brief epidemiology update. She noted that the current fourth wave of the pandemic had plateaued and there was now an indication of a downward trend. Since the start of the pandemic, RBKC had 36,805 recorded cases of Covid-19, 320 people had died with Covid-19 recorded on their death certificates and 271 had died within 28 days of a positive test. Within RBKC, cases rates per 100,000 were currently 850.4. In comparison, London's case rate was 922.4 per 100,000 and England's was 1082 per 100,000. RBKC's case rates equated to the 17th lowest in London. Case rates were highest in the west of the city, with the highest rates in Richmond upon Thames with 1385 cases per 100,000. Case rates among over-60s were monitored closely and were 350.9 per 100,000, which was a 3% decrease from the week prior. Case rates were highest in the primary school aged population and across the board in the 5 to 19-year-old age group.

There had been changes to testing and collection of data. People no longer needed to confirm positive lateral flow test results with PCR tests, and confirmation of lateral flow tests results are done by individuals online. The Office for National Statistics survey noted that the percentage of people in England testing positive for Covid-19 remained high in the week ending 29th January, and 1 in 20 people were testing positive for Covid-19. The highest rate was among the primary school aged population and the lowest among those aged 70 and over. On the Omicron subvariant BA.2, an increase in the subvariant had been observed but there were no significant concerns at this time, as the severity of the disease and vaccine evasion is similar to Omicron BA.1.

On testing, PCR tests are provided for people who have symptoms. There were two mobile testing units within RBKC which were providing PCR tests, located at Kensington Town Hall and the Worlds End estate. Home tests were also provided to food banks, libraries, and community venues.

A7. WORK PROGRAMME REPORT

James Diamond (Scrutiny & Policy Officer) presented the report which set out the remaining items for the final meeting of the year. He noted the earlier discussion in the meeting and queried whether the select committee wanted an item on the North West London Palliative Care Review and Pembridge hospice on the agenda for the next meeting. The committee confirmed they would like the item on the agenda for the final meeting.

The Committee RESOLVED –

That an item on the Palliative Care Review and Pembridge hospice be placed on the agenda for the meeting scheduled for 3rd March 2022.

Action by: Governance Services

A8. ANY OTHER ORAL OR WRITTEN ITEMS WHICH THE CHAIR CONSIDERS URGENT

None.

The meeting ended at 8.37pm

Chair