

Overall summary

Local authority rating and score

London Borough of Camden

Outstanding



Quality statement scores

Assessing needs Score: 3
Supporting people to lead healthier lives
Equity in experience and outcomes Score: 4

Care provision, integration and continuity Score: 3 Partnerships and communities Score: 4 Safe pathways, systems and transitions Score: 4 Safeguarding Score: 3 Governance, management and sustainability Score: 4 Learning, improvement and innovation Score: 4

Summary of people's experiences

Case tracking showed very positive experiences of care planning and assessment. The local authority's strength-based social care model, their partnership model and planning for the future carefully and sensitively came through from case notes, and from people we spoke to. Person-centred care was evident in planning and future care journeys were carefully thought through, and people were consistently supported to have choice and control over their care.

There were some gaps in provision and support for some carers and there was mixed feedback from carers regarding the usefulness of the assessment process and the support received. Carers were, however, very complimentary of the carers organisation that was commissioned by the local authority. National data on people's experiences was mixed, with some outcome measures lower than national average. The evidence gathered during the assessment corroborated the carers data. However, people we spoke to said they were given person centred and supportive care and choice within a market that was facilitated and supported by the local authority. There was a significant effort to support people before needs became eligible under the Care Act as a result of the significant needs of the population, for example in housing, refugee and asylum and mental health support. The local authority utilised partnerships extremely well to understand and respond to particular communities and personalise support.

Summary of strengths, areas for development and next steps

The local authority placed equity at the forefront of its vision, strategy and workplace culture. It was led from the top of the organisation and was visibly a golden thread through all teams and partners and how people experienced services. It had an outstanding approach to partnerships and governance, and the practice of this led to excellence in safe systems. Excellent practices were also found in care provision and safeguarding, however national data in these sections was mixed, along with some mixed carers feedback.

The local authority's vision 'We Make Camden' was co-produced using a citizens' assembly. Together with it's strength based social care model, called 'What Matters', it demonstrated a commitment to person centred self-directed support and empowerment for people. We saw significant numbers of examples of staff and partners living and breathing a relational power-sharing approach with each other, with partners and with people, and this led to excellent service delivery. Staff consistently spoke with one voice about the shared culture and joint working practices, there were no barriers to communication between teams and between partnership multidisciplinary teams. This was particularly evident in the integrated (0-25 year old) transition service.

There were no waits for hospital discharge, no waits for care placements, no waits for social care assessments, nor were there any waits for safeguarding assessments or standard deprivation of liberty safeguard (DoLS) cases. Additionally, and importantly for the population in the local authority, there were no waits for homelessness accommodation. Their approach to partnership working both inside and outside the local authority allowed them to meet the very high demand for people with mental health difficulties, loneliness, homelessness, refugee and asylum seekers and effectively address a very wide language and cultural diversity.

There were effective models of care provision and support such as the test and learn Adult Early Help offer, and the neighbourhood-based teams worked very well. The organisation was continually improving and supporting staff to provide a better service, such as with the piloted East integrated neighbourhood team. Home-care had also been put on a stable footing via a neighbourhood-based commissioning of services ensuring continuity and availability.

Partnerships with Integrated Care Board (ICB), commissioning arrangements and safeguarding adult board work were excellent and successful practice in the use of family group conference was embedded across the local authority.

The local authority had identified areas it wished to improve in its self-assessment, such as further support for people with autism, better co-production and comprehensive support for unpaid carers. They were developing a new model of mental health social work, which was under a Section 75 arrangement. The local authority intended to strengthen the offer for people experiencing multiple disadvantages, because of the numbers of people with serious mental illness, drug and alcohol issues and people with multiple needs. We could see that this work was underway and particularly with the autism work. We saw very innovative art-based projects which involved autistic people in shaping services.

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