

## **Update of the Cabinet Member for Health, Wellbeing and Adult Social Care**

Health and Adult Social Care Committee 16<sup>th</sup> December 2024

### **1. Purpose of the Cabinet Member update**

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

### **2. Adult Social Care (ASC)**

#### **2.1. Waiting Lists**

- 2.2. We are seeing more people approaching us for support and often presenting with greater complexity of need. For example, we have had over 3000 requests for support in the first 6 months of this financial year (by comparison our 23/24 SALT data had 3942 requests for the whole of that year). All of this contributes to some people waiting longer than we would like for support.

- 2.3. We are continuing to work hard to provide timely support whilst managing increasing demand and complexity. We continue to ensure that there are no delays relating to Safeguarding enquiries but in some areas such as reviews people are waiting longer than we would like. We are taking a dynamic approach to reducing waiting times, including increasing assessment capacity. Our leadership maintains a firm grip on the situation. Any individual who requests support is risk assessed so that people with the most urgent needs are always seen first. If someone's situation has changed whilst they are waiting, issues are picked up through our duty teams.

- 2.4. Current status of waiting lists for each area is provided below;

- 2.5. **Assessments:** Since July 2024 we have **reduced the number of people waiting** for an assessment across all teams by 55%, from 304 to 141. However everyone waiting for a full assessment will have already received an initial assessment and services will be in place for those with urgent needs with a full assessment to follow.

- 2.6. **Reviews:** Since July 2024 we have **reduced the number of people waiting** for a review across all teams by 14%, from 648 to 561.

- 2.7. **Carers: Waiting list size is a recognised challenge** and priority. The majority of carers on our waiting list are known to Camden Carers and many of them will be benefiting from their wider offer and range of services. **Maximum waiting times have reduced** but are still a challenge. We continue to prioritise those with the longest waiting times, and when triaging we focus on those with the most need. We have seen a large increase in total carers assessments completed, reflecting our increasing focus on carers. We are

on track to complete 1000 this year, compared to 750 the previous year and 550 the year prior.

- 2.8. **Aids and Equipment:** We have reduced the number of people waiting for occupational therapy assessments by 32% in the last 12 months, with no one waiting more than 4 months for an assessment. Timeliness of provision of equipment is also improving and the number of people waiting has reduced by 48% since July 2024, with the average waiting time reduced to 3.7 days (down from 6). The majority of those who are waiting longer are waiting for specialist orders which inevitably take longer to fulfil.
- 2.9. **Neighbourhood teams:** Work to tackle assessment waiting times has been a key priority in Neighbourhood teams since their establishment, with a continued reduction in the number of people waiting for an assessment since the teams were established in the summer of 2024. Maximum wait times for assessments have reduced and community reviews in our neighbourhood teams have also reduced by 75% in the last year.
- 2.10. We have invested in our new Neighbourhood teams, including funding twelve additional full time practitioner posts. Additional social work and occupational therapy capacity has also been sourced from external providers, and we are drawing on the capacity of providers to support with more reviews where possible.
- 2.11. Additional capacity has been commissioned through Camden Carers to address the backlog of carers conversations and reviews in Neighbourhood and Mental Health teams, and a carers practice lead has been recruited.
- 2.12. **Mental Health Social Work:** From January 2025, line management of Social Work staff currently seconded to the Mental Health Trust will return to the Council, thus ensuring closer scrutiny and assurance around waiting times.
- 2.13. **Safeguarding**
- 2.14. The quarterly Safeguarding Adults Board (SAB) meeting took place on 14th November with full representation from all statutory partners, including the Metropolitan Police, NHS, Camden and Islington Trust, and Camden Adult Social Care. Additional attendees included representatives from housing services, the London Fire Brigade, the voluntary care sector, and children's services.
- 2.15. An update was provided on the appointment of the new independent chair, Dr Adi Cooper, who will take up chairing responsibilities at the next meeting scheduled for February 2025.
- 2.16. The meeting reviewed the Quarterly Information Performance Dashboard for Q2, noting a few key points;
  - The number of Home Fire Safety visits was approximately half of the figures recorded for the same quarter in 2023. A representative from the London Fire Brigade clarified that this reduction was due to a new strategy focusing on providing more intensive support to the most vulnerable individuals.
  - Camden Social Services continues to review safeguarding referrals on the day of receipt, maintaining a median review time of one day. Section 42 enquiries are initiated promptly, and risk assessments are carried out with further action taken as

needed. However, some delays in the transition of documentation were noted, and guidance has been issued to address this issue. Weekly audits confirm that reviews are conducted in a timely manner and that effective risk mitigation measures are in place.

- 2.17. Public Health colleagues provided an update on the work around suicide prevention, which began in 2022.
- 2.18. **ASC CQC (Care Quality Commission) Assessment**
- 2.19. CQC notified Camden Adult Social Care of its commencement of a Local Authority Assessment on 25<sup>th</sup> June 2024. In this notification they requested our Self-Assessment documentation and Information Return, both of which were subject to earlier nationally published guidance. A further notification was received on 23<sup>rd</sup> September, informing our Executive Director of Adults and Health of the intended date of the onsite visit by inspectors, as well as the deadline for submission of details of 50 cases which CQC would choose from to undertake case tracking.
- 2.20. CQC inspectors undertook their onsite visit in Camden from 18<sup>th</sup> to 20<sup>th</sup> November, finalising their interviews online with NHS partners on 21<sup>st</sup> November.
- 2.21. **Case tracking:** Of the 50 records we submitted to the CQC, 11 records were chosen by CQC for further submission of more detailed case information following which 7 records were chosen for case tracking. Case tracking entailed interviews being undertaken with a mixture of residents, service providers, social care practitioners, carers, advocates and residents themselves.
- 2.22. **Onsite inspection:** Adult Social Care was informed in the second notification that the date of the onsite inspection would be from the 18<sup>th</sup> to 20<sup>th</sup> November. During the onsite inspection face to face meetings were held with:
- staff and leaders
  - partner agencies
  - people who draw on care and support services
  - representative groups
- 2.23. Prior to their onsite visit on the 10<sup>th</sup> October, a leadership presentation meeting was held with four CQC inspectors and our senior leadership team. This was an opportunity to share more detail about the way Adult Social Care in Camden is structured, what we are proud of and the way we collaborate across the council to meet our Care Act responsibilities. A planning meeting between Camden and the CQC followed on the 17<sup>th</sup> October, where the scope of the focus groups and individual interviews were discussed and agreed with the CQC.
- 2.24. There were nine CQC inspectors onsite, 47 internal briefs and debriefs held, and well over 100 of Council colleagues, our partners and providers involved. In total during their onsite visit, the CQC undertook 16 focus groups and engaged with 113 staff and managers. They also undertook 11 individual interviews, including with our Principal Social Worker, Executive Director of Adults and Health, the Chief Executive and Members, including Cllr Lorraine Revah, in her capacity as Chair of HASC, Cllr Judy

Dixie, in her capacity as an opposition Member of HASC and myself, in my capacity as Lead Member for Adult Social Care and Chair of the Health and Wellbeing Board.

- 2.25. The CQC will conclude their inspection activities with a final meeting with the Executive Director of Adults and Health, Director of Adults Social Care Operations and Director of Adult Social Care Strategy and Commissioning on 3<sup>rd</sup> December. We are likely to receive the draft inspection report in the new year.
- 2.26. **Engagement on a new model for mental health supported accommodation**
- 2.27. As part of our wider 'Supporting People, Connecting Communities Accommodation Plan', we are redesigning our mental health supported living pathway, which provides vital accommodation-based support to up to 199 people with serious mental illness in Camden.
- 2.28. The Pathway supports people to progress their mental health recovery in a safe and supportive environment, develop the independent living skills to have their own home and live fulfilling, healthy lives as part of their community.
- 2.29. We are engaging a wide variety of stakeholders to develop and implement a new model by April 2026. The engagement has been underway since October and will run through to December, with an ongoing conversation with residents and other key stakeholders continuing. The focus is to hear from:
  - Residents living in, or having experienced, supported living services
  - Family carers and friends
  - Health and social care colleagues in North London Foundation Trust and Adult Social Care
  - Service providers and wider community organisations
- 2.30. Initial engagement has identified a range of priorities for us to consider, particularly in taking a more robust and considered approach to addressing inequalities, such as better meeting the needs of women, autism-informed provision, bespoke support for younger people and a focus on culturally appropriate care.

### **Health and Wellbeing (Public Health)**

#### **3. Cash Transfers in Pregnancy Pilot**

- 3.1. London Borough of Camden is pursuing a cash transfers in pregnancy pilot, with an anticipated go live date of April 2025. A one-off £500 payment on pregnancy would be made to women and birthing people on any qualifying benefit, and would be accompanied by promotion of wider support available through family hubs to those consenting. Evidence suggests that reduced financial stressors lowers the prevalence of low birth weight babies (against an increasing trend in Camden and London). This 12-month pilot is funded through the cost of living grant, led by the Financial Resilience team, in partnership with the Health and Wellbeing team, Design team and Nesta.

### **Wider health system updates**

#### **4. Consultation on the 10-Year Health Plan for England**

- 4.1. The government opened a consultation on its 10-Year Health Plan for England on Monday 21<sup>st</sup> October. The consultation sought views from individuals and organisations in England on how the government might achieve three shifts over ten years: 1) moving more care from hospitals to communities, 2) making better use of technology in health and care, and 3) spotting illnesses earlier and tackling the causes of ill health. At the Council meeting on Monday 18<sup>th</sup> November, members heard from leaders in the healthcare system in Camden, people working with marginalised communities, and young people from Camden about their views on the future of the healthcare system, which informed a debate about how Camden Council should respond to the government consultation.
- 4.2. Camden Council submitted a response to the consultation before the deadline of Monday 2<sup>nd</sup> December. This response reflected the themes and issues raised during the themed debate at the Council meeting, highlighted insight and learning that Camden has gained from engaging with citizens and partners, and advocated for policy changes that will support improved health outcomes for Camden's communities. Specifically, Camden's response advocated for a defined and resourced role for local government in the government's 10-Year Health Plan for England, with a strong focus on action to address the social determinants of health and embed prevention across the health and care system by prioritising early help, providing joined-up and person-centred support, embedding more community-based support in neighbourhoods, and nurturing collaboration with communities.
- 4.3. The government is expected to publish the 10-Year Health Plan for England in spring 2025, at which point the Council will assess its implications for our work to improve health and wellbeing in our communities and identify any opportunities or risks that may arise. We are committed to working in partnership locally to deliver for our communities while also engaging constructively with the government to advocate for policy changes that reflect Camden's priorities.

#### **5. Joint Housing, Health, Community Safety work**

- 5.1. Tackling anti-social behaviour (ASB) through collaborative work across the Council is an organisational priority. Everyone has a right to be safe at home and in our communities. A programme of work is being delivered to improve collaboration across directorates to understand and respond to complex and challenging cases of anti-social behaviour on Camden estates. This collaborative approach has now seen Community Safety, Housing, Legal, Mental Health Commissioning and Health & Wellbeing coming together to ensure the best possible outcome of those impacted by ASB.

- 5.2. Following a review of ASB policy and procedure, and a separate evidence review a programme of work commenced with an initial emphasis on priority issues such as ASB reporting, resident engagement, enforcement and case escalation.
- 5.3. In addition to improvement work around better case management, information sharing, and enforcement protocols, we also know that we need to balance effective enforcement with holistic prevention efforts that consider how health and wellbeing - and the building blocks of good health - can play a preventative role in ASB.
- 5.4. Therefore, alongside the improvements being made to policy and enforcement procedures, **prevention** and **early intervention** ambitions are being explored in ongoing plans. This will mean having a longer-term aim of introducing evidence-based and data driven system change to include having a more holistic approach to understanding and addressing ASB. This includes looking at drivers of ASB and the upstream and downstream preventative (as well as de-escalation) interventions required for different population cohorts
- 5.5. The council already deliver many programmes and initiatives across different levels of prevention, from delivery of sessions in schools on trauma informed approaches to addressing behaviour, parenting programmes, initiatives focussed on young people and safe spaces and those specifically focussed on our Estates. Where possible we will build on these existing initiatives and services, for example 'designing out crime' initiatives and Estate Action Days.
- 5.6. To further this approach, we are exploring ways to create an **indicator of anti-social behaviour** to identify areas at greater risk of ASB, or where anti-social behaviour is currently occurring, to guide action and intervention as well as gather views from those who live and work in the borough. This will look at the feasibility of combining and contrasting data from a range of sources including Camden Council's Community Safety Team (ASB), the Police (crime), and on the wider determinants of health (e.g. IMD, housing type). It will also consider views from Camden Council staff as well as residents. This will be evaluated by tracking changes in data and resident and staff views. Camden is seeking to become one of the first Local Authorities to work in this way – it will therefore take some time to fully develop our approach.

## **6. East Integrated Neighborhood Team (EINT)**

- 6.1. A lot has happened with the development of Camden's first Integrated Neighbourhood Team (INT) since the last update in July.
- 6.2. The summer months brought about the culmination of months of planning, with the East INT evolving from concept to reality. Staff from the Council's recently formed East Adult Social Care (ASC) Neighbourhoods Team and CNWL NHS Trust's Camden Integrated Community Health (CICH) East team were readied for their respective office moves in

late September. This involved multiple open days, tours and team meetings hosted at Kentish Town Health Centre. It also involved a facilitated workshop for INT Change Champions where staff from adult social care, community health, mental health and primary care co-designed a new intervention to be tested once the INT was in place. Staff devised what they called a 'Working Together Session' with the core purpose: (1) to have protected time and space together in the same room, to gain advice and support; (2) to draw on everyone's expertise in a focused way, informing the caseholders' action planning; and (3) to place the person and our shared hopes for them at the centre of our work. Meanwhile, the office space at Kentish Town Health Centre was prepared for staff, with network, furniture and IT upgrades installed. Finally, service managers and GP partners co-developed a programme of induction activities for their teams to engage in following the go-live date of 30 September.

- 6.3. Throughout October and November teams began working together in practice, building relationships and drawing on support from colleagues in a way that hadn't previously been possible. Immediate impact was recorded in the first few weeks, with staff benefiting from a more connected working environment. Social workers commented on the ease of home visits now that they were based in the community, and multiple staff benefiting from easy communication with GPs based downstairs. Information was shared more easily, saving time on emails and phone calls. The INT has now started running "Lunch and Learn" sessions, where different teams take turns sharing what they do, helping to break down misconceptions and increase understanding across professions. The INT is also beginning to implement the working together sessions designed in the summer. These reflective complex case discussions have supported staff to think about different ways of providing care and support, with positive outcomes for local people. A more detailed analysis of the work will be discussed with the Health and Adult Social Care Scrutiny Committee in the new year.

## **7. Decision by NHS NCL ICB not to renew the commissioning of AT Medics Ltd after the change of control.**

- 7.1. At the end of 2023, a change of ownership at Operose Health Ltd (owners of AT Medics Ltd – a provider of local GP services) took place that required ICB consent. This had not been given when the transfer took place which represented a serious contractual breach, prompting the ICB Primary Care Committee to review these contracts.
- 7.2. At a meeting on 3rd September, the ICB Primary Care Committee took the decision to end the practice contracts held by AT Medics Ltd in Camden and Islington.
- 7.3. The Committee determined that the contracts for five GP practices in Camden and Islington operated by AT Medics Ltd will be reprocured over the next 18 months.
- 7.4. All GP practices will remain open and services for patients will continue uninterrupted. The Committee decided to end current contracts at Brunswick Medical Centre, Camden Health Improvement Practice, Kings Cross Surgery, Somers Town Medical Centre and

the Mitchison Road Surgery. An 18-month extension period was agreed to ensure patient services continue uninterrupted whilst new arrangements are secured.

- 7.5. The extended access hub service in Camden will remain under the operation of AT Medics for the remainder of the existing contract. This expires in September 2025.
- 7.6. Key themes from the Committee's discussion reflected views that have been shared by elected members and by myself as the lead member in discussions with the ICB relating to the change of control. i.e. the need to instil patient confidence in the NHS, the seriousness of the breach and the importance we attach to providing high quality, safe and accessible services for local people.

## **8. Relocation of the St Pancras Kidney and Diabetes Centre (SPKDC)**

- 8.1. A stakeholder workshop was held in July to support the re-run of an options appraisal to find a new site for the SPKDC. The purpose of the workshop was for participants to help develop the criteria to be used to evaluate options for the future of the kidney and diabetes services currently located on the St Pancras Site. The workshop was attended by representatives from Camden organisations, including Camden Disability Action, Camden GPs' Patient Participation Groups, a local GP, NHS England, NHS staff who provide kidney and diabetes services and users of kidney and diabetes services and their carers.
- 8.2. Attendees at the workshop questioned the need to continue to have specialist diabetes provided by Central & North West London NHS Trust (CNWL) and kidney services provided by the Royal Free NHS Hospitals Trust in the same building. It was noted that very few patients used both services and by 'decoupling' the two services it would allow a wider geography to search for a new kidney dialysis site.
- 8.3. Following the workshop, NCL held discussions with clinicians who agreed that subject to agreeing some new clinical arrangements for kidney patients needing on site diabetic care support, the two services did not need to be co-located. CNWL are now exploring options for a future site for the diabetes service within Camden, preferably in the south of the Borough. As part of this process, they will ensure appropriate service user (and carer/family) engagement and communication and undertake the necessary Equalities Impact Assessment once a new site has been identified.
- 8.4. In October, the St Pancras Programme Board confirmed that the Peckwater Centre was not on the emerging shortlist of possible new dialysis sites and will therefore not be considered as part of the ongoing site search process. The site search continues and there will be continued engagement around alternative site options as well as new engagement work around future options for the Peckwater Centre.

**REPORT ENDS**