

<b>LONDON BOROUGH OF CAMDEN</b>	<b>WARDS:</b> All
<b>REPORT TITLE</b> Short-Term Strategic Priorities	
<b>REPORT OF</b> Director of Public Health	
<b>FOR SUBMISSION TO</b> Camden Health and Wellbeing Board	<b>DATE</b> 9 <sup>th</sup> July 2025
<p><b>SUMMARY OF REPORT</b></p> <p>The local partnership's Joint Health and Wellbeing Strategy 2022-30 sets out three short-term priorities for action, and states that new priorities may be adopted in future in response to changing need. This report acknowledges progress so far on the existing priorities and sets out how work on them is being mainstreamed and will be carried forward.</p> <p>The report then proposes the adoption of three new short-term priorities for action, as recommended by the Director of Public Health. These are areas where either the contribution to premature morbidity and mortality is increasing or multi-agency focus and action would significantly shift the dial on progress towards reducing inequalities in healthy life expectancy.</p> <p><b>Local Government Act 1972 – Access to Information</b></p> <p>No documents that require listing have been used in the preparation of this report.</p> <p><b>Contact Officer:</b> Colin Gajewski Senior Policy &amp; Projects Officer 5 Pancras Square N1C 4AG <a href="mailto:colin.gajewski@camden.gov.uk">colin.gajewski@camden.gov.uk</a></p>	
<p><b>RECOMMENDATIONS</b></p> <ul style="list-style-type: none"> <li>• That the Board note the report</li> <li>• That the Board adopt the three additional priorities for action as recommended by the Director of Public Health and set out in this report.</li> </ul>	

Signed:



Kirsten Watters, Director of Public Health  
Date: 27<sup>th</sup> June 2025

## **1. Purpose of Report (and Reason for Urgency)**

- 1.1. The local partnership's Joint Health and Wellbeing Strategy 2022-30 sets out three short-term priorities for action, and states that new priorities may be adopted in future in response to changing need. Recent Board discussions, including the strategic item at the March 2025 meeting, have invited members to consider the Board's shared priorities and areas of concern. Following these discussions the Director of Public Health has developed a proposal that the Board adopt three new short-term priorities, focused on areas where there is a pressing need to take shared action.

## **2. Strategic Background and previous discussion by the board**

- 2.1. The short-term priorities of the joint Health and Wellbeing strategy were established as areas that the Board would focus on to drive change over a short (two-three years) to shift the dial on some of Camden's most stubborn population health challenges. A considerable amount of work has been made on the three initial short-term priorities of Healthy and Ready for School, Community Connectedness and Friendships and Good Work & Employment, and the working groups established to drive this have been mainstreamed into business-as-usual processes.
- 2.2. In terms of discussion at Board meetings, each short-term priority is currently discussed by the Board once annually, as part of an item updating on the priority either in a broad sense or focused on a particular aspect or piece of work. A strategic and action-oriented discussion follows these items, giving Board members an opportunity to feed in and steer the partnership's activity.

## **3. Partnership reflection on shared priorities**

- 3.1. In early 2025 Board members were asked to suggest topics for future Board meeting items, based on issues or work that they want to highlight and that are relevant to the local partnership's strategic priorities and overriding ambition of reducing health inequalities for Camden residents. A register of all submitted suggestions was appended to the work programme report for the Board's March 2025 meeting<sup>1</sup>.
- 3.2. All suggestions have been taken into account and added as considerations for discussion by the Board. Those that relate directly to one or more of the existing short-term priorities (which are now proposed to be reported on annually, as per paragraph 4.2) will be revisited when the agenda is set for the relevant meeting. Other suggestions not directly corresponding to the short-term priorities are thus more suitable for individual update items at an appropriate time. These can be found listed in the current work programme for consideration at future Board meetings.

## **4. Development of new priorities**

---

<sup>1</sup> <https://democracy.camden.gov.uk/documents/s124335/Appendix%20A%20-%20Member%20suggestions%20for%202025-26.pdf>

- 4.1. Emerging from recent reflections on partnership priorities, and in line with the joint Health and Wellbeing' Strategy's declaration that new short-term priorities may be adopted in response to changing need, this report proposes three new short-term priorities for joint action. These are recommendations from the Director of Public Health and respond to areas where either the contribution to premature morbidity and mortality is increasing or multi-agency focus and action would significantly shift the dial on progress towards reducing inequalities in healthy life expectancy. The new priorities are as follows:
- Reducing alcohol-related harm
  - Reducing drug-related harm
  - Embedding prevention in neighbourhoods
- 4.2. Should the adoption of the priorities be agreed, the existing short-term priorities will now be discussed collectively by the Board once annually, reflecting the fact that while these continue to be important the work driving them has been mainstreamed into business-as-usual processes. The three remaining quarterly Board meetings will focus on the three new priorities.

## **5. Existing short-term priorities**

- 5.1. An overview of the existing short-term priorities is presented below, including detail on how the work in these priorities will be taken forward, the ways in which this work is being mainstreamed into business-as-usual processes, and who will be involved in overseeing this work.

## **6. Healthy and ready for school**

- 6.1. There are five sub priorities of focus to Healthy and Ready for Schools. This section of the report provides updates summarising progress on each and setting out how they have been mainstreamed.

### **Secure attachments**

- 6.2. The Family Hub and Start for Life Programme provided funding to develop practice and services to support families in the first 1001 days. A third of the funding was allocated to secure attachments, supporting perinatal mental health and parent-infant relationships. The Early Years and Family Hub Service is working with the Tavistock and Portman NHS Trust and CNWL (Central and North West London NHS Foundation Trust) Health Visiting Service to offer an enhanced universal healthy child programme, with additional contacts in the first year. A multi-disciplinary delivery group has been established to develop the workstream and mainstream this priority area. The delivery group reports to the Family Hub Transformation Group, chaired by the Family Hub designated lead officer and Head of Service. Progress reports and monitoring data are submitted to the DfE.

### **Good, speech, language and communication (SLC)**

- 6.3. Supporting good speech, language and communication is foundational strand of the Healthy and Ready for School priority. Camden Kids Talk is our multi-agency strategic approach to improving speech, language and communication from pregnancy to age five years. A multi-disciplinary delivery group was established to develop and mainstream this workstream which reports into the Family Hub Transformation Group. Progress reports and monitoring data are submitted to the Department of Education. The primary aim of this work is increasing the number of children reaching the expected level of development in communication and language by the age of 3 years. It also aims to narrow the gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest of the cohort.

### **Oral Health**

- 6.4. Oral health has remained a challenge both in Camden and London-wide with latest trends indicating that post pandemic, there remains significant need with those from lower income and global majority background who are more likely to have worse oral health. Our Oral Health Promotion service provides supervised toothbrushing programme, fluoride varnish applications and oral health promotion in settings. The work is overseen by the North Central London oral health steering group.

### **Immunisations**

- 6.5. There has been considerable focus on improving immunisation uptake in the borough. Camden Immunisation Group provides oversight for our work on immunisations and is co-chaired by NCL ICB (North Central London Integrated Care Board) immunisation team and The Health & Wellbeing team at Camden Council. It brings together key stakeholders to review ways of improving immunisation uptake in our local population. Key members of this group also attend monthly NCL operational meetings to share updates & learning between boroughs & submit bi-monthly borough highlight reports for review by NCL ICB immunisation team. This includes information on work completed, key milestones for future delivery and key risks identified. An annual report of activity around immunisation delivery is also shared with this group.

### **Asthma**

- 6.6. The work has focused on the improved early identification and management of asthma in children. Progress in Asthma is overseen by the North Central London Children's Asthma group and our local Camden Asthma Steering group. Rates of asthma related admissions in children have recently started to decline as a result of the work under this programme.

## **7. Good work and employment**

- 7.1. More detail on this priority can be found in the September 2024 report to the Board<sup>2</sup>.
- 7.2. The Health and Wellbeing department (HWD) has worked closely with Inclusive Economy, Good Work Camden, and our Individual Placement Support (IPS) providers to jointly identify challenges in the work and health space, and collaboratively develop solutions, including the completion of a rapid needs assessment and a multi-agency workshop.
- 7.3. Good Work Camden, Camden's in-house employment support service, has effectively supported multiple residents into good work. The Disability Job Hub has delivered a range of programmes aimed at supporting disabled residents to develop the skills and confidence to seek and maintain work.
- 7.4. A Place Based Team (PBT) has been set up, comprised of Council, NHS and Voluntary Sector partners, to oversee the delivery of Camden's Work and Health offer, including WorkWell (and upcoming Connect to Work) programme. The team is working to ensure effective, ongoing integration of new programmes into the existing offer, allow partners to effectively collaborate to identify and resolve challenges in the work and health space and ensure work is informed by current data.
- 7.5. The HWD is also currently in the process of recruiting a Clinical Lead for Work and Health, to contribute clinical perspectives to the PBT and support the effective embedding of Work and Health support within primary care.

## **8. Community Connectedness and friendships**

- 8.1. More detail on this priority can be found in the December 2024 report to the Board<sup>3</sup>.
- 8.2. A Community Connectedness and Friendships Working Group (CCFWG), made up of Council and VCS partners, is in place to develop pieces of work and oversee progress.
- 8.3. A full needs assessment has been completed by the CCFWG, exploring social isolation, loneliness and community connectedness. The needs assessment was used to inform a multi-agency workshop exploring challenges and opportunities and continues to inform ongoing pieces of work.
- 8.4. A Social Isolation Webinar has been developed and delivered to various teams. The webinar aims to upskill staff to better understand social isolation, its warning signs and risk factors, and how to effectively support and signpost those at risk.

---

<sup>2</sup> <https://democracy.camden.gov.uk/documents/s120644/Cover%20Report%20-%20Good%20Work%20Employment.pdf>

<sup>3</sup> <https://democracy.camden.gov.uk/documents/s122417/Community%20Connectedness%20and%20Friendships%20-%20Cover%20Report.pdf>

- 8.5. The first stage of the 'Camden, together' communications campaign has been completed, and a second phase is being planned, with a focus on loneliness in student populations. The HWD is working to collaborate with Universities to better target and engage this group.
- 8.6. The CCFWG has begun delivering workshops on key topics relating to social isolation, working with partners to identify challenges, share work and develop improvements to services. Topics have included Befriending services, and confidence building in people yet to attend services.

## **9. Introducing the proposed priorities**

- 9.1. As aforementioned, the three priorities set out below are recommendations from the Director of Public Health and are areas where either the contribution to premature morbidity and mortality is increasing or multi-agency focus and action would significantly shift the dial on progress towards reducing inequalities in healthy life expectancy.

## **10. Proposed priority 1: Reducing alcohol-related harm**

- 10.1. Harmful or dependent alcohol use is a major public health concern with widespread health, societal, and financial costs. Nationally there were changes to alcohol consumption during the Covid-10 pandemic and an increase in the proportion of the population drinking to a harmful or dependent level. Rates of alcohol dependence are higher in Camden than for London and England, and Camden has higher hospital admissions related to alcohol-specific conditions than the English average.
- 10.2. Additionally, the age profile of those drinking harmfully is shifting, with a growing proportion now aged 45–64 or over 65. This change adds complexity to care and support needs, as harmful drinking in older adults can worsen age-related conditions like diabetes and cognitive decline.
- 10.3. In Camden, rates of alcohol dependence are higher than the averages for both London and England. Camden also reports more hospital admissions for alcohol-specific conditions than the national average. This issue is particularly acute among young people, with under-18s in Camden experiencing higher rates of alcohol-specific hospital admissions compared to their peers in England. Young people are impacted not only by their own alcohol use but also by the broader effects of alcohol on their families and communities — influencing their home, school, and work environments.
- 10.4. The economic cost of harmful and dependent alcohol use is substantial, estimated at over £27 billion annually to UK society. These costs stem from alcohol's impact on healthcare services, crime, and lost productivity due to work absence.
- 10.5. Alcohol misuse both contributes to and results from health inequalities. This is exemplified by the 'alcohol harm paradox': people in more deprived areas experience higher levels of alcohol-related illness and death despite

consuming similar amounts of alcohol as those in more affluent areas. This disparity may be driven by differences in drinking patterns, unequal access to healthcare, and broader social determinants of health. Alcohol use is also linked to inequalities in social and emotional wellbeing, exposure to violence, and susceptibility to infectious diseases.

## **11. Proposed priority 2: Reducing drug-related harm**

- 11.1. Drug-related harm and specifically drug-related deaths are increasing locally, regionally and nationally. Over the last decade drug related deaths have increased by 85%. This is due to a combination of factors including increased prevalence, increase both legal and illegal adulterants in drug supply and increased potency.
- 11.2. Drug related deaths is a key contributor to avoidable mortality in middle age and a key contributor to inequalities in life expectancy. Drug related deaths at a national and local level have a strong socio-economic gradient.
- 11.3. In response to rising harm it is recommended that the Health and Wellbeing Board adopt reducing drug related harm as a short-term priority to contribute to the wider strategic aim of reducing inequalities in life expectancy.
- 11.4. Camden has a comprehensive drug treatment service however coordinated additional cross organisational action is needed to both reverse the current mortality trend and respond to increasing complex harm minimisation that synthetic compounds pose.
- 11.5. In March 2025 Camden experienced a cluster of overdoses. Several residents required hospital care and resuscitation. This put considerable pressure on local resuscitation units. As a result of the cluster Camden now has a robust plan for managing these incidents and have effective communication channels with stakeholders. However there remains a concern about adulterated drug supply affecting recreational drug users who do not usually engage with local services and would not receive current drug alerts.
- 11.6. Economic deprivation and social exclusion are strongly associated with drug-related harm with unemployment, homelessness and poor mental health highlighted as important risk factors at an individual level. The voluntary and community sector plays a key role in addressing these problems but are struggling due to funding pressures and the impact of inflation on their costs. Clinical knowledge and pharmacological management of emerging adulterants.

## **12. Proposed priority 3: Embedding prevention into neighbourhoods**

- 12.1. The third proposed new priority is neighbourhoods. Neighbourhood and strong communities are at the centre of Camden's Health and Wellbeing Strategy, which states that Camden will take a neighbourhood approach to both services and prevention. This approach is reinforced by a new national

policy focus on neighbourhoods within new health and care system arrangements.

- 12.2. Neighbourhood-based infrastructure is an important delivery vehicle for the council's missions; however, the principal aim of the Neighbourhoods Programme is to provide effective joined-up support for people. Prevention interventions will be developed within neighbourhoods to maximise whole population prevention interventions. Through neighbourhood working, the aim is to improve people's experience of local services and enable staff to work in closer collaboration.
- 12.3. Taking a population health approach means fundamentally changing the way that organisations work to improve health, by coming together to take a broader system view in addressing the factors that influence health. The 'four pillars' model, first developed by the Kings Fund and adopted in Camden's Health and Wellbeing Strategy is a useful articulation of what a 'population health' approach means, and how each person and organisation can play a vital role in supporting good health.
- 12.4. Research studies have demonstrated that the physical and social environments within a neighbourhood, as well as the local services available, have been linked to mortality, chronic health conditions, disability and birth outcomes as well as health behaviours, mental health, injuries and violence.
- 12.5. Neighbourhoods are a central part of Camden's commitment to prevention and early help - delivering holistic support within a local context.

### **13. Finance Comments of the Executive Director Corporate Services**

- 13.1. The Executive Director of Corporate Services has been consulted on the contents of the report and has no comments to add to the report.

### **14. Legal Comments of the Borough Solicitor**

- 14.1. The Borough Solicitor has been consulted and has no comments to add to the report.

### **15. Environmental Implications**

- 15.1. There are no environmental implications arising out of this report.

### **16. Appendices**

n/a

**REPORT ENDS**