

## **Update of the Cabinet Member for Health, Wellbeing and Adult Social Care**

Health and Adult Social Care Committee 8<sup>th</sup> July 2025

### **1. Purpose of the Cabinet Member update**

- 1.1. This paper provides a short round of updates from across the portfolio of the Cabinet Member for Health, Wellbeing and Adult Social Care. It presents an opportunity for the cabinet member to speak directly to the HASC Scrutiny Committee and highlight key pieces of work, both to share successes and identify challenges and opportunities in the coming months. The Committee are invited to consider the information below and ask questions of clarification at the meeting subject to the Chair's discretion. Requests for additional information can be addressed to the relevant director/s outside of the meeting. The Committee may also use the cabinet member updates to inform their scrutiny work planning for the coming year.

### **2. Adult Social Care (ASC)**

#### **2.1. Service Pressures**

- 2.2. There is a trend of increasing demand and pressure across ASC, particularly in the Neighbourhoods service. Neighbourhood pressures are exacerbated by very high levels of new activity at the front door of the service, with 5,813 people approaching ASC for support with their care and support needs during 2024/25, the most ever received in one year, and an increase of more than 10% from the previous year.

- 2.3. This pressure has been exacerbated by significant vacancies across the service, which are now being addressed, with a recruitment event recently held to promote applications to ASC.

- 2.4. People waiting for a carers review has continued to increase, this is despite record levels of activity in this area, with 999 carers receiving either an assessment or review in 2024/25.

- 2.5. Waiting times for occupational therapy has continued to reduce, with no individual waiting more than 3 months for an assessment.

- 2.6. ASC have now produced a suite of interactive dashboards that show the number of people that each practitioner is working with, waiting times across services and trend analysis of wait times, including demographic breakdowns. These dashboards are now being rolled out across all services.

#### **2.7. Safeguarding**

- 2.8. The Camden Safeguarding Adults Partnership Board (SAPB) commenced the year under the leadership of a new independent chair, Dr Adi Cooper OBE. Dr Cooper brings a wealth of experience and knowledge as the independent chair of two London Safeguarding Boards, Improvement Advisor for the Local Government Association and Association of Directors of Social Services. Over

the last six months, the Camden SAPB has commenced a shift in its strategic approach, stakeholder engagement and visibility.

- 2.9. The SAPB has published three Safeguarding Adult Reviews in 2025 so far, each outlining identified themes and recommendations. These themes include self-neglect, cuckooing and dual diagnosis; issues that highlight the complexity of multi-agency adult safeguarding. To ensure that learning is effectively embedded, the SAPB has established a Safeguarding Adults Review Implementation Group to oversee the delivery, monitoring and impact of agreed actions across partner agencies. There will be a fourth Safeguarding Adult Review due to be published in July.
- 2.10. Another key development this year has been the rebranding of the SAPB to reflect its independence from Camden as a local authority and establish clarity in its identity to stakeholders and the wider community. This rebranding coincides with a comprehensive review of Board membership and overall Board governance to ensure the right knowledge and representation is in place. Additionally, efforts to strengthen alignment and collaborative working are ongoing, including work with the Children's Safeguarding Partnership, focusing on improving integrated approaches to safeguarding across the borough.
- 2.11. **Carers**
- 2.12. **The Borough Partnership Carers Board held its first-ever in-person meeting** on the 9<sup>th</sup> April 2025 at the Greenwood Centre. The session was jointly chaired by an unpaid carer, Wajidha Shamash-Din, and Councillor Anna Wright, Cabinet Member for Health, Wellbeing and Adult Social Care.
- 2.13. The inaugural Board meeting brought together 25 members from across the Camden Borough Partnership, including unpaid carers, local voluntary organisations, representatives from NHS trusts, the Integrated Care Board, and Camden Council officers from operational and strategic teams. The Board's purpose is to hold accountability for Camden's [Carers Action Plan](#) and track progress of its key areas.
- 2.14. In line with the Action Plan's commitment to involving and co-producing this work alongside carers, four carer Board members and a carer co-chair were selected to support the Board's launch and ongoing activity. Carer focus groups informed role descriptions that included the relevant skills and experience needed for lived experience representatives, and these roles were promoted across multiple channels and partners.
- 2.15. Key outcomes included agreement on the Board's Terms of Reference, governance and confirmation of the yearly work programme. This programme was developed in accordance with priority areas highlighted by carers in the Action Plan, and has been translated into three workstreams:
  1. Information, Advice, and Communications
  2. Mental Health (Carer Wellbeing and Connections)

### 3. Carers Conversations (Carer Life Cycle and System Navigation)

- 2.16. The next Carers Board is scheduled for 16 July 2025 and will focus on the theme of Information, Advice and Communications.
- 2.17. **Camden Carers was recently recommissioned to deliver the carers' support service** in the borough following a competitive tender process. This is an enhanced service specification, including an online provision. The contract is to align with the new neighborhood operational model of Adult Social Care, as well as deliver to the Carers Action Plan priorities.
- 2.18. In February 2025, through the Department for Health and Social Care Accelerated Reform Fund, **three pilot projects have been commissioned with Forum+ and Holborn Community Association**, to develop and reach underserved carer cohorts, LGBT+ carers and male carers. There is also a further project being delivered by Camden Carers on Health & Lifestyle checks and young adult carers.
- 2.19. **Social Connection Workshops**
- 2.20. In June 2025 Adult Social Care is delivering two coproduction workshops focused on improving social connection for people who draw on adult social care and unpaid carers. This work is in response to consistently low scores in the Adult Social Care Outcomes Framework (ASCOF) measures relating to social contact.
- 2.21. The workshops will bring together professionals from ASC, Public Health and the Voluntary and Community Sector, with people with lived experience to explore what is working well, what the barriers are, and what needs to change around social connection. The approach is based on “Working Together for Change” and uses structured conversations and thematic analysis to identify shared priorities and actionable solutions.
- 2.22. The outputs from the workshops will inform a targeted local action plan, developed collaboratively with residents and system partners. We will publish a short report summarising key insights and recommendations, and ensure feedback to participants. The findings will also support wider work around commissioning, community inclusion, and early intervention, with the aim of improving social contact for people who draw on care and support.
- 2.23. **WAVE launch and deliberative democracy project around Adult Social Care**
- 2.24. In Camden, we are working towards a radical shift in power that is seeing democratic renewal led from the bottom up. Over the last several years, we have been experimenting with various deliberative approaches including our resident-led Data Charter and citizens’ assemblies. The Council and partners are increasingly working in a more meaningful participatory way – sharing

power, valuing lived experience, opening up decision-making, and championing community-led change.

- 2.25. Until now, traditional deliberative methods have included a limited number of citizens. The 'Waves' project is a tech-supported process for scaling deliberative decision-making by combining mass participation (potentially up to a thousand) with deep deliberation. Camden will be the first local authority to help develop and pilot 'Waves' by engaging thousands of residents in discussions about Adult Social Care (ASC). The deliberation will be informed by the Good Life Camden framework and ASC's 'outstanding' Care Quality Commission (CQC) rating. Through this, Camden will generate awareness for why high-quality Adult Social Care services matter to us all, enabling people to live the lives they want in their homes and communities, doing the things they love, staying connected and living a fulfilling life.
- 2.26. The project is led by Demos in partnership with Camden Council, New Local, CASM Technology, Remesh, and Psi. Tech. Following Camden's pilot, 'Waves' will trial in other authorities – starting in South Staffordshire. Throughout the programme's duration, New Local will coordinate a Community of Practice comprised of 25 councils to share learning. The project team in Camden will also disseminate learnings amongst colleagues internally.
- 2.27. **International Recruitment of Care Workers**
- 2.28. Changes have been made to the rules on international recruitment of care workers and senior care workers. These changes are being made in response to the growing pool of workers already in the UK who no longer have sponsorship, because their sponsors have been unable to offer sufficient work and/or have had their sponsor licences revoked. The changes require sponsors to recruit from the pool of workers who are seeking new employment before they seek sponsorship of new recruits. Changes are also being made to update the minimum salary from £23,200 per year (or £11.90 per hour for a 37.5 hour working week) to £25,000 per year (or £12.82 per hour). For context, London Living Wage is currently £13.85 and is a contract requirement for homecare, reablement workers and some local care homes. Changes are also being made to the rules concerning deductions from an applicant's salary to prevent sponsorship costs being passed on to applicants.
- 2.29. Intelligence across London indicates there are currently more internationally recruited care workers seeking work than there are vacancies. In Camden there has been limited impact of these changes as recruitment of care workers is stable and there remains a continued focus on local recruitment. We are aware of some local private businesses where

sponsorship licences have been suspended or revoked. The Association of Directors of Adult Social Services North Central London (ADASS NCL) regional team provide oversight on international recruitment across NCL boroughs and work closely with commissioners and local businesses to mitigate issues arising from these licence suspensions.

### **2.30. All Age Autism Strategy**

- 2.31. Camden are developing an all-age Autism Strategy 2025-2030. The strategy has been created through a range of co-production work with residents. The strategy will be live for consultation in June and is due to be approved by Camden's Cabinet in September

## **3. Health and Wellbeing**

### **3.1. Drug and Alcohol**

- 3.2. Between 3rd and 7th March 2025, Camden experienced a cluster of non-fatal drug overdoses, concentrated in the north and central parts of the borough. This was a hyper-localised incident with no apparent impact on other areas of London.
- 3.3. Camden's adult drug and alcohol services, InRoads (provided by Via) and CGL Camden (provided by Change Grow Live), responded rapidly and collaboratively, supported by [Project ADDER](#) (a Metropolitan Police programme to provide support to people who use drugs) . The response included enhanced outreach, extended weekend provision with prescribing support, and distribution of harm reduction tools including naloxone, nitazene and fentanyl testing strips. Over 250 service users were contacted directly, and targeted engagement focused on high-risk individuals such as those recently discharged from hospitals or prisons. The response was underpinned by twice-daily debriefs, real-time information sharing, and support from local pharmacies, hostels and outreach teams.
- 3.4. The incident highlighted strong operational and partnership working but also revealed areas for improvement. Learning from the response has resulted in a set of recommendations now being worked into an action plan, aiming to improve preparedness, ensure earlier intervention, and reduce harm in any future incidents. These include:
- developing a formal protocol for emergency and out-of-hours responses
  - exploring the future shape of the weekend offer
  - updating clinical assessments to reflect the emergence of potent synthetic opioids (such as nitazenes) and other adulterants found in the local drug supply
  - improving local information sharing between acute trusts and drug and alcohol services; expanding naloxone availability and training
  - agreeing a joint drug alert protocol between commissioners and Police

- enhancing real-time sharing of non-fatal overdose data
- establishing a clear case definition for drug-related incidents to distinguish between isolated and cluster cases.

### 3.5. **Raise Camden**

- 3.6. Raise Camden is a strategic programme led by Camden Council's Health and Wellbeing Department with cross-council reach, which aims to improve the childhood experience of those born into the most challenging circumstances as a means of reducing the health inequalities gap. The programme works to three core pillars and a set of enabling workstreams to embed our approach within services across the council. The pillars are: child poverty, whole family mental health and structural racism and inequality.
- 3.7. Camden Council commissioned an independent audit of child health equity in Camden from the UCL Institute of Health Equity. This report was published on 24<sup>th</sup> May 2025. The report provides an in-depth analysis of the determinants of child health equity and provides recommendations against the following themes: Improving incomes and reducing deprivation, Housing, Education, Community and safety, Health, Data, and The Raise Camden programme.
- 3.8. At a Roundtable discussion on the topic of child poverty on 12<sup>th</sup> May 2025, it was agreed that Camden would establish a Raise Camden Taskforce to take considered action against the recommendations of this report. This Taskforce will be co-chaired by Cllr Olszewski, leader of Camden Council, and Prof Sir Michael Marmot, Director of the UCL Institute of Health Equity. We will report on its progress in 12 months' time.
- 3.9. An example of the cross-government innovative solutions we are seeking to develop through Raise Camden is the Family Hubs Pregnancy Grants (FHPGs). Under a MoU, Nesta and Camden's Health Intelligence team will be conducting an evaluation of this policy initiative. The case for health impact has already been made through the SureStart evaluation. We want to further assess whether starting child benefits during pregnancy can have a wider impact of early support to families at risk of child poverty, and whole family mental health concerns.

## 4. **Health System**

### 4.1. **Update on changes to North Central London Integrated Care Board (NCL ICB)**

- 4.2. As of May 2025, there will be significant changes to the 'centre' of the NHS. There will be cost reductions within four distinct areas:
- **NHS England** will be deleted over the next two years. Some roles from NHSE will be transferred to the Department for Health and Social Care. It is envisaged that approximately 9,000 roles will be deleted by the loss of NHS England.

- There are 42 **Integrated Care Boards** within England. ICBs have been asked to reduce their *operating costs* by approximately 50%, by December 2025. There are 22,500 staff members currently employed within ICBs within England. As at June 2025, it is believed that the 42 ICBs will reduce down to 27 ICBs. It is understood that the 5 x London ICBs will remain as is.
  - NHS Trusts have also been asked to reduce corporate cost growth by 50%, thereby reducing non-clinical roles. There are 220 NHS Trusts within England and as at June 2025, some Trusts have begun to consult with affected staff members, with reports of 300+ roles being deleted within Trusts.
  - It is also understood that roles will be deleted within the Department for Health and Social Care (DHSC). It is not yet understood how many roles will be deleted within the DHSC, however, some roles will transfer into the DHSC from NHSE.
- 4.3. The cuts to the centre of the NHS are being made to mitigate against a projected NHS overspend of £2.5 billion within the financial year 2025-2026. There is also a desire to end a 'culture of overspending' within the NHS, ahead of the launch of the new NHS 10 Year Health Plan.
  - 4.4. To support the cost reductions within ICBs, including NCL ICB, NHSE has developed a 'Model ICB' blueprint. The blueprint aims to provide clarity on the future direction of travel and responsibilities for ICBs. The guidance supports ICBs to model their funding cuts.
  - 4.5. ICBs have been asked to grow certain functions, selectively retain functions and transfer out some functions. NHSE guidance states that 18 functions should transfer out of ICBs. These functions vary greatly and include SEND, Safeguarding, Neighbourhoods and Estates Strategy. This signals significant change within NCL ICB and guidance states that a core ICB function, going forward, will be Strategic Commissioning.
  - 4.6. The Council continues to engage with NCL ICB and keep abreast of NHSE ICB guidance, to understand, monitor and mitigate against the upcoming changes within NCL ICB.
  - 4.7. NCL ICB cost reduction plans were submitted to NHSE for moderation and feedback, at the end of May. It is believed that most ICBs will begin formal consultation with their staffing teams by end of June / start of July. NCL ICB have indicated that their new organisational model will go live by 1 April 2026, at the latest.