

LONDON BOROUGH OF CAMDEN	WARDS: All
REPORT TITLE Camden Neighbourhoods	
REPORT OF Executive Director, Adults and Health	
FOR SUBMISSION TO Health and Wellbeing Board	DATE 12 March 2025
<p>SUMMARY OF REPORT</p> <p>The purpose of this report is to present the Camden Health and Wellbeing Board with an update on the Camden Neighbourhoods programme of work, outlining the breadth of activity and highlighting alignment with the North Central London (NCL) Integrated Care Board (ICB) emerging model for neighbourhoods. The Camden Neighbourhoods Programme is a strategic priority for Camden’s borough partnership and is jointly led by the London Borough of Camden, NHS and community partners. Camden’s Neighbourhood model builds on existing good practice with test and learn activity, enabling council and NHS services to innovate new approaches that provide a more seamless experience for people with additional needs.</p> <p>This report provides an overview of Camden’s broad approach to neighbourhoods, set within the context of national policy agendas including the long-term reform of the NHS. The cover report introduces the policy context, and the attached presentations detail the emerging NCL model alongside recent activity happening in Camden.</p> <p>Local Government Act 1972 – Access to Information All articles and documents used in the preparation of this report have been recorded for reference in the footer.</p> <p>Contact Officer: Henry Langford Head of Integrated Neighbourhood Teams henry.langford@camden.gov.uk 02079743219 5 Pancras Square London N1C 4AG</p>	
RECOMMENDATION	

That the Board notes the report, emerging NCL model for neighbourhoods and status update on Camden's Neighbourhood Programme, including but not limited to the establishment of Camden's first Integrated Neighbourhood Team.

Signed:

A handwritten signature in black ink, appearing to read 'JMcGregor', written in a cursive style.

Jess McGregor
Executive Director, Adults and Health
Date: 28 February 2025

1. Purpose of Report

- 1.1. The purpose of this report is to present the Health and Wellbeing Board as a re-introduction and status update on Camden Neighbourhoods. This programme brings together a wide range of activity that aligns place-based service delivery with voluntary sector and community-based support. The work aims to shift the local system towards more preventative and community-based model of care and exists within a changing policy landscape.
- 1.2. Neighbourhoods is a strategic priority for Camden's borough partnership¹ and is a wide-ranging agenda jointly led by the London Borough of Camden, NHS providers and the North Central London Integrated Care Board (NCL ICB)². The programme has been developed in response to ambitions set out in the Camden Health and Wellbeing Strategy³ and We Make Camden⁴, with responsibility to develop a Neighbourhood (locality) based model of integrated service delivery.
- 1.3. Camden's emerging Neighbourhood model enables NHS and local authority services to develop new approaches to working together to provide a more seamless experience for people with care and support needs. In the long-term, Camden's Neighbourhood approach should help bring about population health benefits and contribute to the twin ambitions of We Make Camden, to tackle inequalities and prevent need from occurring.
- 1.4. Shifting to a more relational and locality-based model across multiple services is significant and transformational change that will require long-term commitment and investment. However, it is worthwhile change that partners believe will lead to improved outcomes for local people, better working arrangements for our workforce, and a more preventative system as a whole. The work responds to expectations set by local people as part of the Camden Health and Care Citizens Assembly in 2020, including that 'local services should be an active part of the local community' and that 'no one should have

¹ Camden's borough partnership brings together the London Borough of Camden, NHS providers and VCSE organisations and works in partnership with the NCL ICB to deliver health and care provision in Camden. A full list of Members can be found here <https://nclhealthandcare.org.uk/ics/your-area/camden/>

² The North Central London Integrated Care Board (NCL ICB) is the NHS statutory organisation that plans, coordinates and commissions NHS activity across the North Central London Integrated Care System (NCL ICS). You can read more about NCL ICB at <https://nclhealthandcare.org.uk/icb/about/> and the NCL ICS at <https://nclhealthandcare.org.uk/ics/about/>.

³ The Camden Health and Wellbeing Strategy is a partnership strategy that guides activity towards the improvement of health and wellbeing and health equity across Camden's population. It is owned by the Camden Health and Wellbeing Board <https://www.camden.gov.uk/health-decision-making>

⁴ We Make Camden is Council-led vision for the borough, published in 2022: <https://www.wemakecamden.org.uk/about/>

to explain their story more than once'⁵. It is also closely attuned with national policy change being promoted by government.

- 1.5. The Camden Neighbourhoods Programme includes a broad range of activities happening across different parts of the Council, the NHS and within the community. It promotes an ethos of 'test and learn', with staff, stakeholders and local communities actively engaged in shaping neighbourhood networks and finding creative ways to work together and improve outcomes. The work is inclusive of, but not limited to, the emergence of new Integrated Neighbourhood Teams (INTs).
- 1.6. NCL ICB view neighbourhoods as a key vehicle for integration and for public sector sustainability. That there is a need to build on the existing individual and community assets and bridge the gaps between vision and delivery. There is an opportunity for NCL to support neighbourhood working at scale through system wide enabler development such as insight and intelligence, as well as engaging networks such as NCL Health Alliance. An initial focus on complexity and long-term conditions can help to achieve outcomes at scale and at pace. The borough partnerships across NCL will oversee local implementation to ensure that neighbourhoods are responsive to population need and the different ways we will need to support local residents in their neighbourhoods to stay healthy and well.
- 1.7. This report provides an overview of Camden's partnership approach to neighbourhoods, set within the context of national policy agendas, including reform of the NHS. The cover report centres on the policy context while the attached presentations detail the emerging NCL model for neighbourhoods before turning to the vision and range of work happening in Camden.

2. Policy Context

- 2.1 Recent policy announcements from Government indicate a deepening commitment to the alignment of statutory services at a neighbourhood level.
- 2.2 These themes were developed most recently through the Fuller Stocktake report, led by Dr Claire Fuller, a GP and Primary Care Medical Director for NHS England. The Fuller Stocktake⁶ was published in May 2022 and set out a new vision for integrating primary care, describing a future primary care model centred on three essential offers:
 - Improving access to care and advice for people who get ill but only use health services infrequently - providing them with more choice about how they access care and ensuring care is available in the community.
 - Providing more proactive, personalised care for people with complex needs - with support from a multidisciplinary team of professionals.

⁵ More information on the Health and Care Citizens Assembly can be found here <https://www.camden.gov.uk/health-and-care-citizens-assembly>

⁶ <https://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/>

- Helping people stay well for longer - as part of a more ambitious and joined up approach to prevention.

2.3 To bring these about the Fuller Report envisages ‘teams of teams’, referred to as Integrated Neighbourhood Teams (INTs), that operate at a neighbourhood level and wrap around local GP practices. The report also describes two significant cultural changes required throughout the NHS. The first is a move towards a more psychosocial model of care that takes a holistic approach to supporting the health and wellbeing of a community. The second is the realignment of the wider health and care system to a population-based approach that prioritises prevention of ill-health.

2.4 The new Government has embraced this approach:

“My first visit as Health Secretary was to a GP practice because when we said we want to shift the focus of the NHS out of hospitals and into the community, we meant it. I’m determined to make the NHS more of a neighbourhood health service, with more care available closer to people’s homes.”

- Secretary of State for Health and Social Care, Wes Streeting MP

2.5 The new Government has developed these themes when outlining its intentions to reform the whole health and care system, identifying three fundamental shifts that need to take place if the health and care system in England is to be fit for the future. The proposed ‘shift left’ refers to -

- (1) Moving care from hospitals to communities,
- (2) making better use of technology, and
- (3) focussing on preventing sickness, not just treating it.

These shifts will form the centrepiece a **10 Year Health Plan**⁷ setting out how to create modern health service to meet the needs of the changing population; expected to be publishing in spring/summer 2025.

2.6 Responsibility for delivering this leftward shift is likely to sit with 42 Integrated Care Systems (ICSs) across England, working in partnership with local authorities and others through local place-based partnerships. Jess McGregor, the Executive Director for Adults & Health and Chair of the Camden’s borough partnership, has been appointed to a 10-Year Plan Working Group convened by Dr Claire Fuller and the Department for Health and Social Care.

2.7 In November 2024 Camden Council submitted a response to the Government consultation on the 10-Year Health Plan, outlining strong support for the three shifts. To achieve them, the Council advocated for a strategy of addressing the social determinants of health through place-based partnerships. The

⁷ For further information about the 10-Year Plan, see the King’s Fund comprehensive coverage at <https://www.kingsfund.org.uk/insight-and-analysis/projects/governments-long-term-plan-health-and-care#the-case-for-reform-and-approach-to-it>

Council's stated 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. The response specifically recommends that the 10-Year Health Plan for England includes a national mandate for health and care integration.

- 2.8 NCL ICB also submitted an organisational response to the 10-Year Health Plan highlighting that it is an opportunity to build on integrated system planning and support the transformation of care. NCL ICB stated that the plan must be bold, reduce fragmentation and tackle issues system wide. That system working is helping to progress integration, reduce inequity and address the three shifts with the recognition that several factors prevent innovations from being scaled up such as small pilot schemes and short-term funding solutions. The response recommended the needs to support ICBs in the role as strategic commissioners, improving health and sustainability in the medium term whilst simultaneously addressing more immediate system issues.
- 2.9 In Camden, our local partnership has been progressing this policy agenda for several years, pursuing the development of an enhanced Neighbourhoods model. The work includes closer alignment of place-based health and care services but crucially also captures other services, such as housing, and support for children and families. This is in recognition that the main drivers of population health and health inequalities are the social determinants of health, including housing, education, employment, financial resilience, early years development, and connections within communities. Many of these social conditions are beyond the reach of the NHS but within the influence of local government and local communities. In keeping with this, the Council's response to the 10-Year Health Plan consultation also emphasises collaborative partnership between the NHS, local government and the voluntary sector to address health inequalities through the social determinants of health.
- 2.10 In response to the wider policy focus NCL ICB are consulting with partners across the ICS on what the broader NCL ambitions are for neighbourhood health. The developments in Camden are at the core of the NCL vision as it focuses on targeted prevention, proactive care for chronic and complex needs, fostering strength and resilience in individuals and communities; areas that Camden are already delivering on and feature at the centre of the Camden's borough partnership. The emerging NCL vision (Appendix A) supports the delivery of the ICS Population Health and Integrated Care Strategy⁸ through neighbourhoods. The NCL ambitions are complimentary to Camden's neighbourhood programme (including the development of INTs) and this scale will support providers and local people to see common core elements in all boroughs alongside the variation in delivery we want to see in response to who are residents are and where they live.
- 2.11 The Neighbourhoods policy agenda goes beyond the realm of health and care services and explores one of the biggest factors in addressing health

⁸ NCL ICS Integrated Care Strategy at <https://nclhealthandcare.org.uk/wp-content/uploads/2023/05/PH-IC-Strategy-V.Final-long-version.pdf>

inequalities that is too often overlooked. Local Trust⁹, a place-based funder supporting communities to achieve their ambitions, describes this as:

*'the capacity of citizens to work together, often in partnership with the local state, to develop projects which protect health and improve well-being where they live. We call this **social infrastructure** - the community groups and neighbourhood associations that organise local activities, such as running a mental health support group or campaigning for a new football pitch'.*

- 2.12 The Council's recommendations in response to the 10-Year Health Plan consultation are firmly rooted in our local experience, where services and social infrastructure are already collaborating and testing new ways of working together in response to people's needs. A clear example of this is the work underway to enhance civic society and participation as part of the Camden Neighbourhoods Programme.

3 Camden Neighbourhoods Programme

- 3.1 The Camden Neighbourhoods Programme builds on our long history of integration, joint commissioning and partnership working in the borough and includes the recent establishment of the Camden's first Integrated Neighbourhood Team (INT).
- 3.2 Camden's strong and enduring partnership landscape means that the Council has been able to take a leading role in the development of a Neighbourhood model alongside the NHS. The centrality of local authorities in advancing neighbourhoods are potentially significant, allowing for much broader alignment across adult social care and local support services, and with that, the potential for a more comprehensive population health management approach. Councils also often benefit from close relationships with local communities and in Camden Council we have invested significantly in capacity around design, co-production and community participation.
- 3.3 Drawing on these capabilities, the core assumption of the Camden Neighbourhoods Programme is that improved relationships and coordination across services, agencies and communities – including anchors such as GPs and schools - informed by population health intelligence, can lead to improved health outcomes, particularly for those experiencing the greatest health inequalities.
- 3.4 Close alignment between the Council and the NHS in Camden means that from the outset, our Neighbourhoods Programme means more than the integration of health and social care and includes alignment with other services such as family early help, children's services, community safety and housing. In addition, involvement of the council's participation team has allowed that programme to explore the role statutory partners can play alongside the VCSE sector in activation of local communities and support for grassroots activity that promotes health and wellbeing.

⁹ For further information about Local Trust, see <https://localtrust.org.uk/insights/research/towards-a-neighbourhood-health-service/>

- 3.5 Integrated Neighbourhood Teams (INTs) are a central component of Camden's Neighbourhood ambitions and a recent focus for the NHS and borough partnership. In Camden, INTs are best understood as 'teams of teams', or environments that bring together practitioners and staff who provide health and care support within a neighbourhood. Currently focused on adults, INTs are spaces to develop new preventative and population health management interventions in support of specific cohorts, helping to address inequalities and prevalence gaps specific to the local area. INTs also provide the conditions for staff to deliver coordinated care for a range of support needs, including physical and mental health and social needs.
- 3.6 Camden first INT includes community nursing, occupation therapy, social work, mental health and support staff, all wrapped around local primary care offer – including GPs, social prescribing and community pharmacy. In time, INTs are likely to include a host of other services, such as commissioned homecare and reablement, and drug and alcohol misuse specialists. They will also likely be attached to centres of acute care in the community, where acute and community-based services work together in support on specific needs outside of hospital-based settings. Teams are supported to work together, build a shared knowledge of the neighbourhood network and ensure that the support people receive is holistic, strengths-based and builds their independence.
- 3.7 INTs should reduce the need for people to explain their stories multiple times to different services and prevent some of the most vulnerable people from falling through the gaps between services. These improved personal outcomes can also translate into system benefits, for example with more cost-effective care in the community, and a reduction in costly unplanned emergency hospital admissions.
- 3.8 INTs can be understood as complementary to – or even an extension of – the long-running Frailty and Complex Care Hub in Camden. Pioneered by the ICB Camden Clinical Lead for Age Well, Stuart McKay-Thomas, the [Frailty and Complex Care Hub](#) is a core part of Camden's journey of integrated partnership working. Here, a borough-wide MDM 'hub' meets regularly, with participation from GPs, secondary care specialists, community nursing, social care and more to ensure that adults with frailty and complex care needs receive the right clinical and social support. Underneath the borough-wide hub exists a collection of neighbourhood-based MDMs, which help coordinate care in the community. The neighbourhood-based MDMs can be understood within the context of new INTs, as one of many ways that staff are working together to empower healthy, happy and more independent lives.
- 3.9 The East INT went live in September 2024 with community health (Central and North West London NHS Trust) and adult social care staff (London Borough Camden) co-located at Kentish Town Health Centre, sharing a building with the James Wigg GP Practice. Since going live, much work has happened to develop common working practices, relationships and a shared culture across health and social care, dispelling misconceptions between staff

groups. There are signs that the new INT arrangements are having a positive impact on staff, as well as the residents they support, creating an environment for sustainable population health management interventions to take root. However, integration of health and care services requires cultural change, is long term and can be challenging to evaluate. Additional information about the emerging operating model and evaluation approach are included in Appendix B.

- 3.10 The Neighbourhoods Programme is delivering similar activity to encourage communication and shared working practices within services in the Council's Supporting Communities Directorate. Since autumn 2023, staff from a range of services, including Housing, Repairs, Estate Management and Community Safety, who all support the population of Kentish Town, have been working together in a shared office environment at the Holmes Road Depot, a council-owned property. This co-location of teams has been coupled with a series of staff-led micro-interventions (or small changes to working arrangements). The impact on staff wellbeing has been marked, with officers recording that they feel more supported and empowered to deliver quick and effective solutions for local people. Feedback from residents and local partners has been equally promising, with many benefiting from a more responsive and joined-up experience of council services. Examples are included in Appendix B.
- 3.11 The work happening in Kentish Town to develop horizontal relationships between council and NHS services is responding to complex and systemic challenges through 'test and learn' activity. This means moving away from traditional transformation approaches where operating models are developed separately to staff and residents, towards a more creative and collaborative approach where the needs of people are placed at the centre of an iterative change process. Our test and learn approach bring teams together to shape their working environment and adjust their working conditions. Small micro-interventions are tested for a short period of time and then reviewed by those involved. For example, staff involved in the INT identified a shared duty desk and reflective peer support sessions and things they want to test. If successful, the interventions are embedded; if they are not quite right required, they are tweaked; and if they don't help at all the intervention is retired. The ongoing process connects teams into a collaborative process and empowers them to shape their working environment. In 2025, this technique will evolve to include the voice of residents and people who draw on care and support.
- 3.12 Test and learn activity in 2024 was taken forward across adults' health and care, and housing and community related services in the *East* Neighbourhood where conditions were ripe for exploration – however these models remain in the formative stages of development. Appendix A gives details of the different elements of a Neighbourhoods operating model being tested within the different working environments. These elements are central to the approach but contain flexibility and choices for teams to deliberate on and test. The approach recognises that each neighbourhood is different and gives them a degree of autonomy. It allows each neighbourhood team to design their own bespoke model within a common framework and leadership approach.

- 3.13 Camden's Family Hubs and Children's Centres present a more mature example of Neighbourhood working that has been developed in Camden over the course of 15 years, dating back to the introduction of Sure Start Centres. Here, many characteristics of a Neighbourhood operating model are already in practice, with locality-based services from across the Council and NHS working together and with partners, based within the community they serve. Despite being a more mature example of neighbourhood working, Family Hubs are an equally central part of the Camden Neighbourhoods Programme. Work is underway to develop a Family Help concept that establishes a continuum of support between family early help and children's social care casework and connects Family Hubs firmly into the Camden Neighbourhoods model.
- 3.14 The Neighbourhood Programme is in part enabled by a borough partnership commitment to recognise five consistent neighbourhood geographies. These are understood more as locality footprints for service delivery than places residents would naturally identify with. We recognise our five localities may not be how residents view their neighbourhood, but these defined geographies support aligned service provision and can reinforce proactive care and population health management interventions, providing a clear delivery vehicle for system-wide and community-based partners to coalesce.
- 3.15 Within the five neighbourhood localities, Camden also conceives of neighbourhoods as the hyper-local, as self-defined and articulated by communities. Commitment to this part of neighbourhoods can be seen in the work the Council and local voluntary sector has invested in to convene strong networks of existing social infrastructure. Emerging community-defined networks like One Kilburn and Kentish Town Connects are examples of how the NHS and local authority can explore new and more liberating ways of partnering with communities and working together to harness all sources of health creation.
- 3.16 We believe that this twin track is essential to a long term, sustainable model of neighbourhood working. The big prize is being able to connect between public / statutory services and grassroots, community activity. By aligning NHS and Council services around an area such as 'East Camden', we hope to be able to establish a meaningful dialogue (and ultimately, a sharing of resource) with the main 'hyperlocal' neighbourhoods it contains – such as Kentish Town and Gospel Oak. Appendix A describes the work underway in the East Neighbourhood, led by the Council's Participation team, to explore this transition and enable strong local networks and active empowered citizens.

3. Finance Comments of the Executive Director Corporate Services

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

4. Legal Comments of the Borough Solicitor

The Borough Solicitor has been consulted and has no comment to add to the report.

5. Environmental Implications

5.1 No environmental implications have been identified from the contents of the report.

6. Appendices

Appendix A – The Neighbourhood Model in NCL

Appendix B - Camden Neighbourhoods

REPORT ENDS