

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

Health and Adult Social Care Scrutiny Committee 24th March 2026

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 Health and Adult Social Care (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. Safeguarding

- 2.2. Adult Social Care has continued to see increasing safeguarding demand and complexity over the past quarter, particularly where mental health, self-neglect, housing related risk and multiple disadvantage intersect. The Multi Agency Safeguarding Hub (MASH) has overseen a growing number of referrals, with close management oversight to ensure that risks are responded to proportionately and in line with statutory duties under the Care Act. Alongside this, Adult Social Care has continued to work closely with commissioning and provider services to address quality concerns where they arise and to ensure that safeguarding responses within care services remain robust and person centred.

- 2.3. The Camden Safeguarding Adults Partnership Board (SAPB) has continued to strengthen multi agency safeguarding governance across the borough. The SAPB has reviewed safeguarding performance data, including the annual Safeguarding Adults Collection (SAC), to understand emerging risks and trends across partner agencies. Work has also continued through the Safeguarding Adults Review processes, with a number of reviews nearing completion which focus on themes such as mental health, self-neglect and substance misuse. Learning from these reviews is being translated into improvements in practice across the safeguarding system, supported by the work of the SAPB's subgroups and ongoing engagement with frontline services.

2.4. Service Pressures

- 2.5. Adult Social Care continues to see unprecedented levels of people requesting support, with more than 4,500 people at the end of Q3 25/26. If current levels continue, around 6,000 people are expected to request support this year - the

highest number ever recorded for Camden ASC and the fifth consecutive year of rising referrals.

- 2.6. Alongside increased volume, the profile of need remains complex. A higher proportion of people are presenting with multiple and interrelated needs, which is contributing to more intensive assessment activity and higher cost packages of care.
- 2.7. The transfer of initial contact arrangements from ASC to Contact Camden, continues to embed and is intentionally supporting earlier engagement, resulting in high volumes of initial assessments. Alongside this Adult Social Care's assessment and review processes and forms have now been in use for a full quarter, with practice oversight focused on ensuring they enable proportionate, person-centred responses rather than additional process.
- 2.8. The impact of these changes is expected to become more visible over the coming year as practice stabilises. The intended outcomes are a reduction in duplication, clearer pathways, and a more timely allocation of work so that people drawing on care and support experience fewer delays and more consistent engagement.
- 2.9. Neighbourhood and service managers continue to monitor demand, allocation rates and practitioner workload to maintain equity and manage risk for people who may be waiting. While pressure remains high, oversight arrangements have strengthened and there is closer tracking of outstanding work and review timeliness.
- 2.10. In borough capacity remains constrained within Learning Disability and Mental Health provision. As a result, there has been an increase in out of borough placements for people drawing on care and support, most often where specialist provision or timely local availability cannot be secured within Camden. Placement decisions continue to be subject to panel oversight, with a focus on maintaining local options wherever possible and working with commissioning colleagues to develop sustainable in borough alternatives.
- 2.11. **Who Cares? End of Phase 4**
- 2.12. The final phase of Who Cares?, our borough wide conversation about adult social care, concluded on 11th March. I attended the online learning and discussion sessions in which the resident panel from Phase 2 reconvened to continue their work. Participants reflected on the considerations identified by the Council, residents in the wider borough, and voluntary and community sector (VCS) during Phase 3 and deepened their understanding of the Adult Social Care system. This included hearing from experts to explore how Adult Social Care is funded in England and internationally, enabling participants to consider the trade-offs associated with different funding models.
- 2.13. Following these discussions, the panel developed a set of expectations for key actors in the system, including individuals, national government, local government, communities, and the Adult Social Care workforce.

2.14. The insights generated during this phase will be captured in a report, which will summarise the engagement process and present the key findings from the 1,500+ residents who have taken part in the conversation, culminating with the panel's expectations.

2.15. **Carer Assessments and Reviews**

2.16. Carer Conversations are a priority within the Carers Action Plan¹. In Camden, a Carers Assessment (Care Act 2014) is referred to as a Carer Conversation. Delivery of this Action Plan priority is being progressed by a task and finish group, with oversight from the Borough Partnership Carers Board. This task and finish group brings partners together, ensuring carers' voices remain central to operational development. They are raising awareness of Carer Conversations and focusing on practice to demonstrate the value of Carer Conversations and reviews, whilst simultaneously trying to increase the number of assessments completed. We are trying to ensure that each conversation provides a holistic reflection of a person's caring role, considering the whole ecosystem around the people we support. In the financial year of 2024/2025, 1,057 Carers Conversations and reviews were completed. The assessments were undertaken by a combination of Camden Carers, who are commissioned by Camden Council to carry out Carer Conversations and reviews, and our Adult Social Care operational teams.

2.17. The Carers Practice Development Lead, who co-chairs the task and finish group with the Carers Project Lead, is leading a project ("Carers Matter") to review our practice with carers, how this work is recorded, and the internal forms, systems, and processes within Adult Social Care. As part of this review, a significant data cleansing and audit exercise of the information we hold about carers in Adult Social Care has taken place. This has identified gaps, inconsistencies, and areas for future development. The review will include developing and refreshing practice standards for working with carers ("What Good Looks Like"), strengthening partnership working with our commissioned providers, and supporting Adult Social Care practitioners and the wider workforce through training and development. A Carers Dashboard has been developed by the Adult Social Care Data Analyst, which reflects live internal data about carers. This enables transparent reporting of Carers Conversations and reviews by service areas, strengthening performance oversight and providing a more reliable platform for ongoing monitoring. This information is monitored at the task and finish group. Communications work is also underway, led by the Carers Project Team, to develop a video to support staff training and raise awareness of what a Carers Conversation is and the value it offers to carers.

2.18. **Memorandum of Understanding work around anti-discrimination**

2.19. Soon after the murder of George Floyd in the US, front line staff in ASC said they wanted Camden to do more to protect staff from racial and prejudicial

¹ <https://carersactionplan.camden.gov.uk/>

behaviour in the workplace. The Senior Management Team in ASC agreed to work with stakeholders across Camden to develop a shared commitment to combating racism in the workplace.

- 2.20. During 2020/21 a project group involving ASC, care provider representatives, Unions, HR, L&D worked together to develop the Memorandum of Understanding of Zero tolerance of Racist Abuse in ASC settings (the MOU) and it was launched in 2021. The MOU sets out a clear and shared statement regarding zero tolerance of racist abuse and the standards of behaviour we expect to be shown towards social care staff. It sets out processes to enable the reporting and responding to incidents, guidance and resources to support staff and managers and advice on how to provide safe spaces in which staff felt able to raise issues relating to abuse. The intention was that all ASC staff and providers sign up this shared commitment to tackling racist abuse in the workplace and collaborate across organisational boundaries to a set of shared principles.
- 2.21. In the last 5 years the MOU has been used many times as guidance for responding to abuse, however, it is not consistently used. Changes in personnel mean that knowledge and understanding of the MOU is patchy and sometimes behaviours are not challenged and become 'normalised' leading to underreporting. ASC officers have given feedback that they need a range of responses to help navigate complex situations and a better understanding of how the MOU can be applied alongside our 'duty of care'. Providers in particular have utilised the principles of the MOU in a variety of situations, not just racist abuse, and there is a desire to extend to include wider prejudicial behaviour.
- 2.22. A review group including representatives from commissioning, ASC teams, in-house provider services, Family Group Conferencing, Discrimination Hub and commissioned provider services are currently reviewing the MOU. Based on feedback from ASC officers and providers the intention is to:
- Update and extend to other prejudicial abuse
 - Provide more guidance on how to respond to incidents
 - Provide more guidance on how to support staff
 - Build a portfolio of potential responses based on experience of the last 5 years so that staff feel more confident in applying the MOU
 - Develop a communication plan that helps connect staff and providers to the principles of the MOU
 - Encourage reporting and promote the support available, for example, the Discrimination Support Hub
 - Build an effective way to collect data and outcomes to understand the impact of the MOU
 - Link to the Corporate approach and promote the MOU as a tool that can be applied to other service areas.

2.23. **Advocacy Policy**

- 2.24. Camden's new Advocacy Policy was launched to staff on 3rd February. The policy provides guidance for staff, residents and advocates. It sets out our ways of working which have been developed to support safe and effective advocacy and ensure the best outcomes for residents. This policy introduces a standardised cross-Council approach to advocacy and helps to bring informal advocacy in line with formal, commissioned advocacy in terms of safeguards.
- 2.25. Accompanying the policy is a transparent, fair procedure for situations where an advocate behaves unreasonably and puts the safety of residents or staff at risk. The actions that can be taken under the procedure extend to restricting someone from acting as an advocate for a stated time. The full procedure is published on the Camden website alongside the policy, in the interests of transparency².
- 2.26. In terms of socialisation, an internal introductory session was held on 30th January to provide Heads of Service, Service Managers and Team Managers across the Council with the tools to conduct further conversations with staff in team meeting spaces, which are ongoing. In the coming months the policy will be taken to external spaces, including resident groups, for information and feedback. This is being managed at Directorate level, with a plan for Adults & Health currently in development.
- 2.27. The policy is conceived as iterative and a six-month strategic review will be conducted in summer 2026 to review implementation. Feedback from staff and others will be collected in the meantime to shape the review.

3. Health and Wellbeing

3.1. Nutrition for Care Home Workers

- 3.2. One of the key recommendations from a recent Needs Assessment for Older Adults at Risk of Malnutrition was to improve the knowledge and skills around supporting older adults across settings to eat well to help maintain their independence. The Adult Social Care (ASC) workforce were identified as a key group of professionals working with older adults and could better support their health through nutrition and hydration improvements, with the Reablement service a clear priority team due to the impact of nutrition on repeated hospital admissions after discharge, and for its impact on promoting independence generally.
- 3.3. ASC staff previously only received very basic information on food support for their client groups, as part of their introductory training. On investigation there were no short Nutrition & Hydration training modules being run for ASC staff by other boroughs or more widely offered across other settings. Working closely with the ASC team, as part of their focus on improving outcomes for

²

<https://www.camden.gov.uk/camden-advocacy-policy>

Camden Residents, we drew on expertise within the Health and Wellbeing Department to create a 2 hour long interactive training module on nutrition and hydration which I attended. This module has been designed so it can easily be tailored for the specific client group of the workforce being trained.

3.4. The session covers

- What are Malnutrition & Dehydration and how to spot them
- Key nutrients and how to get them through food
- How to apply nutrition information to making healthy meals
- How to support residents with eating and drinking well.

3.5. The Health and Wellbeing Team have run the training for the first group of ASC staff, completing training for the Reablement Service, as a pilot. This consisted of five training sessions each with 14/15 participants (70 in total – the whole team). All of the feedback from Enablers was positive with participants seeing how they can use the knowledge in their work.

3.6. Participant feedback:

“I got more ideas from this session and I can improve and implement in my future work”

3.7. Having completed the pilot sessions with the Reablement Service we are now moving to a long-term training offer with a ‘train the trainer’ model where this training will form part of the standard training offered by the Care Providers. There will be some ongoing support from the Health and Wellbeing team to adapt and update these modules as required.

3.8. **Health and Wellbeing bus**

3.9. The Health and Wellbeing Bus (HWB Bus) was first introduced during the COVID-19 pandemic to support vaccine outreach in partnership with UCLH but has since evolved into a wider community health resource. It now provides an expanded range of health and wellbeing checks, including blood pressure and weight measurements, diabetes risk assessments, seasonal vaccinations, and signposting to local services. The programme is partially delivered with healthcare teams from Brondesbury GP Practice, and by our trained wellbeing advisors, bringing accessible health checks and health and wellbeing related support across the borough.

3.10. An evaluation in 2024 showed that the bus effectively targets to areas of high deprivation and successfully engages diverse communities, including higher proportions of Asian, Black, mixed and other ethnic groups. In the final six months of 2025, the service’s wellbeing team delivered checks to 283 residents, while a further 258 residents were reached through joint work with the Brondesbury team in Q1–Q2 2025; of these, 62% were from Asian, Black, mixed and other ethnic groups and 71% lived in the most deprived two quintiles.

3.11. The HWB Bus team have formed strong partnerships with community partners to enhance outreach to a range of communities. At the start of 2026, the team collaborated with Queens Crescent Community Association and local religious leaders to deliver health checks. The team worked with local Imams to develop messaging around the importance of taking care of your health and wellbeing, this was then shared by Imams during Friday prayers, followed by health checks before and after prayers. Another example of the team's ability to reach underserved communities is evident in the work that they do with people experiencing homelessness at ShowerBox events. The team also collaborates with a range of other partners including libraries, food banks, VCS organisations to reach a range of residents. A priority over the next year is for the HWB Bus to continue to use their skills to identify further opportunities or innovative approaches to engage with underserved residents.

3.12. **Measles Outbreak**

3.13. Between 1 January 2026 and 2 March 2026 195 laboratory confirmed cases of measles have been reported in England. The increase in activity was driven mainly by an outbreak in North London. Most measles cases in North London were reported in Enfield in unvaccinated children under the age of 10. Increase in measles cases has also been reported in Haringey and other neighbouring boroughs. During this period, we have only had 3 confirmed cases reported in Camden residents, but when measles is circulating in the community there is a risk of increased cases and outbreaks in unvaccinated populations.

3.14. Measles is the most contagious vaccine preventable disease and can result in serious health complications, especially for children and anyone who is pregnant or has a weakened immune system. All children need 2 doses of MMR/ MMRV (depending on their age) to be protected against measles. The first vaccine is due aged 12 months and the second aged 18 months to 3 years and 4 months if children are still on the old vaccine schedule. It is never too late to catch-up.

3.15. We are asking all Camden parents to check whether their child is fully vaccinated against measles by looking in their Red Book, or vaccine record, and to book a vaccine appointment with their GP or Vaccination UK if they need one or they're not sure. Please share this message with residents that you work with – and local parents and families.

3.16. GP practices in North Central London have been asked to identify and contact parents of unvaccinated children to offer vaccinations. Parents can also book or drop in to community catch up clinics. More information can be found on Camden's measles webpage <https://www.camden.gov.uk/measles-vaccinations>.

3.17. The health and wellbeing team are working closely with the NHSE, UKHSA Health Protection team and are supporting partners across

education, children and young people's settings to respond to likely or confirmed measles cases and to share information with parents.

3.18. Community Diabetes testing

- 3.19. Health and Wellbeing, in partnership with the King's Cross Brunswick Neighbourhood Association organised a diabetes community testing event held on 12 February at Chadswell Healthy Living Centre, bringing vital health services directly to residents and achieving exceptional engagement from the local Bangladeshi community, one of our key target groups.
- 3.20. The healthcare team provided expert support throughout the day, offering personalised diabetes risk assessments followed by point of care finger prick HbA1c testing (to check blood sugar level over the last 2 or 3 months) for those identified as at risk. Referrals were also made to the weight management and stop smoking services. Total 33 residents were screened on the day, all of which were registered with an NHS GP. 3 patients were identified as diabetic, 3 as pre-diabetic and referred to the GP practice. 7 patients were also referred to the weight management service and 1 to the stop smoking service. Diabetes UK supported the event and shared some valuable resources on diabetes management, diet and nutrition particularly during Ramadan.
- 3.21. Overall, the event not only delivered high quality health screening but also strengthened community partnerships, laying the groundwork for future initiatives that empower residents to better understand and manage their diabetes risk.