

LONDON BOROUGH OF CAMDEN	WARDS: All
REPORT TITLE Neighbourhood Health and Care	
REPORT OF Executive Director Adults and Health	
FOR SUBMISSION TO Health and Adult Social Care Scrutiny Committee	DATE 24 March 2026
<p>SUMMARY OF REPORT</p> <p>The purpose of this report is to provide the Health and Adult Social Care (HASC) Scrutiny Committee with an update on the development of Integrated Neighbourhood Teams in Camden.</p> <p>Integrated Neighbourhood Teams are part of the wider Camden Neighbourhoods Programme which is a strategic priority for Camden's borough partnership being driven by Camden's Integrator arrangement in partnership with the London Borough of Camden and NHS partners.</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 National Health Service.</p> <p>Local Government Act 1972 – Access to Information</p> <p>No documents that require listing have been used in the preparation of this report.</p> <p>Contact Officer: Caroline Bialobrzycka Principal Policy & Projects Officer caroline.bialobrzycka@camden.gov.uk 5 Pancras Square London N1C 4AG</p> <p>RECOMMENDATIONS</p> <p>That the committee notes the contents of the report.</p>	



Signed:

Jess McGregor
Executive Director, Adults and Health

Date: 13th March 2026

1. Purpose of Report

1.1. The purpose of this report is to provide the Health and Adult Social Care (HASC) Scrutiny Committee with an update on the development of Integrated Neighbourhood Teams (INT) and covers:

- National context
- Learning from the pilot INT in the East neighbourhood
- Integrator arrangements for Camden and next steps

1.2. INTs describe the ways that the NHS collaborates across primary and secondary care, with community and mental health, and with social care teams and the voluntary and community sector (VCS), to jointly meet the needs of people who are at high and rising risk. INTs aim to reduce emergency hospital admissions and ease pressure on elective waiting lists.

1.3. The development of INTs in each of the borough's neighbourhoods is part of a wider strategic priority for the Council around neighbourhood working which involves closer alignment of community-based health and care services as well as other services, such as housing, and support for children and families. The strategic priority is underpinned by the recognition that the main drivers of health inequalities are the social determinants of health, including housing, education, employment, financial resilience, early years development, and connections within communities.

2. National Context

2.1 The Government's NHS 10 Year Health Plan for England published in July 2025 marks a strategic shift in the health system designed to move care out of hospitals and into local communities by integrating various statutory and non-statutory services.

2.2 The Government's reform of the health and care system identifies three fundamental shifts that need to take place if England is to be 'fit for the future'. The so-called 'shift left' refers to:

- 1) Moving care from hospitals to communities,
- 2) Making better use of technology, moving from analogue to digital
- 3) Focussing on preventing sickness, not just treating it.

These shifts form the centrepiece of the 10 Year Health Plan setting out how to create modern health service to meet the needs of the changing population.

3 Learning from East INT

3.1 Camden's first Integrated Neighbourhood team (INT) launched as a 'test and learn' pilot in the East of the borough in September 2024, with community health (Central and North West London (CNWL) NHS Foundation Trust) and

social care staff (London Borough of (LB) Camden) co-located at Kentish Town Health Centre, sharing a building with the James Wigg GP Practice.

- 3.2 The national policy context was different when the pilot commenced and recent publications including NHS neighbourhood planning guidance, the 10 Year Plan and the London Target Operating Model did not exist. Place-based partnerships were encouraged to act with discretion and creativity, targeting areas of mutually agreed opportunity.
- 3.3 Collaboration across teams and services, and with community partners in the East Neighbourhood has been wide ranging throughout the test period. The initial focus of the pilot was to develop common working practices, build relationships and a shared culture across health and social care. As relationships developed, a range of other teams became involved, such as primary care colleagues, Focus CareLink (homecare and reablement), Reach Out Camden (VCS mental health), Change Grow Live (drug and alcohol support). The work also reached across to council housing services, Family Hubs and VCS organisations co-ordinated through Kentish Town Connects. New ways of working have become embedded in staff routines and include:
 - Working Together Sessions, facilitate reflective practice sessions
 - East INT Duty Desk
 - Hoarding Community of Practice
 - Housing Clinic, for a range of practitioners to get support to deal with cases involving housing
 - Launchpad, a new initiative led by local VCSE sector mental health cohorts of recently discharged secondary mental health patients into the community, hosted at Kentish Town Health Centre.
- 3.4 Evaluation was completed at the end of 2025 marking the end of the pilot phase for the East INT and the start of Camden's journey to adopting an approach to INTs across the borough that builds on the learning from the East which continues to operate as an INT at Kentish Town Health Centre.
- 3.5 According to the evaluation, strengths of the model include:
 - Co-location and new ways of working strengthened relationships, boosting frontline resilience. The impact on clinicians and practitioners of having better relationships means their work is more effective and efficient.
 - Emerging benefits for patients with clear ripple effects improving care quality within existing service models.
 - The design-led approach enabled leaders to build momentum and participation across teams and increasingly connect with local partners.
 - Staff able to establish their own innovations: some staff modelled different and more preventative ways of working, delivering interventions for large groups of residents in collaboration with the voluntary sector.

3.6 Limitations of the model identified by the evaluation include:

- Lack of clinical leadership with the result that work has not yet progressed into joint action around integrated clinical pathways for defined cohorts of residents.
- New ways of working remain fragile and depend on staff goodwill and external facilitation without clear managerial and professional steers.
- Lack of mandate and resources for leaders; estate and digital barriers restricted the benefits of co-location, e.g., no data sharing, no unified care record; organisational boundaries and workload pressures constrained efforts.

3.7 Recommendations from the evaluation include:

- Set a clear vision that translates into tangible objectives: staff need clarity about how being in the INT should change everyday practice.
- Balance “soft” and “hard” approaches: relationship-building, trust and culture change are all vital, but must be matched by structures, processes and resources.
- Resource and embed leadership: visible, boundary-spanning leaders with cross-organisational mandates are needed to sustain momentum.
- Institutional commitment: policy, funding and workforce capacity must be aligned with INT goals.
- Shared governance: genuine cross-agency accountability and shared risk frameworks are required to move beyond business as usual.
- Evaluate culture as well as outcomes: evaluation should capture cultural and relational outcomes alongside service indicators.

3.8 Integrated Neighbourhood Teams (INTs) remain a central component of Camden’s Neighbourhood ambitions and focus for the NHS and borough partnership. New Integrator arrangements provide the opportunity to take forward recommendations from the evaluation of the pilot and embed them across the borough.

4. Integrator arrangement at Camden and next steps

4.1 In May 2025, the NHS London region published a Target Operating Model (TOM) for neighbourhoods, which identified the need for an “enabling organisation”, the Integrator, to be responsible for supporting and scaling integrated neighbourhood health services. They are not replacements for existing borough partnerships. Instead, integrators will host the infrastructure, data insights, and delivery mechanisms to enable neighbourhood working at scale, in line with the London Target Operating Model for Neighbourhoods.

- 4.2 The Integrator for Camden is made up of two Camden GP Federations (Camden Health Partners (CHP) and Camden Health Evolution (CHE)) and UCLH Foundation Trust. They were confirmed by North Central London Integrated Care Board (NCL ICB) in September 2025 for an 18 month period. The role of the Integrator plays a vital role in achieving the national objective of shifting care from acute to community settings, with an emphasis on prevention. Work is focused on building the infrastructure, governance and operational capacity required to support neighbourhood development.
- 4.3 The Integrator has provided resources and is drawing on existing strengths in Camden to improve collaboration between partners, support existing neighbourhood networks and the formation of Integrated Neighbourhood Teams.
- 4.4 Early progress has included establishing joint leadership structures, mobilising programme capacity, supporting neighbourhood groups and developing a shared programme plan and priorities. The Integrator will continue to work with borough partners to improve outcomes and experiences for Camden residents, users of services and workforce as it progresses the delivery of neighbourhoods.
- 4.5 Over the last couple of months, representatives from across community health, adult social care, primary care and public health have been meeting in each neighbourhood to build relationships and begin to develop INTs. Over the next three to four months, each neighbourhood team will choose a local priority to focus on, expected outputs and benefits for residents, risks and issues, timelines and evaluation. Proposals will be presented to the Neighbourhood Programme board, which in turn reports to the borough partnership at the Camden Integrated Care Executive (CICE). The aim is to identify what additional resources are needed to develop or test interventions over the following 6 to 8 months to deliver these.
- 4.6 The Integrator is providing support through governance arrangements to enable decision making, programme and risk management and the coordination of wider system support such as analytics, Population Health Management tools and capability.
- 4.7 In addition to the neighbourhood level, there is also a focus for the borough covering:
- Mapping existing ways of working and services to building on such as 'hospital at home' where people are cared for by a multidisciplinary team who can provide a range of tests and treatments, as well as urgent community responses (UCR) and Anticipatory Care
 - Identifying people who are at high and rising risk that INTs would support.
- 4.8 Outcomes for the year ahead are currently being developed for agreement by the Camden Integrated Care Executive (CICE). Examples include reduction in avoidable acute admissions and improved wellbeing among adults with complex needs.

4.9 Links with developing INTs and wider work happening at the Council that will be a focus over the next year includes further developing the infrastructure for neighbourhood working such as estates and digital, as well as strengthening links with the Council's work to enable the VCS organisations and Family Hubs to be at the heart of early intervention and prevention.

5. Comments of the Director of Finance

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

6. Legal Comments of the Borough Solicitor

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

7. Environmental Implications

7.1 No environmental implications

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