

<b>Camden Local Strategic Partnership</b>	
<b>Meeting</b>	4 July 2008
<b>Report Title</b>	<b>Camden's Community Strategy: Camden Together 2007-2012</b> <b>Progress report on "Improving well-being and health across the borough" sub-theme</b>
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<b>Purpose</b>	This is the 5th in a series of reports looking at how we are delivering the commitments in the community strategy <i>Camden Together 2007-2012</i> .
<b>Recommendations</b>	The LSP is asked to note and comment on the report.

## 1 Introduction

- 1.1 Improving well-being and health across the borough is a key part of the Local Strategic Partnership's (LSP's) vision for Camden as a Borough of Opportunity. The NHS has a key role in providing health services, and the Council provides a range of social care services that help deliver the commitments within this theme, alongside the voluntary and community sector.
- 1.2 There are though many wider influences on health and wellbeing. Many, if not all the themes of the Community Strategy have an influence and impact on health and wellbeing. Protecting the environment for us and for future generations, managing growth, influencing economic and employment opportunities, social and community cohesion and community safety all have a role to play in influencing the health and wellbeing outcomes of Camden resident.
- 1.3 There is a vast array of activity across partners that impacts on health and wellbeing. This report does not report on all of this activity, but identifies key areas of progress in relation to the commitments the council and its partners have made. The broad commitments in the strategy are:
  - Take action to reduce smoking
  - Promote healthy behaviour including healthy eating and physical activity
  - Provide opportunities for everyone to stay healthy, keep learning and have full and active lives
  - Maximise the life chances and choices for all our children and young people who live, learn and grow up in Camden

- Work with people facing the disabling effects of physical or mental ill health so they can contribute to make a positive contribution

## **2 Strategic context and background**

- 2.1 The Camden Public Health Partnership (CPHP) is the lead partnership for taking forward the public health agenda in Camden. Camden PCT, the Council and the voluntary and community sector is represented on this partnership and there are a number of sub groups to the partnership tackling a variety of public health topics. As the LAA has changed and the Partnership no longer has a commissioning role, work is underway to renew the focus of the Partnership.
- 2.2 The CPHP held their first annual stakeholder event in January 08, to explore the Camden public health environment, review activity and stimulate creative thinking on future public health priorities. The outcomes from the event will be used when considering the way forward for the CPHP.
- 2.3 The Children and Young People's Partnership is the strategic partnership that oversees the provision of all services for children and young people delivered through the Children and Young People's Plan (C&YP Plan). There is a Being Healthy sub board in order to deliver on the Every Child Matters outcome - being healthy. The sub board is chaired by the Director of Service Improvement at the PCT and performance manages and oversees the health priorities within the C&YP Plan. The sub-board has multi-agency membership relevant to the outcome area and including voluntary and community sector and clinical representation.
- 2.4 This year's Annual Public Health report Ashes to Ashes, broke from recent tradition and focused on a theme providing an opportunity to delve into the chosen area, smoking, in more depth. The report covered a variety of issues including the history of tobacco, prevalence of smoking in the borough, health effects of smoking, health services that support smoking cessation and a review of local smoking cessation services.
- 2.5 The Local Government and Public Involvement in Health Act 2007 created a duty on PCT's adult social care services and children services to develop a Joint Strategic Needs Assessment of health and wellbeing. A separate paper on how Camden will be progressing this assessment is featured on the LSP's agenda. Progressing the JSNA in parallel with the existing commitments in the Community Strategy and the LAA, identifying a clear shared focus for services in Camden will be important, to further build on the good partnership that already exists.
- 2.6 At a London level there has been long consultation on the Healthcare for London: A Framework for action, otherwise known as the Darzi report, to develop new ways to improve the healthcare of Londoners

over the next 10 years. The consultation process is being led by the Joint Committee of PCTs at which John Carrier, Chair of the PCT is a representative. Once London wide consultations are complete further consultations will be undertaken locally to determine what action Camden will be taking.

- 2.7 The LAA has been a key tool for partnership working in recent years. The LSP is receiving separate reports in relation to the old LAA through the annual review 2007/2008. The annual review report highlights the LAA indicators that have failed to meet targets by more than 10% and an analysis of why indicators have not been met. These include cancer mortality rates and reduce numbers of conceptions under 18 year olds. As LSP members are aware Camden's new LAA will be the main performance tool by which local partners are held to account. The indicators that form Camden's LAA which relate to this sub-theme of the Community Strategy are:

<b>Camden PCT</b>	<b>London Borough of Camden</b>
NI 56 obesity amongst primary children in year 6	NI 8 Adult participation in sport and active recreation
N123 Stopping smoking	NI 51 Effectiveness of CAMHS
NI 120 All age cause mortality rates	NI 125 Achieving independent for older people through rehabilitation/intermediate care
Local indicator: Reduce inequalities in premature mortality rates by narrowing the gap between the worst four wards and the borough average	NI 135 Carers receiving needs assessment or review and a specific carers service
	NI 136 People supported to live independently through social services
	NI 141 Percentage of vulnerable people achieving independent living
	NI 60 Percentage of core assessments for children's social care that were carried out within 35 working days of their commencement
	Local Indicator: Young people's access to substance misuse treatment

- 2.8 Separate to this report, the LSP is also considering the recommendations of the recent meeting of the first Extended Planning and Performance Group about the approach to managing and delivering on each of the LAA indicators, through delivery plans.
- 2.9 This LSP progress report identifies general areas of progress across the difference Community Strategy commitments, and is generally a qualitative report. A range of detailed data regarding health and wellbeing is separately available within the PCT Annual Public Health

report.

### **3 Improving health and wellbeing through the Community Strategy**

- 3.1 As stated earlier in this document, many themes of the Community Strategy and other LAA targets impact on health and wellbeing. Over the longer term, delivering a sustainable Camden that adapts to a growing population will be important in maintaining and improving health outcomes. Housing, the range and quality of space, the quality of our environment all have an affect on our quality of life and physical and mental health. Planning and the Local Development Framework have an important part to play in managing growth, an addressing wider health inequalities over the long term.
- 3.2 The core Strategy of the LDF has a number of objectives relating to health and wellbeing, including protecting and providing parks, play areas and leisure facilities; encouraging walking and cycling; providing job training and education opportunities; improving air quality and reducing pollution and promoting road safety. A Planning for Health group has also been established by the PCT to engage fully in the LDF consultation process and ensure that health is a major consideration. The group co-ordinates PCT responses to LBC planning applications to ensure health impacts of new developments are given due consideration and that healthcare facilities are provided that meet the needs of new and existing populations.
- 3.3 One of the significant issues for Camden in managing a growing population is the availability, quality and range of accommodation. One of the particular challenges is managing overcrowding amongst Camden's housing. A new Overcrowding Team based within the Council's housing services, launched in October 2007, and works with council tenants to lessen the impact of overcrowding, raise awareness of alternative housing options and engage families to work with other services. More broadly the Council's estate regeneration programme will have a positive impact on health and wellbeing over the longer term. The regeneration programme focuses on the renewal of infrastructure, transform outmoded accommodation, address structural or design failures, deliver new housing and improve local amenities.

### **4 Take action to reduce smoking**

- 4.1 As previously mentioned this year's Annual Public Health Report, Ashes to Ashes outlines in detail the picture of smoking in Camden and what is being done locally and nationally to reduce smoking rates and the harm from tobacco. Smoking is considered to be the biggest single preventable cause of ill health and is estimated to be a contributing factor to at least 25 diseases or conditions.
- 4.2 Camden PCT's stop smoking services have been in place since 2003 and for the last 2 years have met challenging 4 week quitter targets set

by the Department of Health. Camden PCT specialist service is responsible for overall co-ordination of smoking cessation work, for training others to be advisors (GP's, pharmacists, nurses, community workers etc), and providing Level 3 (delivered by specialist advisors in smoking cessation) group and one-to-one interventions. The service is widely advertised, through GP's and other partners as well as local promotional material displaying the freephone number and a Bengali freephone number.

- 4.3 In 2006 Camden Tobacco Control Alliance (Smoke Free Camden) was established as the strategic partnership group, tasked with driving forward tobacco control activity within Camden. The Alliance is a partnership between Camden PCT, and the Council as the key agencies carrying out tobacco control activities – as well as partner organisations from the non-statutory sector. The LAA has previously funded work of the Alliance and provided additional investment for Community Stop Smoking, smokefree workplaces, smoking and homelessness, smoking and mental health and underage sales. More information on what was delivered is outlined below.
- 4.4 Community stop smoking focussed on the Irish population, Bangladeshi and Somali men, raising awareness of services and delivering services in more accessible venues .
- 4.5 A workplace post supported local businesses to prepare for the smokefree legislation working alongside stop smoking service and council officers. Visits to 700 high-risk retailers resulted in over 90 premises going smoke-free early. This approach developed awareness, allowed businesses to prepare and resulted in high levels of compliance.
- 4.6 Smoking and homelessness work initially developed specific guidance and support around the new smoking legislation for hostels and other organisations providing supported housing. The guidance clarified what they needed to do to be compliant, but also consider the impact of implementing the legislation for staff and residents, where there are high smoking rates.
- 4.7 Work to address smoking among people with mental health problems was initially targeted at clients seen by Community Mental Health Teams, but this was broadened out including work with family hostels. The work is changing again in line with national policy to focus and smoking and wellbeing for people with mental health problems.
- 4.8 An underage sales project led by the Council's trading standards service undertook 91 test purchases to establish a baseline. The amount of completed sales made has been alarmingly high: 63% for cigarettes, 74% for alcohol and 45% for knives; reinforcing the need for this project. A Trading Standards Officer will now undertake a face-to-face education program with all retailers who sold to minors. All these

retailers will undergo further test purchases, but this is an issue that needs continued significant activity.

- 4.9 Large parts of this work have now been mainstreamed within the PCT and Council and the Alliance has developed an action plan for 2008/09 which sets out how the partners aim to tackle cheap and illicit tobacco, maintain and promote smokefree environments, help young people to be tobacco free, use tobacco control to tackle health inequalities, integrate stop smoking services with other areas of work, influence change through advocacy, and work with others to build capacity in tobacco control.

## **5 Promote healthy behaviour including healthy eating and physical - activity**

### **5.1 Healthy Eating & Physical Activity**

- 5.1.1 There are a range of approaches to encourage healthy eating and physical activity and promote healthy behaviour across the PCT, Council, voluntary and community sector and general public. Activities range from preventative programmes targeting groups that are more at risk of obesity and obesity related conditions, to the development of an obesity pathway covering primary and secondary health care.
- 5.1.2 A Camden Obesity Health Needs Assessment was completed in spring 2007, which has informed service planning and provided an evidence base for the implementation of the North Central London obesity care pathway in Camden. As a result of needs assessment the PCT have invested approximately half a million over the next two years in adult and childhood obesity services. The new obesity pathway will be launched later this year, providing training for front line health staff, clearer referral criteria and range of services for obese adults and children in Camden. Services will include dietetics, psychology, exercise on referral and Shape Up a specialist service for obese patients which offers advice and support on healthy eating and general lifestyle change (Shape Up is joint funded by the PCT and LBC).
- 5.1.3 The Camden Community Food Programme provides a range of healthy eating activities building on work delivered and lessons learnt from the 5 A DAY programme and subsequent Community Food Work (CFW) over the last four years. CFW has focussed around cook and eat activities, training local people to deliver one of sessions or a four week course to targeted populations. This year the PCT will employ more community food workers, but will improve the targeting of work, to the four most deprived wards in Camden, linking with new and developing services including the obesity pathway and assertive primary care.
- 5.1.4 Pro-Active Camden, a sub-group of the Camden Public Health Partnership is leading on developing a sport and physical activity strategy for the borough. In terms of delivery, the Council's sports and physical activity services lead on providing a range of services and

schemes for children, young people and older people that encourage physical activity. It supports sport in the school setting, including a wide range of school sporting competitions, and also outside of schools through its neighbourhood sports teams. The Council also provides subsidised activities in all of Camden's sports centres via a concessionary wellness card. To address a lack of services for individuals with a physical or learning disability, Pro-Active Camden has made a successful bid to Sport England for funding from the Community Investment Fund. This will provide a specialist team of sports development officers to improve provision for disabled children, young people and adults.

- 5.1.5 The PCT also commissions an 'exercise on referral' scheme from the Council's Active Health Team (CAHT), partly subsidised by the Council. This has been running for a few years now and includes every GP practice in the borough. This service, allows health professionals to refer their patients to the CAHT for a course of eight free sessions tailored to their particular health needs. Unlike other similar schemes Camden provides activities for people with chronic conditions like Coronary Heart Disease, Diabetes, Stroke and Osteoporosis. There is more scope in the future for the PCT to commission extra activity from the Active Health Team, through the new assertive primary care model being developed and cardiac rehabilitation (in conjunction with local hospitals).
- 5.1.6 Although statutory services have an important part to play, the voluntary and community sector has a crucial role in encouraging physical activity. Pro Touch Soccer Academy provides training delivered by sports professionals volunteering their time. The approach is community based and holistic addressing personal, social and educational development through projects that are developed by young people involved in the academy. Sporting activity has been expanded to include fashion design and workshops on issues that affect young people like drugs and safe sex.
- 5.1.7 African Physical Training Organisation is another sports focussed project where sport is a catalyst for achieving different quality of life outcomes. The organisation is run by 12 volunteers and sport activity is combined with arts activities, educational support like IT, translation, ESOL and a supplementary school. Health and well-being is measured through a collection of outcomes that include putting new skills into practice such as parents who are learning English being able to assist their children with homework.
- 5.1.8 The Corporate Social Responsibility (CSR) agenda provides another platform to address healthy eating and physical activity. An approach to staff, patient and public transport and travel has the potential to make a significant contribution, both to reducing the carbon footprint of the NHS and council and to promoting better health.

5.1.9 A crucial strand of this is the Borough's Green Transport Strategy. The Council has recently agreed the new strategy, the main focuses of which are reducing the impact of climate change, helping achieve further traffic reduction, improving environmental quality of local areas and assisting in the achievement of air quality targets. In parallel Camden PCT is making significant investments in promoting walking and cycling through providing information, equipment and facilities that promote active travel options. This includes, purchasing fold-up bikes for use by staff, enhancing cycling facilities including bike racks and showers, developing new financial incentives for staff to cycle and developing walking maps for patients and staff which offer them a choice of routes and indicate places of interest along the way.

5.1.10 Other notable activities that have taken place in Camden to encourage walking and cycling have included: Bike Week and Walking Works Campaign, where the Council gave local businesses and their own employees a step counter challenge to promote walking.

## 5.2 Alcohol and Substance Misuse

5.2.1 The Drug and Alcohol Action Team is a joint partnership responsible for delivering the national drugs strategy and the local alcohol strategy in Camden.

5.2.2 Alcohol misuse is a complex challenge for Camden, with high level of alcohol related harm when compared to London and England as a whole. A higher percentage of people in Camden are drinking above the maximum recommended limits compared to London. Extrapolating data related to alcohol use suggests that Camden has approximately:

- 45,000 hazardous drinkers
- 11,000 harmful drinkers

5.2.3 Camden PCT and the Council have recently launched a new alcohol strategy for the borough. Historically, local responses to alcohol related issues (health, safety, crime etc) have often not been strategically planned or developed in a co-ordinated way. The alcohol strategy will build on existing work and ensure the Council and PCT work with other partners to reduce the problems associated with alcohol misuse in Camden. The four key goals of the strategy are;

- To reduce the impact of alcohol misuse on the communities of Camden
- To reduce the harms to health caused by alcohol misuse in Camden
- To increase access to a range of timely, effective treatments
- To reduce underage drinking and alcohol related harm among young people

5.2.4 To begin delivering on the strategy the PCT are supporting a number of initiatives including: Incentivising GPs to undertake brief interventions with patients, supported by an expanding Sensible Drinking Team, who can also provide extended brief interventions; Looking across the

country to develop an effective intervention within Camden A&E departments; Recruiting an alcohol health promotion team with posts focussing on children, young adults and workplaces.

5.2.5 An Alternative Response Vehicle otherwise known as the 'Booze Bus' will target alcohol hotspots on Friday and Saturday nights. It is an ambulance that can treat people under the influence of alcohol and with alcohol related minor injuries, where they are. This should reduce the burden currently placed on A&E. Also a violent crime initiative in Cardiff is being looked at to see how a similar model could work in Camden to tackle alcohol related crime.

5.2.6 Wider substance misuse proves another challenge in Camden, with strong implications with crime and safety, mental health, homelessness and a number of other health problems. Services are increasingly delivered in a joined up way to deliver health benefits to those who use drugs and alcohol as well as reducing crime and antisocial behaviour. The Drug Intervention Programme delivered some of the best results in London in getting people into treatment and through to successful completion. Camden has established a pilot family drug and alcohol court, in partnership with Islington and Westminster. It brings together the care proceedings framework with services to substance-misusing parents to improve service delivery and cost-effectiveness to promote positive outcomes for both the children and adults

### 5.3 Sexual Health

5.3.1 Camden developed a Sexual Health Strategy led by Public Health and the Joint HIV and Sexual Health Commissioner for Camden. There are five visions within this 5 year strategy (2007-12). They are:

- Enabling young people in Camden to improve their knowledge and their ability to protect themselves from sexually transmitted infections and unintended pregnancies
- HIV infected individuals in Camden leading independent and healthier lives
- All patients having choice and access to Genitourinary Medicine and other sexual health services according to their needs and preference
- HIV and other Sexually Transmitted Infections are prevented, especially for those who are identified as the high-risk groups, Men who have Sex with Men and African Communities
- Sexual health and HIV services in Camden provide quality seamless services

5.3.2 Highlights of delivery against the sexual health strategy for 2007 include: An HIV information event providing an opportunity for service users to discuss issues that are important to them with Camden councillors; a specific strategy has been developed for HIV Prevention for African Communities; Chlamydia Screening Programme is up and running; Emergency Hormonal Contraception in pharmacies is fully

operational; and mainstream GUM clinics have increased access.

## **6 Provide opportunities for everyone to stay healthy, keep learning and have full and active lives**

- 6.1 Providing opportunities to stay healthy and encourage full and active lives is important for all of Camden's communities, including more vulnerable members of the community, children and young people, older people. Increasing access to skills, education, training and jobs has a key part to play in improving health and wellbeing in Camden.
- 6.2 Helping older people maintain independence and stay active has been an important area of activity for Camden, and has been planned over a number of years through the Quality of life strategy. The strategy has an Implementation Team (QUILT) consisting of Senior Managers across the Council and partners to drive the strategy forward with the aim of enabling older people to lead active & independent lives. The Council is in the process of updating the Quality of Life strategy – aiming to realise 'A borough of opportunity for Camden's older citizens'. One of the proposed themes of the strategy is 'healthy older citizens' – with parts to play for a range of partners in encouraging health and independence. The Council aims to finalise the strategy by the end of July.
- 6.3 The Camden Active Health Team runs regular activities for older people as part of its "Community Programme" ranging from seated exercise to Tai Chi. The sessions cost £1 and take place in a range of community facilities spread across the borough. Camden's sports centres also have activities targeted at over 50s.
- 6.4 Local community groups and organisations have produced a falls prevention resource pack and a full time falls co-ordinator has been appointed.
- 6.5 Age Concern Camden (ACC) delivers a range of services for older Camden residents that support independence and in turn promote health and well-being. Services include health and social care support such as counselling, Talking Therapies, a shopping service and Helping Hands home services. In addition advice and advocacy initiatives support older people to negotiate the benefits and allowances available achieving greater independence and peace of mind. An important outcome is that once connected with these support services people are lifted out of an isolated and constrained environment and able to benefit from social and learning activities. Service users taking up opportunities to volunteer, learn English, take part in exercise, arts and craft sessions and computer classes and go on daytrips are continuing to improve their physical and mental health. ACC currently have 180 volunteers (70% are older people) who use their services volunteering their help and skills to benefit others.

- 6.6 Camden has a number of Healthy Living Centres (HLCs), resources centres and community groups that provide a range of physical and mental health related activities to some of Camden's more vulnerable groups. Activities include exercise classes, healthy eating, health education sessions, talking therapies and accompanying people to medical appointments. Camden Chinese Community Centre has 600 members, 80% of whom are Camden residents. There are currently 80 volunteers delivering meals on wheels, acting as escorts for GP visits, providing blood pressure checks, home and hospital visits, delivering meals, and running the IT and language classes.
- 6.7 Worklessness and low levels of health and wellbeing are inextricably linked. Not being in employment increases the risk of adopting health risk behaviours such as smoking and higher levels of alcohol consumption. It can impact negatively on an individual's perception of self and their value to society and increases the likelihood of mental health issues. Volunteering also has a key part to play in improving mental health and wellbeing. The LSP progress report on 'Enabling people to take an active part in stronger local communities' in November reflected on the role of volunteering and progress in improving levels of volunteering for Camden.
- 6.8 One local project aimed at tackling worklessness is the Camden Housing & Employment Project (CHEP) which has an outreach worker and Information, Advice and Guidance (IAG) specialist who work with council and RSL (Registered Social Landlords) tenants. Camden's Housing services are building on this scheme and will be piloting additional approaches to encourage tenants to access employment and training from July 2008. This will be focused on the three wards with the highest unemployment rates, which also have high levels of health inequalities.
- 6.9 Last year 1,695 Camden residents used Volunteer Centre Camden's (VCC) services to find volunteering opportunities. VCC also deliver a volunteering project with 30 people using Camden mental health services, encouraging people to build networks outside of the mental health setting through volunteering in the wider community, in turn increasing confidence and employability. The LSP will receive a report in October which will consider in more detail progress on increasing access to skills, education, training and jobs.
- 6.10 The PCT have worked innovatively with the Council's hostel pathways model one of the main tenants in LBC housing strategy. HPM recognises that lack of housing is often indicative of other support needs and to support people to move to more suitable accommodation requires addressing these support needs. Therefore strategic commissioners from health and supporting people have worked together to increase the access of hostel residents both to general practice and health promotion opportunities. This has been

operationalised by having health as an area within housing providers Supporting People contracts.

- 6.11 Camden's WISH (Warmth Income Safety Health) Referral Scheme aims to improve the health and well being of vulnerable Camden residents. WISH was developed by the Council in partnership with the PCT, voluntary sector and other statutory agencies to co-ordinate referrals to increase the provision of health, safety and security measures in the home and the take up of benefits. Training and information is provided to enable designated frontline staff to refer their clients to the WISH referral scheme. Once received, referral information is processed and referrals are made to the appropriate agency (or range of agencies). WISH offers a holistic service that benefits vulnerable residents who may not otherwise access these services and tracks referral outcomes, providing regular feedback to referrers. This programme is being recommissioned and enhanced by the PCT, "WISH Plus", which will increase capacity within the WISH and the benefits team

## **7 Maximise the life chance and choices for all our children and young people who live, learn and grow up in Camden**

- 7.1 Camden's Children and Young People's Partnership is committed to improving the life chances and life choices of all children and young people. The Children and Young people's plan sets out the key priorities for the Partnership across the Every Child Matters outcomes. The plan is reviewed on an annual basis and the Partnership has recently signed off the 2008 review, which reflects on progress made over the last year and continuing priorities. There are eight key priorities for children and young people's health which are being progressed through multi agency partnership working. This report also outlines objectives within the staying safe outcome. Highlights from these areas as follows:

### 7.2 Promote healthy eating and physical activity

- 7.2.1 There is strong progress in promoting healthy eating through a range of activities. All Camden schools are participating in the healthy schools programme, and there has been an increase the number of primary schools achieving healthy schools status to 80.5% (spring 2008), exceeding the 75% target. The Food in Schools programme (has provided healthy eating training for schools, involving 275 pupils in workshops and 160 school staff trained in 2007/8. The percentage of pupils participating in at least two hours of high quality PE and school sport has also increased to 82%, and all schools are part of a school sports partnership.

- 7.3 Improve children and young people's access to health services in primary care, including those in children's centres and extended services
- 7.3.1 Strong progress has been made this year in developing and embedding integrated working across children's services, including health services. The eCAF is one of the key tools of integrated working. It provides a consistent method of referral across sectors and there has been widespread training for community health services in its use, as well as a strategy for cascade training at UCL Hospital, to engage key staff in paediatrics, midwifery, A&E and professions allied to medicine.
- 7.4 Early intervention to improve children's health and reduce inequalities
- 7.4.1 Breastfeeding initiation has continued to increase due to a range of multi-agency work. The PCT has completed a breastfeeding health needs assessment; this report has informed service planning and commissioning. Breastfeeding support is available in every locality. The infant feeding peer support programme has been rolled out across the Borough and this year worked directly with 386 families, exceeding the target of 180. Volunteers are currently contributing 130 hours a week to the project.
- 7.5 Improve the mental health and emotional wellbeing of children, young people and their families
- 7.5.1 Camden continues to perform well on all key performance indicators for Child and Adolescent Mental Health Services (CAMHS) and have achieved all four levels of a comprehensive CAMHS. Community based CAMHS has been reconfigured to ensure more equitable distribution across the borough. The Tavistock and Portman Foundation Trust is the main provider, and multi disciplinary teams in the north and south of the borough work with partners in and around schools and primary care settings. We have reduced the average length of stay for patients at Tier 4, which has reduced costs, and savings have been invested into community CAMHS.
- 7.6 Reduce vaccine preventable diseases
- 7.6.1 There has been a targeted promotional campaign to raise awareness of the dangers of measles. We have continued to improve immunisation rates for vulnerable groups, such as homeless families, through the LAA/Local Public Sector Agreement (LPSA) funded immunisation project. The universal neonatal B.C.G. Programme for infants up to one year has been implemented and a targeted B.C.G. and skin testing service offered to older children. A hib/influenza catch up has been delivered as part of the routine pre school check. Ongoing training with community practitioners, Early Years and other partners aims to improve the level of information and advice about immunisations

- 7.7 Improve outcomes (including health and well being) for disabled children and those with complex needs by developing integrated services
- 7.7.1 Camden's integrated service for disabled children (ISCD) is in place, bringing together specialist teams from Health and the local authority including the Child Development Team, the Disabled Children's Team, the CAMHS team for disabled children and links with the Education Psychology and SEN Team. Children have chosen the name MOSAIC for the service, which is working with over 400 children and young people.
- 7.8 Reduce substance misuse by young people
- 7.8.1 In the area of substance misuse a Young Person's Treatment Plan has been developed with 14 key priorities to be taken forward. The number of young people receiving specialist substance misuse interventions has been increased compared to 2006/7 and nearly 250 further staff have been trained to use the Drug Use Screening Tool. A range of activities have taken place to raise young people's awareness of drugs issues, some of these involving peer educators.
- 7.9 Improve young people's sexual health and reduce the number of under 18 conceptions
- 7.9.1 As previously stated Camden's Sexual health and HIV Strategy for 2007-12 is in place. As part of this strategy Camden continues to make good progress in reducing under 18 conceptions, with the third lowest rate in inner London (a 23.7% reduction on the 1998 baseline), targeting activities on hot spot areas and vulnerable groups. We have raised the profile of sexual health services for young people through the URLife marketing campaign.
- 7.10 Some of the priorities and progress within the Staying Safe outcome are as follows:
- 7.11 Strengthen the range and impact of early identification and preventive support services to support children, young people and their families in need
- 7.11.1 This year we have continued to integrate and shape frontline services around the needs of our children, young people and their families, for example the school-based social work service. This service provides social work time to all secondary schools, providing support to disaffected young people with direct links to Children In Need Teams. This link enables seamless support to families who are at risk of experiencing a crisis, and has been positively received by schools. In 2007/8, 198 referrals were received with 98% progressing to initial assessments. We continue to provide effective support to strengthen parenting capacity to address and consolidate services for drug and alcohol abuse, mental health and domestic violence.
- 7.12 Prevent children coming into care and improve permanency and placement stability for looked after children (LAC)

7.12.1 Over the past 12 months, positive patterns continue to emerge showing that children are well cared for who would have otherwise have been looked after. There has been a reduction in the number of children who require child protection plans in place due to child abuse and neglect. The numbers of looked after children have reduced significantly over the past three years, below those in similar authorities, although Camden remains above the national average. Particularly good progress has also been made in reducing numbers of young people entering the care system at aged 13+. The numbers of adoption and special guardianship orders being made have increased. We have continued positive recruitment drives in order to support our priority to reduce the distance from Camden that LAC are placed.

7.13 Ensure the effective monitoring of all children, young people and families coming into and leaving Camden so that their needs are identified and they are provided with access to appropriate support services

7.13.1 All secondary schools have effective pupil tracking systems in place, with primary schools improving their tracking systems (monitored by the School Improvement Service). Pupils known to be missing from education are discussed at the School Inclusion Panel to ensure effective strategies are in place to assist with engaging with the pupil and their family to get them to attend school. JAR inspectors commended the trailblazing work of Camden's commissioned service for young runaways and children at risk of sexual abuse (Barnardo's). The service continues to exceed its targets for providing 1:1 support, receiving 211 referrals with 94 of these being signposted to agencies to support their particular needs in 2007/8.

## **8 Work with people facing the disabling effects of physical or mental ill health so they can continue to make a positive contribution**

8.1 As previous aspects of this report have indicated there are a number of approaches to working with individuals facing effects of physical or mental ill health so that they can continue to make a contribution.

8.2 Camden PCT led on developing the mental health promotion strategy for the borough and the strategy is now being implemented. These are areas of worked linked to health promotion that are currently being delivered or planned for Camden.

8.2.1 Voluntary Action Camden have been commissioned by Joint Commissioning to employ Community Development Workers (CDW). CDWs work with BME organisations to raise awareness of mental health, how to signpost into services, and support them to feed into commissioning and development of services.

8.2.2 Department of Health through the IAPT programme are funding the PCT as an expansion site to increase access to psychological

- 8.2.3 The PCT have also mainstreamed some of the LAA funded work and increased funding in existing services including Computerised CBT (running in libraries), Sort Out Stress (working with young men) and Primary Care Mental Health Workers.
- 8.2.4 Camden & Islington Foundation Trust have also established a health and wellbeing group, linking with public health, to consider how they address the physical health needs of patients with mental health problems.
- 8.3 Camden has been increasing opportunities for people with Mental Health to get them into the job market by refocusing day services to deliver employment support through job initiatives. In 2007/08 Joint Commissioners commissioned a new provider for the Mental Health Day Centre Service in which service users & carers had a pivotal role in the design, delivery & monitoring of the tendering and procurement process through strategic planning and steering groups. Providers were encouraged to describe what activities and outputs they would carry out to deliver Camden's Sustainable Community Strategy outcomes. Service User input led to the tender being awarded to consortium of providers based on their wealth of collective experience and expertise in offering support, training and opportunities that would benefit the diverse needs of service users in Camden.
- 8.4 A Mental Health Employment Strategy led by Adult Social Services and supported by the Camden Economic Development Partnership and CD&R partnership will be finalised at the end of June 2008 and consulted on in September.
- 8.5 In addition, Adult Social Services have engaged & maintained service user involvement through focus group events in the development of the Mental Health Accommodation Strategy & a Good Practice Guide. Service users were involved in the evaluation of the Floating Support Services through questionnaires, 1:1s & focus groups. Carers of Older people with dementia have been involved in a recent tender panel for a new home care service, which will focus on dementia & long term conditions.
- 8.6 Savings from the closure of the Jamestown day centre have been used to provide recurrent funding for the Vibe project, a vocational support service working with people experiencing the first episode of psychosis. It works to support people to remain in their existing education or work wherever possible, or to place and support them in work or training after their episode of funding. From the closure savings £124,000 is being used to fund the development of an evidence-based employment support model. The one-year pilot will involve embedding employment support specialist in Community Mental Health Teams and Recovery

centres who will work very closely with clinical leads and care coordinators in providing job-brokerage and placement support. This new service is due to commence in May 08.

- 8.7 Camden aims to help people with a physical disability and/or sensory needs to participate actively in community and economic life by supporting them in employment and/or related social and community activities via the provision of Employment Assistance services. This is promoted at every stage of an individual's rehabilitation and service provision via personalised care plans developed within the specialist teams providing case management to people with physical impairments and sensory needs. As part of the person-centred approach individualised care plans are created that include the individual's goals in attaining or sustaining educational and vocational achievements and they will be supported to do so by their case manager.
- 8.8 Camden commissioned a Disability Employment Programme for 2008/09, for people with physical impairments and sensory needs to support people in attaining education and vocational placements and entering into voluntary work.
- 8.9 The Physical Disability and Sensory Needs Liaison Group meets quarterly to engage directly with service users. Presentations are held and service user views are obtained. Any issues brought up are formally noted and addressed in the appropriate forum, resolutions are directly fed back to participants at the following meeting. There is also a Physical Disability and Sensory needs Joint Commissioning Reference Group that meet quarterly with representation from provider services in health, social care and the third sector.
- 8.10 A detailed needs analysis on Physical Disabilities has been undertaken by a multi-disciplinary group with service user and family carer representatives. A strategic approach is being taken to ensure development proposals integrate with the Commission for Social Care Inspection (CSCI) and Local Authority strategic outcome targets. New service specifications are being developed, and an action plan is being finalised to improve service co-ordination and outcomes for service users. Service development plans for 2008/09 include increased co-ordination of specialist clinical input in the provision of day opportunities and to local supported housing schemes.
- 8.11 The Disability Rights Commission undertook an extensive Formal Investigation in 2006-7 into the health inequalities experienced by people with learning disabilities. This Investigation confirmed that people with learning disabilities are much more likely than other people to have significant health risks and major health problems - including obesity and respiratory disease. In response Camden are developing a Health Strategy for Learning Disabilities providing a practical framework for local action.

- 8.12 A Local Enhanced Scheme for patients with learning disabilities has been in effect for several years in general practice. This is being extended to all practices in Camden in 2008-9 and encourages regular health checks and setting health improvement goals with patients.
- 8.13 PASS a Physical Activity Support Scheme is also in place to provide one-to-one support for people with learning disabilities or mental health problems to access physical activity opportunities in the borough. The scheme commissioned by the PCT and delivered by Camden Society and its volunteers won a Pro Active sports award last year.

## **9 Moving forward – longer term considerations**

### **9.1 Summary**

9.1.1 There are multiple individual examples of good practice where PCT and local authority commissioned and delivered services work to improve health and well-being in the borough. The joint commissioning of a range of services enables this, while the strong partnerships relating to Children & Young People have extended this approach across a wide range of preventative services.

9.1.2 Inequalities in health are based on multiple factors, only a small number of which relate to the quality of and access to health services. A wide range of activity can therefore contribute to the reduction of health inequalities (a LAA target). The PCT has begun concerted planning and identified investment to address this issue. In parallel the wider Camden Public Health Partnership needs to further co-ordinate its work and build capacity across the Council, PCT and voluntary and community sector to reduce health inequalities. Specifically it will need to consider its role as the lead partnership for a number of LAA targets.

### **9.2 Gap Analysis/Recommendations**

9.2.1 The linkages between the Older People QUILT (Quality of Life Implementation Strategy Team) and public health/health promotion teams at the PCT need to be better developed compared to similar structures relating to the Children's Agenda. A forthcoming piece of work on the development of an Older Person's Board, commissioned from the Office of Public Management, should provide an opportunity to further examine the partnership activities relating to health and well-being issues in older people.

9.2.2 There have been discussions in a number of fora about the results of the under-age test purchase programmes for alcohol and tobacco, the risk such sales pose to the health, and the impact of under-age alcohol sales on anti-social behaviour. These discussions (senior public health staff Camden PCT; Camden Drug and Alcohol Action Team meeting; Camden Public Health Partnership), broadly support the view that trading standards should consider significantly increasing activity in this area.