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| <b>Learning Disability Executive Board</b>  |  |  |    |  |
| <b>Report title</b>   | <b>Camden Learning Disability Service: Annual Quality Report 2022/23</b>   |   |  | May 23  |
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| <b>Report summary</b>   | This report <ul style="list-style-type: none"> <li>summarises the 2022/23 performance to date and budget outturns for CLDS</li> <li>note and agree the appended action plan for CLDS for 23/24 aligned to our agreed key areas for improvement</li> </ul>                      |   |  |   |
| <b>Purpose</b>  | <b>Information</b>   | <b>Approval X</b>   | <b>To note X</b>   | <b>Decision</b>   |
| <b>i. Recommendations</b>   |  |   |  |   |
| <p>That the board</p> <ul style="list-style-type: none"> <li>Consider the implications of the continuing increase in overall demand for support from CLDS and the impact this is having on staff and waiting lists.</li> <li>Note the performance data and budget forecast (see attached reports)</li> <li>Note progress against the plans to deliver the 2022/23 priorities for CLDS outlined in the report to: <ul style="list-style-type: none"> <li>Work with partners to alleviate impact and risk due to the anticipated significant increase in the numbers of people with learning disabilities in both relative and absolute <b>poverty</b></li> <li>Support the ICB and PCNs to continue to improve LD <b>annual health check</b> performance</li> <li>Continue to progress the change to a whole system, strengths based model of community support envisaged in the '<b>Living a Good Life</b>' project</li> <li>Further develop the physical health promotion and <b>admission avoidance</b> work of the Significant 7+ approach, including participation in the London pilot of the Premature Mortality Risk Stratification Tool</li> </ul> </li> <li>Note the appended action plan that will address identified areas for improvement</li> <li>Approve the proposed key objectives for the service in 23/24 <ol style="list-style-type: none"> <li>To work with partners to alleviate impact and risk due to the significant increase in the numbers of people with learning disabilities in both relative and absolute <b>poverty</b></li> <li>To support the ICB to sustain the improvement in LD <b>annual health check</b> performance, improve the quality of checks and increase the number of people who have a health action plan</li> <li>To analyse available data related to the protected characteristics of people referred to and supported by CLDS to consider <ul style="list-style-type: none"> <li>whether there is any <b>disproportionality</b> of access and</li> <li>agree how to address any such gaps</li> </ul> </li> <li>To work with Good Work Camden to increase the number of people with learning disabilities in paid <b>employment</b></li> <li>To support the integrated commissioning team to prepare a business case and secure approval for the development of a <b>short stay care home</b> that will relieve pressure on Breakaway and reduce the risk of (young) people having to be placed out of borough</li> </ol> </li> </ul> |  |   |  |   |



Camden Integrated Learning Disability Service:  
The Team Around Kasibba

Adult Multidisciplinary Team of the Year 2022

&

Overall joint Social Worker of the Year 2022



## ii. Strategic links

Activity and priority for CLDS throughout the financial year 2022/23 was dominated by Covid recovery work, and the continuing increase in the number of people making contact with CLDS, many of whom were in crisis which resulted in an increase in admission to mental health hospital. The report should be read in this context.

The Camden Plan envisages Camden becoming a place in which everyone has the chance to succeed, no one gets left behind & everyone has a voice. This means people with learning disabilities should:

- **Have a place they call home**
- **Have access to the right jobs & enough money**
- **Be able to live a happy and healthy life**
- **Be part of a safe and strong community**

The relevant priorities within the Integrated Care Partnership are:

1. **Upskill LD supported living care staff on monitoring and managing the complex health care needs of people with LD including infection control, spotting and acting on deterioration**
2. **Continue to use Building the Right Support and Dynamic Risk Registers**
3. **Deliver on LD Annual Health Checks commitments in NHS Long Term Plan**
4. **Establish multi-disciplinary strengths-based working in LD localities**

## iii. Identified issues, risks, concerns and mitigations

See appended risk log

## iv. Resource implications

- The Council has agreed funding for 2 additional SWs to focus on Out of Borough reviews as part of the MTFS programme
- A temporary B7 Health Facilitator to support the uptake of AHCs is in post and funded to the end of April via ICB inequalities funding. CLDS will bid to the BCF to extend that funding.
- A BCF bid in 2022/23 for £168k of additional clinical staffing to support our internal providers was only approved in December 22. We will report progress during 2023/24
- Integrated commissioning have funded the new post of 'Work Ready Coach to support our employment ambitions

## v. Engagement

A regular programme of engagement with people with learning disabilities in Camden is carried out, and a co-production approach is taken wherever possible. All meetings are now face to face, but with the option to join remotely for family carers or people with learning disabilities, with professional expected to attend in person.

Engagement mechanisms include:

- Planning Together, the Learning Disability Partnership Board, which is managed by the integrated commissioning team and chaired by the Andrew Reece, Head of CLDS.
- Synergy, an LD Experts by Experience service, commissioned from the Advocacy Project
- Speaking Up groups, developed by the Experts by Experience service.
- Attendance at monthly Carers Centre Family Members reference group
- Attendance at Preparation for Adulthood events
- LD Day Service Family and Carers forum
- CLDS support the monthly provider forum lead by the integrated commissioning team
- A new feedback mechanism in the supported living contracts to ensure the resident and carer voice is much more strongly represented in contract monitoring

Specific engagement activities are carried out as appropriate as part of service development.

## vi. Equality impact analysis

This report was written in accordance with the provisions of the Equality Act 2010. Equality impact assessments are undertaken for policy, practice and service changes and developments as required, such as the Accommodation Strategy and re-commissioning of services.

Key headlines on equalities for people with learning disabilities include:

- Employment rates for people with LD remain very low and have not yet recovered post pandemic.
  - Unity Works report that across London up to 60% of people with learning disability in employment were made redundant during the pandemic
- LeDeR report that
  - People with learning disabilities die between 18 and 27 years before their peers.
  - Only 38% of people with a learning disability live to reach the age of 65 compared to 85% of the general population. This survival rate is significantly lower for people with complex needs and for people with Downs' Syndrome
  - 50% of people with a learning disability die from health conditions that could have been treated or prevented
- A study [reported in the BMJ](#) shows that people on their GP's LD Register were 5.3 times more likely to be admitted to hospital with Covid and 8.2 times more likely to die of Covid. Again the impact is significantly higher for people with complex needs and for people with Downs' Syndrome
- 30% of people with learning disabilities live in poverty. This poverty is usually lifelong, which is likely to contribute to the mortality gap
- People with a learning disability, especially women, are more likely to be overweight
- Only 9% of people with a learning disability get enough exercise

## 1. Introduction

1.1 **Workforce:** Camden Learning Disabilities Service (CLDS) has a stable staff team with a low turnover rate and low use of agency staff in both the Social Work and Clinical Teams for permanent posts. Clinical and Social Work productivity continues to be impacted by our inability to recruit to temporary posts such as maternity leave cover and by the impact of Covid.

There is some evidence to suggest that, post-lockdown, people are less willing to undertake long commutes, and some key staff and managers have already left the service.

There continue to be difficulties in recruiting specialist LD staff, particularly on temporary contracts.

There are waiting lists for some clinical interventions, but these are within national NHS targets.

|             | Over Allocation (-) | Waiting list | Allocation Pressure             | FTE staffing gap |
|-------------|---------------------|--------------|---------------------------------|------------------|
| Social Work | -3                  | 51           | -54                             | -2.7             |
| Nursing     | -4                  | 1            | -5                              | -0.3             |
| OT          | 4                   | 23           | -19                             | -1.3             |
| Psychology  | 6                   | 18           | -12                             | -0.8             |
| PT          | -14                 | 11           | -25                             | -1.3             |
| SLT         | -14.2               | 10           | -24.2                           | -1.6             |
| Psychiatry  | -18                 | 0            | -18                             | -0.9             |
|             |                     |              | <b>Total staffing gap (FTE)</b> | <b>-8.8</b>      |

Our analysis above of team workloads against the ideal workload based on current staffing levels suggest we are understaffed by 8.8 full time posts across all professions, with the biggest gap in the Social Work team.

Due to the additional work related to Covid recovery, there is significant waiting list for Social Work allocation, and this has resulted in some work being delayed and people going into crisis. This has had both a budgetary impact and an impact on **Breakaway** from where we have struggled to move people on due to lack of Social Work capacity.

The Council has funded 100 reviews from **Flex360** to help address this backlog. Flex 360 have commenced this work, which had been delayed due to need to resolve some initial quality assurance concerns which have now been resolved, and weekly monitoring meetings are being held with Flex 360. Quality assurance activities continue with audits and spot checks of reviews being completed by Team Manager and Service Manager.

Additional funding has been agreed by BCF for 4 clinical staff to provide clinical input into our in-house provider services. The Council has agreed to fund to new Social Work posts to support the Out-of-Borough project on an invest to save basis under MTFs. These posts are about to go out to advert.

1.2 **First contact:** The team is under considerable pressure due to the increased volume of work coming in and the lack of Social Work capacity to allocate the more complex work.

1.3 In November 2022 new supported living accommodation opened on the 9<sup>th</sup> and 10<sup>th</sup> floors of **Denton Tower** sheltered housing scheme, providing self-contained flats and the opportunity of intergenerational living and facilitating the decommissioning of the inaccessible building at Fortress Road. Two flats are currently being held void in anticipation of the temporary decant of residents at Antrim Grove ahead of planned remodelling.

We anticipate that three residents will move into the newly built and fully accessible flats in the **Granary Street** development when it opens in Q1 of 2023/24, allowing the decommissioning of a property in Oakford Road that is neither accessible nor fit for the future. This project is now 12 months behind schedule due to landlord and contractor delays.

1.4 The **volume of referrals** to the team continues to be high. At the end of Q4 CLDS had 83 referrals, which is comparable to last year, but with a lower proportion of eligible referrals. The outcomes of these referrals are broken down below:

| No Referrals | Accepted | Pending | Not eligible |
|--------------|----------|---------|--------------|
| <b>83</b>    | 20       | 27      | 36           |
|              | 24.1%    | 32.5%   | 33%          |

CLDS encourage professional to make referrals to us at age 16 so young people and families find out as early as possible if they will be eligible for support from CLDS. The majority of new referrals are these non-urgent referrals for 16 year olds, hence the large number of pending referrals. Referrals for people over 18 are always prioritised.

1.5 [@easierinfo](#) continue to offer support to local public sector bodies in meeting their Equality Act duty to make their information accessible to people with learning disabilities, and recently agreed a new contract with Whittington Health Care.

At the request of both Planning Together and parents of young people with learning disabilities through the Special Parents Forum, the team have recently completed a series of short leaflets about our supported living houses in Camden and made a new video to explain how to use and make your own [hospital passport](#)

## 2 Quality

### 2.1 Deaths and LeDeR Investigations

| Name                               | Ethnicity         | Gender | Age | Date of Death | Q   | Comments   |
|------------------------------------|-------------------|--------|-----|---------------|---|--|
| G                                  | Black British     | F      | 86  | April         | Q1  | Died of <b>pneumonia</b> in UCH due to hospital acquired COVID infection<br><b>See 5.1 below</b>   |
| A                                  | White Other       | M      | 71  | May           | Q1  | Death expected. On End of Life pathway due to recurrent <b>chest infections</b> related to dysphagia   |
| J (1)                              | White British     | M      | 72  | June          | Q1  | Died at home from <b>Pneumonia</b> , exacerbated by previous <b>cancer</b> & kidney disease (2x transplants). LAS unable to revive                     |
| P                                  | White British     | F      | 58  | July          | Q2  | Died in hospital with <b>pneumonia</b> . Long term complex health issues including long term preventative anti-biotics                                 |
| B                                  | White British     | M      | 78  | August        | Q2  | Heart attack. LAS quick to respond but unable to resuscitate   |
| K                                  | White British     | F      | 59  | August        | Q2  | PICA diagnosis. Choked after eating tea bag. Learning Review conducted with provider. <b>See below</b>   |
| N                                  | Asian Bangladeshi | M      | 54  | October       | Q3  | Died at home unexpectedly. Found in bed by family. Coroner yet to determine cause of death (Q4)  |
| R                                  | White Other       | M      | 84  | November      | Q3  | Admitted to hospital due to pain and deteriorating mobility. Died a week later from <b>pneumonia</b> & heart failure                                   |
| M                                  | White British     | F      | 79  | December      | Q3  | Died at home from <b>pneumonia</b> . LAS did not to admit as per agreed care plan.   |
| G                                  | White British     | M      | 71  | January       | Q4  | Admitted from care home in Surrey to Epsom Hospital where he died of <b>sepsis</b> . Surrey will complete the LeDeR review                             |
| J (2)                              | White British     | M      | 53  | January       | Q4  | Died in Barts of cardiac arrest where he was being treated for late diagnosis <b>testicular cancer</b> . See below                                     |
| S                                  | Black African     | F      | 30  | January       | Q4  | Died of palliative <b>respiratory failure</b> in RFH related to profound kyphoscoliosis after long admission on ventilator. Not C19 or flu vaccinated. |
| P                                  | White British     | M      | 78  | March         | Q4  | Died in Kettering Hosp from bilateral <b>pneumonia</b> /RSV after 5 week admission   |
| <b>Median Age of death 2022/23</b> |                   |        |     | <b>71</b>     | <b>Whole Camden Life expectancy approx. 83</b>                  |  |
| <b>Median Age of death 201/22</b>  |                   |        |     | <b>62</b>     | <b>National Median age of death (LeDeR 2021): 61 (M) 60 (F)</b> |  |

Note that in 2012/22 the median age of death was 62. 54% of deaths has pneumonia as a primary cause. Two deaths were related to cancers that might have been detected earlier without lockdown.

The LeDeR review has been completed for P which highlighted one learning point in relation to obesity and one item of good practice in how the provider responded to a medication error.

CLDS is working with the provider to explore these and any additional 'system' learning from the deaths of R and P.

### **2.1.1 Learning from the death of K**

A multi-agency learning event was held between CLDS and the supported living provider, which developed the following recommendations. This has also been presented to the LD Provider Forum.

#### **Recommendations for network**

1. Need for PICA to be diagnosed and appropriate assessment and interventions offered as per diagnosis
2. Joined up approach, across network, of risk associated with PICA and subsequent management of those risks
3. Training for all (CLDS and providers) to ensure everyone understands risk associated with PICA (WHO and HOW for discussion)
4. Ensuring that this is a legacy, not forgotten with time, and is embedded into everyday practice

#### **Recommendations for CLDS**

1. Embed a PICA diagnostic and treatment pathway into the Behaviours of Concern pathway
2. Individual professions to consider adding PICA to initial screening tools
3. Consider where PICA may need to be added to existing packages of training

### **2.1.2 Learning from the death of J (2)**

J's death will be subject to an inquest. The coroner will be sent the write up of the multi-agency learning event which was held in March with participants from CLDS, Barts, Royal Free and Centre 404. The following recommendations were made:

1. Concerns re long term self-neglect should have been managed more proactively by CLDS, perhaps via a safeguarding process supported by an allocated worker
2. J was admitted to RFH in August 2022 re concerns about the growth on his testicle. No cancer diagnosis was made. This needs to be looked into further.
3. CLDS will continue to recommend and support people with an out of Camden GP to transfer to a Camden GP so as to be able to access clinical support from CLDS.

### **2.2 Incidents and Concerns (Social Care)**

There were no Social Care Serious Incidents or Concerns raised during 2022/23.

### **2.3 Serious and Untoward Incidents (NHS)**

There were no NHS Serious or Untoward incidents raised during 2022/23

## **3 Operational Practice**

### **3.1 Becoming a Trauma Informed Organisation**

With support from Camden and Islington Foundation Trust's Trauma Informed Collaborative and LB Camden's Trauma Informed programme, CLDS is working to becoming a Trauma Informed Organisation. As a service we have recognised that trauma plays a significant part in the lives of most people with learning disabilities, for example through hate crime or bullying at school. The impact of trauma is even more pronounced in people admitted to mental health hospital (see 5.4 and note C and K were both adopted as young children).

We are now beginning to work together as a service to understand how we need to adapt our practice across all professions and with our providers, starting by making the cultural shift away from asking 'what is wrong' with someone to asking 'what has happened' to someone.

As a first stage we will be discussing what it means to be a Trauma Informed Organisation at Planning Together in July 2023 and working with our staff to understand the types of trauma people with learning disabilities and their families are likely to be exposed to. Throughout the year we will continue discussing what it means to be a trauma informed organisation, drawing on the experience, skills, insights and resources of our staff and partners including Planning Together and our staff team to understand how we need to adapt our practice to navigate this cultural shift.

## 3.2 Social Work/Social Care

**3.2.1 New referrals:** The volume and complexity of new referrals being received by the First Contact Team is placing significant , on the Social Work team as a whole. The backlog of work has reduced in Q4 with Flex 360 allocated 100 reviews of which they had completed 48 by the end of Q4. Our Social Work Service Manager is working with the Flex360 Project Manager in order to oversee quality assurance, project timelines review outcomes and to capture any savings achieved for our MTFS work. This work is expected to be completed during Q1 23/24.

At end of Q4 there were 25 people awaiting new allocation to a Social Worker or ASO and 50 people awaiting allocation for out of borough reviews which meant an unsustainable volume of work is being held by the First Contact Team. This backlog included social care interventions, including some outstanding reviews required due to changes in need.

Performance on reviews and timeliness of safeguarding work are suffering as a result of the continued pressure of work, as well as capacity to pick up new referrals and reviews within the social work team due to

- A very experienced social worker's long term sickness,
- 2 Social Work apprentices in the team who have reduced caseloads
- A Social Worker returning from sick leave on a phased return to full duties
- A Social Worker on maternity leave.

**3.2.2 Living a Good Life:** As part of the Living a Good Life Project, we are working with the floating support, day services and activity providers across Camden to develop a 'strengths based' community focused offer. People with Learning Disabilities need a variety of support models to be able to 'live a good life'. This project aims to integrate this spectrum of support models into a single continuum of support based on a shared model of person-centred planning, rather than discrete and separate services with no interconnectivity or interdependence.

This project builds on the following existing projects:

- Community Inclusion project (now completed)
- Specialist Travel Assistance Review
- Floating support re-tender
- Use of Wikis in Alexandra Centre and more recently LD Day Services

It links the progress made in these projects towards new ways of working to the changes in day services delivery that has been accelerated by the Covid crisis.

The project will build on this foundation and develop the current disparate offer into a single coherent digitally enabled model of personalised strengths-based support that will:

- increase people's quality of life, with a focus on maintaining and developing real friendships
- enable people to share, via a Wiki, their Person-Centred Plan and other relevant information about them with a variety of care and support providers
- reduce dependency on paid for support by starting with skills development ahead of paid for support (cf travel assistance review)
- deliver cashable savings in the medium term (not yet modelled)
- deliver significant cost avoidance for young people leaving school and college.

The work is overseen by the Living a Good Life board has been divided into four workstreams:

1. **Single Point of Access** to a full range of opportunities
2. The use of **Wikis and personalised plans** to support people to identify and achieve their goals
3. Embedding a **Growth Model** across all providers
4. Supporting and sustaining **Friendships**

**3.2.3 Breakaway:** There has been additional demand for emergency placements due to the impact of Covid on families' ability to cope while many sources of support were closed or couldn't be used due to shielding etc.

CLDS, Provider Services and the integrated commissioning team are working to agree the future role of Breakaway, and in particular the role it plays in preventing emergency out of Camden placements, and the staffing implications of this role.

Given the increasing demand on Breakaway for emergency placements, we are working with the integrated commissioning team to explore options to develop a small care home in Camden for time-limited medium term emergency stays.

### 3.2.4 Family Carers:

The number of carers assessments recorded by CLDS at 82 in by year end is broadly similar to 21/22 (80). Encouragingly there has been a significant increase in the number of Carers assessments completed by the Carers Centre, up from 8 in 21/22 to 20 this year. This reflects well on the joint work between CLDS and the Carers Centre to improve this.

Family Carers continue to work with us to co-produce the Living a Good Life Project, and we are meeting regularly with the Family Members Reference Group.

Over the past 18 months CLDS and other partners have worked with the Challenging Behaviour Foundation to deliver lottery funded workshops that aim to support family carers to understand and therefore manage any behaviours of concern shown by their family members. The Challenging Behaviour Foundation presented a series of recommendations the LB Camden's DMT on 6<sup>th</sup> April, with a particular emphasis on early help, support to navigate complex systems and the need for a strong offer of support from school SEN Coordinators.

## **3.3 NHS Clinical Care**

In 2022, Clinical teams have been able to focus on business as usual roles as pandemic related additional work wound down. The impact of additional Covid work, including work on infection prevention and control with families and providers as well as Covid vaccinations means that the waiting lists for clinical teams, particularly nursing, increased.

3.3.1 STOMP: The psychiatry team reported a higher level of prescriptions for anti-psychotic medication to manage behaviours of concern. This is in part due to the lack of specialist PBS support (see below) and a higher number of young people transitioning into the service already on anti-psychotics but also reflects the ongoing impact of lockdown.

3.3.2 PBS Lack of access to reliable and responsive Positive Behaviour Support services in people's own homes remains a significant risk which is resulting in people being placed out of borough, has delayed hospital discharges and places people at greater risk of admission.

CLDS and our colleagues in the integrated commissioning team are working with NCL ICB to support their work to tender for specialist PBS providers that can work across NCL. LB Camden are applying to have access to this framework and we are hopeful that the new lots will enable continuity of provision at 18 so as to prevent unnecessary hand overs which can destabilise existing support arrangements

3.3.3 Admission prevention: Significant 7+ continues to be implemented across Camden. We are working with the new Supported Living providers to roll this out across the whole of Camden.

We have been awarded BCF funding to recruit a Specialist LD RGN to improve links between GPs and supported living teams and/or parents of people with complex health needs. This work has been delayed as we have been unable to recruit to this post, so we are exploring alternative recruitment options to achieve these goals.

3.3.4 Covid and Flu Vaccinations: Following our very successful collaboration with CNWL to ensure everyone was offered COVID vaccinations, the nursing team have identified 49 people with complex needs that will require our nurses to co-work with CNWL in order to get their flu and other booster jabs. CLDS continue to work with Primary Care Networks/GP's to identify those who have not been vaccinated.

## **4 Performance Summary** (see performance report)

The performance framework for CLDS is being reviewed, so as to align it with both the *ASC Supporting People, Connecting Communities* outcomes and the CLDS Promise. We are working with the Head of



Performance to develop a new framework. We had hoped to implement this during 2022/23, but issues with capacity in the data analyst team mean this has had to be delayed until 2023/24.

#### **4.1 TOMs and HoNoS-LD**

Data on outcomes collected via both Therapy Outcome Measures (TOMs) and Health of the Nation Outcome Scales for People with LD (HoNoS-LD) is now being collected via MOSAIC. We now need to work with the Head of Performance and the Data team to agree how to reflect this in our outcomes reporting. We had hoped to implement this during 2022/23, but issues with capacity in the data analyst team mean this has had to be delayed until 2023/24.

#### **4.2 Compliments and complaints**

##### **4.2.1 Compliments**

In 2022/23 we have recorded 15 compliments across the service. The majority of compliments were for individual NHS staff or Social Workers, as well as a compliment for the [@easierinfo](#) team. We are very proud of the compliments we receive from other professionals on the effectiveness of our multi-disciplinary working, including:

- this extract from a compliment from an independent advocate:  
*'I can honestly say that I have never worked with such an incredible team in the public sector, and I have worked with a few!  
The empathy they show, the drive they have sustained, the strength and challenge they have asserted, and their belief and values around ordinary life outcomes is simply immense.'*
- and a compliment from a Consultant Psychiatrist at St Pancras Hospital  
*'As usual the LD services swung into action in a very impressive way and got the (person) home'*

##### **4.2.2 Social Work/Social Care complaints**

There were no complaints in Q1 or Q2. In Q3 there were 2 complaints and there was 1 further complaint in Q4.

The first complaint was raised by a family member as she felt that a delay by CLDS in transferring her brother, G(1), to a Council Managed appointeeship had placed her brother at risk of financial abuse. Upon investigation we have accepted that we were at fault and apologised to the family member. There is an open safeguarding investigation into other family members: see 5.1.

The second complaint was raised by a family member following the death of her mother G(2). She feels neglect by CLDS and Extra Care Housing contributed to her mother's early death. The Principal Social Worker has agreed to investigate this complaint to offer a level of independence (see 5.1 below).

The third complaint in Q4 was raised by an advocate for a person with learning disabilities living with a Shared Lives Carer. He raised that he was struggling to access 1:1 therapeutic intervention and was having difficulties access his finances through Personal Finance Services. He also wanted to raise he did not think CLDS were working well in partnership with the Shared Lives provider. The allocated Social Worker continues to work with his network to resolve these longstanding issues.

##### **4.2.3 NHS complaints**

There were no complaints in 2022/23.

## **5 Outcomes**

### **5.1 Safeguarding**

Detailed safeguarding data is recorded in the attached performance report. The two complaints above are both linked to safeguarding concerns which are summarised below.

In the first complaint above, some other family members are alleged to have financially exploited G (1), and that this exploitation was able to continue due to delays in setting up an appointeeship service through the Council. This was partially upheld.

The death of G(2), also subject to a complaint and a possible Coronial Investigation, was investigated under safeguarding, with our Service Manager chairing the process as Safeguarding Adults Manager.

In July, G (2)'s daughter felt her mother was being neglected by the Extra Care Housing provider so she took her to UCH. The Consultant at UCH did not find any evidence of this, was of the view that the G(2) was mildly dehydrated on admission and concluded that G (2) died of pneumonia as a result of a hospital acquired Covid19 infection.

The safeguarding investigation did conclude that there was evidence of poor quality of support and a lack of management oversight from the Extra Care Provider. G(2)'s daughter is still of the view that some staff wilfully neglected her mother and that this contributed to her death.

At the inquest the coroner found G (2) died from natural causes so we have not recommend a Safeguarding Adult Review, which is supported by the view of the consultant from UCH.

## **5.2 Annual Health Checks**

At the end of Q4, 94.1% of those eligible for an Annual Health Check had received one, compared to 61% in 21/22. This performance is significantly improved as a consequence of additional resource to support this from the NCL disproportionality and inequality fund.

To achieve this quantum shift in performance our ICB funded Health Facilitator undertook a quality assurance audit of Annual Health Check delivery in Camden, focussing on our two most deprived wards: Kentish Town, and St Pancras & Somers Town. He also worked with GPs/PCNs to support the uptake of annual health checks.

Funding for this post has been agreed for a further 12 months and we will seek BCF funding for 24/25 onwards.

## **5.3 Hospital Admissions (Physical Health)**

In Q1 5 people were admitted to hospital:

1. M (age) admission to Queens Square from supported living following a stroke
2. A (age) admitted to RFH from family home with sepsis
3. M (age) admitted to UCLH from his home following a call to LAS who took him to hospital due to safeguarding concerns about property.
4. A (32) admitted to RFH from home due to abdominal pain
5. G (86) admitted to UCLH from Extra Sheltered Care, later died in hospital (see 4.2.2)

In Q2 a further 4 people were admitted to hospital:

6. P (58) admitted to hospital from supported living due to chest infection – later died in hospital
7. A (age) admitted from supported living to St Thomas's following fall
8. P (age) admitted to UCH from supported living with high temperature
9. D admitted from his home to RFH on two occasions due to Crohn's Disease

In Q3 a further 4 people we admitted to hospital with 1 repeat admission (P):

10. S (54) admitted to RFH from supported living with chest infection
11. R (84) admitted to hospital from supported living due to pain and generally unwell, later died
12. P (age) re-admitted to UCH due to high blood sugar
13. R (60) admitted to hospital, from home, due to slipping on ice breaking ankle

In Q4 a further 3 people we admitted to hospital:

14. M (45) admitted to UCH from home, suspected stroke
15. F (24) admitted to UCH suspected chest infection, now being treated for cardiac infection
16. E (19) planned admission to UCH for spinal surgery

## **5.4 Hospital Admissions (Mental Health)**

In Q1, 2 people were admitted to Mental Health hospital:

1. M (57) admitted on Section 2 MHA, Opal Ward, due to psychosis. Quickly moved to crisis house
2. K (23) admitted to North London Forensic Service on Section 37 MHA via criminal court. Discharged via Managers Hearing in Q3. Rearrested and remanded to prison in Q4 and then bailed home.

In Q2, a further 2 people were admitted to Mental Health hospital

3. C (20) was readmitted to a specialist hospital in Notts when their supported living placement broke down due to destructive and violent behaviour during their s17 leave trial period
4. N (39) admitted to Topaz Ward on Section 2 MHA

In Q3, 1 person was admitted to Mental Health hospital

5. A (19) admitted via 2 days in A+E to Amber Ward on Section 2 MHA as family struggling to cope with their behaviours. Returned home with enhanced support package while placement sought.

In Q4, 1 person was admitted to mental health hospital

6. P (26) admitted via section 2 MHA to Rosewood ward, discharged home, after 3 weeks, with floating support from C&I discharge facilitation team.

It is notable that 4 out of 6 admissions were for people under 30

1 person (H age 20) remains in a specialist Mental Health hospital in the North West that works with deaf people. A placement search has been ongoing for some months with no success, so we are considering running a mini-tender and seeking support from NHSE or trying to source a joint specialist placement with another LD team.

1 person (B age 54) left her long stay hospital in Q2. On the basis of the 6 year programme of work to support B to her own home CLDS were named Adult Multi-Disciplinary Team of the Year and joint Overall Social Worker of the Year at the 2022 Social Worker of the Year Awards in November.



**Camden Integrated Learning Disability Service:  
The Team Around Kasibba**

**Adult Multidisciplinary Team of the Year 2022**

**&**

**Overall joint Social Worker of the Year 2022**



### **5.5 Having access to the right jobs**

The Adult Social Care Outcomes framework requires us to report on the number of people with learning disabilities who are in receipt of support from CLDS and are in paid employment. Before the pandemic our performance was below the London average (3.9% vs 7%) and fell significantly to 2.9% during the pandemic. At 3.25% in Q3 (13 people) this has increased slightly but remains very low. Data integrity for this metric is low.

CLDS is working with the Good Work Camden project to work to support more people into work and to be supported to prepare for work. A specialist disability job hub manager has been appointed in the Good Work Camden who is now seeking to recruit a specialist learning disability job coach. Shortlisting

The integrated commissioning team have funded CLDS to create a new 'Work Ready' coach to support people with an ambition to work to build the skills they need before they are ready to seek work. This post has been offered and accepted and we expect the person to start during Q1 15<sup>th</sup> May

### **5.6 Having a place to call home**

The Adult Social Care Outcomes framework requires us to report on the number of people with learning disabilities in 'settled accommodation'. Performance in Camden is good and is consistently but slowly increasing from 78.9% in 2011/12 to 87.4% at the end of last year.

There has been a slight increase to 87.8% for 2022/23. This increase would have been higher but for the unusual number of deaths this year, most of whom lived in settled accommodation.

## **6 Finance Summary**

The Council's year end budget closure is not yet complete, so we are not yet able to report the final position for CLDS health or social care budgets for 2022/23

**REPORT ENDS**