

LONDON BOROUGH OF CAMDEN	WARDS: All Wards
REPORT TITLE	
Insight, Learning and Impact Report: Adults and Health Directorate – Quarter 2/Mid-Year 2025-26	
REPORT OF	
Executive Director Adults and Health	
FOR SUBMISSION TO	DATE
Health and Adult Social Care Scrutiny Committee	10 February 2026
SUMMARY OF REPORT	
<p>This report focusses on the performance in Quarter 2 (Q2) 2025-26 for each division across the Adults and Health Directorate. In this report, directors have been asked to provide a narrative covering key areas of challenge, opportunity, and learning.</p> <p>This report is divided into three main sections:</p> <ul style="list-style-type: none"> • A summary table which highlights key responses from services for Q2 2025/26 across each of the Adults and Health Directorate. • A more detailed narrative of the individual service responses • Appendix A contains the data dashboard. 	
<p>Local Government Act 1972 – Access to Information</p> <p>No documents that require listing have been used in the preparation of this report.</p>	
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RECOMMENDATION	
The Scrutiny Committee is asked to note the report, including the most recent data and trends and the emerging challenges identified.	

SIGNED

Chris Lehmann
Director of ASC Strategy & Commissioning

1. Purpose of Report

- 1.1 The Insight, Learning and Impact (ILI) Q2 report covers the period between July 2025 – September 2025.
- 1.2 The ILI report is submitted to all scrutiny committees twice a year (mid-year at Q2 and end of year at Q4). The report will go to all the scrutiny committees but they will no longer receive the full report, instead just the extract from the report relating to the committee's remit.
- 1.3 The ILI report includes both the data dashboard and service narratives. The data dashboard (Appendix A) gives Scrutiny Committees the opportunity to view service performance data collected across the year and compared to previous years. The service narratives (in the body of this report) provide an overview of the key issues identified by officers for each service.
- 1.4 To produce the service narrative, all Camden Council Directors were asked to provide a narrative covering key areas of challenge, opportunity, and learning, looking back over Q2 2025/26 on the following points:
 - What were the biggest challenges to your service delivery i.e. what challenges are going to require the organisation's attention and focus
 - What are the biggest opportunities i.e. where could you most benefit from support to deliver improvement?
 - What have your services learned and what do you need to learn in the future e.g. from data or evaluation, regional or national research.
- 1.5 The main report begins with a tabled overview of service issues for Q2 2025/26 in responses to the three key questions above. That is followed by a more detailed narrative of those individual service responses.
- 1.6 The Corporate Data Dashboard is at Appendix A which provides the latest performance data and previous years for the key measures from the services, and which accompanies this report.

Adults and Health response summary

	Challenges	Opportunities	Learning
Adult Social Care Commissioning Innovation and In-House Provider Services	<ul style="list-style-type: none"> NRS Healthcare, the community equipment provider, went into liquidation Procurement of a new Mental Health Supported Living Women's Service Growing pressure on Supported Living Planning underway for conclusion of the Adult Early Help test and learn initiative 	<ul style="list-style-type: none"> Cabinet paper on the Social Model of Disability, was agreed in July Hoarding Support contracts Shared Spaces a new quarterly participation and engagement newsletter launched Carers project advanced into three workstreams Care worker forum/trauma-informed and reflective practice 	<ul style="list-style-type: none"> Adult Early Help interim evaluation report published Learning from an external safeguarding audit
Adult Social Care Operations	<ul style="list-style-type: none"> Continues to see significantly more people requesting support from Adult Social Care (ASC) Staffing pressures Deprivation of Liberty Safeguards Safeguarding Adults Integrated Neighbourhood Teams 	<ul style="list-style-type: none"> New equipment supplier meaning services can return to business as usual A targeted approach of encouraging agency staff to apply for permanent roles SAR (Safeguarding Adults Review) implementation group 	<ul style="list-style-type: none"> Deprivation of Liberty work highlights the need for more robust and stringent monitoring and tracking A Safeguarding audit was jointly commissioned by Adult Social Care and Housing in response to Joe's SAR
Health and Wellbeing	<ul style="list-style-type: none"> Cluster of non-fatal overdoses Cardiovascular diseases is a big driver of health inequalities in Camden. Camden ranked number one of London Borough for NHS Health Checks delivered Lower access to Dentistry following the Covid-19 pandemic, and consequent costs of living crises 	<ul style="list-style-type: none"> Review and refine approach to harm reduction Camden was selected for a national pilot programme to trial a more convenient form of 'digital' health check using the NHS App and home testing. Camden has been allocated funding to expand the supervised toothbrushing programme in early years settings 	<ul style="list-style-type: none"> Enabling Camden to develop a better population response focussed on maintaining safety and reducing potential harm from the range of substances used across the community A workplace-based health check is being trialled in council locations for manual workers, which will generate learning. An evaluation will commence November 2025 and provide further insights around improvements

3 ADULTS AND HEALTH

3.1 Adult Social Care Commissioning, Innovation and In-House Provider Services

3.1.1 *Challenges*

Community Equipment: NRS Healthcare, who were the Council's **community equipment provider**, went into liquidation on 1 August 2025. An Official Receiver and Special Managers were appointed. NRS provided specialist equipment like mobility aids, bath lifts, grab rails and raised furniture for Camden residents and many other Londoners. Camden Council worked alongside seven other local authorities (Barnet, Brent, Hackney, Hammersmith and Fulham, Islington, Haringey and Harrow) to arrange a network of contingencies and seek a new provider of equipment to ensure that there would be continuity of service. The eight boroughs will maintain this partnership approach, to ensure a successful mobilisation and ongoing service delivery with a new provider. Camden Council has agreed to be the host borough on behalf of the eight councils, which is called the North London Equipment Partnership.

Accommodation: The procurement of a new **Mental Health Supported Living Women's Service** began during Quarter 2. The need to have gender-informed services has been identified alongside increasing levels of complex support needs being identified by practitioners and provider partners. The procurement presented a number of key challenges, including how best to respond to the Supreme Court ruling¹, and was not successful in its first attempt at commissioning a service. The procurement opportunity will be republished later in the calendar year with some changes to the overall specification. In addition to this specific work for women, a service development plan is being developed for mental health supported living. This will renew focus on the equity of residents' experiences and outcomes, broken down by demographics, and recording people with autism who are accessing Council services.

There is a **growing pressure on supported living specifically for Camden residents with a learning disability**. The Council is now in a strong position where almost all local voids have been allocated. However, this does mean that any new referrals to the supported accommodation pathway will likely require out-of-borough spot placements. These are not ideal as they tend to dislocate people from their support networks, and at a greater cost, which reinforces the need for the accommodation strategy to commission additional supported living services for people with learning disabilities within Camden to meet demand. Other departments in the Council need to help to deliver this accommodation, noting future demand and the

¹ On 16th April 2025, the UK Supreme Court issued a ruling in which the definitions of 'woman' and 'sex' were biologically rooted, as outlined in the Equality Act 2010,

current inaccessibility of much of Council properties. The service needs to manage this demand creatively going forwards and officers are exploring options such as seeking providers who have their own properties, rethinking how they recommission supported living in the future, and promoting alternative models like Shared Lives and community-based support.

Prevention: By the end of the year, several critical areas across the Prevention and Wellbeing Service require focused progress. Planning is underway for the conclusion of the **Adult Early Help** test and learn initiative, with regular updates provided during Quarter 2 to key stakeholders. The Prevention and Wellbeing Team is working to enhance cross-service collaboration for improved early help and preventative outcomes, whilst managing capacity across multiple innovation strands. The Adult Early Help pilot team started to design an 8-week programme for residents in Central and East Neighbourhoods, and initiated a cross-council survey to map the current preventative offer, with synthesis and analysis planned for Quarter 3. The Adult Early Help test and learn will end in April 2026, and support to residents who have been drawing on the Adult Early Help team's support will end in December 2025. This will be thoroughly planned by the team, led by the resident, and undertaken in a trauma-informed way.

The **Adult Social Care Welfare Rights Team** continued to address challenges during Quarter 2 in migrating Income-Related Employment and Support claimants before the Department for Work and Pension's (DWP) December 2025 deadline, with many residents facing barriers to claiming. The Welfare Rights team are now directly hearing from the DWP Advance Support Team who are trying to trace people who have not claimed after receiving their Migration Notice.

3.1.2 Opportunities

Work with Provider Partners: A Cabinet paper that focused on the **Social Model of Disability**, alongside grants for Camden Disability Action and the Autism Hub, was agreed in July 2025. Although there is work needed to fully embed a social model across the Council, there is positive engagement and support for this approach and many opportunities to improve for residents, providers and for Council staff.

Through the new **Hoarding Support** contracts that were procured over Quarter 2, the service will be implementing an exciting new model to address the underlying issues of hoarding behaviour across the Council, with a trauma-informed approach that involves colleagues from a range of departments alongside provider partners and social work practitioners.

Resident engagement and involvement: **Shared Spaces** was launched over the summer, a new quarterly participation and engagement newsletter for Adult Social

Care. It shares updates on how the Council is working together with residents, includes stories from people who have taken part, provides examples of best practice, and identifies upcoming events for staff and residents to get involved with.

In Quarter 2, **the Carers project** advanced three workstreams—information & advice, mental health, and carers conversations—including preparing a MECC (Making Every Contact Count) training webinar with Public Health for carers in October. New communications materials were developed, and planning began for Carers Rights Day in November and Carers Week 2026. The second Borough Partnership Carers Board focused on Information and Advice, with the next meeting set to explore Mental Health.

Testing and Learning through Home Care: Commissioners have continued to support provider partners with the development of **a care worker forum alongside trauma-informed and reflective practice** during this quarter. The introduction of five-minute videos about meal preparation has improved how care workers deliver personalised, culturally informed. These approaches have already shown improvements in partnership working between social work practitioners and providers, the quality-of-service delivery for residents and the wellbeing of staff who deliver care and support. Care staff have said how these simple but important interventions have changed how they work, improved their confidence and developed their skills. The learning from this work is informing the commissioning strategy for Care and Support at Home, which will be submitted for Cabinet approval in early 2026.

3.1.3 *Learning*

Adult Early Help: The **Adult Early Help interim evaluation report** was published this quarter, noting this is part of a cross-Council work and not limited to Adult Social Care. It highlights early positive outcomes for adults, including increased confidence, stability, and practical support such as successful Personal Independence Payment (PIP) claims and help with rent and energy debts—sometimes even preventing eviction. Strong, trusting relationships between workers and adults were a key strength, with consistency playing a vital role. While there are initial signs that the model may reduce crisis demand, the evidence is still limited due to the small cohort and lack of a comparison group.

The Adult Early Help test and learn continues to give rich insights into ways of working across the Council and partners. This has shown potential opportunities to embed these insights and has also highlighted potential gaps. These will be developed further over the coming months and tested across a variety of spaces including with frontline practitioners. A Neighbourhoods approach to local-based service delivery provides a lens to reimagine Camden's entire preventative offer. Adult Early Help is a key lever for embedding relationship-based practice across all service delivery, strengthening prevention and building resilience across all service delivery.

3.2 Adult Social Care Operations

3.2.1 Challenges

Service Pressures: Adult Social Care (ASC) continues to see significantly more people requesting support from ASC, with over 1,500 people being referred in Quarter 2 2025/26, more people than at any time over the last 12 months.

Over the summer, staffing capacity pressures contributed to delays in progressing initial assessments and undertaking annual reviews. At the same time, the Occupational Therapy service has come under considerable pressure following the unexpected collapse of the equipment supplier, meaning only urgent requests for equipment could be processed.

Staffing pressures: Whilst every effort is being made to reduce the service's use of agency staff, they still make up more than ten percent target in their operational teams. These are mainly essential Social Work and Occupational Therapy roles which can be hard to fill in a competitive London market. However, the most recent recruitment drive reduced the social worker agency headcount by over 50% as new starters are onboarded. The use of rolling adverts is also being explored to support recruitment into harder-to-fill roles

Deprivation of Liberty Safeguards (DoLS): In the Q1 report it was reported there were 56 residents whose Deprivation of Liberty court authorisations had lapsed, and a renewal had not applied for. A mitigation plan is now in place with extra staffing capacity employed to address the back log. While the work is now well underway, the process is much slower than anticipated. Delays largely relate to external factors, including the need to wait for families to complete statements required by the courts, and contested hearings where there are disputes or requests for further information.

Due to the nature of contested hearings and the dependency on family statements and court directions, it is challenging to give precise timescales for when all DoLS applications will be brought into compliance. However, progress is being actively monitored and prioritising cases to ensure that unnecessary delays are minimised.

Safeguarding Adults: One Safeguarding Adults Review (SAR) was published in Q2, totalling 4 for this year. 'Joe's SAR' highlighted the continued need for multi agency working, particularly where an individual has multiple needs and complexities which may span across multiple services. In Joe's case these were Temporary Housing, Mental Health and Drug and Alcohol services. Recommendations from the SAR have

been fed into the newly established SAR implementation group which provides coordination and oversight across partner agencies, ensuring that actions arising from recent SARs are delivered in a timely, accountable, and meaningful way.

Integrated Neighbourhood Teams (INT): Whilst the test and learn INT pilot at Kentish Town Health Centre continues, conversations with system partners about next steps for neighbourhood working slowed during Quarter 2 whilst governance and planning in response to the NHS ten-year plan and a system ‘integrator’ was appointed.

3.2.2 *Opportunities*

The appointment of a new equipment supplier will mean that the Occupational Therapy service will gradually return to business as usual, meaning residents will have shorter waits for the supply of equipment.

A targeted approach of encouraging agency staff to apply for permanent roles in the operational teams is helping to reduce reliance on agency staff and is helping secure consistency in service for residents.

Insights from the targeted work to address the DoLS backlog will inform the development of a new service framework that will ensure that the work is managed in a more sustainable way going forward.

The work of the SAR implementation group is progressing as guidance and action plans which address long-standing system gaps are being produced. These toolkits seek to support frontline practitioners to work effectively across organisations and ensure roles and responsibilities are clear. This is supplemented with the continued integration of themes from SARs into training curricula and commissioning specifications.

Now that the NHS system integrator for Neighbourhoods has been appointed, there is an opportunity to work in partnership with the integrator and system partners to accelerate neighbourhood plans and agree governance and resources required to deliver.

3.2.3 *Learning*

Deprivation of Liberty work: Learning from the DoLS work has highlighted the need for more robust and stringent monitoring and tracking as well as governance and clearer reporting structures. These will be built into quality assurance and governance arrangements in ASC going forward.

Joe's SAR: A Safeguarding audit was jointly commissioned by ASC and Housing to review the case records of 20 people who were accessing the temporary supported housing pathway. This was partly in response to the publication of Joe's SAR, recognising that strong multi agency partnership working is essential when supporting people with care and support needs who are living in hostel accommodation. The overall findings were that safeguarding practice was proportionate, person centred, with strong evidence of Making Safeguarding Personal principles in practice and timely decision making when responding to safeguarding enquiries. Staff and managers responded to complex and high-risk situations with professionalism, creativity, and compassion. The adults at risk were, for the most part, kept at the centre of decision-making and supported to achieve outcomes that mattered to them. Multi-agency collaboration between social care, housing, police, health, and specialist services was a strong thread through all of the casework examined, illustrating the power of partnerships in protecting adults and upholding their rights. Recommendations and actions from the audit will be shared with senior managers across ASC and Housing and progress reviewed through the ASC and Homelessness Steering group.

Integrated Neighbourhood Teams: The East INT test and learn is demonstrating the benefits of co-location and careful relationship building, reflected through staff satisfaction and emerging shared care arrangements, including a shared duty desk, simplified referral pathways and reflective shared case discussions. Many of the benefits are documented in the Realist-Informed Evaluation of the East INT, completed in September 2025 by Cassie Moore, a Public Health Registrar at London School of Hygiene & Tropical Medicine. The evaluation focuses on how staff experienced and interpreted integration and the INT in everyday work and is presented in four themes: vision and strategy, leadership, infrastructure, and institutional maintenance. These findings will be carefully considered by the Borough Partnership as INTs continue to form and scale across the borough.

3.3 Health and Wellbeing

Drugs and Alcohol Use

3.3.1 *Challenges*

Camden has experienced a recent cluster of non-fatal overdoses and intelligence is received on a regular basis from the Office for Health Improvement and Disparities (OHID) regarding adulterated (or super strength) drug supply including opiates, MDMA (ecstasy) ketamine and benzodiazepines across the region and nationally. Whilst the provision of naloxone can help mitigate against opiate related drug related deaths and harm, other methods need to be considered to minimise the harm of illicit drug use and drug checking facilities is one method that can help residents make informed decisions about their drug use.

3.3.2 *Opportunities*

Commissioners have been working with The Loop (a registered charity organisation who provide a number of harm reduction interventions) to pilot a 12-month drug checking service in Camden. The Loop will offer a confidential Drug Checking Service (DCS) that is free at the point of access (for residents), over an initial 12-month period, as part of the Drug Treatment System and in collaboration with all partners, including the police. The commencement of the drug checking service will be dependent on the successful application for the required Home Office License.

3.3.3 *Learning*

In addition to reporting the chemical content of a substance submitted for testing to individuals as part of a tailored healthcare consultation, The Loop informs local partners and notifies of potential alerts related to new, potent, adulterated, or contaminated drugs that may pose a risk to population health. The Loop works with partners to develop and disseminate Drug Alerts for the purpose of, amongst others, communicating appropriate and proportionate information to local drug users and provide warning of new, potent, contaminated, or adulterated drugs found to be in circulation locally and may pose an immediate risk to health/life.

The Loop will also provide a comprehensive training programme for the night-time economy (NTE) workforce. The purpose of the training is to equip Camden's NTE workforce with the knowledge, skills, and confidence to identify, prevent and effectively respond to drug-related harms. By delivering tiered training, Camden will cultivate a workforce that feels engaged, empowered, and competent in safeguarding potentially vulnerable individuals, reducing the impact of drug use across the borough's venues and public spaces, and taking a harm reduction approach.

NHS Health checks

3.3.4 *Challenges*

Cardiovascular disease is one of the biggest drivers of health inequalities and the life expectancy gap in Camden. The NHS Health Check is an overall wellbeing check for those aged 40 to 74 years, that proactively identifies and manages risk of heart and other cardiovascular diseases. It is commissioned by public health and delivered by general practices. Camden performance has been strong post-pandemic, exceeding London and England averages. In Q1 2025-26, Camden ranked number one out of London Boroughs for NHS Health Checks delivered

3.3.5 *Opportunities*

Camden was recently selected for a Department of Health and Social Care (DHSC) pilot initiative to provide more convenient digital version of the health check, delivered via the NHS App and home testing. The team will be progressing this with a small

number of General Practitioner (GP) practices next year. This approach aligns with ambitions around digital innovation outlined in the NHS 10-year plan.

3.3.6 *Learning*

A workplace-based health checks initiative is being trialled for manual workers in council locations, who are known, from previous staff health initiatives, to have a higher risk of cardiovascular risk factors and disease. Three days in different locations will be trialled initially which will provide further learning on this approach.

The service is also connecting with a new North Central London (NCL) health check leads group to learn from approaches in other boroughs in NCL - for example around quality improvement, data returns and equity.

Oral Health (Children)

3.3.7 *Challenges*

Oral health needs in children in both Camden and nationally has exacerbated because of lower access to Dentistry following the Covid-19 pandemic, and the consequent costs of living crises; with worse outcomes in deprived communities reported.

3.3.8 *Opportunities*

As part of a DHSC and Department for Education (DFE) led national initiative, Camden has been allocated £45,902 to expand their supervised toothbrushing programme in early years settings in order to improve oral health in the most deprived areas of the borough

3.3.9 *Learning*

An evaluation of the expansion and the core oral health promotion offer delivered through the Whittington will commence in November 2025 and provide further insight into how the service can improve and shape the service.

4. Comments of the Director of Finance

4.1 The Director of Finance has been consulted on this report and has no additional comments.

5. Legal Comments of the Borough Solicitor

5.1 The Borough Solicitor has been consulted and has no further comments to add.

6. Environmental Implications

6.1 There are no proposals with environmental implications made in this report.

7. Appendices

7.1 Appendix A: ILI Q2 Corporate Data Dashboard - HASC Scrutiny

REPORT ENDS