

1. What does your organisation want to see included in the 10-Year Health Plan and why?

As a mission-led and population health driven organisation, Camden Council welcomes the government's commitment to a national mission for health, to build an NHS fit for the future. Our missions for Camden are designed to be transformative for our communities and to respond to issues that are important and urgent for them. To achieve transformational change, we have recognised the need to change our structures, capabilities, and practices. Our missions require us to work in partnership and engage across organisations and sectors in our borough in ways we haven't before, and to bring together the collective resources, insight and innovation of Camden beyond just the Council.

The national mission for health is an encouraging signal that the government intends to pursue reform in partnership alongside organisations that support population health outcomes in England. Camden Council's view is that the 10-Year Health Plan for England should establish goals that all partners across sectors may work towards, creating opportunities for collaboration, incentivising innovation, and articulating purposeful roles for partners that draw on assets and strengths that exist across the whole system.

Camden Council supports the "three shifts" that will be the core themes of the 10-Year Health Plan for England. In order to achieve them, the government must pursue a strategy of addressing the social determinants of health through place-based partnerships. Our view is that local government must be at the heart of the 10-Year Health Plan for England, with a defined and resourced role for local authorities to act in partnership with the NHS and communities. We specifically recommend that the 10-Year Health Plan for England includes a national mandate for health and care integration.

The 10-Year Health Plan for England should recognise the impact on population health and health inequalities of the social determinants of health, including housing, education, employment, financial resilience, early years development, and relationships and connections within communities. While many of these social conditions are beyond the reach of the NHS, they are within the gift of local government to influence. It is therefore vital that the 10-Year Health Plan provides for collaborative partnership between the NHS, local government, and the voluntary sector to address health inequalities through the social determinants of health.

Camden Council's view is that a healthcare system that is fit for the future will be mutually dependent on a social care system that is fit for the future, to the extent that the success of the 10-Year Health Plan for England will be conditional on the how resilient the adult social care sector is during these ten years. The fundamental challenges of the two sectors are about the health and wellbeing of the same people, and the two sectors therefore need to work together. However, the adult social care sector faces existential challenges that require government intervention to stabilise. As such, the 10-Year Health Plan for England should include a roadmap towards a resilient adult social care sector. We welcome the government's commitment to building a National Care Service and recommend that the 10-Year Health Plan for England sets out the steps to delivering this commitment.

Effective regulation across the health and care sectors is a necessary precondition for cross-sector collaboration, long-term resilience, sustainability, and service improvement. As set out in [a recent article for the MJ](#) by Camden Council's Executive Director for Adults and Health, effective regulation should focus on outcomes, service resilience, service users' experiences, and opportunities to learn and improve, and it should be practiced through systemic partnerships. A critical feature is an assurance framework that encourages

learning, anticipates likely future challenges, and incentivises services to change in order to best serve the public. There is an opportunity in the 10-Year Health Plan for England to set out a roadmap to establishing this kind of assurance framework. This would contribute to a wider public service reform agenda that shifts practice in public services towards holistic and preventative ways of working.

Citizen participation is a cornerstone of Camden's missions approach, and we are committed to collaboration with citizens so that our practice resonates with the lived experiences of our communities, we build trust and relationships among citizens and local institutions, and we design services that better correspond to citizens' expectations. The 10-Year Health Plan for England should include a continuing commitment to public participation in policy-making and strategic planning, building on the current consultation exercise. We recommend that it sets out subjects that the government will engage the public on via participatory and deliberative forums in order to secure public endorsement for policy direction and specific measures that will be taken to achieve the objectives of the government's health mission and the 10-Year Health Plan.

As a planning authority, a place-based institution, and a key partner in the health and care system, Camden Council recommends that the 10 Year Health Plan for England should include a strategy for the NHS Estate that fully realises the original ambitions of the [London Health and Social Care Devolution Memorandum of Understanding](#). We would welcome an NHS Estate strategy that:

- Recognises the importance of good buildings for good care.
- Establishes an intention to work collaboratively with local authorities.
- Takes a public value approach, taking account of the development opportunity across the estate with a view to leveraging the land value that is available in London to deliver better hospitals and housing.
- Plans strategically for estate needs, both in terms of space requirements and spatial requirements related to local populations.
- Includes specific measures that are set out in our response to Q5.

There is an opportunity for the 10-Year Health Plan for England to connect to the government's growth mission by including a focus on NHS recruitment and employment. Camden Council's view is that there is more to be done to support recruitment and retention of local people into clinical and non-clinical roles in the NHS, with a view to supporting local employment, boosting local economies, and ensuring that the NHS workforce reflects the population it serves. We recommend a set of specific measures in our response to Q5 of this consultation.

In summary, Camden Council welcomes the opportunity to contribute to the consultation on the 10-Year Health Plan in England. Our view is that the 10-Year Health Plan must provide for close partnership working between the NHS and local government, in parallel with measures to place social care services on a sustainable footing within a regulatory environment that focuses on outcomes, learning, and improvement. As a mission-oriented organisation, we see opportunities for the 10-Year Health Plan to draw on our innovation and participation practice and to connect to the national growth mission.

A separate response to this consultation is being submitted on behalf of the five North Central London boroughs, which Camden Council endorses.

2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

Camden Council supports the government's intention to move more care from hospitals to communities. We agree that this is key to enabling equitable access to healthcare that is responsive to the characteristics of places and individuals' needs. In the following response, we will focus on 1) Integrated Neighbourhood Teams, and 2) Integrated Commissioning as means of achieving the shift of more care from hospitals to communities.

We see Integrated Neighbourhood Teams (INTs) as a means for the NHS and local government to work together to move more care from hospitals to communities. The goals of establishing INTs are 1) to empower healthy, happy and independent lives and 2) to foster stronger connections among health, care, and local public and voluntary sector services in specific places, enabling them to respond more effectively to communities' needs. We recommend that the 10-Year Health Plan for England provides a policy framework that enables and incentivises establishment of INTs in communities across England.

INTs in Camden are a partnership between the Council and NHS partners. These 'teams of teams' embody a new model of multi-disciplinary and multi-agency collaboration, operating at the neighbourhood level to provide better coordinated and more holistic care. The first INT has been launched as a pilot in Kentish Town, where staff from adult social care, primary care, and community health services are now co-located at a local health centre. Team members work together to enhance care for patients with complex needs, including older adults with multiple long-term conditions and individuals facing social and mental health challenges. INTs have the potential to provide a consistent integrated offer for adults at a neighbourhood level, which proactive measures to prevent ill health involving primary and secondary care can connect to.

Camden Council's experience of establishing an INT in Kentish Town has highlighted challenges associated with administration, culture, estates, and leadership.

With regards to administration, a notable challenge is that there are no legal vehicles for place-based partnerships between Primary Care Networks and local authorities to be formally constituted. This means that any arrangements for partnership working in neighbourhood have to be governed by parallel decision-making processes within partner organisations. This means that place-based partnerships rely on consensus, negotiation, and relationship management to operate, which may be challenging to execute or scale.

Our experience indicates that ensuring shared commitment to a hyper-local model can be a challenge to establishing INTs. Camden Council supports the overall ambitions of integrated care systems to arrange funding strategically, create responsibility for the whole person and for the whole life health pathway, and focus on outcomes over process. Integrated Care Boards (ICBs) be a positive influence in fostering collaboration and sensitivity to place across a system, and there are examples of this working well. However, it is notable that ICBs operating across larger geographies can limit the extent to which they can be responsive to specific local conditions. Our experience suggests that there are not sufficient incentives for ICBs to devolve and integrate at hyper-local levels as the means to achieve shared outcomes.

As noted in Camden Council's response to Q1 of this consultation, it is essential that the 10 Year Health Plan for England recognise the importance of good buildings for good care. Availability of suitable buildings accessibly located within communities can be a barrier to

establishing INTs. In Camden, we have successfully navigated this enough to get started without any new or significant investment, but this will not be the case everywhere.

Camden Council's view is that establishment of place-based partnerships through INTs requires a spirit of shared endeavour. It is therefore important that partners approach it with a willingness to negotiate in the interests of a model that is workable for all involved and that corresponds to the needs of local people. Challenges may emerge when a party has red lines that can't be negotiated, whether due to local policy, regulation, finances or statute. These may involve transfers of funds between organisations, designation of buildings for use by partnerships, or deployment of staff.

Enablers for INTs can be categorised as leadership, subsidiarity, relationships, and accountability.

Camden Council's view is that there is value in local authorities leading the establishment of integrated arrangements. Local authority leadership enhances the connection between the NHS and social care as well as adjacent services such as housing and community safety. In Camden, we have driven the establishment of INTs and thereby created deeper and more productive connections across organisations and local public services. National efforts to establish INTs should be led by local authorities.

We believe that subsidiarity is a principle that should guide efforts to move more care from hospitals into communities. Our experience of setting up an INT suggests that the design of place-based partnerships should be sensitive to place, with ways of working, organising, and measuring success that correspond to the specific conditions of places and the strengths and needs of local populations. As democratic place-based institutions, local authorities tend to have more extensive and granular insight into the conditions of local communities and relationships to local assets in places that may support a shift to more community-based care. Camden Council in particular has invested in building relationships with local communities and institutions through our Participation, Community Champions, and Community Partnerships teams among others, and this has been key to the impact of our work.

Relationships between borough leaders and ICB executives is a critical success factor. As a local authority we have invested in capacity and capability to build relationships and orchestrate networks across our local system, and this has been critical to the successful establishment of an INT. Having an officer whose specific role it is to build strong local networks has allowed us to co-create jointly owned ways of working with health partners, bring in place-based services such as housing and family hubs that have extensive reach into our communities and impact on population health, and generate richer insight into the lived experience of our residents. Our aim is to create a networked model of services in place, and we are clear that this requires investment in relationship building.

Well-designed accountability frameworks can enable establishment of INTs and thereby help move more care from hospitals to communities. Our experience suggests that consistent ways of measuring outcomes, assessing performance, and capturing learning that speak to each other across place-based partners can facilitate establishment of INTs. Collectively owning accountability frameworks offers assurance across partnerships that individual organisational interests will be represented in the ways in which performance is measured. Joint accountability frameworks also provides partners with parameters within which to empower staff to work in ways that align to their professional judgement. We advocate holistic and relational practice and believe that relational models of measuring success that offer high support and high challenge to generate qualitative insights are better suited for

place-based partnerships than transactional models that assess decontextualised and standardised datasets across different places.

Camden Council sees integrated commissioning as an important means of moving more care into communities as it enables commissioners across the health and care system to ensure that there is a network of community-based care services. By establishing a single set of priorities at a local level through coordinated needs analysis, population engagement, joint resource planning and joint quality assurance, integrated commissioning enables partners to take a collective view on whether services are meeting the shared objective to shift care from hospitals to communities. Below, we set out the challenges and enablers to practicing integrated commissioning.

The geography of ICB structures can be a barrier to integrated commissioning. ICBs cover footprints across multiple local authorities and don't always have capacity to address hyper local issues throughout these footprints that may be identified or addressed via a joint commissioning approach. For example, a large ICB needing to address mental health waiting times does not have the capacity to explore specific interventions for specific communities and is therefore likely to default to broadly applicable macro-level solutions that are less tailored to community needs. Localised solutions such as commissioning small voluntary sector organisations may be more effective, but this requires ICBs to integrate and devolve at hyper-local levels. Camden Council's view is that the NHS must be focused on community-level change in order to enhance its impact on people's lives.

Camden Council's experience suggests that arranging care over multi-borough footprints risks bringing down quality of care and outcomes. For example, in North Central London the ICB has needed to invest more funding into children's autism and SEND therapy services in other boroughs to address historic funding imbalances. As a result, we have seen worsening waiting times in Camden for diagnostic services. Our view is that there need to be incentives for ICBs to cooperate effectively at a borough level, devolve resources, and integrate at local levels in order to improve standards across their geographies.

Enablers for shifting care from hospitals into communities through integrated commissioning can be categorised as relationships, and subsidiarity.

An important step in expanding integrated commissioning is to ensure that ICBs are mindful of the need to work in partnership when assessing how population health improvement services may be delivered across their geographic footprint. When formulating plans for moving more care out of hospitals and into communities, the government should not reinvent the wheel inside the NHS, and instead look outside the NHS and works with organisations practicing health improvement and associated activity. There is excellent health improvement practice in our local voluntary sector, and as such an openness to partnership and cooperation the voluntary sector can be an enabler for moving more care into communities. Equally, the 10 Year Health Plan should recognise local authorities' expertise in citizen engagement as an enabler for co-designing services with communities and thereby moving more care into communities.

We recommend an approach to integrated commissioning that prioritises allocating ICB resources as close to communities as possible. This would involve commissioning providers with smaller geographic footprints but deeper connections into communities, with a view to addressing the specific community-level conditions that are at the root of many health inequalities. This should be complemented by an outcomes-focused view of performance,

rooted in the lived experience of residents. Integrating staff into boroughs, as is the case in South East London, may support this shift in approach.

3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

The government's ambition to make more use of technology in health services will need to engage with the need to build public trust in the ways in which technology is applied. Deliberation with residents to shape [Camden's Data Charter](#) demonstrated that there is very significant value in engaging the public on this topic. We would therefore encourage the government to draw on our experience of citizen participation on the Data Charter to inform how it approaches bringing the voices of the public into policy development on technology in health and care.

Camden Council sees data sharing across the system as an enabler to making better use of technology in health and care. Our experience suggests that data sharing supports a more joined-up approach to supporting residents in need and therefore more effective application of technological solutions in health and care settings.

Camden Council supports greater provision of integrated health and care information through digital technology. However, we strongly recommend that the government is mindful of the extent of digital poverty among communities who face multiple forms of exclusion and disadvantage, including health inequalities. We therefore encourage the government to couple the shift towards better use of technology with a renewed effort to reduce digital poverty.

4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

Camden Council is committed to improving health outcomes for our communities by preventing poor health and reducing inequalities. Camden's Health and Wellbeing Strategy 2022-30 prioritises prevention and commits to tackling the causes of health-related problems. We are committed to working in partnership to address the social determinants such as housing, relationships, connections within communities, and the built environment. As such, our strategy focuses on transforming the social, economic, and environmental factors that influence health and wellbeing, prioritising early help, providing joined-up and person-centred support, embedding more community-based support in neighbourhoods, and nurturing collaboration with communities.

Camden Council's view is that a systemic focus on action to address the social determinants of health is vital to tackle the causes of ill health. The 10-Year Health Plan for England should set out roles for the NHS, local government, and the voluntary sector, acknowledging that the NHS cannot tackle the causes of ill health on its own because it cannot reach into all of the social determinants of health, and that expertise and capability exists elsewhere in the system of public and voluntary services.

Investment to support preventative interventions will be necessary to effect a shift towards tackling the causes of ill health. The 10-Year Health Plan should set out a strategy for allocating resources to actors in the system that can be most effective in tackling the causes of ill health, preventing costs to the NHS, and narrowing health inequalities. Camden Council's view is that funding should be prioritised for community-based services, arranged locally via integrated commissioning. These should include healthcare services for low to medium-level health needs that may be accessed to prevent more serious illness. A locally oriented funding strategy should also take allow for testing creative interventions that may prevent costs to the public sector and improve health outcomes.

Camden's view is that housing is a critically important social determinant of health. Our experience suggests that the conditions in which a person or family is housed are strong determinants of health outcomes. It is for this reason that we are exploring the creation of a 'Marmot estate', embedding health creation principles in a local environment. We would welcome DHSC and/or NHS support in tackling the causes of ill health related to housing conditions.

In order to prevent the causes of ill health, Camden Council recommends that the 10-Year Health Plan for England recognise the impact of prejudice and discrimination on the social determinants of health and health outcomes for groups including women, disabled people, refugees, and people from Black, Asian, and other ethnic minority groups. Camden Council shares a concern with many of our voluntary sector partners that women, refugees, and people from Black, Asian, and other ethnic minority groups are being treated within the healthcare system in ways that reflect structural misogyny and racism and with severe impacts that are apparent in fields such as maternal care, as documented in a report by Healthwatch Camden that can be accessed [at this link](#). The 10-Year Health Plan should embed racial justice and trauma-informed practice in the NHS' ways of working, provide investment to address disproportionalities in health conditions and outcomes, and create pathways for currently under-represented people to access decision-making positions in relation to health policy and scrutiny of services.

Related to this theme, a panel set up by Camden Council's Health and Adult Social Care Scrutiny Committee published its report this year on screening and prevention, which

includes recommendations for improving health screening and which can be accessed [at this link](#).

Camden Council recommend a strong focus on children's health in the 10-Year Health Plan for England. Our experience of preventative investment in Child and Adolescent Mental Health Services (CAMHS), early years and family support, and strategic public health programmes, suggests that health inequalities can be reduced and the likelihood of good health into adulthood can be increased by addressing the determinants of children's health and wellbeing and the inequalities and challenges faced by children and young people such as inequitable access to healthcare and poor communication with adolescents. In Camden, we are progressing a strategic innovation programme called Raise Camden that seeks to improve children's health and wellbeing by testing, generating evidence for, and scaling interventions that address child poverty, family mental health, and racism and inequality. We recommend that the 10-Year Health Plan for England commits to investment that corresponds to the importance of children's health and wellbeing and provides a policy framework for research and innovation.

Camden Council recommends that the 10-Year Health Plan for England recognises research-led collaborations between academic institutions and place-based partners as a means of stimulating innovation in preventative healthcare. In Camden, we have established the Centre for Prevention as a collaboration between Camden Council, the Central and North West London Foundation Trust, University College London, and the Tavistock and Portman NHS Foundation Trust. The Centre for Prevention takes a research-led approach to developing models of mental health care for adults that draw on the success of Camden's preventative investment in CAMHS and research into intergenerational patterns of poor mental health. This is a model that can be replicated to focus on other topics. We recommend that the 10-Year Health Plan articulates an ambition to establish research-led collaborations across England in places where expertise regarding high priority health conditions is clustered.

Camden Council recommends that the 10-Year Health Plan for England mandates the creation of Local Prevention Plans. These plans should be jointly formulated and governed by members of local Health and Wellbeing Boards and focus specifically on how partners will collaborate to embed in local places the preventative services that correspond to the strengths and health needs of local communities. Local government funds can be transferred to the NHS via a section 75 agreement, and we recommend that the 10-Year Health Plan establishes a reciprocal mechanism for NHS funding to be transferred to local authorities to fund prevention activity at a community level.

We are clear that moving services closer to community is the 'how' of prevention. The 10-Year Health Plan should also consider how preventative services embedded in local communities should operate. Camden Council's view is that relational practice is an effective way of supporting people to adopt healthy behaviours, and that frontline staff should be empowered and supported to embed relational practice in their ways of working.

- 5. Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in, for example:**
- a. Quick to do, that is in the next year or so**
 - b. In the middle, that is in the next 2 to 5 years**
 - c. Long term change, that will take more than 5 years**

Camden Council's highest priorities for specific policies that may be included in the 10-Year Health Plan for England are:

1. A national mandate for health and care integration
2. A roadmap to reform of adult social care that addresses financial pressures in the sector, embeds prevention in service design and delivery, and provides for a sustainable future

Camden Council's response to Q1 of this consultation referenced the need for a strategy for the NHS Estate that fully realises the original ambitions of the London Health and Social Care Devolution Memorandum of Understanding. Specific policy measures that would support the delivery of these ambitions include:

- Strategic engagement with local authorities as planning authorities, for example through Local Plan processes, shifting from ad hoc tactical engagement towards planful and purpose-led collaboration.
- Reform of NHS Estates governance, which is currently structured on a sub-regional/ICS footprint rather than a regional one. This is undermining for providers who work across sub-regions, obstructs local collaboration around capital projects, and is starting to lead to increased focus on rationalising providers across patches despite the impact this might have on services and outcomes for communities.
- Reform of the existing NHS Estates Boards so that they support local areas to deliver integration ambitions, allow for local government to escalate shared opportunities and challenges related to council-led development, and allow for local government to escalate challenges related to NHS developments and capital projects.
- Reform of CDEL rules, which currently require leases for non-NHS buildings to be capitalised equivalent to the life time value of the lease, which makes them de facto unaffordable and presents an insurmountable obstacle to any creative attempts to work in a One Public Estate way, share buildings, or build co-located teams.
- Reform of NHS Estates business processes to provide for more agile collaboration with local partners. Currently, business case sign-off involves requirements such as formal approval from the Secretary of State that take a long time, demand resources from all partners, and risk failure of efforts to collaborate.

Camden Council's response to Q1 of this consultation referenced the need for the 10-Year Health Plan for England to connect to the government's growth mission, and specifically to objectives regarding employment. Drawing on research undertaken by the London Anchor Institutions Network, Camden Council recommends the following series of policy changes regarding NHS recruitment, with a view towards the NHS supporting local economic growth and ensuring that its work force is more representative of the diverse communities it serves. These recommendations, which we consider "quick to do" are:

1. Review application and recruitment processes and systems including JDs and person specs to make them as accessible as possible. Work toward shortening the processing time and limiting delays, with ambitions above the national 8-10 weeks target.

2. Socialise vacancies with job seekers via local job brokerage programmes in advance of the recruitment process.
3. Plan ahead for vacancies, building in time to design and deliver pre-employment training. Earmark roles for guaranteed interviews.
4. Consider recruiting to hard to fill roles in cohorts to enable and facilitate peer support
5. Make a public commitment to local and inclusive recruitment and to publishing performance data on this

Camden Council's response to Q1 of this consultation referenced the need for the 10-Year Health Plan to make progress towards a new accountability framework for health and care services. As a first step, Camden Council would welcome a conversation in the near future with the government about how regulation of health and social care might most effectively operate to support learning, capability-building, and improvement in pursuit of national goals.

Camden Council's response to Q1 of this consultation recommended that the government engage with the public via participatory and deliberative forums in order to secure public endorsement for policy direction. We specifically recommend that the government convene a deliberative exercise during the current parliament in order to explore public sentiment on the future of social care, with a view to determining policy direction for social care reform. There is an opportunity to draw on practice in local government, including Camden's Health and Wellbeing Citizens Assembly, the report of which can be accessed [at this link](#). Camden and FutureGov have published a toolkit for organising and running Citizens Assemblies of this kind, drawing on learning from the Health and Wellbeing Citizens Assembly, and this can be accessed [at this link](#).

Camden's response to Q4 of this consultation referenced the need to support health and wellbeing among children and young people in order to prevent ill health later in life. We recommend that:

- Areas for investment priority are autism and neurodiversity, speech and language therapy, occupational therapy, and child and adolescent mental health services, with a view to reducing waiting lists and improving quality of care.
- National standards for making appointments and accessing care take account of the barriers young people face, including full time education, caring responsibilities, shame, and stigma.
- Invest in health promotion campaigns that target young people, which may include direct outreach to education and youth settings.
- Develop and mandate training for clinicians on effective communication with adolescents.

In formulating a response to this consultation, a recurring theme has been the current ambiguity over who has responsibility over some aspects of health policy and service provision. There are grey areas in sexual health, mental health, and SEND, and it would be helpful for the 10-Year Health Plan for England to clarify NHS responsibility in these areas.