

LONDON BOROUGH OF CAMDEN	WARDS: All
REPORT TITLE: Risk Deep-Dive – Pressures in the Health System	
REPORT OF: Executive Director Adults and Health	
FOR SUBMISSION TO: Audit and Corporate Governance Committee	DATE: 4 th April 2024
<p>SUMMARY OF REPORT</p> <p>This report provides Members with an overview of the ‘pressures in the health system’ principal risk to enhance the Committee’s understanding of how this risk is being managed. The purpose of the risk deep-dive is to enable the Committee to fulfil its duties regarding monitoring the Council’s effective operation of risk management as set out in its Terms of Reference.</p> <p>Local Government Act 1972 – Access to Information</p> <p>No documents that require listing were used in the production of this report.</p> <p>Contact Officer: Colin Gajewski Senior Policy & Projects Officer 5 Pancras Square London N1C 4AG 020 7974 3338 colin.gajewski@camden.gov.uk</p>	
<p>RECOMMENDATIONS</p> <p>That the committee note how this risk is being managed.</p>	

Signed:



As agreed by the Executive Director Adults and Health
Date: 21/03/2024

1 Purpose of the report

- 1.1 In accordance with its Terms of Reference, the Audit and Corporate Governance Committee (the Committee) is required to monitor the Council's effective development and operation of risk management. In addition to this, the CIPFA position statement on Audit Committees in Local Authorities specifies a number of core responsibilities for audit committees, one of which is to "consider the effectiveness of the authority's risk management arrangements and the control environment."
- 1.2 The purpose of the risk deep dive is for the Committee to obtain a deeper understanding of the chosen risk area and develop insight into the risk controls and action plan.

2 Current Risk Context

- 2.1 **Workforce:** Recruitment and retention in Adult Social Care continues to be a challenge and this is in line with regional and national trends. In order to ensure resilience and enough capacity to deliver our statutory requirements safely we have invested in additional staff across our services. Delivering on our workforce strategy and ongoing recruitment campaign continues to be a priority.
- 2.2 **Hospital discharge and system resilience:** adult social work teams are attached to each of the Acute Trusts as well as in Mental Health hospital settings and these teams support discharge from hospital for people who have care and support needs. These teams are generally fully staffed and able to manage demands including periods of surge. The numbers of people who are delayed in Camden hospitals awaiting discharge remain consistently low.
- 2.3 **Reablement** is a short-term service for approximately four to six weeks that supports residents to maintain or regain independence. The services for both for the long-term care and reablement will focus on building resident independence and prevent or delay the need for care and support. They will develop a partnership approach in their neighbourhood or locality with partners in health, social care and the voluntary and community sector to ensure that residents' quality of life is maximised. Our reablement services provide support to people who are discharged from hospital and need a period of intervention to aide their recovery from an illness or surgery. These services are provided by specialist agencies who operate across the Borough.
- 2.4 **Equipment and adaptations at home** are also available to support people home from hospital and delivery and installations can be prioritised for people leaving hospital. The community equipment contract has a range of delivery speeds which the prescribers can use depending on the urgency of the need. The main speeds are:
- Emergency out of hours (4 hours)
 - Same Day
 - Next Day
 - Within 2 days
 - Within 3 days

- Within 5 days

For same day orders, the cut off time for placing orders is 5pm that day. The service is provided 6-days a week as standard, with out-of-hours deliveries possible on Sunday or overnight.

2.5 Increasing demand

Camden has a younger population than the England and London average. However, like all parts of the country, the fastest growing age group in Camden is the 65+ age group, projected to increase by 26% by 2033 (GLA 2021 projection). Older adults have higher health and care needs and utilisation due to increasing ill-health and frailty. For example, patients aged over 65 years of age (12% of the resident population) account for 40% of emergency hospital admissions in Camden. Hospital admissions are often longer in older patients due to the need for rehabilitation and safe discharge arrangements – in Camden the percentage of patients with a length of stay in hospital over 21 days has increased from 5.3% in 2021/22 to 6.9% in 2022/23 however these rates remain comparatively low.

The challenges of poor health in the population have been compounded in recent years by the impact of the COVID-19 pandemic and the Cost-of-Living crisis. COVID-19 led to a growing elective care backlog in the health system with growing numbers of patients on waiting lists. Increasing levels of poor health, multimorbidity and frailty leads to increasing resident needs and pressure on adult social care services.

The numbers of people who draw on support from ASC has consistently risen since the Covid pandemic and this has meant higher numbers of people waiting for ASC interventions than we would have previously seen. However this year we have seen levels of demand begin to return to pre-Covid levels and we are now able to begin to address the backlog and gradually reduce the numbers of people who have been waiting for assessments and reviews.

2.6 Seasonal demand

Each year there is an increase in healthcare activity associated with the seasonal impacts of influenza, other respiratory viruses, and cold weather. The peak in flu season usually occurs between December to February each year increasing pressure on the health system during this period leading to an increase in hospital admissions (see Figure 2). In 2022/23 winter, season featured a particularly bad flu season due to a resurgence of flu following its suppression during the pandemic. In the 2023/24 winter season by contrast, flu levels have been manageable thus far (Figure 2).

Since 2020, seasonal flu pressures have been compounded by the risk of COVID-19 surges, although waves of COVID-19 are less predictable than the annual flu wave (Figure 1). Since the emergence of the Omicron variant in 2022, there has not been a variant that has significantly altered the trajectory of the pandemic in the UK. COVID-19 hospitalisation across London have been relatively low since early in 2023 (Figure 1) and COVID-19 risks in

general are decreasing over time. Care homes are at this point experienced in managing outbreaks of acute respiratory infection.

3 Risk mitigation and monitoring

3.1 Partnership working by health and care leaders and staff

Health and care system leaders come together in a variety of fora to remain coordinated on health system pressures, for example via the Camden Integrated Care Executive and Local Care Partnership Board.

In the Adult Social Care space the following fora facilitate the planning and coordination of response to identified risks:

- **Discharge Lead Meeting:** This is a meeting of Heads of Service managers across the 5 NCL boroughs to discuss local authority interface with health colleagues around matters pertaining to hospital discharge. As an example funding streams such as Continuing Health Care eligibility are discussed as well as practice protocols, capacity in care homes and commissioning issues that can impact capacity across the 5 boroughs.
- **UCLH System Partnership Meetings:** This group discusses the structure of the Transfer of Care Hubs, barriers to discharge across the 5 local authorities and any shared practice and resource.
- **UCLH Operational Leadership Group:** This meeting includes senior management of the Integrated Discharge Teams including all health partners and ASC. It is a forum to look at best practice protocols and barriers to hospital discharge including any current pressures on the overall system, both in health or ASC.
- **MADE (Multi-Agency Discharge) events:** these meetings are convened when there is a pressure on beds in the acute hospitals and there is added pressure to free beds via discharge of patients. Any patient whose situation is considered to be a long delay of discharge is discussed and plans put in place to speed up the discharge process. These meetings usually happen weekly but in times of extreme pressure can be daily.
- **Daily IDT (Interdisciplinary team) meetings:** These meetings take place daily at each hospital, Royal Free, UCLH and St Pancras (SPRU), for discharge planning discussions. This is a review of all patients who are medically ready to be discharged from an acute hospital. The discharge pathway is agreed by the team, i.e. home with package of care, nursing placement for example. The social work team will then organise the discharge for all ASC funded discharges and co-ordinate services required to support the person from hospital to the community. If a person is being discharged via CHC funding health colleagues will organise.
- **Virtual Ward daily review meetings with MDT-** This is a health led meeting and includes consultant for virtual ward, district nursing, Carelink, Discharge

to Assess and ASC Social worker. It is to review who is coming on to the virtual ward, what support they need and also anyone being discharged from virtual ward with any ongoing care and support needs.

- Royal Free Hospital (RFH) Operational Meeting: This is a meeting between RFH managers and Integrated Discharge team leads with the Social Work team to look at any systems and process or procedures in the system that are working well or that need improvement or changing.

3.2 Better Care Fund

The Better Care Fund (BCF) is the mandatory pooled fund across health and social care. Under the BCF, local authorities and NHS Integrated Care Boards are required to enter into annual pooled budget arrangements and agree an integrated spending plan for the BCF funding. The total Camden BCF in 2023-24 is £40.4 million and in line with the national BCF policy framework supports the delivery of two key objectives:

- **Core objective 1** - Enable people to stay well, safe and independent at home for longer.
- **Core objective 2** - Provide the right care in the right place at the right time.

Camden BCF investment continues to focus on supporting people to live healthy, independent and dignified lives, through joining up health, social care and housing activities with a strong focus on prevention. The schemes funded through the BCF that contribute to reducing overall health pressures include:

- **Disabilities Facilities Grant and Home Improvement Service** which deliver home adaptations and home safety assessments.
- The **Careline Assistive Technology** service which provides a wide range of home monitoring and alarms as well as an emergency response service.
- **Advocacy** which ensures all residents voices are central to decisions about their health and care.
- Investment into **discharge to assess, hospital social work teams** and discharge pathways.
- **Community health service** such as district nursing, rehabilitation at home and rapid response.
- Bed based and community based **reablement** services.
- Support and breaks for **unpaid carers** to sustain them in their caring role.
- The **Autism Hub** support autistic adults to access the right services and deliver autism specific counselling and peer support.
- The **mental health** crisis house, crisis sanctuary and the 'Minding the Gap' service for 18 to 25-year-olds.
- **Community equipment** to provide a range of aids to keep people independent and safe at home.

3.3 Integrated Neighbourhood Teams

To manage the long-term growing demand of health needs of an ageing population, Camden is embarking on the development of integrated

neighbourhood teams (INTs), with a pilot East INT launching in Kentish Town in April 2024. This will adopt a 'test and learn' approach to developing a neighbourhood-based multidisciplinary model of care, delivered by community, primary care and mental health teams working together, to support individuals to stay well through upstream prevention and a holistic approach to addressing needs.

3.4 Seasonal demand

- Camden's Health Protection Group brings together a forum of council and health system partners to brief and coordinate on health protection issues, including monitoring of infection rates, changes to guidance, vaccination promotion and cold weather advice (including dissemination of cold weather alerts). Additional public health briefings are delivered to care home managers and school headteachers as required.
- The Winter Vaccination Campaign is promoted annually through council and ICB communication channels, including promotion of the Camden Vaccine Bus operated between the UCLH vaccine team and council staff.
- Outbreaks of acute respiratory infection in care homes are reported to and managed by UKHSA health protection teams, and ASC commissioners are kept informed of outbreak management and issues such as PPE supply and staffing levels.

4 Outlook for the next 12 months

- 4.1 ASC have been able to invest in its workforce however recruitment to key roles such as Social Work and Occupational Therapy remains a challenge both in Camden and across London and we expect this risk to remain.
- 4.2 Health system pressures: NHS England has a plan to tackle the elective care backlog though this may be disrupted if there is further industrial action. Over the long term, the pressures associated with an ageing population will continue to increase, although this will be gradual over time.
- 4.3 Seasonal demand risks: pressure from influenza hospital admissions will continue to diminish as we come out of the 23/24 winter season. COVID-19 risks are continuing to decline over time. The flu season for 2024/25 is not yet possible to predict (this is dependent each year on which strains are circulating and how well matched is that year's vaccine), but the Camden health protection group looks to any early data available from Australia (which experiences their flu season during our summer months) to understand what the likely impact will be of the upcoming flu season.

5 Legal Comments of Borough Solicitor

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

6 Finance Comments of the Executive Director Corporate Services

The Director of Finance has been consulted and has no comment to add to the report.

7 Environmental Implications

There are no environmental implications to the contents of this report.

Appendices

1. Principal Risk information and action plan ('risk on a page').
2. COVID-19 and Flu Data

REPORT ENDS

Appendix 1: Principal Risk information and action plan ('risk on a page' from the latest principal risk report, Nov 2023)

Risk Information Risk Title – 8. Accumulation of Pressures in the Health System	Risk Scores	Existing Controls			
<p>Risk Accumulation of system pressures within health services arising from industrial action, increasing demand, elective care backlog and seasonal care demand which results in the local health system being unable to meet residents needs and greater pressure on adult social care.</p> <p>Cause No single individual cause but an accumulation of risks within the system including industrial action, increasing demand due to poorer resident health, elective care backlog and seasonal pressures.</p> <p>Consequence Increasing population ill health and poorer health and wellbeing outcomes.</p> <p>Risk Update: The Council have continued to engage fully in the North Central London Integrated Care System (NCL ICS) and in the Camden Integrated Care Partnership (ICP) to support a resilient health and care system. We are currently working closely with the North Central London Integrated Care Board (ICB) to review our pooled budgets, our Better Care Fund and processes for integrated strategic planning. This will help ensure that we are able to continue to deliver high quality outcomes for Camden residents and ensure that our approach to resourcing and investment is aligned and effective. We are also working closely with partners from primary care, community health and mental health to develop our first integrated health and care neighbourhood team. We anticipate the first team being up and running in Kentish Town during 2023 with teams across the remaining four neighbourhood being established during 2024. We continue to commission a number of preventive health and wellbeing services within primary care to support health and wellbeing. Risk levels remain high due to the significant healthcare demand and financial challenges and the level of change needed to achieve full integration between health and social care. We expect the risk score to remain stable over the next six months.</p>	<p>Current Score: L: 3 I: 4</p> <p>Target Score: L:2 I: 2</p> <p>Gap to target: L: 1 I: 2</p>	<ol style="list-style-type: none"> 1. Active engagement of the council in the development of integrated care systems and delivery of the population health and integrated care strategy ambitions. 2. Meetings between key Camden health and care leaders 3. The development of joint Council and Integrated Care Board (ICB) initiatives to integrate community services thereby getting the best value from the available resources in the community. 4. Effective communication, joint working and governance across the ICB and the Local Authority, including the Health and Wellbeing Board, regular meetings of senior Cabinet member and officers, the integrated commissioning committee and developing governance arrangements to support the Camden local strategy. 5. Shared ownership of the 'Better Care Fund' and prioritisation of resources to where they are most needed. 6. Camden Integrated Care Executive – Chaired by Executive Director for Health and Adults, senior executive oversight of the developments of integrated care partnership borough level), accountable to Health and Wellbeing Board. 			
Action	Expected impact	Resources required	Owner	Due Date	Status
Continued work the delivery of the ambitions within the Population Health and Integrated Care Strategy	Reduce overall score	Staff	J. Mcgregor / K. Watters	Ongoing	In progress

APPENDIX 2 – COVID-19 and flu data

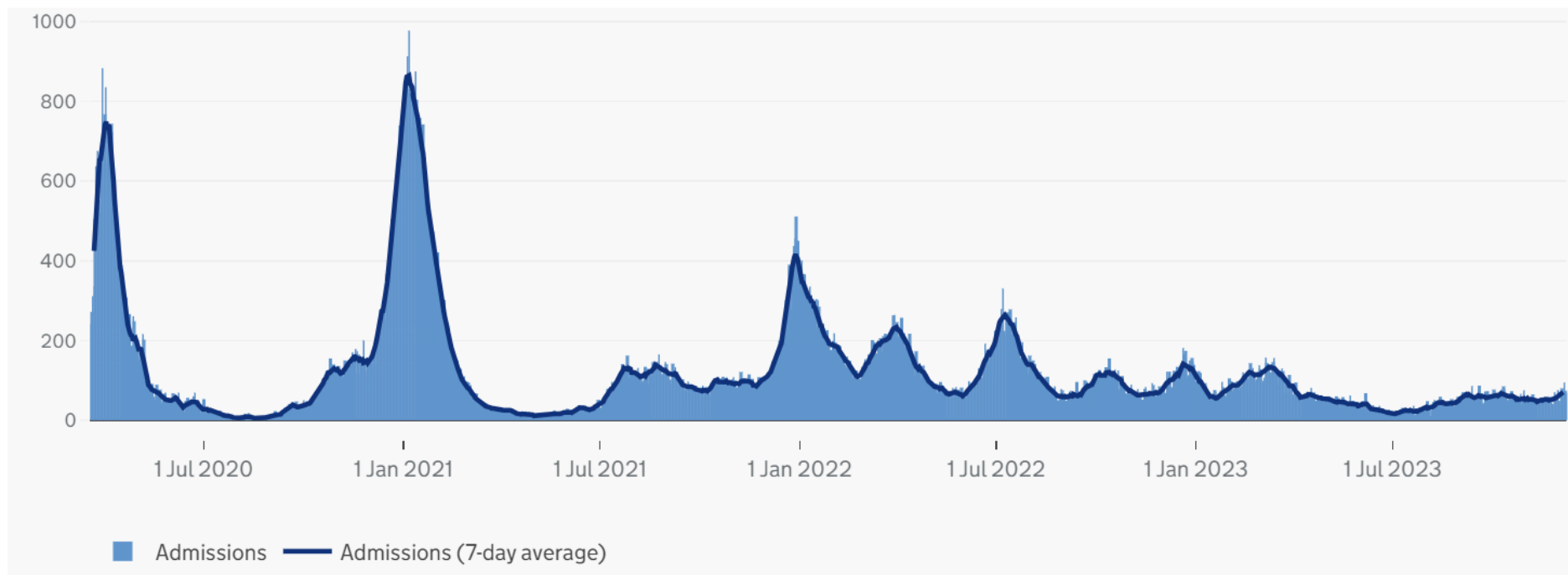


Figure 1: COVID-19 hospital admissions in London (Mar 2020 – Dec 2023)

Source: <https://coronavirus.data.gov.uk/>

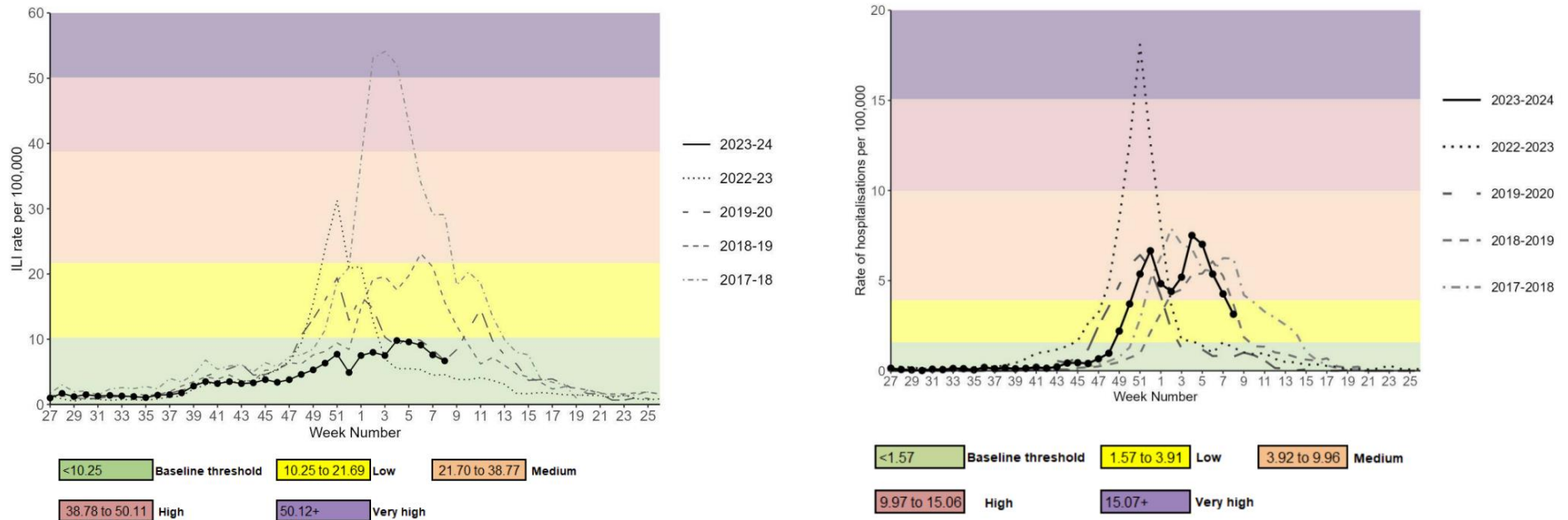


Figure 2:

(LEFT) Primary care surveillance for influenza-like-illness (ILI), England, 2017/18 - 2023/24

(RIGHT) Weekly overall influenza hospital admission rates per 100,000 trust catchment population England, 2017/18 - 2023/24. Seasons 2020/21 and 2021/22 have been removed due to low activity throughout these seasons.

Source: National Influenza and COVID-19 surveillance report Week 9 report (up to week 8 2024 data) 29 February 2024