

<b>LONDON BOROUGH OF CAMDEN</b>	<b>WARDS:</b> All
<b>REPORT TITLE</b> Camden Neighbourhoods Programme	
<b>REPORT OF</b> Executive Director, Adults and Health	
<b>FOR SUBMISSION TO</b> Health and Adult Social Care Scrutiny Committee	<b>DATE</b> 07 January 2024
<p><b>SUMMARY OF REPORT</b></p> <p>The purpose of this report is to present the Health and Adult Social Care (HASC) Scrutiny Committee with an introduction and status update on the Camden Neighbourhoods Programme. The Camden Neighbourhoods Programme is a strategic priority for Camden’s borough partnership and is jointly led by the London Borough of Camden and NHS partners. Camden’s emerging Neighbourhood model is enabling council and NHS services to test new approaches that provide a more seamless experience for people with care and support needs.</p> <p>This report provides an overview of Camden’s partnership 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 presentation details the activity happening in Camden.</p> <p><b>Local Government Act 1972 – Access to Information</b> All articles and documents used in the preparation of this report have been recorded for reference in the footer.</p> <p><b>Contact Officer:</b> Henry Langford Head of Integrated Neighbourhood Teams <a href="mailto:henry.langford@camden.gov.uk">henry.langford@camden.gov.uk</a> 02079743219 5 Pancras Square London N1C 4AG</p>	
<p><b>RECOMMENDATIONS</b></p> <p>That the committee note the report and status update on Camden’s Neighbourhood Programme, including the establishment of Camden’s first Integrated Neighbourhood Team.</p>	

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Signed:

Jess McGregor  
Executive Director, Adults and Health

Date: 19 December 2024

## 1. Purpose of Report

- 1.1. The purpose of this report is to present the Health & Adults Social Care (HASC) Scrutiny Committee with an introduction and status update on the Camden Neighbourhoods programme.
- 1.2. The Camden Neighbourhoods Programme is a strategic priority for Camden's borough partnership<sup>1</sup> and is jointly led by the London Borough of Camden and NHS providers with support from the North Central London Integrated Care Board (NCL ICB)<sup>2</sup>. The programme has been developed in response to ambitions set out in the Camden Health and Wellbeing Strategy<sup>3</sup> and We Make Camden<sup>4</sup>, with responsibility to develop a Neighbourhood (locality) based model of integrated service delivery.
- 1.3. Camden's emerging Neighbourhood model enables Council and NHS 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 model will deliver 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 to explain their story more than once'<sup>5</sup>. It is also closely attuned with national policy change being promoted by government.

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<sup>1</sup> Camden's borough partnership brings together the London Borough of Camden, NHS providers and Voluntary and Community Sector (VCS) 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/>

<sup>2</sup> 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 [here](#) and the NCL ICS [here](#).

<sup>3</sup> 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 [Health decision making in Camden - Camden Council](#)

<sup>4</sup> We Make Camden is Council-led vision for the borough, published in 2022. [We Make Camden](#)

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

- 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. This report provides an overview of 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 presentation deck details 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 Stocktake<sup>6</sup> 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.
  - 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 (or locality) 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.”*

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<sup>6</sup> [NHS England » Next steps for integrating primary care: Fuller stocktake report](#)

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**<sup>7</sup> setting out how to create modern health service to meet the needs of the changing population.

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 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 In Camden, our local partnership has been progressing this policy agenda for a number of years with the Council acting as a lead partner in the development of a new Neighbourhoods model. The work includes closer alignment of community-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 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.

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<sup>7</sup> 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>

- 2.9 The Neighbourhoods policy agenda goes beyond the realm of statutory services and explores one of the biggest factors in addressing health inequalities that is too often overlooked. Local Trust<sup>8</sup>, 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'.*

- 2.10 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 in and around Kentish Town 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 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 – a situation that differs from many other places where neighbourhood working is more NHS-driven. The benefits of local authority participation 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 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 ensures

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<sup>8</sup> For further information about Local Trust, see <https://localtrust.org.uk/insights/research/towards-a-neighbourhood-health-service/>

that programme explores the role partners can play in activation of local communities and support for grassroots activity that promotes health and wellbeing.

- 3.5 Despite that, Integrated Neighbourhood Teams (INTs) remain a central component of Camden's Neighbourhood ambitions and a current focus for the NHS and borough partnership. In Camden, INTs are best understood as 'teams of teams' that bring together practitioners and staff who provide health and care support for adults within a neighbourhood. INTs provide the conditions for staff to deliver coordinated care for adults with a range of support needs, including physical and mental health and social needs. INTs include 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. 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.
- 3.6 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.
- 3.7 Over the past two years, the Neighbourhoods Programme has worked towards establishing Camden's first INT in the East Neighbourhood, in Kentish Town. The complexity of the health system, particularly the landscape of NHS Estates, meant there were a series of delays before the East INT could be initiated. However, this allowed time for local partners to work together to agree five consistent neighbourhood geographies. This enabled multiple statutory services to reorganise onto the five neighbourhoods and align their provision in support of consistent local populations. This is a significant partnership achievement which makes the work of the programme more likely to sustain in the long term.
- 3.8 The East INT went live in September 2024 with community health (CNWL NHS Trust) and social care staff (LB 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, breaking down embedded service silos and dispelling misconceptions between staff groups. There are signs that the new INT environment is already having a positive impact on staff, as well as the residents they support. However, integration of health and care services requires cultural change and is long term and is often challenging to evaluate. Additional information about the evaluation approach and emerging operating model being developed through the East INT are included in Appendix A.

- 3.9 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' (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 A.
- 3.10 The work happening in Kentish Town to develop horizontal relationships between various council and NHS services is responding to complex and systemic challenges through 'test and learn' activity. This means moving away from traditional approaches to change where operational models are developed separately to staff and residents and moving into a more creative and collaborative approach where the needs of people are placed at the centre of everything we do. Our test and learn approach brings different teams together to shape their working environment and design small changes to working conditions which help overcome barriers to joint working. These micro-interventions are tested for a short period of time and then reviewed by those involved. 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.
- 3.11 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.
- 3.12 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.

- 3.13 Beneath the five neighbourhood geographies, Camden also conceive of neighbourhoods as the hyper-local, as self-defined and understood by communities. We recognise our five neighbourhood geographies may not be how residents view their neighbourhood, but this shared geography provides a defined locality for service provision, enabling other organisations – including hospitals for example – to interpret how they can best plug into rich and diverse local neighbourhood offers.
- 3.14 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**

- 3.1 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**

- 4.1 There are no identified legal implications.

### **5. Environmental Implications**

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

### **6. Appendices**

Appendix A – Camden Neighbourhoods slide deck

**REPORT ENDS**