

**THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA
ADULT SOCIAL CARE AND HEALTH SELECT COMMITTEE**

3 March 2022

COUNCILLOR CEM KEMAHLI

LEAD MEMBER UPDATE ON ASC&H

This report provides the Select Committee with an update on key aspects relating to Adult Social Care (ASC) and Public Health, including key priority areas and those of concern, and post-COVID recovery.

FOR DISCUSSION

1 Overview

- 1.1** The Royal Borough of Kensington and Chelsea (RBKC) is responsible for improving the health of our residents and reducing health inequalities. Health is more than a product of health and social care services, it is shaped by the circumstances in which we are born, live, learn, work and age.
- 1.2** Adult Social Care and Public Health are committed to developing a wider holistic approach to all the various services being offered, to make connections easier and more accessible for our communities.
- 1.3** We are delivering a whole council approach to public health, centred on delivering the aspirations of Our Council Plan through the identification of shared priorities across the Council.

2 Key priorities

2.1 Whole Council Approach to Public Health

- 2.1.1** Public health is more than the activity of one directorate and its associated grant, it is the totality of all RBKC's activities. Every team within the Council has a role to play to move us closer to a whole council approach. Each interaction that the Council has with our residents, every policy and strategy, provide an opportunity to promote health and wellbeing.
- 2.1.2** Public Health have been developing joint work plans with each directorate, aligned to Our Council Plan priorities, to identify opportunities for collaboration, evaluation and partnership working to get the best use of combined skills and assets. Our collaborative work programmes embed prevention, focus on

those with the greatest needs, and involve our communities to maximise the health and wellbeing of our residents.

- 2.1.3 This whole council approach will ensure that financial resources are aligned with these priorities and efficiencies across mandated services means that in 2022/23 an additional £1m of Public Health money will be invested into the local priorities of prevention of youth violence and exploitation, air quality and physical activity.

2.2 Community Champions

- 2.2.1 During the pandemic, Community and Maternity Champions projects developed a successful blended approach to delivery of activities in their localities to residents, with much being delivered online. This has resulted in both increased digital literacy amongst participants and the opportunity to continue to meet health and wellbeing needs amongst residents – including reduced isolation and loneliness exacerbated by the pandemic. Other face-to-face activity has included support to various food distribution projects to reduce food poverty; support to older people; families and new parents.

- 2.2.2 As trusted voices in their communities, Champions have supported COVID-19 public health messaging throughout the pandemic, signposting to service and promoting vaccine uptake and providing marshalling support to the semi-permanent and pop-up vaccine sites and the vaccine bus. They have provided a valued conduit for community insight back into Public Health, thus assisting with communications and community engagement planning. Quarter 3 ended with some 90 volunteer Champions in place across all projects.

- 2.2.3 In partnership with West London Clinical Commissioning Group (WLCCG), the 'Better Care Campaign' is to be delivered in the three North Kensington projects (Dalgarno, Golborne, Notting Dale). This is in support of a wider trial with the Social Prescribing Service, GPs, and hospitals throughout 2022 aimed at reducing high intensity use (HIU) of A&E and Urgent Care Centres and supporting High Intensity Users into alternative community-based services.

2.3 Community Health Worker Pilot

- 2.3.1 A new Community Health Worker pilot will be rolled out in RBKC which will employ local residents. This 18-month pilot provides comprehensive, person-centred, and integrated outreach that aims to improve population health and be cost effective by taking a preventative approach. It is hyper local and proactive, as opposed to a referral-based model, which allows it to identify and support those not engaged with services. Sites have been identified in the north and south of the borough with the go live date planned for Spring 2022.

- 2.3.2 The pilot will be funded from the Public Health Grant at an approximate cost of £270,500 over 18 months.

2.4 Childhood Vaccinations Pilot

- 2.4.1 Childhood immunisations in RBKC have been historically low. For example, data shows that almost 2,300 children aged five in Kensington and Chelsea have not received two doses of the MMR vaccine, the combined vaccine that protects against measles, mumps and rubella which are highly infectious, common conditions that can have serious complications. At 66%, uptake is the fourth lowest in England.
- 2.4.2 RBKC has received a grant to support a local proposal to deliver childhood vaccinations in children centres, and other novel settings, to reach previously unvaccinated children. A pilot proposal was submitted to NHS England (NHSE) in July 2021.
- 2.4.3 NHSE agreed to fund the proposal with a grant of £114,626 across RBKC and Westminster City Council. Public Health will be working with NHSE, Primary Care, Health Visiting, Community Champions, and other partners to develop an implementation plan and to commence work on rolling out the pilot in June 2022. Public Health are awaiting the first planning meeting with NHSE, and funds are yet to be transferred.

2.5 Increase the range of sport and physical activity opportunities

- 2.5.1 A recent citizen's panel survey in the borough found that 42% of respondents stated their physical activity had decreased since the start of the pandemic compared to 25% for whom it had increased. There was a demand amongst respondents for walking or running clubs, as well as yoga and tai chi classes to encourage more physical activity.
- 2.5.2 A bid has been approved by the Council's COVID Recovery Board for a cross-Council initiative to increase physical activity by improving access through opportunity and availability, particularly for the borough's most vulnerable residents.

2.6 Give children the best start in life through a wraparound health service

- 2.6.1 In April 2019, RBKC launched the pre-birth to five transformation programme to think holistically about how the full range of services supporting women and families were working together to achieve our children and young people objectives.
- 2.6.2 As part of this work and via a competitive procurement exercise in late 2021, the new health visiting contract was awarded to Central London Community Healthcare NHS Trust (CLCH). Whilst our incumbent provider, it represents the award to a new service that will align and integrate with children's Early Help services to jointly deliver the Healthy Child Programme. The new service is on track to launch in April 2022.

2.7 MH in a post-COVID world

- 2.7.1 As part of developing a new Post-COVID Mental Health offer, a series of partnership workshops have been embarked upon with key stakeholders, with the view of understanding current service gaps, initiatives, impact of the pandemic on communities and how the service could adapt to improve future provisions.
- 2.7.2 A Mental Health Partnership Workshop was held in December 2021 with all statutory stakeholders including, the Police, Clinical Commissioning Group (CCG), Central North West London (CNWL) and RBKC staff. This workshop was facilitated by Adult Social Care Lead Member, Cllr Kemahli.
- 2.7.3 The planned next steps included community engagement events, which have now started, and service user and carers forums (both online and in person) will be planned for later in the year. An online conversation platform has recently been opened to capture views from service providers and residents on how Mental Health Services can be improved in the borough.
- 2.7.4 Furthermore, a market stall was held at Portobello Road on 11 February 2022, with the intention to open up the conversation to the general public on mental wellbeing, to understand how people are managing and how RBKC can support the mental wellbeing of residents.
- 2.7.5 Information collated will help towards developing our mental health position paper by March 2022, as we work towards a broader strategy for RBKC later in the year.
- 2.7.6 The proposal to develop a digital platform to support residents with their mental wellbeing has been put on hold to allow for the outcome of the broader community consultation that will occur later in the year.

2.8 Provide appropriate homes for adults accessing social care

- 2.8.1 ASC, where possible, continues to provide services to people in their own homes and across the community. For some people, as their conditions or circumstances change, the place they call home may need to change too. Across the Borough we own and have access to a range of social care accommodation where people can live. This includes supported living for adults with learning disabilities or mental health conditions; extra-care schemes for older people who have their own tenancy but might want access to on-site personal care at any time of day; and residential care homes for adults.
- 2.8.2 We also continue to:
- Progress development and adjustments in the accommodation portfolio through the new extra-care scheme at Lots Road.
 - Bid for the purchase of Notting Hill Police Station, which has been designated as an asset of community value, so it can be retained for community use with the inclusion of ASC provision.

- Review existing provision to ensure we have the right volume and mix of accommodation and support in place, to allow as many residents as possible to continue to live in the borough, despite at times, their circumstances changing.
- Develop a plan to ensure our residents with learning disabilities live in good, local supported accommodation, with the aim of achieving reconfigured and refurbished existing accommodation; and access or acquire additional accommodation where we can.

3 Other Areas of Focus

3.1 Hospital pressures and service changes

- 3.1.1 Throughout the COVID-19 period, the way people have been discharged has transformed. Traditionally, assessments would be carried out within a hospital setting, which could result in delays and over prescription of care from a hospital bed. In addition, funding for someone's long term care was agreed prior to discharge and this resulted in delays, often called Delayed Transfers of Care (DToc).
- 3.1.2 At the start of COVID-19, national discharge guidance resulted in a number of changes in the way people's discharges were planned. This included:
- Establishing an Integrated Discharge Team (Hubs) within acute settings.
 - Providing people's care for free, no matter their eligibility at point of discharge. This was initially for up to six weeks and is now four weeks.
 - People being assessed within the community, either within their normal place of residence or a step-down facility.
- 3.1.3 The above changes allowed the health and care system to manage flow through acute settings, ensuring when people were admitted, there were enough beds to meet demand.
- 3.1.4 However, with the ending of the discharge funding from the 31 March 2022, there is a significant risk that there will be increased pressure on local authority budgets (and therefore capacity to achieve speedy discharge) and greater risk of delays in discharges due to uncertainty of how funding for people's care post discharge will be met and the impact this has on long term care costs due to the nature of discharge to assess. A resolution to the pathway design and funding of care and workforce is required imminently to support strong partnership and multi-disciplinary working and outcomes for residents after an admission.
- 3.1.5 In response, the Council is working closely with NHS colleagues in a number of areas to ensure new pathways are invested in and fit for purpose and that local people's needs are met. These include:
- Integrated Discharge Teams are now in place providing opportunity to review our social care hospital discharge functions, how it may integrate

further with NHS services that require additional investment and the way social workers now need to undertake assessments in the community.

- A new model of care from 1st April 2022 for joint health and social care assessment outside of the hospital setting will involve working alongside the CCG/NHS partners to better use existing health funded care home bed capacity for residents with very complex health needs requiring a period of recovery and further assessment in 28 days, using a multi-disciplinary team (MDT) approach.
- The present reablement offer was reviewed in 2018 and a number of recommendations about the future models of care were made, moving to commissioned provision. In addition to this, following the learning from COVID-19, there is now an opportunity to build on the pathways, alongside the NHS Community Independence Service (Homefirst) managed to ensure an enhanced integrated function with 2 to 48 hour response times following a person's discharge, with a strong strength based focus to improve outcomes for people.

3.2 Integrated Care System formation

3.2.1 The integration of health and social care, since the changes in 2012, will accelerate with the integration of new legislation in July 2022 to allow for the formation of the NWL Integrated Care System (ICS).

3.2.2 The NWL ICS is the largest sub-region in London and with this scale comes opportunities for all eight boroughs to commit to combating health inequalities and deliver change together.

3.2.3 At the borough level considerable effort by the local authority with its partners to have local placed based partnerships recognised, including the critical role of the joint Health and Well Being Board is ongoing and brings opportunity. There is also a need to understand the new and emerging role of the new changes in the ICS within the context COVID-19 and the resulting changing needs of local people to ensure local residents maintain access to services traditionally delivered locally.

3.2.4 The Council will work with partners across the borough and system to improve population health outcomes and existing health inequalities. There is a clear need to engage and work closer with local communities and stakeholders, to allow for local voices to be heard, involved, and engaged in service design and access pathways. Working closer with local partners will support community-driven initiatives and be a stronger underlying principle going forward.

3.3 Market and workforce shaping – fit for the future

3.3.1 Evidence shows that the local provider market remains fragile. Staff turnover remains high. Providers that offer a higher level of training and career progression generally have a better retention rate.

- 3.3.2 As this is an enduring, national problem funding has been provided by Department for Health and Social Care (DHSC) to support the workforce to retain capacity and attract new talent to the sector. In RBKC this is being used to support a number of initiatives including increased training for staff; a series of recruitment fairs in partnership with Economic Development and the provision of an employment broker exclusively for ASC; and the purchasing of an innovative employer recruitment and job referral app Care Friends. This new form of recruitment will improve the quality of job applicants as research shows most high-performing job applicants came from employee referrals and this app delivers just that.
- 3.3.3 Homecare community engagement continues in partnership with Health Watch colleagues. Co-design approaches have been developed in partnership with residents and Health Watch and we are keen to roll these out over the forthcoming months. Such approaches include issuing workbooks and diaries to residents for them to record their care experiences over a sustained period, giving a richer data set and including them in prototyping sessions and in pilot design stages.
- 3.3.4 There are a number of pilot projects running or due to commence with a view to further improve choice and provide greater levels of individualised care. These include:
- Virtual Wallet – this is a PayPal and Amazon/eBay type offer from ASC for our residents whereby their personal budget allocation is kept in a virtual wallet. They can then choose from a comprehensive list of care and support providers via the ASC People First electronic service directory.
 - Direct Payments pilot – a small team of workers operating across the Reablement pathway with those who have been assessed as needing long-term care. The workers support people to choose a direct payment and for those who are part of the VW pilot, to spend their budget via the virtual wallet. Targets so far show that conversion rates are good.
 - Digital Care Coordination – this is where a virtual platform is hosted by a CQC registered provider and where a user can organise their care by selecting from a range of highly qualified, self-employed local care workers. This will deliver better outcomes for residents and the borough around consistency of carer, increased choice and control for users, and better paid local jobs for local people.

3.4 White Paper – People at the Heart of Care

- 3.4.1 On 1st December 2021, the Government published 'People at the Heart of Care: Adult Social Care White Paper'. This white paper sets out a 10-year vision to transform support and care in England.
- 3.4.2 The 1.25% Health and Social Care Levy will begin to come into effect from 6th April 2022, with the Care Cap being implemented from October 2023.
- 3.4.3 The paper provides more detail on how the £5.4 billion raised by the Health and Care Levy for Adult Social Care over the next three years will be used and outlines three objectives:

- People have choice, control, and support to live independent lives.
- People can access outstanding quality and tailored care and support.
- People find adult social care fair and accessible.

3.4.4 The White Paper also sets out a range of policies to be implemented over the next three years. Some of these include:

- At least £300 million to integrate housing into local health and care strategies, with a focus on increasing the range of new supported housing options available.
- At least £150 million of additional funding to drive greater adoption of technology and achieve widespread digitisation across social care to support independent living and improve the quality of care.
- At least £500 million on training and qualifications for the social care workforce.
- More than £70 million to increase the support offer across adult social care to improve the delivery of care and support services.

3.4.5 Technical guidance from the Department of Health and Social Care is awaited, which will provide RBKC with a better understanding of the resource and financial impact of implementation.

3.5 Autism Strategy

3.5.1 The Adults Autism Strategy, Changing Lives: Shaping our Autism journey together 2021-2024 has been developed as phase 2 of the 'All Age Autism Strategy 2020' and is focused on the challenges and experiences of Autistic Adults.

3.5.2 The strategy was agreed at the RBKC Leadership Meeting on the 9th February 2022 and will soon be available online with a series of launch activities being developed across RBKC and Westminster City Council.

3.5.3 The strategy was presented at the Health and Wellbeing Board on the 27th January 2022 with the help of one of our service user representatives and member of the Local Account Group who has been involved in the design and development of the strategy. The next steps will be to begin working to achieve the outcomes of the strategy, this will be reported back to the Health and Wellbeing Board periodically.

3.5.4 The strategy was co-produced with over 200 autistic residents and their families with support from teams across the Council. North West London CCG, local voluntary sector organisations, businesses and cultural venues were also key contributors. The document has been laid-out by in line with best practice for autistic readers.

3.5.5 The strategy is designed to help autistic residents, their families, professionals and wider public services and business. It contains practical tips, real life

experiences and case studies, commitments on how things can be improved and criteria that success will be measured against.

3.6 Dementia Plan

- 3.6.1 The Dementia Plan continues to embed within RBKC, with many examples of changes taking place to improve the lives of people living with dementia.
- 3.6.2 The 'behaviours that challenge' programme is one such example and focuses on providing psychological support to residents living with dementia who exhibit these behaviours.
- 3.6.3 It includes group training, 1:1 support, and more focus on improving residents wellbeing. To date, the programme has been very successful with 100% of the friends and family feeling that the service has helped them manage their loved ones challenging behaviour better.

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