Integrated Care Plan
Community Connectedness
An overview for our VCS partners

March 2021

The 3 levels of our new system

The **NHS Long Term Plan** highlighted three important levels at which decisions are made

PCNs/Neighbourhoods (circa 30-50k people)
Served by groups of GP practices working with NHS community services, social care and other providers to deliver more coordinated and proactive services, including through primary care networks.

Places / Partnerships (circa 250-500k people)
Served by a set of health and care providers in a town or district, connecting primary care networks to broader services including those provided by local councils, community hospitals or voluntary organisations.

Systems (circa 1M-3M people)
The whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale.
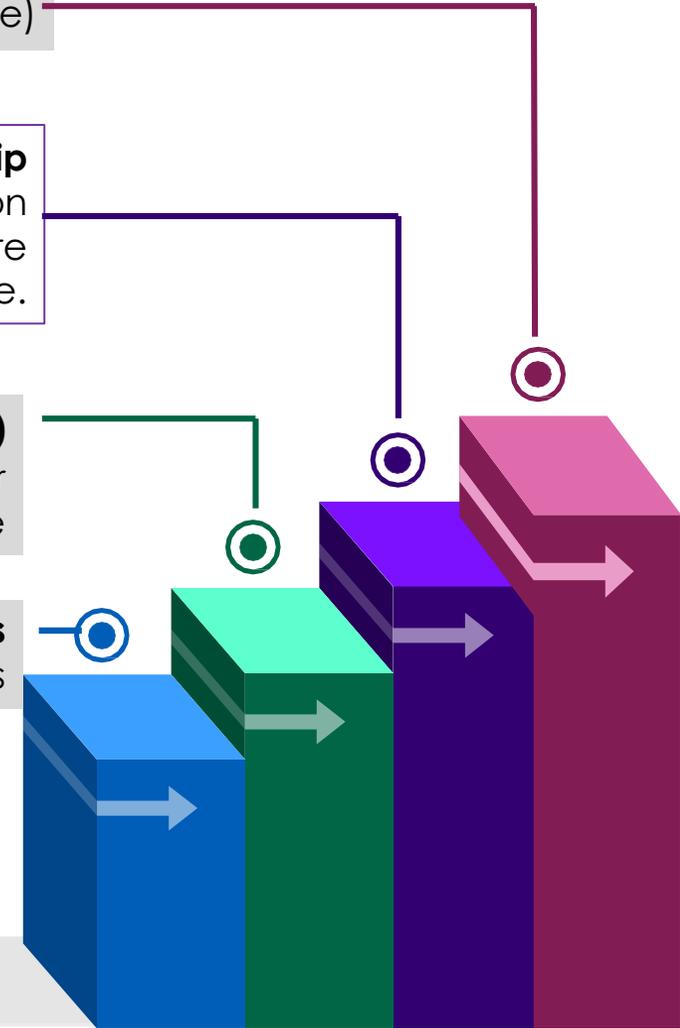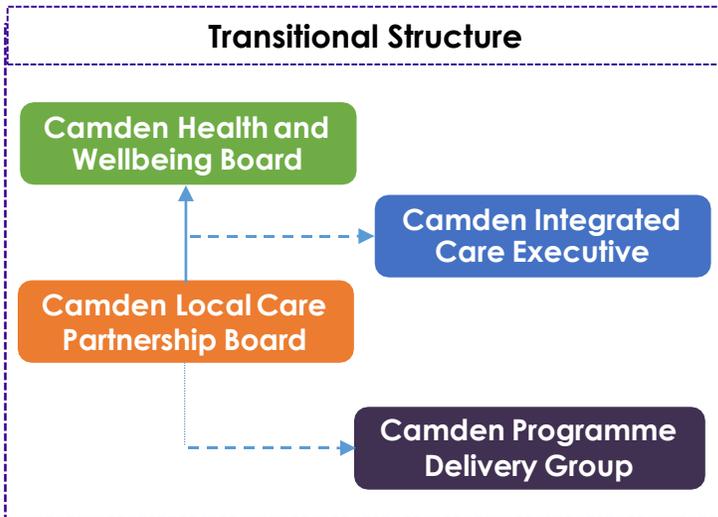
What this looks like in Camden

Integrated Care System in North Central London
System leadership, strategy and planning
Defining accountabilities across the system
Managing performance (quality, activity, finance)

Camden Integrated Care Partnership
Local partnership working across whole Camden population
Deliver person-centred, community focused care
Includes Council, Primary Care, Community, Voluntary Sector, Mental Health & Acute.

7 Primary Care Networks (*evolving from 5 existing 'GP neighbourhoods'*)
Practices (& partners) working together
30,000-50,0000 population coverage

32 General Practices
Primary care core contracts

Transitional Structure

Camden Health and Wellbeing Board

Camden Integrated Care Executive

Camden Local Care Partnership Board

Camden Programme Delivery Group

Our vision

The **Camden Integrated Care Partnership** brings together health and care partners across Camden with a shared vision:

"We will make Camden the best place to start, live and age well"

We will support people to live a long and healthy life

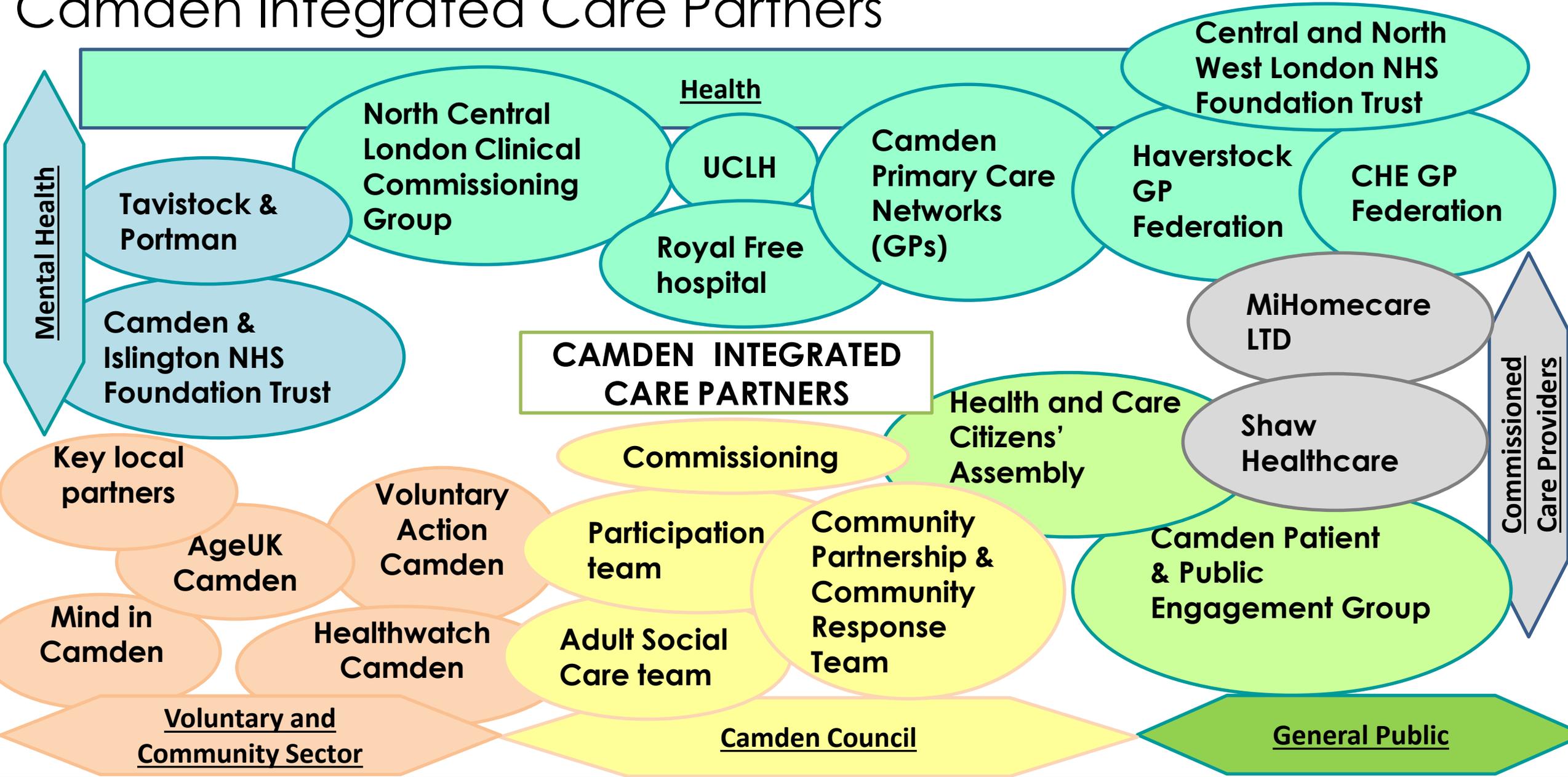We will improve people's experience of care

We will ensure residents and patients are at the heart of what we do and offer

We will mobilise the skills and knowledge of local people, communities and organisations to improve health and wellbeing.

Camden Integrated Care Partners

Camden ICP Focus Areas

To meet our vision, we have agreed on 5 focus areas to make Camden a place where all its patients and residents can thrive. These areas of work will tackle the main issues facing the Camden health and care system, including inconsistent care approaches, difficulty in navigation, and duplication of services and activities. The detailed priority focus areas are:

Urgent Community Response

Sponsors: Kate Petts, Katy Millard, Rachel Anticoni (NHS)

Neighbourhood Working

Sponsors: Jess McGregor (LB Camden, Director of Adult Social Care), Caroline Seyer (Haverstock Healthcare), Dan Beck (CHP GP Federation)

Community Connectedness

Sponsors: Carole Stewart – LB Camden Director of Community Services & Kevin Nunan - Executive Director (Voluntary Action Camden)

Mental Health, Learning Disabilities and Autism

Sponsors: Rob Murray (Mental Health), Tom Costley (Mind in Camden), Andrew Reece (LB Camden, Learning Disabilities, Adult Social Care), Theresa Collier (LB Camden, Adults Commissioning)

Children and Young People

Sponsor: Oliver Anglin (GP and CYP Clinical Lead for North Central London)

These focus areas will be supported by enabler work including co-production with citizens, communications and engagement, data and population health management, estates, digital, and workforce development.

URGENT COMMUNITY RESPONSE

1. Refresh Rapid Response core offer
2. Strengthen integrated discharge offer
3. Upskill care staff on deterioration
4. Reduce rehab waits to align with national 2 day standard
5. Improve health & social care admission avoidance
6. Implement urgent care/crisis planning.

NEIGHBOURHOOD WORKING

1. Establish multi-disciplinary teams in neighbourhoods ('Team Camden')
2. Improve multi-disciplinary support to care homes
3. Improve multi-disciplinary support to high intensity users
4. Improve multi-disciplinary support to people with complex long-term conditions
5. Improve multi-disciplinary support to homeless people
6. Improve multi-disciplinary support to children and young people

COMMUNITY CONNECTEDNESS

1. **Neighbourhood VCS partnerships/hubs** (neighbourhood working)
2. **Borough wide approaches to prevention** (preventative tools)
3. **Support the clinically vulnerable and socially vulnerable population** (supporting people)
4. **Strengthen social prescribing offer** (including mental health social prescribing). (models of care)
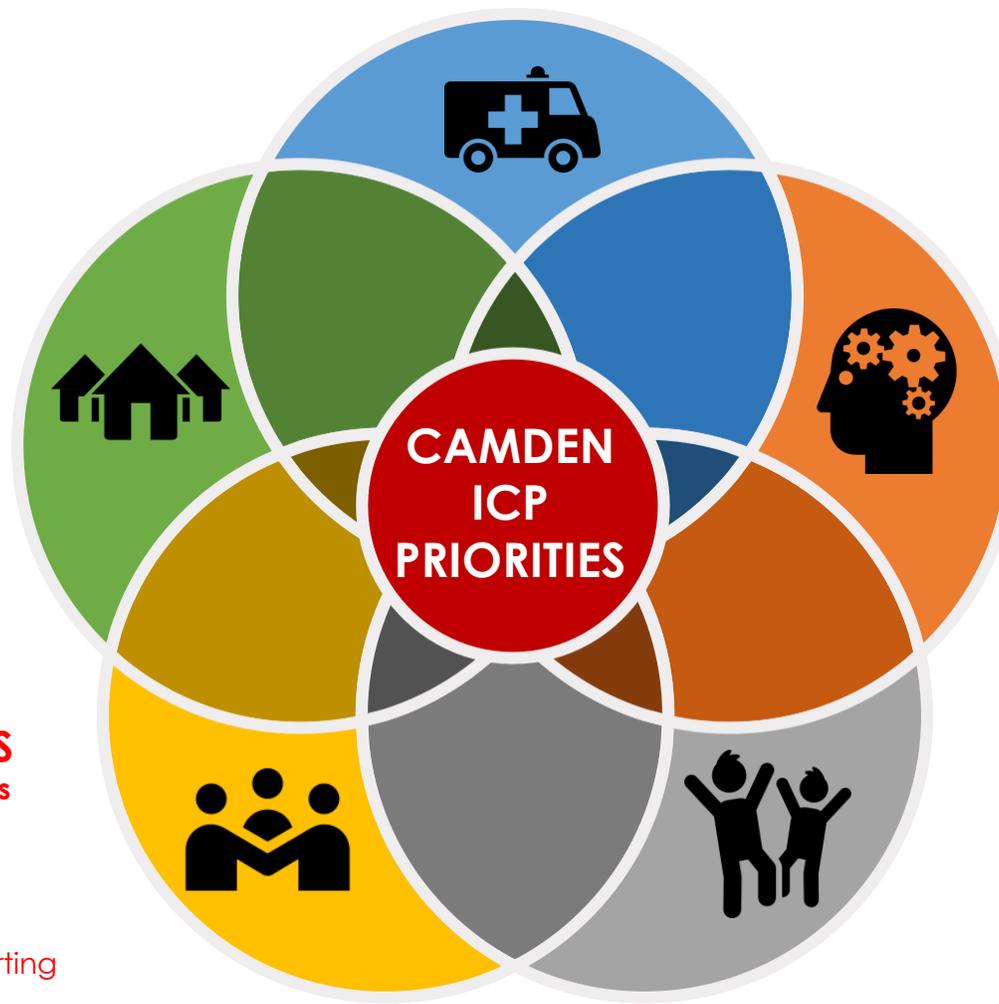
MENTAL HEALTH, LEARNING DISABILITIES, AND AUTISM

MENTAL HEALTH
1. Develop core community model
2. Strengthen crisis pathway transformation
3. Build capacity in 'intensive services'
4. Recommission Resilience Network
5. Strengthen peer support and workforce development
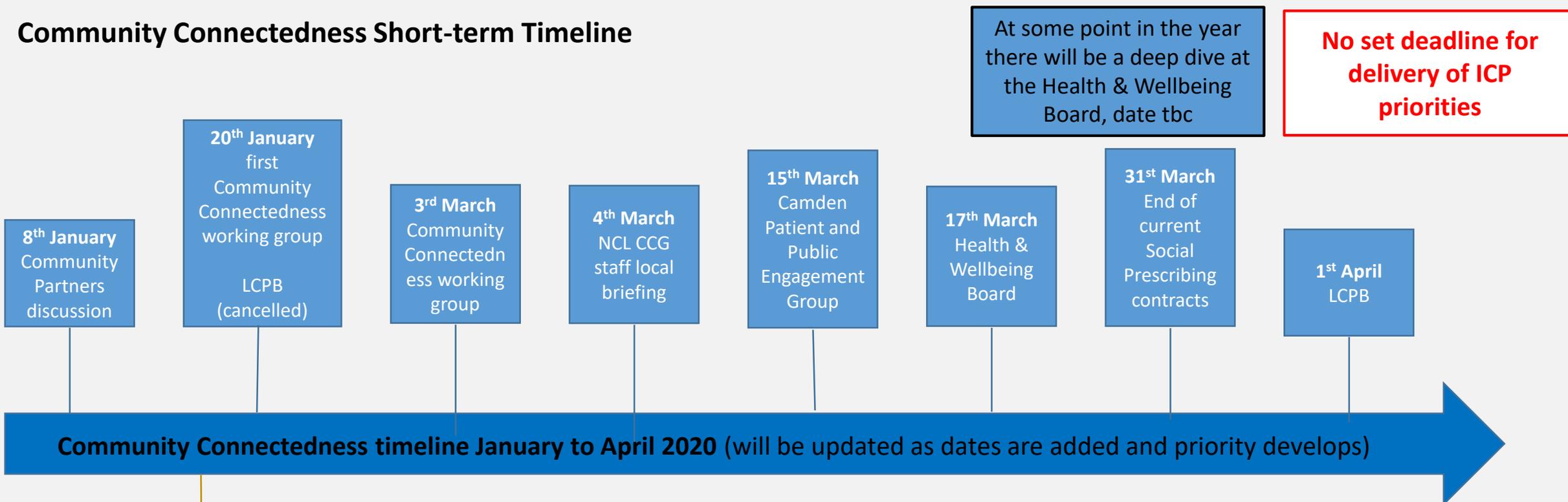
LEARNING DISABILITY AND AUTISM
1. Upskill LD supported living care staff in health needs of people with LD
2. Strengthen the use of Building the Right Support and Dynamic Risk Registers
3. Improve delivery of LD Annual Health Checks
4. Establish multi-disciplinary strengths-based working in LD localities
5. Recommission adult neurodevelopmental disorders diagnostic service (autism and ADHD)
6. Improve multi-disciplinary support and pathways for autistic adults without accompanying LD

CHILDREN AND YOUNG PEOPLE

1. Develop a plan for 0-25 year olds with complex special educational needs and disabilities.
2. Improve the 16-25 year olds mental health and wellbeing service offer
3. Implement Camden's Asthma Plan
4. Enhance approach to tackling the links between deprivation, childhood obesity and food poverty (tbc)

CAMDEN ICP PRIORITIES

Community Connectedness Short-term Timeline

At some point in the year there will be a deep dive at the Health & Wellbeing Board, date tbc

No set deadline for delivery of ICP priorities

8th January Community Partners discussion

20th January first Community Connectedness working group

LCPB (cancelled)

3rd March Community Connectedness working group

4th March NCL CCG staff local briefing

15th March Camden Patient and Public Engagement Group

17th March Health & Wellbeing Board

31st March End of current Social Prescribing contracts

1st April LCPB

Community Connectedness timeline January to April 2020 (will be updated as dates are added and priority develops)

To agree project foundations asap inc:
- Outcome measures
- Benefits
- Engagement plan
- Data measures *(CCG request by early Jan)*
- Logic model and evaluation framework
- Risk Register
- Governance/ Working Group Terms of Reference and Membership
- Interdependency list

Importance of engagement plan. Shouldn't finalise project elements or plan without voice of residents and services. Committed to coproduction of this priority.

Current capacity and priorities

Future capacity and priorities
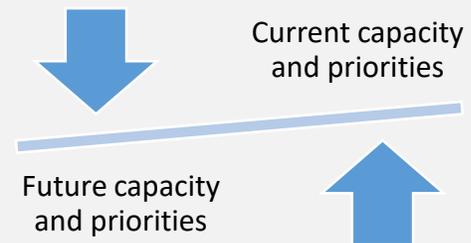
Need to create a roadmap for work. Agree current priority actions and timeframe to progress plan delivery

Identify priority projects to deliver the community connectedness plan. Including: Test and Learn pilot Idea to develop Kentish Town community MDT alongside community mental health which is happening in 2021. Opportunity to bring in Community Champions, VCS organisations etc. To be discussed further.
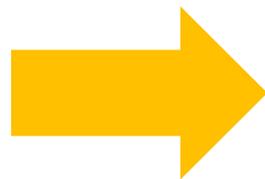
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	Urgent Community Response	
	Neighbourhood Working	
	Community Connectedness	
	Mental Health, Learning Disabilities and Autism	
	Children and Young People	

Aims of Community Connectedness workstream

- Expand our commitment to strengths based and early help approaches across sectors

- Find ways to localise and integrate services ensuring multi-agency and multi-disciplinary care

- Connect communities to reduce social isolation and to ensure that community assets are accessible to all residents

- Use data systems and sharing to support residents, improve services and share best practice

- Ensure wrap around support during national or localised lockdowns

- **There are 4 priority areas within community connectedness**

Current work and next steps

- 1. Neighbourhood working
- 2. Preventative tools
- 3. Supporting People
- 4. Models of care
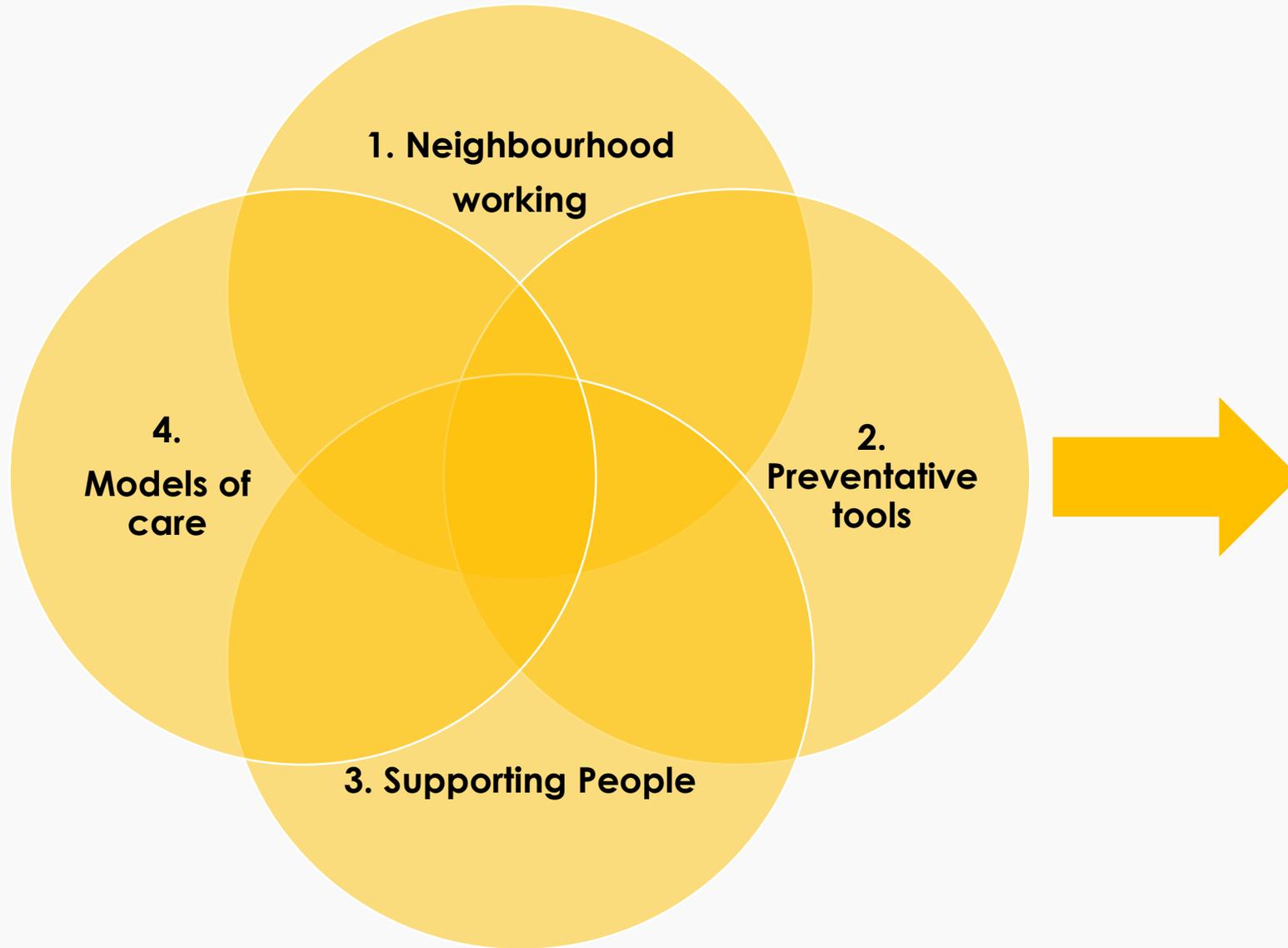
- Established the Community Connectedness Working Group

- Recognition the Community Connectedness plan is vast. Need to focus on priorities

- Identification of 4 priority projects and 1 overarching theme

- Developing framework on next slide

- Importance of co-production

- Importance of measuring impact of work

- Identify Resources

- Identify case studies which show community connectedness working well and also demonstrate when things didn't go so well (lessons to be learned).

Neighbourhood VCS partnerships /networks

Aim: Empower the community by developing more flexible neighbourhood arrangements based around the needs and assets of communities

Key priorities

- Developing and network / area based response
- VCS as leads
- Understanding broad support offer inc. role of mutual aid groups
- Data systems and sharing to support this way of working

Progress and next steps

- 6 neighbourhood networks – ICP discussion. Engagement of VCS lead organisations.
- Connecting with different services working in neighbourhoods
- Mapping of resources in local area

Borough wide approaches to prevention

Aim: Having a coherent early help offer that supports the prevention of health and care issues with the tools in place to support residents

Key priorities

- Determinants that lead to support
- How information is shared across partners
- Embedding referral routes
- Simplifying 'front doors'
- Preventative approaches and tools

Progress and next steps

- Mapping current use of preventative tools and practice
- Increase access to Information and advice on key support services + better information sharing to increase early intervention
- Referral pathways
- Priority area most impacted by Covid

Support the clinically vulnerable and socially vulnerable population

Aim: Understanding the needs of these population cohorts and ensure there is support in place

Key priorities

- Lessons learned from first wave
- Utilising community level support
- Using data to continue to identify people who may need help
- Using digital to reduce social isolation

Progress and next steps

- Data gathered initial wave
- Continuous response to changing Covid demand inc. development of Time to Spare
- Digital divide
- Reframe priority after emergency response

Social Prescribing (including Mental Health social prescribing)

Aim: Having the most effective and responsive service in place to meet the changing community demand

Key priorities

- Review of Covid response
- Ensure referral processes are embedded in health and social care pathways / processes
- Improve alignment with mental health

Progress and next steps

- Data gathered in the first wave
- System capacity to meet changing demands particularly hospital discharges
- Green social prescribing
- Maximising impact

Community Connectedness Working Group

Current membership:

- Carole Stewart, Director of Community Services (co-sponsor)

- Kevin Nunan, Executive Director VAC (co-sponsor)

- Jamie Spencer, ASC (Implementation Lead)

- Jessica Lawson, ASC (Operational Lead)

- Francesca Cappelli, Community Partnerships

- Phillip Vaughan, Community Response

- Monica Riveros, Age UK Camden

- Katalin Swann, Age UK Camden

- Emma Haigh, Strategy

- Dominic Murphy, Participation

- Henry Langford, Strategy

- Ali Alsaraf, Community Partnerships

- Jon Horn, Commissioning

- Karen Timperley, Commissioning

- Anna Thirkettle, Likewise

- Tom Costley, Mind in Camden

Neighbourhood leads currently being engaged to join:

- **Esther Norman or Rashid Iqbal**, The Winch, North Camden Zone (Swiss Cottage/North West)

- **Mags,** Highgate New Town Community Centre (North East)

- **Sarah Hoyle**, Kentish Town Community Centre (Central/KT)

- **Sarah Elie**, St Pancras Community Association, Living Centre (Somers Town)

- **Paul Crozier**, Holborn Community Association (South Camden)

People to identify:
- Public Health

- Health

- Terms of reference agreed
- Includes purpose, responsibilities and
- accountability
- Meeting every 6 weeks