

LONDON BOROUGH OF CAMDEN	WARDS All
REPORT TITLE Public Health in Neighbourhoods	
REPORT OF Director of Public Health	
FOR SUBMISSION TO Health and Wellbeing Board	DATE 11 th March 2026
<p>SUMMARY OF REPORT</p> <p>A neighbourhood-based model of health has been proposed in both the NHS 10 Year Plan and NHS Planning Guidance as a means of addressing the growing demand and pressures on the health system - by moving care closer to communities, improving the experience and accessibility of care, and greater coordination and engagement of services and community partners at a localised level.</p> <p>While further guidance is expected around what a ‘neighbourhood health service’ looks like, it is important to recognise that there is already a wide range of work led by Camden’s Health & Wellbeing Department that supports a prevention and integration agenda across the borough. The principles of neighbourhood working are already embedded in Camden’s Health & Wellbeing Strategy, and Embedding Prevention in Neighbourhoods is a short-term priority for action by the Health and Wellbeing Board. This paper responds to this short-term priority.</p> <p>This paper presents three key action themes led by Health & Wellbeing that are already supporting the neighbourhoods agenda, as well as potential opportunities for further connection. The paper looks beyond health and care integration to consider and raise awareness of the broader range of work that could be promoted and supported by emerging local neighbourhood teams.</p> <p>The paper is split into 4 sections:</p> <ul style="list-style-type: none"> • Understanding population health needs • Prevention training, campaigns and referral pathways • Hyperlocal approaches • Challenges and opportunities <p>Local Government Act 1972 – Access to Information No reports that require listing were used in the preparation of this report.</p> <p>Contact Officer: Wikum Jayatunga Consultant in Public Health</p>	

London Borough of Camden
5 Pancras Square, London N1C 4AG
wikum.jayatunga@camden.gov.uk

RECOMMENDATIONS

The Health and Wellbeing Board is asked to note the report.

Signed:



Kirsten Watters
Director of Health & Wellbeing and Statutory Director of Public Health

Date: 26th February 2026

1. PURPOSE OF REPORT

- 1.1 Neighbourhood approaches are an emerging priority for the health and care system. This paper outlines how public health action can inform and connect to the neighbourhoods agenda, including supporting the development of integrated neighbourhood teams. It raises awareness of existing initiatives, areas of work and assets that could support and be enhanced by emerging neighbourhood approaches. It is worth noting that the focus of this paper is primarily around prevention of ill-health in adults rather than children, since this is the initial system focus for health and care neighbourhood integration.
- 1.2 Camden's Health and Wellbeing Strategy commits to taking a population health approach, which is about improving health outcomes and reducing inequalities for whole groups of people by addressing the full range of factors that influence health, through coordinated, preventative, and data-driven action across the system. Closer neighbourhood working can support adoption of population health approaches at a local level, by enabling neighbourhood networks and teams to act on local data, assets and priorities, while amplifying borough-wide initiatives locally.
- 1.3 Developed by the ICB (Integrated Care Board) and Integrator, a 'four pillars' framework has been used to progress the neighbourhood integration agenda. The pillars are not mutually exclusive and should not be considered as a way to segment the population, but rather provide a framework for structuring activity and partnership-working.

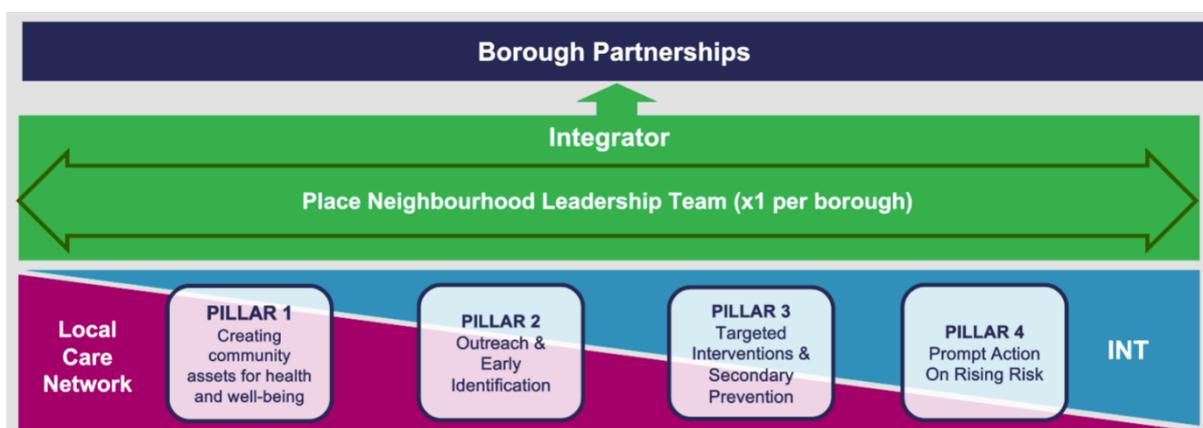


Figure 1. North Central London ICB, Neighbourhood Model

2. UNDERSTANDING POPULATION HEALTH NEEDS

- 2.1 A key aspect of taking a population approach is understanding the needs of groups of people. Camden's new Joint Strategic Needs Assessment (JSNA) Hub¹ which was developed in 2025, presents a repository of population health data, reports and needs assessments that collectively explore the health and wellbeing needs of Camden's population. For example, there are recently

¹ Camden JSNA Hub: <https://jsna.camden.gov.uk/>

published reports on Camden's demography, deprivation, adult mental health needs, and long-term conditions, which can be a useful starting point for system conversations and understanding health needs across the borough.

Neighbourhood level analysis

- 2.2 Camden experiences wide socioeconomic and health inequalities, with areas of affluence and deprivation in relatively close proximity across the borough. Between Camden's most affluent and deprived areas, there is a 11.6 year gap in life expectancy for men and a 5.5 year gap in life expectancy for women (2021-2023). The health inequalities that exist across Camden are often masked by borough-wide averages. For example, smoking prevalence of 14.7% across Camden (according to GP data) hides variation of 17.5% smoking prevalence in East Camden, compared to 11.4% in South Camden. These inequalities are more pronounced when we consider the impact of deprivation, and the greater prevalence of smoking amongst people with certain long term conditions. As explored in our Annual Public Health Report last year² analysing health needs at a more granular level enables a greater understanding of the specific needs and differences that exist within and between Camden's communities.
- 2.3 A Neighbourhoods Data Pack³ was developed using a range of data, capturing for each neighbourhood information about demography, social and economic factors, health behaviours, health outcomes and healthcare utilisation. An 'Area Profiles' section of the JSNA Hub has also been developed and published⁴ presenting, where granular health and demographic information is available for each neighbourhood and ward in Camden.

² Camden Annual Public Health Report 2025:

<https://jsna.camden.gov.uk/reports/aphr-2025/2025%20Camden%20Annual%20Public%20Health%20Report.pdf>

³ Camden Neighbourhoods Data Pack: <https://jsna.camden.gov.uk/data/area-profiles/Camden%20Neighbourhood%20Data%20Pack%2004.08.25.pdf>

⁴ Camden JSNA Hub Area Profiles: <https://jsna.camden.gov.uk/data/area-profiles/>

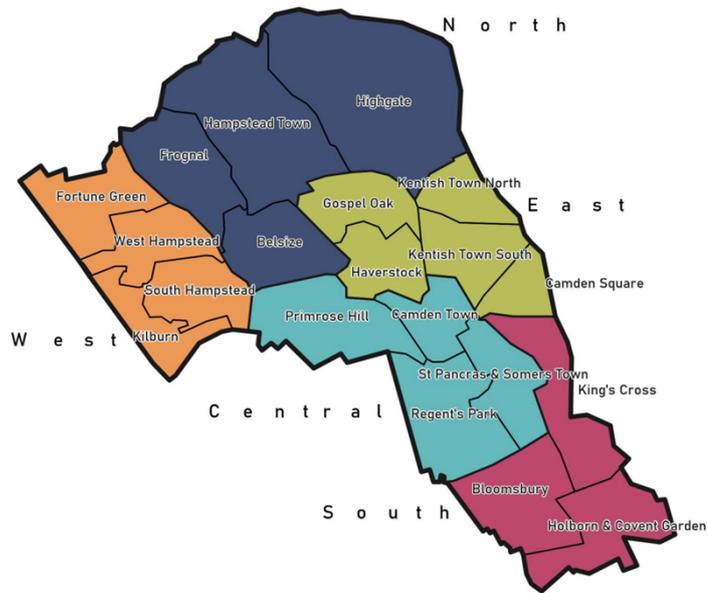


Figure 2. Camden's neighbourhoods by ward

2.4 Key features in each of Camden's five neighbourhoods include:

- **North:** Older population, social isolation, generally more affluent with pockets of higher need (Highgate), high prevalence of long-term conditions.
- **East:** High levels of deprivation and mental illness, health risk factors (smoking, obesity) and high health care utilisation.
- **South:** Higher proportion of young adults 20-30, childhood poverty, overcrowded housing, ethnically diverse, air pollution, homelessness.
- **West:** Higher working age adults 25-45 years, residential, mixed areas of affluence and deprivation (Kilburn), high smoking and obesity prevalence.
- **Central:** High levels of deprivation, ethnic diversity, childhood obesity, homelessness.

2.5 These data packs are currently being used by Neighbourhood Teams in neighbourhood teams meetings and workshops, with feedback received that these have been informative and useful for starting conversations. The Integrator has now developed a toolkit to support this process, ensuring that data and evidence is married with frontline insights to understand and inform focus areas and priorities, for example, people with hoarding behaviour has emerged in the East.

Population Health Management

2.6 Population health management (PHM) is an approach whereby health and care partners aim to make better use of existing routinely collected data from across services, to understand the needs of different groups in the population, and thereby design more proactive and joined up services. For example, 'risk stratification' describes the use of data to proactively identify which patients are most at risk of an adverse event (such as an unplanned hospital admission or fall) and then informing frontline teams that can take proactive steps to prevent that episode.

- 2.7 Having a data platform that links anonymised data across services is a key enabler of PHM approaches. The One London Secure Data Environment (SDE) aims to facilitate this via provision of PHM dashboards and tools, however this has been delayed till later in 2026. In the interim, the Integrator is initially bringing together data colleagues to progress PHM approaches around Pillar 4. Developing PHM interventions for specific services or groups of patients often requires close and iterative working between data analysts and frontline teams, and system-wide tools can provide the data linkage infrastructure for this.

3 TRAINING, CAMPAIGNS & REFERRAL PATHWAYS

Training

- 3.1 Camden Council's Health and Wellbeing department commissions a range of training courses that are free to all staff working in Camden (any professional or volunteer) designed to enable staff to promote ill-health prevention when working with patients and residents.
- 3.2 With the development of multidisciplinary neighbourhood teams, these courses are a valuable opportunity to upskill frontline teams to better understand how they can take action on the upstream influences on health and wellbeing. There are existing planned sessions for training which vary in length from 1-hour online to full day or multi-session courses, and new bespoke sessions can also be arranged for whole teams. Training courses include:
- *Making Every Contact Count (MECC)*: an approach to behaviour change that equips staff to have brief, supportive conversations with residents about issues they're struggling with, including health behaviours like smoking and drinking alcohol and social factors like money worries, debt and housing, including signposting to further support. Online or in-person.
 - *Basics of Motivational Interviewing training*: available for staff that are able to talk to residents for 10-15 minutes about changes they need to make in their behaviour or key decisions.
 - *Mental Health Training*: There is a range of mental health training available delivered by Rethink, including Mental Health Awareness, Mental Health First Aid, and Suicide Prevention Training. Training varies in length and format.
 - *Social Isolation Training*: to help staff recognise signs of social isolation and loneliness, understand its impacts, and have brief supportive conversations, as well as increases knowledge of local support services. Online webinar.
 - *Bereavement Awareness*: Provides the confidence to talk with people who are bereaved in a simple, empathetic way, to help find the right words and provide simple signposting.
 - *Level 1 Stop Smoking Training*: designed for health and social care professionals, or anyone in a public-facing role, to confidently start short, supportive conversations that encourage smokers to consider quitting, with

signposting to stop smoking services. The training is provided by Breathe, our community stop smoking service.

Public Health Campaigns

3.3 Camden has a number of public health campaigns that draw on behavioural insight and effective communication principles. These campaigns help to raise awareness, motivate people to make changes, link them to available local and digital support, and evaluate impact. Campaigns are thoroughly researched to reach different communities, and will usually have capacity to support significant numbers of people. Working through neighbourhoods can help amplify and extend the reach of these campaigns – for example by using local communication channels (e.g WhatsApp and email groups) that reach deeper into communities, featuring campaigns consistently across general practice waiting rooms, and enabling front line workers to effectively promote the campaigns linked to needs they encounter. Current and upcoming campaigns include:

- 'Know What You're Drinking': a campaign about being aware of your drinking patterns, the benefits of cutting down, and simple tips for drinking less alcohol. This campaign informs residents about what units actually mean (a consistent issue), which will in turn help people to review their current drinking levels and consider drinking at less harmful levels. This is the first campaign for Camden's new Alcohol Strategy which is helping to deliver the linked Health & Wellbeing Board priority.
- 'Camden Together': a campaign to reduce loneliness and social isolation , in partnership with Voluntary Action Camden, by encouraging people to meet new people and try new things - through signposting to events, activities, groups, learning and volunteering opportunities that are free or low cost (Camden is the local authority with the highest levels of loneliness in the country).
- Active for Life: A campaign to encourage physical activity in over 60s, highlighting the benefits of being active and signposting to free and low cost activities which will be running from May 2026. The campaign ran successfully in 2024, with 600 residents signing up for a 12 week programme of support.

Improving awareness, uptake and referrals of public health or preventative services

3.4 There are a range of services related to prevention delivered across Camden. Understanding more granular needs at neighbourhood level (see 2.3), could inform concerted action by neighbourhood teams, Primary Care Networks (PCNs) and GP practices and VCS partners to increase the number and quality of referrals in areas where needs are highest. Such services include:

- Smoking cessation services (Breathe)
- Weight management (MoreLife)
- NHS Health Checks

- Community Pharmacy Blood Pressure Checks
- Healthier You NHS Diabetes Prevention Programme
- Drug and Alcohol Services (Change Grow Live)
- Preventative Mental Health services (Mind in Camden, Reach Out Camden)
- Screening and Immunisations
- Sexual Health services

4 HYPERLOCAL APPROACHES

4.1 Most public health interventions and services operate on a borough-wide basis, as they impact at a population level and on broader determinants of health. However, there are some examples of hyperlocal approaches, where delivery is focussed on supporting delivery to people in small geographic areas, such as community venues, places of worship or housing estates. These approaches utilise local knowledge, relationships and assets to deliver support to residents in a specific area. More consideration is needed to explore how INTs can better connect to these existing initiatives.

Example: Health and Wellbeing Bus

4.2 The Health & Wellbeing Bus originated during the COVID-19 pandemic to support vaccine outreach. Since then, the service has morphed into being able to provide a broader range of health and wellbeing checks, information, advice and signposting to services and resources. This includes measuring blood pressure, weight, diabetes risk, seasonal vaccination, and signposting to a wide range of support, regularly in partnership with healthcare teams from Brondesbury GP practice and UCLH.

4.3 An evaluation in 2024 found that bus locations were very well targeted to areas of deprivation in the borough, and that the service was effective in reaching diverse communities, with a higher proportion of service users from Asian, Black and mixed and other ethnic groups. In the last 6 months of 2025, the bus team delivered checks to 283 residents, and for the service with the Brondesbury team, 258 residents were reached in Q1-Q2 2025, of which 62% were from Black, Asian, Mixed and Other ethnic groups and 71% from deprivation quintiles 1 and 2 (40% most deprived areas).

4.4 The bus team have developed strong relationships with a range of local community organisations, with that local knowledge key to informing reach to particular population groups. A good recent example last month is work with Queens Crescent Community Association to bring health checks to local residents after Friday prayers. Neighbourhood teams could help raise awareness of existing events planned locally, as well as collaborating with the bus team to develop and deliver new events in their communities.

Example: Community Champions

4.5 Camden's Community Champions programme is an estates-based resident-led programme, launched in 2020 with projects in Kentish Town, Kilburn and

Regent's Park, and additional projects starting in 2025 in Highgate and King's Cross, so there is one in each of Camden's five neighbourhoods. Each project is overseen by a local VCS organisation which employs a full-time coordinator (Fitzrovia Youth in Action, South Hampstead and Kilburn Community Partnership, NW5 project, King's Cross and Brunswick Neighbourhood Association and Mind in Camden). The coordinator supports residents to become community champions who can then get involved in activities like insight gathering, signposting to health and wellbeing services, undertaking training and designing local events or activities. The Community Champions pilot has been independently evaluated, finding that the programme had been effective at improving health and wellbeing by focusing on residents' improvement priorities and giving residents agency to deliver change.

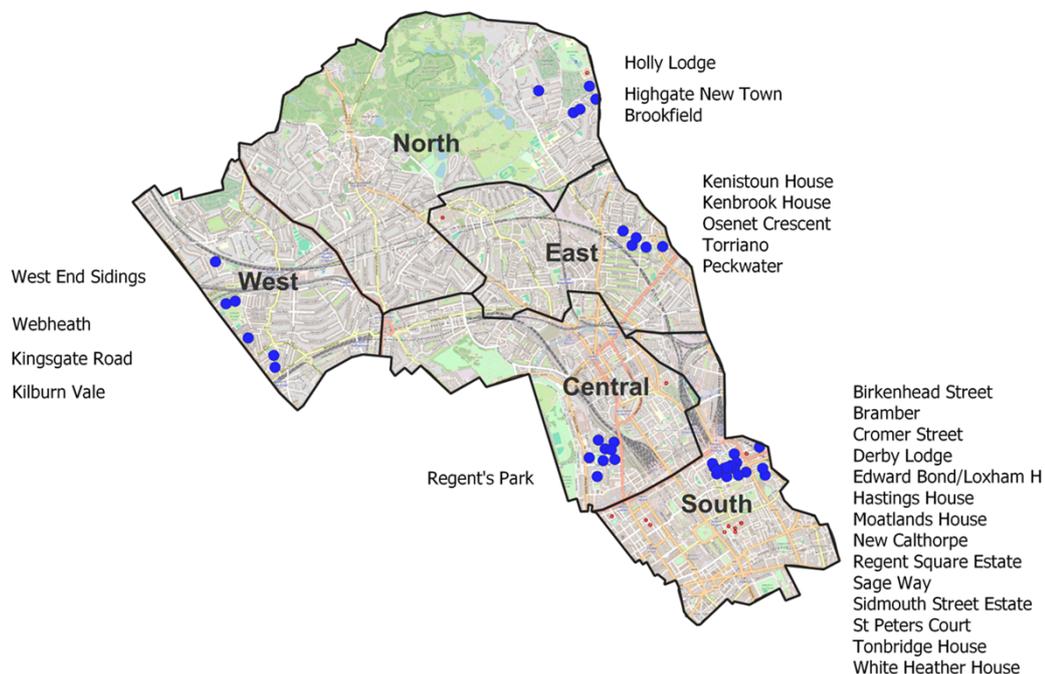


Figure 3. Locations of Community Champions Programme estates

4.6 Community Champions in all five areas hold activities that bring communities together, such as lunch clubs, community fairs, events and healthy walks. Other example projects that have emerged from the Community Champions Programme include Stitch Social in Kilburn - a weekly textile upcycling and creative community project delivered in partnership with local artists, which builds skills, reduce waste, and encourages creativity. Another project is the Regent's Park Estate Story Trail, an arts-based initiative whereby artists have co-designed art installations with residents who contribute stories, memories, and local history - boosting community pride and local identity. Other activities include food co-ops in Regents Park that developed from community kitchens, as a more sustainable action tackling food poverty, and a walking football club in Kilburn that members now fund and run themselves. Since the Community Champions groups are aligned to the neighbourhoods in Camden (Figure 3), they could be an avenue for providing resident voice around neighbourhood

health and wellbeing priorities, for example, by having the coordinator attend wider neighbourhood workshops and meetings.

Example: Smoking Cessation test and learn with VCS

- 4.7 At a borough level, smoking cessation services are delivered by the Breathe service and via a locally commissioned service for GP practices and pharmacies. In addition to this, Health and Wellbeing are piloting a hyperlocal model at four community centres: Chatsworth House, Queen's Crescent Community Association (QCCA), St Pancras Healthy Living Centre and Swiss Cottage Community Centre. Community centre staff have been trained to Level 2 advisor accreditation, and are able to provide nicotine replacement therapy or vapes as a stop smoking aid, or request a prescription for medication from the person's GP. The purpose of the pilot is to test a flexible model close to home with support provided by people who are known and trusted in the community. For example, at QCCA, advisors are part of the Bangladeshi community and male, which has successfully enabled engagement with male smokers in that community.

5 CHALLENGES AND OPPORTUNITIES

- 5.1 **Staff capacity:** While the resourcing of neighbourhood models of health is being established, it is important to recognise the time commitment and capacity of frontline health and care staff and managers for engaging in activities such as neighbourhood meetings, workshops, and training. Learning from the East INT suggests it takes time for relationships to form and embed a culture of relational practice, and this also requires leadership and coordinating capacity to bring people together consistently, to make progress without losing momentum.
- 5.2 **Connecting with VCS more systematically and resident voice:** More work is needed to consider how the voluntary and community sector connects more systematically to neighbourhood level conversations. The council is taking forward work in this space and coordinating with the Integrator and system partners. Early conversations are exploring how to create a small amount of VCSE leadership in each neighbourhood that can connect and contribute to neighbourhood level discussions. Local VCS organisations are also an important means by which local resident voice and priorities could feed through into neighbourhood discussions, for example, via the community champions groups described in 4.5, and via the strategic partners programme Camden has been running which provides long term core funding to community centres, advice services, and carers organisations.
- 5.3 **Data challenges and opportunities:** As described in 2.6, the data systems that would facilitate Population Health Management approaches are still in development. There are ongoing delays to the One London SDE and the development of data products and tools on this platform may be compounded by ICB reorganisation. As described in 2.2 there are clear examples of how more localised data is now supporting neighbourhood level conversations through workshops with frontline practitioners. Sufficient capacity and

protected time will be needed for frontline and analytical staff to continue building the skills and relationships required for effective joint working. In the longer term, plans are underway for expanding the Council's data infrastructure which would enable more consistent, efficient mechanisms for connecting council data with NHS datasets, ensuring wider determinants of health can be linked with clinical data.

- 5.4 **Community Pharmacy** – Community pharmacies are a key part of the health system infrastructure that is highly accessible at a local level. The role of pharmacies has expanded recently through initiatives like Pharmacy First (which improves access to care for common illnesses), and Community Pharmacy Blood Pressure Checks. Across NCL, pilots are also underway relating to prescribing, cholesterol checks, and immunisation. There could be further consideration of how pharmacies are connected to neighbourhood level discussions, such as the signposting to and from pharmacy services, as venues for information, advice, campaigns and health promotion, and improving follow up and continuity between pharmacies and primary care.

6. Finance Comments of the Director of Finance

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

7. Legal Comments of the Borough Solicitor

The Borough Solicitor has been consulted on the contents of this report and has no comment to make at this time.

8. Environmental Implications

There are no environmental implications to the contents of this report.

REPORT ENDS