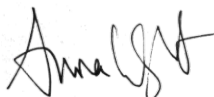


<b>LONDON BOROUGH OF CAMDEN</b>	<b>WARDS:</b> All
<b>REPORT TITLE</b> Cabinet Member for Health, Wellbeing and Adult Social Care: Annual Report 2022/23	
<b>REPORT OF</b> Cabinet Member for Health, Wellbeing and Adult Social Care	
<b>FOR SUBMISSION TO</b> Health and Adult Social Care Scrutiny Committee	<b>DATE</b> 13 November 2023
<p><b>SUMMARY OF REPORT</b></p> <p>This is the annual report of the Cabinet Member for Health, Wellbeing, and Adult Social Care. This report presents the strategic landscape for health and adult social care in Camden. It details a range of transformative initiatives across services and partners which are helping to ensure the Council meets its residents' needs and deliver services in line with the Council's strategic aims and vision for the borough.</p> <p><b>Local Government Act 1972 – Access to Information</b></p> <p>No documents that require listing have been used in the preparation of this report.</p> <p><b>Contact Officer:</b> James Fox Senior Policy and Projects Officer London Borough of Camden 5 Pancras Square London N1C 4AG 02079745827 james.fox@camden.gov.uk</p>	
<p><b>RECOMMENDATIONS</b></p> <p>The Committee is asked to note and comment on the contents of the report.</p>	

Signed:



Councillor Anna Wright - Cabinet Member for Health, Wellbeing and Adult Social Care

Date: 01 November 2023

## 1. Executive summary

- 1.1 As Cabinet Member for Health, Wellbeing and Adult Social Care, I have a responsibility to tackle deep-rooted inequalities in Camden and ensure that everyone can start well, live well, and age well. My role provides leadership and accountability within a complex landscape of services and organisations; setting priorities and encouraging colleagues from the council, NHS, and community sector to collaborate, innovate, and provide relational care for local people. Together, we are committed to improve population health and reduce inequalities, bringing about better physical and mental health, and ensuring that everyone can maintain their independence regardless of background, circumstance, or impairment. I also hold with great pride my responsibility for making safeguarding everyone's business, because everyone in Camden has the right to live in safety, comfort, and dignity - free from exploitation, fear, and abuse. My role oversees the delivery of adult safeguarding across our system.
- 1.2 As a borough and as a council, we continue to grapple with the enduring impact of the pandemic which amplified pre-existing inequalities in Camden. Much of our population is relatively affluent and live with good health and wellbeing. However, Camden is also home to communities with lower incomes, poorer health, and often less of a voice. These disparities have been compounded by the spiralling cost of living, with the greatest impact being shouldered by the most vulnerable. All of this has contributed to the stark inequalities in life expectancy that we see between the richest and poorest in Camden. The latest data shows that men living in the most deprived areas die on average 13.5 years earlier than those in the least deprived areas. For women, the gap is nearly 10 years. Over the last 12 months, we have also seen rising acuity in mental health issues, more people excluded from the workforce by poor health, and increasing complexity of need presenting across all our services. Within this context we must all understand the cost-of-living crisis as a population health crisis and relentlessly focus our efforts to where there is the highest level of need.
- 1.3 Responding to these pressures remains a constant, multi-faceted, and often daunting task. Indeed, faced with system back-logs, workforce challenges, and chronic underinvestment from central government, our services might be forgiven for retreating into more traditional, transactional forms of care that we know deliver less for our residents. However, far from it, Camden's health and care services, and the work we do with our partners, continue to pioneer progressive change, and remain some of the most innovative and effective anywhere in the country. Our inspirational staff and local leaders work tirelessly to build a sustainable system that is fit for the future, yet without ever losing sight of our ultimate purpose: to deliver the best possible outcomes for local people. They are unified in their commitment to tackle inequalities, provide personalised care, and deliver preventative support to bring about healthier, happier, and more independent lives.
- 1.4 I am proud to demonstrate through my annual report that our Adult Social Care services remain undeterred by rising pressures and continue to transform and innovate in line with the ambitions of *Supporting People Connecting Communities* - our strategy for living and ageing well in Camden. Meanwhile our newly formed Health and Wellbeing Department (formerly Public Health) has firmly established itself within our organisation structures, promoting Camden's unique population health approach and delivering against the ambitions of the *Camden Health and Wellbeing Strategy 2022-30*. Beyond this, we continue to provide leadership within the Camden Borough Partnership and steer our local system towards ever increasing integrated working, prevention, and community-based care. Meanwhile we retain a

very practical commitment to participation and co-production across all our work; prioritising resident voices when delivering our work, from recognising areas for improvement to developing new initiatives.

## **2. Supporting healthy and independent lives through high quality services, innovation and transformation**

- 2.1 In Camden, the way we work with people matters – we believe in building on people’s strengths, rather than focusing on weaknesses. No where is this better demonstrated than through our *What Matters* approach to Adult Social Care; our practice model that focuses on what matters to people, as opposed to what might traditionally be considered most ‘efficient’ for the system. Despite compounded pressures, this year we have reinforced our commitment to *What Matters* and continued to transform our services, providing better care and experience for people when they need it. Alongside improvements and transformation, we never lost sight of our responsibility to do the basics well and have focused on quality assurance and safeguarding, as well as creating the spaces for our workforce to grow and progress.
- 2.2 This section examines some of the work that has taken place in the last 12 months across Adult Social Care (ASC), beginning with safeguarding and quality assurance - which are both fundamental to the provision of high-quality social care. We also look at the ways in which we’re transforming how we work, including through initiatives that prioritise prevention of ill-health and co-producing services with people who draw on care and support. Finally, we demonstrate our ongoing investment to *What Matters*, including through support for the people most affected by the cost-of-living crisis and by actively responding to the sector’s workforce challenges.
- 2.3 All of the work we do across ASC is closely aligned with the *Camden Health and Wellbeing Strategy 2022-30*<sup>1</sup> and seeks to tackle inequalities and improve health outcomes across the whole of Camden’s population, not just those who draw on care and support. Likewise, we actively work towards the ambitions, missions, and challenges set out in *We Make Camden*<sup>2</sup>, the council’s vision for the borough. Crucially, *Supporting People, Connecting Communities*<sup>3</sup> continues to set the direction of ASC and inform the action required to bring about healthier and more independent lives for those who require care and support. Where possible, we use 'Stories of Difference' to showcase the real-life experiences of the people in Camden.

### **Quality assurance and safeguarding**

- 2.4 In Adult Social Care, we have seen demand for our services increase and as a result some residents are having to wait for longer periods than usual for some of our services. Whilst this situation is not unique to Camden, we recognise that there is more we need to do to reduce our waiting lists and waiting times. We have therefore increased our capacity to address the back log and accelerate our recruitment to employ the additional staff needed. In the meantime, and to ensure that we prioritise our work so that residents and carers with the most urgent needs are seen first, we will continue to keep in touch with residents on waiting lists and informed them on progress.
- 2.5 Considering increased demand, it is essential that we maintain high quality, safe and accessible care and support. Since the pandemic ASC have taken significant steps

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<sup>1</sup> <https://www.camden.gov.uk/health-decision-making>

<sup>2</sup> <https://www.wemakecamden.org.uk/about/>

<sup>3</sup> <https://www.camden.gov.uk/supporting-people-connecting-communities>

to re-wire our quality assurance regime, ensuring it is embedded in ASC practice, with senior oversight and robust governance arrangements in place. Alongside this, we have stepped up our preparation for CQC assurance following the introduction of the Care Quality Commission's (CQC) new powers to inspect local authorities from April 2023.

- 2.6 There has been considerable reflection on the learning from the Association of Directors of Adult Social Services (ADASS) Peer Review undertaken in May 2023, a valuable exercise conducted with sector colleagues that has further informed our quality assurance work and our CQC preparations in equal measure. Key areas of peer review feedback have been incorporated into our ongoing work, particularly in relation to making best use of performance and finance data at team level, promoting the work of the Adults Safeguarding Board, and building on our well received work on co-production.
- 2.7 We have undertaken an extensive internal quality assurance exercise, including completion of 36 checklists and evidence gathered against the 81 statements by which councils will be assessed. Detailed self-assessments are in development aligned to the four CQC themes: working with people; providing support; ensuring safety; and leadership. Together we are producing a single self-assessment underpinned by evidence and robust engagement with staff, residents, and partners. This stage of preparation will be complete early in 2024, with continuous work moving forward to ensure we are prepared for inspection at any time.

#### **Story of Difference – Safeguarding: Family Group Conference (FGC)**

Paddy is a social worker, and until recently, he had never used Family Group Conference with any of his families. A few months ago, he teamed up with FGC coordinator Judit to settle an ongoing problematic financial situation between an older woman and her son. They used the meeting as a "judgement free space" to discuss certain events that had a different narrative according to each different family member. One issue that came up was the son's use of his mother's credit card. When he runs out of his own monthly allowance, he persuades his mother to buy him expensive items or hand over her card. This was a recurring issue, and it was all the more harmful because he did not understand why spending her money was a problem. They were able to gather the family online, her sister and niece, to explain to him that his spending is not beneficial to the household finances and creates issues for their budget.

The ongoing situation exasperated their family as they could not sustainably keep lending money when there was not enough. One solution they came up with as a family is that their extended family would control the bank account, moving all spending actions online so that the son could not access the money through a physical card. The mother was excited to see people at the meeting due to limited contact with her family during the lockdown. Although her son was anxious initially, he handled the discussions in the meeting well. Considering the success of the FGC, Judit was surprised when they held a review and the son did not attend, creating a vacuum at the centre of the meeting; it was impossible to discuss the plan without him. Once they rescheduled, they discussed that the first plan might have been too ambitious for their family. However, their plan became useful as a list of actions for social services to implement on their behalf.

- 2.8 Working in partnership with the Safeguarding Adults Partnership Board (SAPB), ASC's work is shaped by the six Care Act Safeguarding principles: empowerment, prevention, proportionality, partnership, protection and accountability. The SAPB continues to build on relationships with Camden's partner agencies and creates a place for residents with lived experience to have a voice and work in collaboration to support the work of the SAPB. The SAPB collaborates with Safeguarding Adults Board networks regionally as well as nationally. The current SAPB 5-year strategy priorities are; cuckooing, self-neglect, the cost of living crisis, financial abuse and learning from past Safeguarding Adults Reviews.

### **Transforming how we work and deliver support**

- 2.9 *Supporting People Connecting Communities* outlines a range of priorities for ASC, including to 'take a neighbourhood approach, with early help offered at the right time'. Likewise, the *Camden Health and Wellbeing Strategy* calls on all partners to 'prioritise early help and person-centred support, delivered close to where people live'. This year we have commenced a cross-council piece of work to review our organisational approach to early intervention and prevention, examining what more might be done to provide **early help for adults**, addressing needs before they threaten to overwhelm. The ambition is that by adopting different ways of working, we can develop more personalised, holistic forms of support that simultaneously bring about better outcomes for people while reducing or delaying demand for services in the long-term.
- 2.10 Our initial discovery work indicates that a range of services are already commissioned or provided by the council that together make up an existing, albeit fragmented, early help offer for adults. These services are highly valued but tend to be specialised and often limited in their ability to respond to a complex range of needs - something that is becoming increasingly common amongst people presenting across council services. There is evidence that the current model results in people falling through the gaps between services, and a risk that our efforts are duplicated as different services work with the same person simultaneously. In such cases, it is likely that the resident's experience is compromised as people feel unheard, misunderstood, and passed from service to service. Our discovery and design work has examined residents' current experience and looked at how different services and programmes deliver early help for adults.
- 2.11 Learning from what we do well and from what local people have told us, the project has developed initial ideas about what we might do differently. Across the next 12 months, we will test these ideas, employing different – more liberated - ways of working that centre much more on the issues that matter to people, rather than what we can offer within the parameters of our existing service offers. We aim to work with what already exists, learning from our workforce and developing new models of care in partnership with the people we support. We will build on what we know but aim to demonstrate something bold, new, and different, with the intention of transforming the way we think about care and support in Camden.
- 2.12 *Supporting People Connecting Communities* also declares that 'housing is central to care and our lives'. We have been developing our understanding of long-term accommodation needs for people with ongoing care needs and our wider population to ensure people can live independently for longer. This year we have been developing the **ASC Accommodation Plan**, which aims to extend beyond physical homes, focusing on community impact and wellbeing. With a whole-council approach, it addresses the growing care needs of residents, including those over 65, individuals with learning disabilities and mental health issues. The plan also enhances services for young people transitioning to Adult Services, neurodiverse

residents, and those in adult homeless hostels. By expanding Shared Lives and Housing First services, it offers more choices for residents with diverse support needs. The plan should enable people to remain in their homes longer through technology-enabled lives and person-centred care. It involves various stakeholders, including health, voluntary sector, care providers, and council partners in Housing, Capital Development, and Planning. The draft of the Accommodation Plan is expected in November 2023, with sign-off targeted for December 2023 and publication in February 2024.

- 2.13 Closely aligned with the Accommodation Plan is ASC's programme to transform **Care and Support at Home**, which is completely reimagining how residents draw on support in the place they call home. Data reveals a substantial increase in care and support in the home from March 2022 to March 2023, with 81% of our current services falling under support at home. We are exploring how we can change societal perception of care and support at home, in particular the roles of care workers and unpaid carers. We also aim to raise the sector's profile whilst developing an integrated approach to reablement, piloting innovative models of care, like micro-enterprises and hyper-localised support offers in neighbourhoods alongside utilising the expertise of our in-house provider services.
- 2.14 Engagement between ASC and a research organisation commenced in the early autumn 2023 for a minimum of nine months, focusing on co-production, service design and evaluation methodology. This work involves reviewing emerging models of care and support and will focus on increasing participation and engagement with seldom heard groups. The Care and Support at Home programme also includes the mobilisation of a Direct Payment (DP) support service, that will refine the DP offer for residents. The work includes developing peer-led groups for residents who draw on DPs and their employees, with the aim to increase learning opportunities as well as develop the local market for personal assistants and microenterprises.

#### **Story of difference – Neighbourhood Homecare**

Mrs P lives with her daughter. She is very independent, self-aware and enjoys going out to visit her friends and family. She particularly loves going to the hairdressers.

Initially Mrs P had broken her arm due to a fall and needed to draw on support for personal care and her meal preparation. Sadly, her arm did not heal as expected and she was diagnosed with cancer; Mrs P was devastated. The Care Coordinator and care workers recognized that Mrs P had lost her confidence to go out during this difficult time and worked to support her emotionally. Together, the care workers held group supervision, which helped them to discuss how to support Mrs P and each other.

In partnership with Mrs P and her daughter, the care agency worked flexibly; the time allocated for the morning and evening calls were combined so Mrs P could draw on care and support differently during the day, with the evening supported by her daughter. The care workers could then maximize the time to support Mrs P with trips to the hairdresser.

Through these changes to the approach to Mrs P's care and support, she felt better about herself and was able to improve her outlook on the diagnosis. When the cancer treatment made Mrs P feel too tired to go out, the Care Coordinator introduced her to a carer from the agency who had hairdressing experience and could support her at home instead.

- 2.15 Building on the success of the first in-house mixed community extra care scheme at Charlie Ratchford Court, we are in the process of **insourcing the services at Mora Burnett House** with the aim to transform its current model of care. Mora Burnet House is an extra care scheme that has 35 independent flats for residents with a wide range of support needs. Located in Swiss Cottage, it is one of four commissioned extra care schemes in Camden. A full appraisal of commissioning options concluded that insourcing presented the greatest potential to benefit current and future residents in replicating the wellbeing model that has been implemented at Charlie Ratchford Court. There is evidence of excellent outcomes utilising the wellbeing model of care, with residents, staff and professionals consistently praising the all-age policy and community ethos on site.
- 2.16 Like Charlie Ratchford Court, the new in-house service at Mora Burnet House will be managed within Adult Social Care Provider Services. Learnings from Charlie Ratchford Court will be implemented, including embedding coproduction with residents in decision-making, moving from paper-based to electronic systems, enhanced use of assistive technology and values-based recruitment of staff and volunteers. In future there is the option to consider the introduction of self-managed teams of staff, who are led by residents in their support rather than being tied to 'time and task,' and for learning to be shared across extra care schemes.
- 2.17 Another way that we are transforming the way we work is through the Camden Learning Disability Service (CLDS), which aims to enable all individuals with a learning disability to live fulfilling and independent lives in their communities. CLDS's **Living a Good Life project**, focuses on facilitating strong and valued friendships, supporting growth and development, and enabling individuals to pursue meaningful activities. The work directly contributes to strategic ambitions of the council and wider partnership, aiming to develop community connectedness and friendships, and tackle loneliness and isolation in Camden. Implementation strategies include the creation of person-centred plans accessible to all services, embedding a growth model of support, establishing a single point of access for all services, and introducing Work Ready Coach & Learning Disability Job Hub Advisor roles. The Work Ready Coach supports individuals with learning disabilities, addressing aspects like budgeting, workplace skills, and independent travel. Provider partners collaborate with CLDS to offer a broad range of day opportunities and foster meaningful friendships for people with learning disabilities.

### Story of Difference – Disability Job Hub

Ryan began his employment journey in August 2019. He enrolled in a Supported Internship Programme for young people at Westminster Kingsway College. As part of the course, Ryan completed several work placements, including working on the reception of the Better Gym at 5 Pancras Square. After completing his internship, his SEND Employment Officer put him in touch with a Job Hub Advisor (JHA) to help with his next steps. The JHA reviewed Ryan's CV and worked with him to brainstorm his interests and different career paths. Finding a role during the pandemic was difficult, but a position suitable for Ryan was identified at the Swiss Church in London. The JHA supported Ryan with his application for the paid internship role, reviewing his application and supporting him with interview practice.

Ryan's application was successful, and he soon began the paid internship. He did so well in the role, the church decided to extend his role for a further two months before offering him a permanent role as an administrative assistant within the team. Speaking of his new role, Ryan said: "I worked hard for this and I deserved it, so I took the job with no hesitation. Everyone has been so supportive." Ryan's inspirational journey into work demonstrates how important choice and ambition is. Many people with a learning disability like Ryan have skills and talents that, with support, can allow them to fulfil their goals.

- 2.18 There have also been transformative changes to **day service provision** over the last year, where we are employing human-centred design methodologies to transform our offer in line with the changing needs of our population, ensuring services align with resident's aspirations for a best possible life. This has involved the creation of the Greenwood Learning Disability Service three-phase model.
- 2.19 Phase One caters to residents with significant needs, providing a building-based full-day service that encompasses care, support, and activity needs. It is particularly designed for those transitioning from colleges or who have been at home for an extended period.
- 2.20 Phase Two marks the next step in an individual's journey within the day service. It is crafted to prepare individuals for the future, ensuring that their aspirations are met and creating a pathway for progress, potentially leading to employment opportunities and involvement in community-based projects. Both Phase One and Two are based within the Greenwood Centre, providing a safe and supportive environment for individuals to thrive from one to four days a week.
- 2.21 The third and final stage in the person's Greenwood journey. "The Club", as it is often referred to, is an additional service that extends beyond the main service to the wider Learning Disability Community. It offers a suite of activities mirroring those in the earlier phases, delivered on a sessional basis. This allows individuals to access one or multiple activities per week based on their aspirations and needs. The Club serves as a destination for those in the main service and opens its doors to the wider community, providing a range of activities facilitated by professionals in various fields, fostering a safe and enthusiastic environment for individuals to thrive and build connections.
- 2.22 Adult Social Care is also committed to **reducing inequalities and disproportionality**. Last year's annual report included Kasibba's story, which detailed how CLDS supported a Black African woman who had been a looked after child in Camden to move into her own home. 14 months later, Kasibba has



surpassed even our optimistic expectations and is thriving in the real sense of the word in her own home, enjoying the ordinary things in life. Her highly structured and limited routine is a thing of the past, and for the first time in decades she can be spontaneous, for example by picking up the car keys to show she want to go out. The outstanding nature of this 6 year programme of work was recognised by the National Social Work awards 2022, who not only awarded the 'Team around Kasibba' the Adult Multi-Disciplinary Team of the Year award, but also named the team as joint overall Social Worker of the Year, the first time ever this award has been given to a team. The independent advocate who supported CLDS in this work, has made a short film about Kasibba which you can see here: [Kasibba's story](#).

- 2.23 Another way ASC are helping to reduce inequalities and promote independence is through prioritising **support for carers**, allowing them not just to sustain their caring role but supporting them to fulfil their own ambitions and what matters to them. The Carers Action Plan is a live document, co-produced with unpaid carers, detailing their priority areas for action. Carers were recruited to a project working group to support the development of the Action Plan. This group also includes Council staff, health colleagues, and representatives from voluntary community sector (VCSE) including our commissioned carers services, Camden Carers and Mobilise. Carers' availability is prioritised when scheduling meetings, they are invited to participate in any/all workstreams that they have particular interest or experience in, and there is financial recognition for their contribution.
- 2.24 A draft version of the Action Plan was produced in September 2023 and is due to be launched in January 2024. During the initial period of engagement, carers reported that they felt over-surveyed and that they prefer to work with tangible tasks. In recognition, the working group utilised the extensive insights from recent co-produced projects to develop the draft Action Plan. This includes projects such as 'Making Carers Count' delivered by Camden Carers through Carers Trust funding, a project aimed at engaging with carers from minority ethnic backgrounds, including the Bengali, Somali, and Chinese communities in Camden. This was enhanced with feedback from direct engagement with carer groups in the borough, such as the Black Carers Collective. Members of the working group regularly attend Camden Carers Voice (a forum run by and for carers, facilitated by Camden Carers), to provide progress updates and to work directly with attendees on developing the current draft so that it accurately reflects what is important to carers.

A Carer Partnership Board will be established to oversee the delivery of the Action Plan. The Board will be chaired/co-chaired by carers, and the proposed membership includes carers and operational leads from across North Central London Integrated Care Board (NCL ICB), primary care, Mental Health, Adult Social Care, Public Health, Councillors, and voluntary and community sector (VCS). The purpose of the Action Plan is to ensure shared responsibility and accountability, and to raise the profile of carers' priorities at system-level. It is essential that carers are included in the planning and delivery of their priorities, and the working group are looking at how power-sharing can be effectively facilitated by the Board for example, in funding decisions relating to provision for carers. There are plans to hold the first meeting of the Partnership Board in April 2024.

### **Story of difference – Supporting unpaid carers**

As a sole, unpaid carer for her husband, while recently becoming the sole earner in the household, DGK's husband was admitted to hospital under the [Mental Health Act 1983](#). Looking for specific support regarding the Act, and her rights regarding her husband's mental health, DGK approached the Camden Support and Wellbeing team and took part in a Carers Conversation. Even as a practising Psychotherapist, DGK had found the process of mental health sectioning difficult to navigate, and the information given to her by professionals confusing.

His condition had deteriorated significantly before his admission, and the emotional strain had negatively impacted DGK. After reaching out to the Support and Wellbeing team, DGK was signposted to Camden Carers (Mental Health), who were able to use their expertise to signpost DGK to specific resources that could answer the questions she had about the process, and her and her husband's rights.

Alongside resources, the team were also able to direct DGK to groups and institutions that could give her further support. Information from organisations such as [the Camden Reablement team](#), the Nightingale Hospital, and the Camden Carers Mental Health Carers Group helped DGK to better understand the process her husband was going through, and to get support for herself.

DGK was able to work closely in partnership with ongoing and community mental health services when her husband was discharged to ensure an optimal recovery. She said that the support she had received from Camden Carers and the Support and Wellbeing Team was "excellent".

- 2.25 ASC is committed to working with residents and communities to continue to design solutions together, through participation and co-production. In response to this priority, we are developing a **Co-Production Framework** to ensure good co-production is understood and practiced across all our services. After an initial phase of stakeholder mapping and a series of 'introductory sessions', individuals who draw on care and support, including family and carers, were invited to be involved in co-producing the framework. Four working groups have been established and are actively contributing to its development, drawing on both lived and learned experience to help shape and inform the work. Steps were taken to seek out and engage with groups historically underrepresented in co-production research and two of the working groups comprise individuals from so called 'seldom heard' communities. This includes members from Great Camden Minds, an engagement and empowerment group for people with dementia, and individuals from the Bengali community who were found to have a high population in Camden but low use of carer services in the 'Making Carers Count' project led by Camden Carers.

2.26 Ongoing collaboration, which includes input from internal staff and our voluntary and community sector organisations will set our strategic direction for co-production. We plan to co-produce a ‘map of opportunities’ as part of the implementation phase which will enable individuals to choose activities that are suited to their skills and preferences. Further areas of focus as outlined by key partners include the cultural growth needed to support co-production, equalities and expanding opportunities to share decision making at operational and strategic levels. The projected completion date for the Co-Production Framework is January 2024. Implementation will be supported by a practical toolkit and training for staff and residents.

2.27 **Language Matters** is a programme co-produced with Dr Clenton Farquharson to reflect the importance of the language that we use when we communicate with people who draw on our support as well as in the way that we record our work. The programme challenges the power imbalances that exist in our language through reflective discussion and supports professionals to think about the impact that our language has more deeply. We showcased the work that we are doing as part of Language Matters at a London-wide Principal Social Work event in October 2023. We hope that by sharing the work that we are doing here in Camden, that we can spark changes to the language used in our sector on a wider level.

#### **Investing in what matters**

2.28 In response to the growing workforce challenges faced across social care, we recognise that a key to success against all our priorities is nurturing our workforce and ensuring social work is highly valued, good quality work. We have begun to develop the **ASC Workforce Strategy** which covers the internal workforce and those in commissioned services, jointly funded roles, personal assistants, and healthcare settings. The emerging strategy outlines five key areas of focus:

- Learning, development, and progression
- Recruitment
- Staff wellbeing and recognition
- Working with commissioned workforce
- Tackling inequalities and supporting staff with protected characteristics

2.29 In Camden we aspire to be a truly evidence-driven Council and support our services with high-quality data, managed by highly skilled data professionals. This means investing in our data workforce and providing them with the right support, opportunities and training to continue their professional development. Adult Social Care has embraced this approach by making **significant investment in our data analytics capacity**. Understanding the impact of ASC work, including the changes to the way care and support is provided, is critically important. Alongside this, by ensuring frontline practitioners and their managers have access to accessible and high-quality insights into their work, with the development of practitioner and management information dashboards that enable people to understand the service pressures in their area, gain insights into the population they work with, support quality assurance approaches and manage frontline workloads more effectively, ensures people who draw on care get the support they need.

2.30 The **Better Care Fund (BCF)** is our mandatory pooled budget across health and care and in 2023-24 this has increased to £40m. The BCF continues to enable people to stay well, safe and independent at home for longer and provide the right care, at the right place, at the right time. The extra BCF funding has allowed investment in a range of innovative preventative schemes which go beyond the

typical core health and social care services, and in doing so help to tackle the health inequalities that exist in the borough. This includes new funding for the Autism Hub to deliver autism specific counselling, peer support, case work and information webinars and events for autistic residents. This is in response to the high levels of unmet need, with 71% of autistic adults saying that they are living without the support they need.

- 2.31 The BCF has also enabled additional funding to our WISH+ (Warmth, Income, Safety and Health (and Wellbeing)) referral hub, to ensure more residents can access a wide range of preventative services through a single initial referral. Onwards referrals made by WISH+ include to the Handyperson Service, Camden Advice Network, Age UK Camden, and Camden Carers. The project officer adopts a Making Every Contact Count holistic approach, so one referral to Wish Plus could lead to numerous onward referrals. Other new BCF funding has enabled enhancements to our homecare, reablement, urgent community response and district nursing, along with investment in the development of our integrated work at neighbourhood level. The targeted BCF investment has led to strong performance against national BCF metrics. This includes low rates of emergency admissions to hospital for residents with conditions that should be managed in the community, e.g., diabetes, angina, dementia, low rates of permanent admissions to care homes, and an effective reablement service that keeps people independent and at home following discharge from hospital.
- 2.32 We know that people who draw on care and support and carers have been disproportionately impacted by the cost-of-living crisis. Therefore, as part of Camden's wider response, **ASC identified additional funds of £150,000 to support people who draw on ASC and carers** to cope with the rapidly rising cost of living and fuel prices in early 2023. Working with public health, ASC developed a profile of those most likely to be at risk of cold weather impacts and rising costs. By using a risk stratification approach, drawing on local and other data related to finances and need, 500 people were identified in the highest risk category and proactively approached to offer one off payments of £300. Over 400 people took up a payment and they are continuing throughout 2023.

### **3. Health in all policies: Camden as a population health borough**

- 3.1 Camden's ambition is to be a population health driven organisation, which means we look at health in the round, taking into consideration all the drivers that influence and determine people's capacity for health. It is only by close partnership working across all four pillars of population health can we build the foundations to reduce health inequalities and improve overall population health outcomes.

#### **Establishing Camden's new Health and Wellbeing Department**

- 3.2 Since 2013 when Public Health moved from the National Health Service (NHS) to local authorities (LA) in England, Camden Council has been reliant on a shared Director of Public Health and shared Public Health service hosted by the London Borough of Islington. While the shared team demonstrated many strengths and achievements over its lifetime, the COVID-19 pandemic increased the visibility, need and expectations of Public Health within Camden Council.
- 3.3 Following the appointment of a new Director of Public Health for Camden in spring 2021 a decision was taken to de-merge the existing shared team into a single Public Health function for Camden. The new Camden Public Health service transferred to

Camden on 1 March 2023 and merged with the Children's Integrated Commissioning Team to form the new Camden Health and Wellbeing Department.

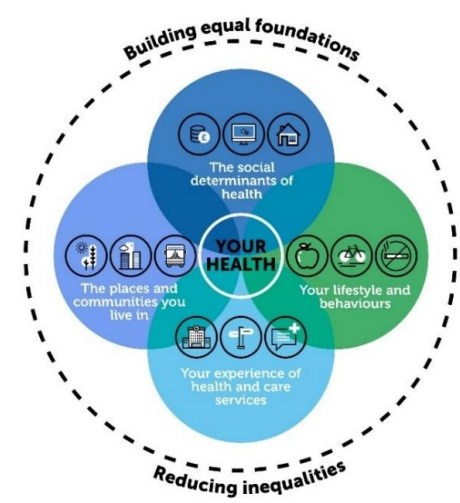
3.4 Our Camden Public Health workforce is multi-disciplinary including registered public health professionals, statisticians and epidemiologists, health psychologists, policy and planning, junior doctors and GP trainees. The department has five Consultants in Public Health leading four new teams:

- Healthy Lives
- Behavioural Insights and Public Realm
- Children and Young People and Child Health Equity
- Intelligence, Healthcare and Health Protection

3.5 In addition to these four public health teams the department also includes integrated children's commissioning, strategy and governance, and early years, schools, and families health improvement. Together, the Health and Wellbeing department works in close collaboration with colleagues across the Council, as well as local partners and our communities to deliver a broad range of services and activities to improve health outcomes and reduce health inequalities.

### Camden's population health approach

3.6 Camden's population health approach recognises that many of the main drivers of health outcomes fall not just on our health and care services, but are largely determined by our lifestyle and behaviours, our socioeconomic environment, and the places and communities in which we live. Therefore, to implement a population health approach means engaging the *full range* of health determinants across the whole system and making health everyone's business. (Figure 1).



**Figure 1.** Camden's four pillars of population health

3.7 There is already a wide range of activities underway across all four pillars of population health, with partners across the Council, NHS and community and voluntary organisations, working together to drive improvements in population health and reduce health inequalities. No one organisation has the levers to protect and support the health of Camden's residents alone and it's essential that we continue to build and nurture effective partnerships that are capable of taking a whole-system response.

- 3.8 This following section describes some of the key activities taking place across the Council that highlights how we are taking a population health approach, focusing on prevention and partnership working to improve the health of our residents.

### **Pillar 1: Wider determinants of health**

#### **Employment**

- 3.9 'Good work and employment' is one of three short term priorities set out in Camden's Health and Wellbeing Strategy 2022-30, recognising that employment is significant social determinant of health and wellbeing.
- 3.10 The Health and Wellbeing Department have been using a population health approach to understand work and employment needs, and carried out a rapid needs assessment, looking at Unemployment, Economic Inactivity and Health. Data indicated that long-term sickness, particularly mental health and behavioural disorders, is a significant factor driving economic inactivity. Further, economic inactivity is not distributed evenly, with women, people from an ethnic minority background, those in contact with secondary mental health care settings and individuals with learning disabilities being most affected.
- 3.11 Consultation with staff working in the employment support space indicated that residents with health conditions find the employment process very challenging (particularly those with mental health conditions), that long-term unemployment leads to additional support needs around soft skills, motivation and confidence, that in-work support around toxic work environments are an increasing challenge for services and that many residents face varied and overlapping barriers to accessing employment.
- 3.12 A workshop is being planned for the Autumn to bring together key stakeholders across the employment support space, including Good Work Camden, North Central London (NCL) Integrated Care Body (ICB), NHS providers, and community organisations to build a clear picture of unmet need, identify challenges currently faced and to develop a list of priorities and potential improvements for the borough partnership to take forward.

#### **Loneliness, social isolation and community connectedness**

- 3.13 Tackling loneliness through the promotion of community connectedness is an organisational and partnership priority, featuring as one of the *challenges* in We Make Camden as well as a stated priority of Camden's Health and Wellbeing Strategy 2022-30. Over the past year, work has been ongoing to define the challenge, understand the current situation in Camden, bring together partners and stakeholders and consider options for intervention and changes to service delivery. Following an in-depth health needs assessment, a range of recommendations are being taken forward by the multi-agency Community Connectedness and Friendships Working group, which is co-chaired by the Council and Voluntary Action Camden, reflecting the importance of partnership and community activation in tackling loneliness.
- 3.14 The working group are initially focused on taking forward the following three recommendations:
- Improve identification and engagement of people who are chronically lonely and isolated,
  - Undertaking a borough wide communications campaign to increase awareness and reduce stigma,

- Explore service area specific opportunities to help reduce social isolation and loneliness.

### **Food Mission**

- 3.15 The Food Mission Strategy is one of the four Camden Missions (alongside Diversity, Young People, and Estates and Neighbourhoods). As Cabinet Member sponsor, I lead on the quarterly sessions to prioritise activity and help develop, maintain, and adapt relevant governance around delivery and evaluation.
- 3.16 The biggest driver of food insecurity is families not having enough money to meet their needs each month. The households most likely to experience food insecurity are those receiving Universal Credit, those where someone is limited by disability, and those with children, particularly single parent households with multiple children.
- 3.17 In January 2023, we completed work on the theory of change for the Food Mission. It sets out all the activities that are needed to deliver on the mission, which is 'By 2030, everyone eats well every day with nutritious, affordable, sustainable food'. It was organised under four big outcomes:
- Residents are food secure and don't need to access crisis food provision
  - Food is a foundation of children's and young peoples' flourishing lives
  - Residents eat a healthy and balanced diet
  - Camden's food system contributes to tackling the climate crisis
- 3.18 In our current system, community crisis food provision provides vital support, but does not move people out of poverty or food insecurity, and choice is often limited. Food insecurity affects more than crisis food provision users and the evidence shows that the cost-of-living crisis is making it harder for people to choose nutritious food.
- 3.19 The Food Mission encompasses the dual and related ambitions of poverty reduction and improvements in population health.
- 3.20 Key successes of the food mission to date are:
- A proposal for increased investment in a sustainable VCS and Camden Food Partnership funding is going through council decision making process. If approved, the fund will launch in March 2024.
  - Camden Food Partnership, Camden Advice Network and Warm Welcome Spaces networks have been consolidated into one Tackling Poverty Group.
  - Community Partnership Team is auditing community food assets and VCS food facilities capacity to have a comprehensive understanding of local gaps and opportunities.
  - The Green Spaces team had a funding proposal for food growing approved. Funding will be raised from the Missions Catalyst Fund.
  - Food growing is to be included in the general 'open space' requirement of 0.9m<sup>2</sup> per resident for all new developments in the Local Plan.
  - A proposal is being formed to hold a Camden Food Festival in August 2024.
  - Camden and UCL are partnering to conduct Urban Food System research. An application for £1million funding was submitted on 14th September.
  - Increased the breakfast offer at 22 of our most deprived schools now enrolled with Magic Breakfast, a national charity committed to ensuring a stigma free approach to food in schools. We have provided grants to 14 other schools to extend their existing breakfast offers and have also worked through our network of school contacts to distribute £158,000 of cost of living grants to families. All

schools now provide free places for pupils on Free School Meals where they have a breakfast offer.

- Increased the take up of free school meals. All primary schools now offer free school meals to all pupils since the start of this Autumn term, and we are working with secondary school pupils, parents, and teachers to identify further opportunities to increase the take up of free school meals.

### **Psychologically Informed Consultation and Training in Housing services**

- 3.21 Psychologically Informed Consultation and Training (PICT) is a non-case holding service employed by Camden and Islington NHS Foundation Trust to provide support to Neighbourhood Housing Officers and Managers in the Camden Housing Services. The PICT team consists of a group of psychologists, with the aim of improving the journey of residents with high need and high complexity.
- 3.22 The PICT Service supports housing staff in working with people who have a council tenancy and where there are concerns about the resident's ability to sustain their tenancy in the context of complex factors including mental health, anti-social behaviours, self-neglect, hoarding and challenging communication.
- 3.23 PICT also provides training for housing staff around understanding mental health and trauma and managing risk and crisis planning and acts as liaison and navigation between professionals in statutory health and social care services. PICT does not work with tenants directly but does support officers on joint visits with tenants.
- 3.24 Public Health recently conducted an evaluation of PICT, which found that that the service is meeting its objectives well, is highly regarded by officers, and is highly effective with housing staff reporting that PICT has helped them to understand how wider factors impact on tenants' lives and influence their mental and emotional wellbeing. This helps staff to resolve issues quickly to the benefit of tenants and neighbours. Housing staff reported that PICT support not only helps them to understand mental health pathways and services, but actively facilitates referrals to and communication with the right services that meets the tenants' needs.
- 3.25 As a result of the evaluation, Public Health is working with Housing and the Camden and Islington NHS Foundation Trust to ensure the longer term future of the service.

## **Pillar 2: Health and care services**

### **Supporting people with learning disabilities**

- 3.26 People with learning disabilities are at significantly higher risk of having poorer physical and mental health than those without a learning disability in our population. Annual Health Checks (AHCs) are carried out by GPs for people on their learning disabilities register aged over 14 years. They are different from the wider NHS health check scheme and are designed to pick up a wider range of unmet health needs and address these through preventative action. AHCs include: a physical check-up, advice about staying well, checking up on vaccinations, discussion of any symptoms, and reviewing management of long term conditions, including medications.
- 3.27 These annual health checks are needed because people with learning disabilities may be unaware of the medical implications of symptoms they experience, have difficulty communicating their symptoms, or may be less likely to report them to medical staff. Furthermore, carers may not always attribute clinical symptoms to physical or mental illness. Health checks therefore provide a way to detect, treat and prevent new and unmet health conditions in this population. Evidence suggests that



providing health checks to people with learning disabilities in primary care is effective in identifying and addressing previously unrecognised health needs.

- 3.28 In 2022/23 Camden GPs carried out Learning Disability Annual Health Checks for 94.1% of eligible patients on GP registers. This far exceeded the NHS Long Term Plan target set at 75%, and is significantly more than previous years where performance has been between 60% and 70%. This achievement is a result of our effective partnership working with GPs, and in 2022, we commissioned a health facilitator to work directly with GPs to improve the uptake and quality of AHCs, and liaise with social care to ensure residents obtain timely and bespoke support to manage their ongoing health issues. This investment demonstrates our commitment to tackling health inequalities for people with learning disabilities and supporting them to improve health outcomes.
- 3.29 It is imperative that we continue to undertake high levels of AHCs for people with learning disabilities to help identify concerns earlier and reduce the risk of premature mortality. Given the outstanding performance, in 2023/24 we would like to maintain or improve on the AHC uptake in the coming years.

### **Childhood immunisations**

- 3.30 Improving the uptake of childhood immunisations is an important strategic priority for the Camden Health and Wellbeing Board and Camden Borough Partnership, as well as the main population health priority for NCL Integrated Care System (ICS).
- 3.31 Camden, for many years, has had one of the lowest childhood immunisations uptake in the country. Vaccination data also highlights the inequalities in uptake in areas of high deprivation and for some ethnicities, and we know that inequalities in vaccine uptake contribute to short and longer-term health inequalities.
- 3.32 Addressing low uptake of childhood immunisations falls within the 'Healthy and Ready for School' short-term priority of Camden's Health and Wellbeing Strategy 2022-30. A child who is healthy and thriving at age 5 will already have embedded healthy behaviours and be ready to access education, laying the foundations for life-long health and wellbeing into working age and older. Being fully vaccinated on school entry is an important element of this readiness, preventing loss of education and protecting individual children from serious illness, as well as contributing to the herd immunity that benefits and protects our local communities. The strategy calls for a population health approach to engage the full range of health determinants and a united response from partners and communities.
- 3.33 In 2022-23, in response to the polio and measles challenge across London, the ICB and Camden Council are working closely in partnership to ensure a population health approach to improving uptake of childhood immunisations, including polio and MMR vaccines. This has been done through supporting communities to catch up on missed vaccinations. MMR vaccination is being offered in particular to children aged 1-11 who are partially vaccinated, and young adults aged 19-25. However all children and adults are being encouraged to check their vaccination status for MMR and speak to their GP if uncertain.
- 3.34 Further response from Camden Council has included:
- Focused catch up: the Council is supporting our NHS partners to deliver a MMR and polio catch up campaign to primary school children who may have missed one or both of the MMR doses.

- Outreach through our vaccine bus which has been delivering MMR vaccines and advice to residents all over the borough this summer.
  - Supporting our school aged immunisations team in holding vaccination sessions at two of Camden's asylum seeker contingency hotels (Maida Vale Apart Hotel and Comfort Inn Kings Cross) to provide vaccines and advice to residents there.
  - Supporting NCL ICB colleagues to submit an expression of interest for funding to deliver vaccinations through Family Hubs and Early Years settings.
  - A comprehensive communications plan with council, health and community and voluntary sector partners to encourage uptake of the MMR vaccine to residents in our target groups. This has included sending letters to all parents of primary school children, press and development of Camden-specific assets (social media, posters and leaflets). Communications materials are displayed in community sites across the borough, and communication packs have been widely shared to support distribution via partner channels, including primary care.
- 3.35 Addressing the priorities in partnership with system colleagues through a population health approach has already shown a steady improvement in uptake of routine childhood vaccinations. However, significant challenges remain. The complexity of the immunisation commissioning and delivery landscape has meant that bringing together systems partners can be difficult at times, while current arrangements for commissioning of immunisations programmes, which are mostly done nationally, leaves us with limited levers to influence locally.
- 3.36 We recognise that intelligence on vaccine coverage statistics remains relatively poor, especially for young people over the age of 5 due to inaccuracies and missed coding within GP practices, with an absence of adequate data sharing facilities and processes. This has made it more difficult to design effective and targeted outreach interventions and evaluate the impact of change initiatives.
- 3.37 Finally, there remains significant challenge in dispelling deeply entrenched vaccine hesitant and anti-vax views within certain ethnic minority and underserved communities, exacerbated by the Covid-19 vaccine debates, which will take longer-term engagement with communities and community leaders, and meaningful trust building to begin to bring about change.
- 3.38 Going forward, we will look to keep building on the strong foundations in Camden to tackle these deep-rooted challenges. We will take learning from this MMR and previous vaccination campaigns and put in place a long-term sustainable model of vaccine education and delivery, along with sustained outreach work with communities in conjunction with Family Hubs partners being planned. We will also continue to advocate at regional and national levels for more hyper-localised commissioning arrangements and better intelligence to aid immunisation delivery.

### **Pillar 3: Healthy behaviours**

- 3.39 There are a wide range of supportive services and assets in place in Camden. This section focuses on four key developments this year.

#### **Parks for Health**

- 3.40 Promoting our health enhancing parks and open spaces to those with the greatest needs, and more widely. The three year Parks for Health development programme culminated in March 2022 in the agreement of the future strategy and core actions. The programme shone a spotlight on the borough's parks but also the impact that green spaces have on our communities' health. Using a Natural Capital Accounting exercise, our parks provide £7 of physical health benefit and £13 of mental health

benefit for each visit. Based on 2.6m visits a year, this equates a return on investment of £11.58 for every pound spent.

- 3.41 Our Green Space Investment Programme has continued to improve and enhance green spaces across the borough, with a focus on areas of greatest need. £2.7 million has been invested into improving green spaces this year including transformational work at College Gardens, Cumberland Market and St Pancras Gardens to make spaces more welcoming, more accessible and offer greater health benefits.
- 3.42 The service's work is supported by a range of community-led activities that make the most of Camden's parks and bring them to life. This includes:
- gardening activity on 20 of our 75 parks,
  - well-being walks between sites (such as the popular Bloomsbury well-being walks),
  - The Conservation Volunteers (TCV) deliver Camden Green Gym and other volunteering opportunities in the borough for improving people's health and well-being while managing and creating habitats for nature.
  - Castlehaven Community Association to establish a new community project on Elm Village Open Space upper level.
  - We continue to work with local artist Oliver Chan on happy to talk benches, aimed at addressing social isolation and celebrate neurodiversity. There are currently benches in Chalcot Square and Belsize Village, with the next ones planned for South End Green and Kilburn.
- 3.43 We continue to hear how important it was for communities to have access to information on the parks and green spaces that are available and what they offer. In response to this we continue to improve our website, with new maps of local green spaces and user-focused information. In partnership with Voluntary Action Camden, a new Green Social Prescribing Directory has been created –helping to link people with healthy activities in their neighbourhood green spaces. We are also adding new signage to many parks to provide helpful information and make spaces more welcoming, including advice on how to use our outdoor gyms.
- 3.44 An extension of the work as well as a key part of Camden Food Mission, is the development of more food growing spaces in the borough. We have worked with a number of groups to establish new growing projects across the borough, expanding an already strong network of gardening and growing activity. New gardening beds have been installed in Somers Town, as part of the Future Neighbourhoods 2030 project, on Hillgrove Estate and at Sidney Boyd estate – providing space for residents to garden, grow produce and meet neighbours.
- 3.45 We are working with University College London (UCL) on an innovative new way to evaluate the health benefits of parks and green spaces, with the aim of providing a tool that can be used with communities to identify opportunities and demonstrate health benefits from parks<sup>4</sup>.

### **The Get Active Programme**

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<sup>4</sup> <https://www.ucl.ac.uk/bartlett/environmental-design/news/2022/sep/co-creating-healthy-parks-framework#:~:text=The%20Framework%20is%20a%20tool,plan%20and%20design%20healthy%20parks>

- 3.46 Supporting inactive residents with long term conditions to be regularly active, drawing on evidence-based behaviour change techniques.
- 3.47 A very successful programme supporting inactive residents identified by their general practice team and featuring in published research was piloted in 5 Camden practices and one Islington practice from April 2022. People are supported over 12 weeks, using a range of tailored behaviour change techniques delivered through motivational interviewing and health coaching, and connecting individuals to appropriate activities to be active locally.
- 3.48 Evaluation of the first phase of the programme involving 365 residents found that we can expect half of inactive people with a range of long-term conditions to become active at recommended levels by 3 months, with clear benefits to wellbeing. More than half of participants lived in more deprived areas, and 43% identified themselves as black, Asian, or other ethnic minority group members.
- 3.49 The specialists have become a valued part of the primary care team. Participants have found that support provided by the Get Active Specialists has helped people to build their confidence to be active, and the personalised advice has been invaluable. One resident commented “The encouragement and motivation received from the Get Active Specialist and the empowerment has been driving me to do better, the achievement of the goals to do more. The changes and the progress I have made have all happened because I had your support and encouragement, this has improved my wellbeing and quality of life”.

### **Shape Up**

- 3.50 The Shape Up programme started in Autumn 2022. The programme draws on strong research and practice which shows that a behavioural change programme led by male staff connected to a local football club can achieve excellent weight loss outcomes. Men are less likely to access general weight management programmes, as well as wider health improvement initiatives, so this programme is a strong addition to what's available locally.
- 3.51 63 Camden residents attended the first three 12-week evening programmes held at Acland Burghley School, Queen’s Crescent Community Association, and Camden School for Girls. Programme evaluation shows that only one in six starters did not complete the programme, two thirds of completers lost 5% of their body weight and one in five lost 10%.
- 3.52 The programme has been very well received by participants and further courses will be held across the borough – this Autumn’s course is running at Haverstock school. One recent participant said “Shape Up has made me feel much younger, more agile and boosted my confidence. I now make much better selection of food and drinks. Shape Up simplified the change process and has certainly put me on a different trajectory. It’s up to me now to keep on track.”

### **Camden’s new adult drug and alcohol services provided by Change Grow Live**

- 3.53 This new contract with Change Grown Live (CGL) started in April 2023 and provides a single point of access for Camden residents needing help or advice on any drug or alcohol issues.
- 3.54 The model for this service was co-produced with local people with lived experience. An independent group of service users were recruited to work with commissioners throughout the procurement process. They will continue to be

involved in the development of co-production approaches within the new service and support CGL with areas of service development and improvement going forward.

- 3.55 The new service incorporates a much greater focus on developing a number of areas including local peer support, family support and a greater focus on providing care and support where people are rather than always expecting people to attend the service location.
- 3.56 CGL have dedicated the first 6 months of the new service safely settling service users who transferred into their care and in building their professional networks to maximise the support available to anyone seeking support from the service. Whilst a transfer of care can cause anxiety this has for most people been ameliorated by the new service site in Kings Terrace. The site was co-designed with local service users, is a psychologically informed space and is a significant improvement on the service locations prior to April 2023.
- 3.57 During the initial phase of the new service Camden experienced a number of non-fatal overdoses and tragically one death as a result of contaminated heroin. CGL acted without delay to share messages about how to stay safe when using opioids and to encourage as many people as possible to carry naloxone (which acts to reverse opioid overdoses). From April to September CGL distributed 525 naloxone kits to service users, their families, community members and staff at Camden organisations that come in to contact with people who use drugs.
- 3.58 The service implemented a peer-to-peer naloxone programme in May 2023 resulting in the co-production of a proactive naloxone peer group. These are individuals with lived experience who have are able to deliver naloxone training to other service users, members of the public and/or partner agency staff. Naloxone peers are active at the service and across the borough, having delivered training to Community Safety Officers, Camden Council staff, hostel staff and attendees at community members at neighbourhood events.
- 3.59 The service is working in close partnership with Camden Market (Labtech) to deliver a co-produced market stall promoting the service and raising awareness of drug and alcohol use and how to get help. Service users use this space to build recovery in the community and challenge stigma, displaying their artwork, photography and films and talking to members of the public about recovery and about the impact of substance misuse on families and communities.

#### **Pillar 4: Place and communities**

##### **Suicide prevention**

- 3.60 Suicide prevention is a borough priority and the Health and Wellbeing Department works in close collaboration with a broad range of partners through the Suicide Prevention Partnership, which covers both Camden and Islington, to share resources, new information and set goals for collaborating to reduce suicide, through, amongst other things, the delivery of the Suicide Prevention Strategy. The strategy has 3 key messages:
- Suicide is preventable.
  - It's safe to talk about suicide.
  - Suicide prevention is everyone's business.
- 3.61 The strategy also has a number of priorities to help deliver the aim of reducing suicides including, enabling a skilled workforce who are confident to address suicide risk, increasing support to key high-risk groups, including those who self-harm,

people bereaved by suicide, middle-aged men, and people in suicidal crisis, and, improving data collection, monitoring, and insight.

- 3.62 Activities to improve mental health, wellbeing and resilience of all members of the general population are also a critical part of suicide prevention. This includes increasing community resilience, and building community mental health awareness to reduce stigma, improve mental health and foster early access to services when needed.
- 3.63 Tackling the societal drivers of suicide is a critical component of reducing suicide risk. People living in the most disadvantaged communities face the highest risk of dying by suicide. Factors such as debt, gambling addiction, substance misuse, loneliness, homelessness and unemployment all increase the risk of suicide. Thus, the core work undertaken by non-mental-health services, such as housing, employment, debt support, inclusion, and bereavement support all contribute to suicide prevention. In Camden, the staff within these services are included in our suicide prevention partnership; this aims to increase staff awareness of how their organisation and the services they provide can help to prevent suicide. Many have also had training to improve their understanding of mental health, be more aware of suicide risk, and better able to talk about wellbeing or sign-post clients to appropriate mental health and support services.
- 3.64 A key focus of suicide prevention is the people who use mental health services; nationally, a third of people who die by suicide are in contact with mental health services. Camden and Islington NHS Foundation Trust's 2021 Suicide Prevention Strategy outlines their approach to suicide prevention and support for those bereaved by suicide. It has a key focus on strengthening their workforce's engagement, skills and confidence, strengthening their partnerships with service users, carers and partner agencies, and developing effective systemic learning. It is informed by the ten key elements of safer care identified during the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)

#### **Homelessness transformation**

- 3.65 Camden has a high prevalence of people experiencing homelessness compared to other boroughs, in part due to its position as an inner London borough with an acute shortage of affordable housing and relatively high cost of living. As well as residents experiencing homelessness, Camden has a high churn of people sleeping on the streets with no previous connection to the borough, especially around major national and international transport hubs and the illicit drug market.
- 3.66 Residents experiencing homelessness often have a range of co-occurring and mutually reinforcing needs. They also experience some of the most entrenched inequalities in society due to a complex mix of structural and individual factors. This complexity, often referred to as 'multiple disadvantage', results in people falling through gaps between services and accessing support at a much later, often critical, stage. Mainstream services can struggle to manage the complexity of needs, whilst specialist services are often not 'catch all' or flexible enough to address the overlapping nature of these needs.
- 3.67 The homelessness transformation is a three-year programme, running from April 2022 to March 2025, that aims to implement a more integrated and relational approach to addressing homelessness in Camden. In particular, the aim is to build on the response to the Covid-19 pandemic and the acknowledgement that a 'whole system' approach to homelessness is required.

3.68 The transformation has five system priorities, derived from extensive engagement with over 50 services across 30 organisations. The systemic issues faced by these stakeholders were themed and prioritised by the programme board, including people with lived experience, and validated at a larger partnership launch event. Over a series of ‘deep dive’ workshops into these overarching system priorities, a wider partnership of over 80 staff and people with lived experience developed more specific change ideas. Coproducers then identified three areas to prioritise. These areas, alongside four staff-led projects, make up the key objectives for the transformation in 2023/24:

- Develop a Camden-wide framework for trauma informed approaches and psychologically informed environments – including practical tools and resources, a focus on staff wellbeing and peer support.
- Develop and test a ‘client passport’ that can be used across services to reduce unnecessary repetition of personal stories (coproduction priority).
- Develop a system map that helps people navigate the support they need (coproduction priority).
- Embed more formalised multiagency working in select test sites, including rolling out ‘Team Around Me’ as a unifying case discussion tool.
- Commissioning an integrated health and social care offer from 2025.
- Exploring a longer-term shift towards ‘housing first’ approaches.
- Improve understanding and accessibility of mental health support, particularly where people have co-existing drug and alcohol needs (coproduction priority).
- Insight work with specific population groups to improve our understanding and response at an earlier point – for example, coproduction with autistic adults and convening a women’s homelessness group.

3.69 As a next step, the programme aims to launch flexible ‘test and learn’ projects by September. This includes a multiagency working pilot where key stakeholders will be asked to test the client passport, use of ‘Team Around Me’ for complex cases and other approaches to closer working, such as joint visits and shared outreach. ‘Test and learn’ sites will continue for 6-12 months and the focus for the last year of the programme in 2024/25 will shift towards how the partnerships and coproduction can be sustained within the system longer term, and the change ideas that have a positive impact can be embedded across different settings and services. There is an evaluation section of the programme that is considering how to measure this impact, both in individual workstreams and across the whole programme.

3.70 The programme, through its forums and Programme Lead, has also been acting as a focal point to surface and discuss a range of issues across Camden’s homelessness system. Whilst there are considerable strengths in Camden to build on, many entrenched barriers and issues remain for people experiencing homelessness.

3.71 A key challenge is that services in the homelessness system are currently under significant strain. In the context of a lack of affordable housing and the cost-of-living crisis, more residents are at risk of homelessness, and it is becoming harder to find suitable housing options for those who become homeless. Compounding this are significant structural issues around workforce shortages and a need for more integrated planning and funding at national, regional and borough levels, the lack of which reinforces siloes in how services are delivered and causes fragmentation and tightening funding in the system. These issues in part lie outside the influence of the transformation programme and limit our responses locally.

#### **4. Working together with the NHS and local partners to deliver joined care and support in neighbourhoods**

- 4.1 Over the last year the Council has worked in close partnership with the NHS through the Camden Borough Partnership, part of the North Central London Integrated Care System. The overriding priority of the borough partnership has been to accelerate the joining up of health and care services at a neighbourhood level, providing a better experience and improved outcomes for local people.
- 4.2 Integration in neighbourhoods is a long-term journey that will require structures, cultures and relationships to evolve over time. Transformation in Camden will be incremental, and informed by the evidence of what works. In the short term:
- We will **Test & Learn** through a new **Integrated Neighbourhood Team (INT)**, drawing from our successful model of integrated children's services and looking at what works elsewhere. The initial INT will bring together teams from the Council, Camden and Islington (C&I) NHS Foundation Trust, Central and North West London (CNWL) NHS Foundation Trust, and primary care.
  - We will continue to build up **Neighbourhood Networks**, nurturing relationships between people who improve health and wellbeing at a local level.
  - Within our separate organisations, we will continue to prepare/shape-up for locality-based working in the long-term.
  - We will develop a shared vision and ways of working for *everyone* across the partnership, whether you work in the NHS, local council or within the community.
- 4.3 **Relationships with VCS providers** - The Council has a range of contracts with our voluntary sector which are focused on maximising the independence, wellbeing and empowerment of our residents which in turn helps to prevent the need for more intensive forms of health or care support. Over the last year the Cabinet Member for Health, Wellbeing, and Adult Social Care has been visiting many of these services to understand the positive impact these services are having on our residents and communities.
- 4.4 This included our new advocacy service delivered by Rethink Mental Illness. The service was recommissioned last year, and the new service extended the remit beyond the statutory minimums to ensure more people can have their voices heard and be central to decisions around their health, care and support. This included for those informally detained under the Mental Health Act, as well as new support for autistic residents. Good quality advocacy is essential to prevent crises and ensures needs do not escalate further.
- 4.5 In September last year, our Cabinet agreed a new grant award to Camden Disability Action (CDA), our Disabled-led organisation who deliver our Centre for Independent Living at the Greenwood Centre. CDA have run a successful leadership programme where 12 local Disabled adults have been trained and supported to lead their own change projects addressing systemic barriers in Camden. One example was a project set up by six d/Deaf residents focused on barriers for d/Deaf people communicating with the Council. CDA also now deliver our d/Deaf Advice service in partnership with deafPLUS to ensure equality of access to services, information, and opportunities within the Camden community.
- 4.6 The Cabinet Member also visited our Home Improvement Service, which offers a handyperson service to our older and disabled residents, as well as major adaptations such as the installation of level access showers. The service delivers the overall aim for our residents to say, "I live in a home, which is safe, accessible and



suitable so that I can be as independent as possible.” Last year the service completed over 1,000 handyman jobs and almost 50 major adaptations.

## **5. Conclusion**

- 5.1 This report has predominantly highlighted the transformative activity underway in our services aimed to bring about healthier and more independent lives in Camden. It articulates ambitions for person-centred care and support, our vision for integrating health into all policies, and our ongoing focus on prevention to address health disparities to enhance overall population health outcomes in borough.
- 5.2 In the current landscape, I take immense pride in the ambition and success of our services and partners, who tirelessly strive to improve the health and wellbeing of our residents despite the unprecedented circumstances and system pressures that they are confronted with. Workforce challenges, waiting lists and system backlogs will remain a challenge next year, as will the impact of the national leadership failures that have compounded issues on our most vulnerable residents. However, Camden remains confident and resilient, and at the forefront of progressive change in the health and care sectors.
- 5.3 Looking ahead, my priority will be to support our ongoing transformation journey and make sure it has a real and lasting impact on local people. I firmly believe that through effective collaboration, we can unlock significant benefits for our residents and better harness the strengths of the communities we live in. Our aspirations for deeper integrated working between health and care services in neighbourhoods has the potential to make local services much more than the sum of their parts. However, achieving our ambitions necessitates a collective effort across all our partners that must be guided by the voice and experience of local people.
- 5.4 Finally, I would like to thank all colleagues, partners, staff, and volunteers who have determinedly worked towards the shared ambitions of We Make Camden throughout this challenging year.

## **6. Finance Comments of the Executive Director Corporate Services**

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

## **7. Legal Comments of the Borough Solicitor**

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

## **8. Environmental Implications**

- 8.1 No environmental implications have been identified from the content of this report.

**REPORT ENDS**