

# Supporting people to live healthier lives

Score: 3

3 - Evidence shows a good standard

## What people expect

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

## The local authority commitment

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

## Key findings for this quality statement

## Arrangements to prevent, delay or reduce needs for care and support

A prevention approach was evident at all levels of the local authority. Leaders and staff described prevention in their work and approach to supporting people, consistently. The local authority understood the specific challenges to health and well-being in its population and demonstrated many examples of working to promote well-being in vulnerable groups and the wider population. Because of the demographic and contextual make-up of the local authority and its population, this involved working with refugee and asylum seeker communities, people with drug and alcohol issues and the homeless population to improve wellbeing and prevent an escalation of need. The local authority had been awarded full accreditation as a 'Borough of Sanctuary' in recognition of their response to demands relating to refugee and asylum seeker populations arriving.

The local authority used asset-based and community wealth building approaches to support this work, for example through the Community Wealth Fund (a social impact investment fund) and Camden Giving/We Make Camden Fund which secured investment from local businesses and involved Camden's communities in decision-making. The authority's 'We Make Camden' overall vision and strategy was centred on people rather than services and focused on well-being and communities. A prevent, reduce, delay approach was evident in the widespread use of family group conferencing, in the 'Living a Good Life – opportunities planning' project (supporting people with learning disabilities to choose from a range of opportunities in a person-centred way) and in their 'What Matters' approach to strength based social care. In this way, the local authority supported people with eligible and non-eligible needs to positively reduce and delay the need for statutory care services. Partners said the local authority worked with them to support people's goals and challenge barriers people faced. People were supported in self-directed decision making and supported with practical and mental health needs, as more people (99.9%) who used services received self-directed support than the England average (92.2%) (SALT 2023-2024). We saw examples where people received good information about discharge planning and on services available to return home.

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There were many examples of the Voluntary, Community and Social Enterprise (VCSE) sector being commissioned to provide services which was beneficial including befriending services, transport and shopping. Despite the challenge of available housing in Camden, joint work was successful between adult social care, housing and the VCSE to support people, we heard about an example when large numbers of refugees arrived in the local authority and were quickly supported through these partnerships. A number of VCSE services were commissioned to support people with mental health and housing needs in the community. The market position statement also set out the intention for support for people to regain or maintain maximum independence.

Despite this work, the ASCS (2023-2024) and ASCOF SALT data (2023-2024) showed a similar to or slightly below England average performance on most metrics. We heard mixed feedback from carers about how support had affected their well-being. Positively, 63.93% of people said help and support made them think and feel better about themselves with the England average around the same level at 62.48%. However, fewer people (58.03%) reported they spent time doing things they valued or enjoyed than average (69.06%)(negative variation). Fewer people described their home as clean and presentable (89.51%) than average (94.05%) and fewer people felt clean and presentable themselves (90.82%) than average (93.28%) or felt they got adequate food and drink (90.49% compared to national average 93.71%), (all from ASCS 2023-2024). The ASCS data (2023-2024) showed only 57.56% of people who received short term support, no longer required support, which was much lower than the national average of 77.55%. Fewer carers (75.00%) than average (85.22%) found information and advice helpful (SACE 2023-2024).

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There had been work undertaken with public health to identify, using data and learning through evaluation, better ways to prevent, reduce and delay needs. Winter wellness checks and a mobile health bus supported both vaccinations and access to health services in communities which may not otherwise access them. We heard from partners that despite high rates of mental health issues, for this group of people there were good rates of physical health checks and people were supported into employment and supported housing. Partners said they were very supportive of the neighbourhood joint-working model. There were also initiatives to reach people such as an obesity group and a health and well-being group individuals in receipt of care could join to tackle isolation and promote well-being.

## Provision and impact of intermediate care and reablement services

Reablement was delivered by three external providers on a localised footprint and feedback from people was positive. The Better Care Fund was used well to fund home care and reablement services to support discharge. There were no recorded waits for these services and people could get a service as soon as they needed it. There was a clear commitment to a 'Home First' approach across the system which was evident from staff and partners. This was supported by SALT data (2023-2024) which showed more people aged 65 and over (4.74%) received reablement or rehabilitation services following discharge from hospital, than average (2.91%), and more people aged 65 and over (87.18%) were still at home 91 days after discharge from hospital into reablement or rehabilitation, than average (83.70%).

## Access to equipment and home adaptations

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Some people had experienced long waits for equipment, although the local authority had taken actions to improve performance including through a joint performance and improvement plan. The local authority provided data showing their median waiting time was 49 days with a waiting list size of 295 people. Further data provided by the local authority around the time of the assessment, showed a waiting list of 220 people and an improved median waiting time of 3.74 days. A cyber-attack in 2024 had affected the delivery system and during this time mitigating actions had been taken for people. For example, some people were given temporary personal alarms, rather than a careline pendant, in order to avoid a delay in being discharged from hospital. Occupational therapists worked within neighbourhood teams on a geographical basis and also worked together as a whole team across the local authority, providing a 'duty' (on call) system.. By doing this they shared any risks around waiting times effectively across the local authority.

Adaptation works had an average wait of 12 months, when financial information or permissions were needed, but adaptations by the local authority's housing adaptations team took 6 to 12 months from the date of recommendation. We heard about work with the local authority's housing and planning departments around proactively building homes-for-life with accessibility needs built in.

## Provision of accessible information and advice

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The local authority had a dedicated website providing information and advice and an accompanying directory of services for people which was well maintained. We saw a booklet of services containing healthy living resources in the local authority. It included practical help and advice, from finding a toilet in the area to providing advice about long term conditions and contained information about local services such as social prescribing. A small welfare rights team supported prevention and early help across adults and housing and supported people to understand what was available to them. According to ASCS data (2023-24) around the same proportion of people who used services (65.94%) found it easy to find information about support as the national average (66.26%). People told us about very positive examples of support with information from social workers and care providers, including what to do in an emergency.

There was, again, mixed carers feedback on the availability of accessible information and advice. SACE data (2023-2024) showed fewer carers (53.33%) found it easy to access information and advice than the national average (59.06%) (tending towards negative variation).

Partners were generally very positive about the availability of information and advice. There were also many easy read documents and information packs. Although we heard about some challenges from partners about general digital access issues for some people and it wasn't clear if the local authority was aware of these concerns.

## Direct payments

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The direct payments process for people in receipt of care services was well understood by staff and a direct payment was easy to set up. The local authority had a commissioned service to support people to find and source their own Personal Assistant (PA). The PA market was described as challenging by staff and people, in terms of workforce retention and availability. The numbers of people taking up direct payments had reduced and leaders and staff said people increasingly chose to receive commissioned home care. Following its re-framing around neighbourhoods, they said home-care providers' quality, availability and ability to meet people's particular needs had improved. Despite this reduction, national data (SALT 2023/2024) showed 27.86% of service users received direct payments which was broadly in line with the England average of 26.22%.

Some carers however, didn't know about direct payments as an option available to them and some staff didn't show an understanding of direct payments for carers. We saw a co-produced document for people on direct payments and there was a working group to improve the experience of people using direct payments. The local authority had set up a new direct payments system, which was starting just after our assessment visit, in December 2024.