The London Borough of Camden: Health Needs, Inequalities and ICS Priorities

The Centre for Population Health January 2026

JSNA Summary

This summary provides an integrated overview of Camden's population, health needs and inequalities.
It supports evidence-based planning across health, social care and community partners in the borough.
Created by the Centre for Population Health using best available public data and JSNA sources.
Aims to build shared understanding of local needs for ICS and borough-wide strategic planning.
Highlights good practice examples to inform population health and equity improvement discussions.
Should be supplemented with local insights and latest datasets for accurate decision-making.
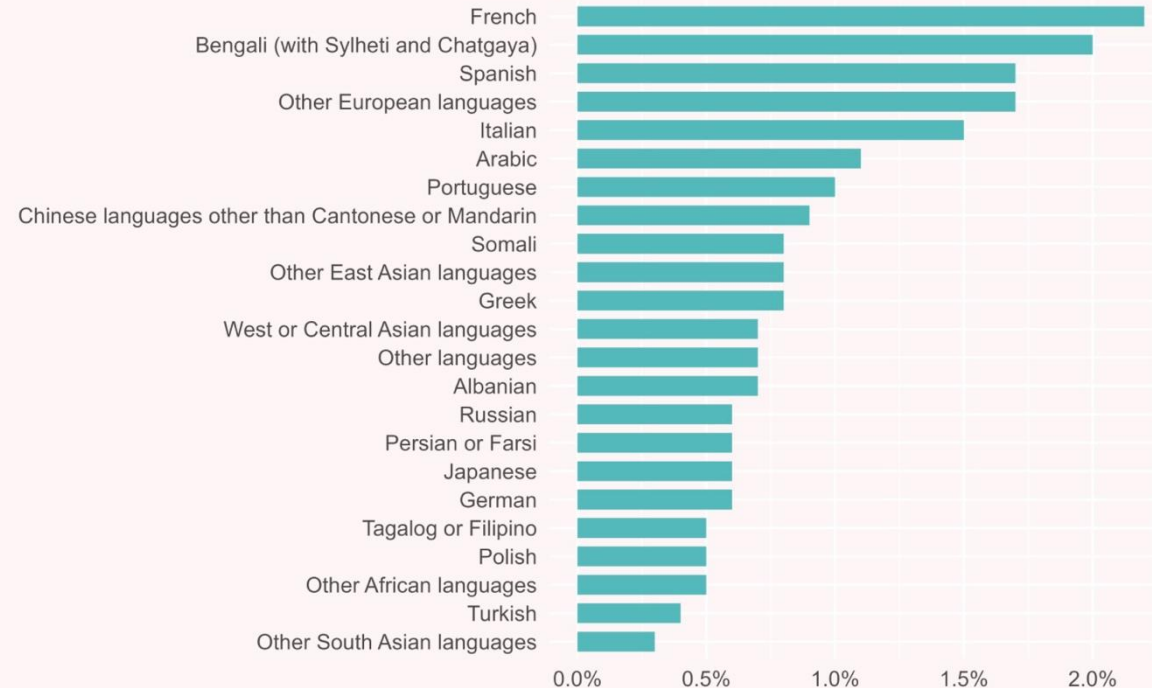
Borough Overview

- Camden covers 21.8 square kilometres yet houses over 218,000 residents, making it extremely densely populated.
- The borough ranks ninth most densely populated in London, reflecting its highly urbanised and mixed environment.
- Camden contains affluent neighbourhoods alongside deeply deprived estates, creating pronounced internal inequalities.
- One in five children lives in poverty before housing costs, rising to two in five after housing costs.
- Nearly 40 percent of households with dependent children experience overcrowding, significantly affecting health outcomes.
- Camden hosts major cultural institutions and eleven universities, shaping its diverse and transient population profile.
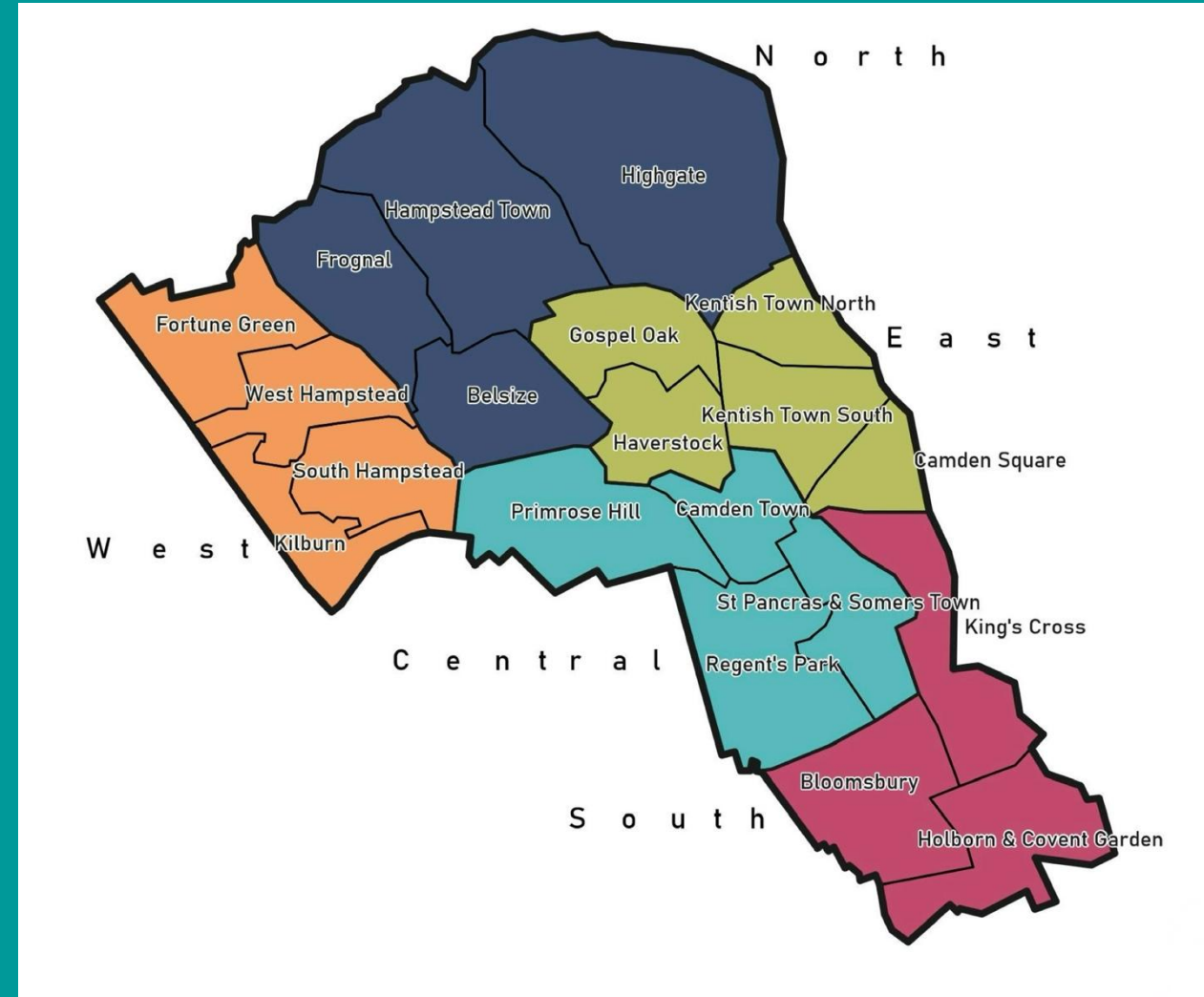
Population Characteristics

- Camden's population was approximately 219,900 in 2025, with high turnover driven by migration and mobility.
- The borough has a young age profile, with 41 percent of residents aged under thirty years.
- Around 55 percent of residents were born outside the UK, reflecting Camden's strong international character.
- Twenty-one percent of residents speak a primary language other than English, requiring culturally competent services.
- Household structures vary widely, with 39 percent of households consisting of single adults living alone.
- Overcrowding affects nearly two-fifths of households with children, particularly within deprived and minority communities.

Most common main languages other than English

French
Bengali (with Sylheti and Chatgaya)
Spanish
Other European languages
Italian
Arabic
Portuguese
Chinese languages other than Cantonese or Mandarin
Somali
Other East Asian languages
Greek
West or Central Asian languages
Other languages
Albanian
Russian
Persian or Farsi
Japanese
German
Tagalog or Filipino
Polish
Other African languages
Turkish
Other South Asian languages

0.0%   0.5%   1.0%   1.5%   2.0%

Source: ONS, Census 2021 Note: any languages <0.5% were grouped into 'other' categories

# Key Health Inequalities: Socio-Economic & Geographic

- Life expectancy varies sharply, with gaps of seven to eight years between richest and poorest neighbourhoods.
- Premature mortality is significantly higher in deprived wards, particularly from circulatory, cancer and respiratory diseases.
- Childhood obesity rates in Year Six are twice as high in deprived schools compared with affluent areas.
- Overcrowding and child poverty drive respiratory illness, developmental delays and poorer educational outcomes.
- Rough sleeping increased to 903 individuals in 2023–24, contributing to severe health vulnerabilities and early mortality.
- Smoking, poor diet and physical inactivity remain concentrated in deprived estates, reinforcing long-term health inequalities.

Life expectancy at birth by deprivation decile in Camden, 2018-20
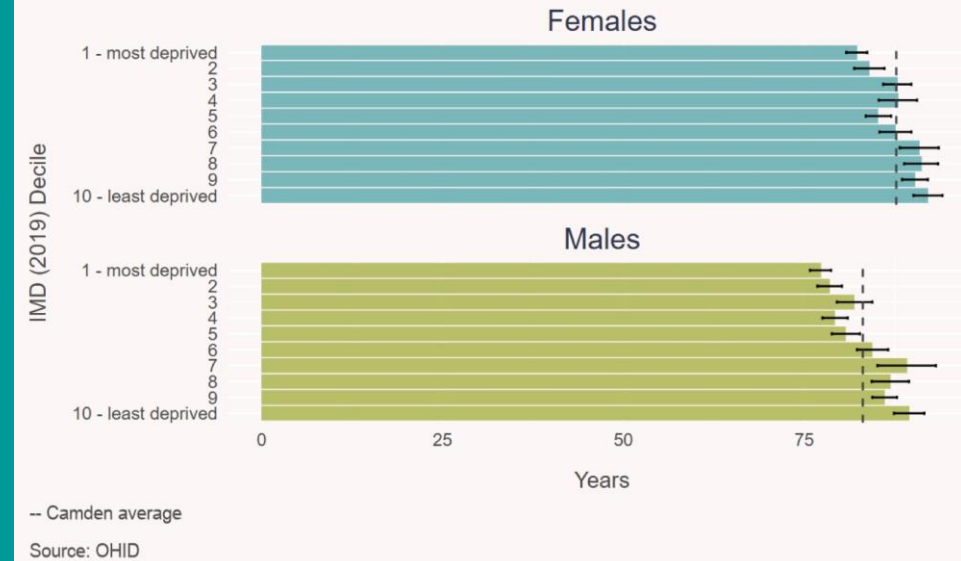
-- Camden average

Source: OHID

Children aged under 16 years in low income families

The proportion of children living in low income families has been increasing in recent years
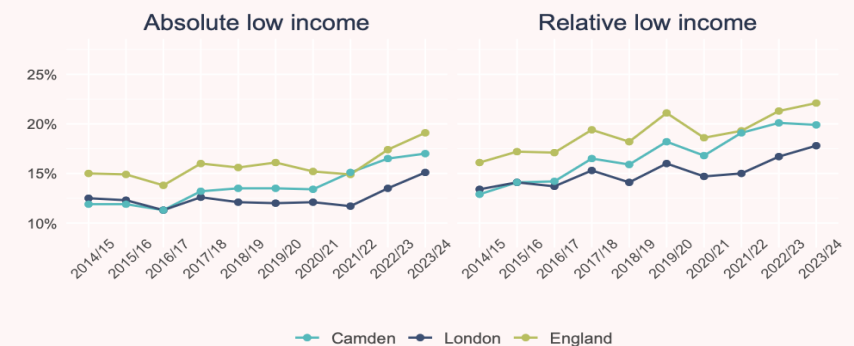
Source: OHID

Key Health Inequalities: Ethnic and Cultural

- Black and "Other" ethnic groups report higher levels of poor health and disability than White British residents.
- Bangladeshi communities experience higher rates of diabetes and cardiovascular disease at younger ages than others.
- Black African and Caribbean residents face elevated hypertension and stroke risks, requiring targeted prevention efforts.
- Mental health inequalities persist, with Black residents more likely to access services through crisis pathways.
- Screening and immunisation uptake is lower among some minority groups due to cultural, linguistic and access barriers.
- COVID-19 disproportionately affected Black and Asian communities, highlighting structural and occupational vulnerabilities.

Key Health Inequalities: Gender and Sex

- Women in Camden live longer than men but spend more years experiencing long-term illness and disability.
- Men have significantly higher alcohol-related mortality, often linked to liver disease and late presentation.
- Women show higher diagnosed rates of anxiety and depression, while men under-utilise early mental health support.
- Men experience earlier onset of heart disease and stroke, contributing to higher premature mortality rates.
- Women face higher musculoskeletal conditions and caring responsibilities, affecting physical and emotional wellbeing.
- Screening uptake varies, with lower breast screening coverage requiring targeted engagement for improved participation.
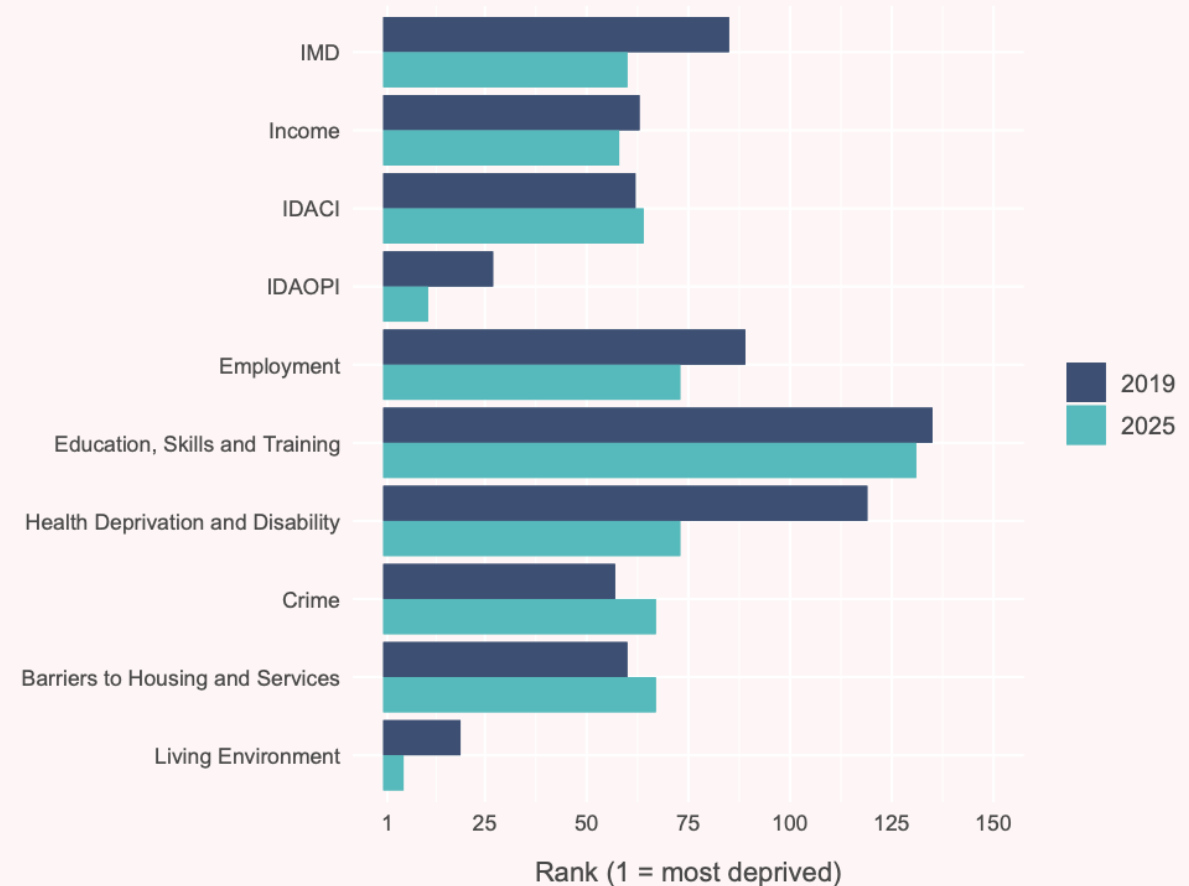
Key Health Inequalities: Age-Related & Intersectional

- Children in deprived families face higher risks of respiratory illness, dental decay and developmental delays.
- One in eight young people experiences mental health conditions, with rising anxiety and self-harm concerns.
- Older adults experience high multimorbidity, with half having at least one long-term condition requiring support.
- Thirty-six percent of older residents experience income deprivation, affecting nutrition, heating and social participation.
- Social isolation is widespread among older adults, particularly women living alone in northern Camden wards.
- People with disabilities, LGBTQ+ residents and homeless individuals face compounded barriers to accessing healthcare.

Deprivation in Camden: IMD Overview

- Camden ranks 60th most deprived local authority nationally, placing it within England's second deprivation quintile.
- Over half of Camden's neighbourhoods became more deprived between IMD 2019 and IMD 2025 assessments.
- Twenty-one percent of Camden's LSOAs fall within England's most deprived quintile, affecting around 46,000 residents.
- Four neighbourhoods now fall within the most deprived ten percent nationally, indicating deepening local inequalities.
- Deprivation clusters in St Pancras, Somers Town, Kilburn and Camden Town, contrasting sharply with affluent northwest areas.

Camden rank by domain of deprivation

2019
2025

IMD
Income
IDACI
IDAOPI
Employment
Education, Skills and Training
Health Deprivation and Disability
Crime
Barriers to Housing and Services
Living Environment

Rank (1 = most deprived)

Source: MHCLG

Deprivation in Camden: Detailed Insights

- Income deprivation affects 26.6 percent of residents, with child poverty reaching 42.8 percent across the borough.
- Older adult deprivation is severe, with Camden ranking eleventh worst nationally for pensioner income deprivation.
- Housing pressures include overcrowding, high rents and temporary accommodation, driving stress and health impacts.
- Employment deprivation affects 13.6 percent of working-age residents, concentrated in central and southern wards.
- Health deprivation places Camden seventy-third nationally, reflecting illness burden and premature mortality patterns.
- Living environment deprivation remains high due to air pollution, housing quality issues and limited green access.
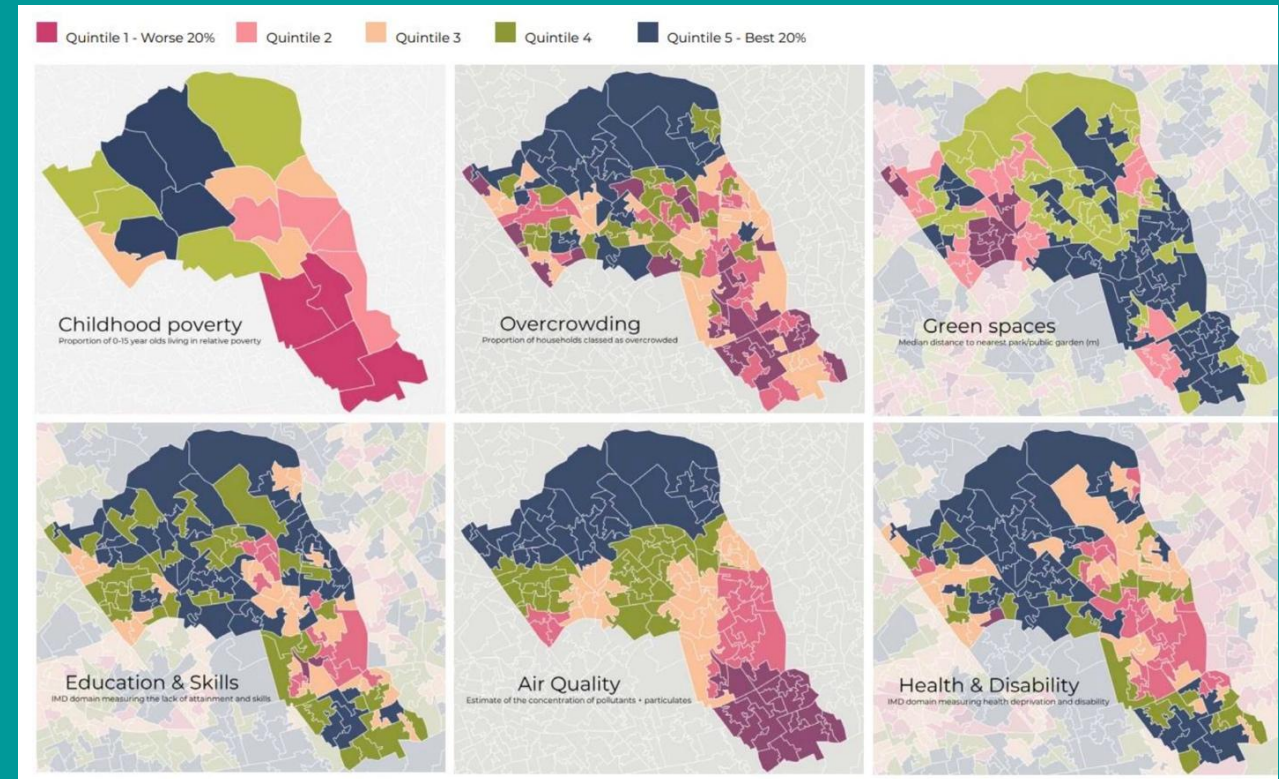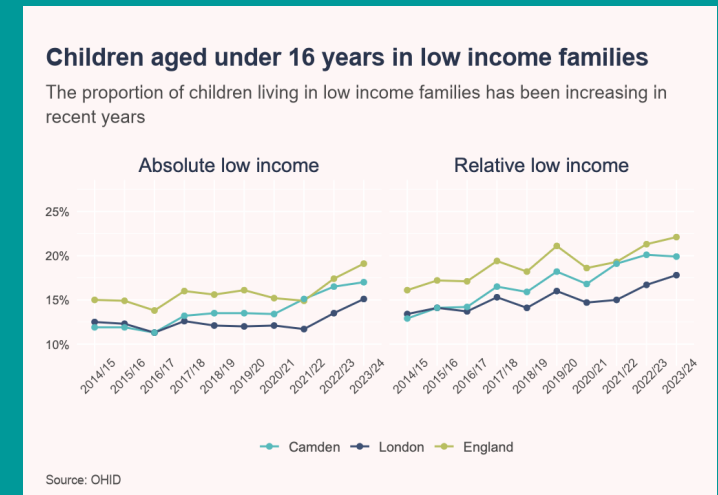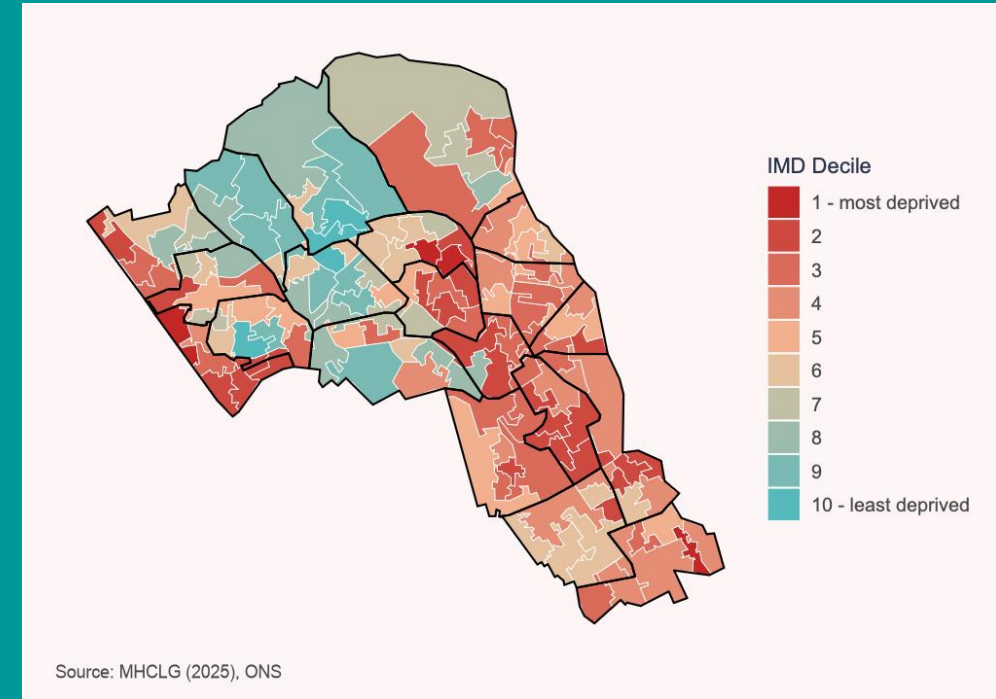

Source: Camden Annual Public Health Report 2025

Ten ICS Priorities for Camden

- Tackling Poverty and Deprivation to address fundamental social determinants driving Camden's persistent health inequalities.
- Giving Every Child the Best Start in Life through strengthened early years and child health interventions.
- Mental Health and Wellbeing for All, ensuring equitable access and reducing crisis-driven service engagement.
- Healthy Lifestyles and Chronic Disease Prevention targeting obesity, smoking, inactivity and diet-related conditions.
- Preventing and Managing Long-Term Conditions including diabetes, cardiovascular disease and early cancer detection.
- Healthy Ageing and Support for Older People addressing multimorbidity, isolation and income-related vulnerabilities.
- Housing, Environment and Health focusing on overcrowding, poor housing quality and harmful air pollution exposures.
- Integrated and Accessible Care ensuring coordinated, person-centred services across primary, community and hospital settings.
- Community Engagement and Empowerment strengthening resident involvement and community-led health improvement initiatives.
- Aligning with Regional and National Priorities to ensure Camden contributes effectively to wider system goals.
- Building System Resilience through improved preparedness, workforce capacity and sustainable multi-agency collaboration.
- These priorities collectively address Camden's inequalities, demographic pressures and long-term population health challenges.

Priority 1: Tackling Poverty & Deprivation Matters

- Forty percent of Camden's children live in poverty after housing costs, significantly impacting lifelong health outcomes.
- Overcrowding affects nearly two-fifths of households with children, increasing respiratory illness and developmental challenges.
- Income deprivation affects 26.6 percent of residents, limiting access to nutritious food, heating and essential services.
- Older adult deprivation is severe, with 36.7 percent of residents aged sixty plus experiencing income hardship.
- Rising homelessness, including 903 rough sleepers in 2023–24, drives extreme health vulnerabilities and early mortality.
- Deprivation underpins Camden's seven-to-eight-year life expectancy gap between wealthiest and poorest neighbourhoods.

IMD Decile
- 1 - most deprived
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 - least deprived

Source: MHCLG (2025), ONS

Children aged under 16 years in low income families

The proportion of children living in low income families has been increasing in recent years

Absolute low income   Relative low income

Camden   London   England

Source: OHID

Priority 1: Actions to Address Poverty & Deprivation

- Embed welfare advice and income maximisation services within GP practices and community health settings borough-wide.
- Deliver multi-agency "Health on Estates" outreach programmes targeting deprived estates with integrated support offers.
- Strengthen employment and skills pathways through social prescribing links to Good Work Camden and adult learning.
- Advocate for improved housing quality, expanded affordable housing and strengthened Housing First homelessness support.
- Coordinate winter fuel, nutrition and warm-hub initiatives to protect vulnerable households from seasonal health risks.
- Monitor deprivation-related indicators annually to assess progress and refine targeted interventions across neighbourhoods.

Priority 2: Why Giving Every Child the Best Start Matters

- Early childhood experiences strongly shape lifelong physical, cognitive and emotional health trajectories across the population.
- Thirty percent of Camden's under-fives live in poverty, increasing risks of illness, developmental delay and poor nutrition.
- Overcrowded housing contributes to respiratory infections, sleep disruption and reduced learning opportunities for children.
- School readiness gaps persist, with lower Good Level of Development rates among children receiving free school meals.
- Childhood obesity affects one in five Reception children and two in five Year Six pupils in Camden.
- Rising youth mental health concerns require earlier identification and stronger support across schools and community settings.

Priority 2: Actions to Strengthen Early Years and Child Health

- Expand First 1001 Days integrated support, ensuring enhanced home visiting and coordinated maternity-to-early-years pathways.
- Strengthen parenting programmes, peer mentoring and culturally tailored support delivered through children's centres borough-wide.
- Improve breastfeeding continuation through increased lactation support, baby-friendly practices and targeted outreach.
- Increase Healthy Start uptake and promote nutritious diets through early years settings and community-based initiatives.
- Enhance developmental screening, SEND identification and reduce waiting times for paediatric and neurodevelopmental assessments.
- Expand youth mental health hubs, school counselling and social prescribing to support emotional wellbeing and resilience.

Priority 3: Why Mental Health and Wellbeing for All Matters

- One in five adults experiences common mental disorders, with higher prevalence among low-income communities.
- Camden has London's third-highest severe mental illness prevalence, significantly reducing life expectancy for affected residents.
- Black residents are more likely to access mental health care through crisis pathways, reflecting systemic inequalities.
- COVID-19 increased anxiety, depression and loneliness, particularly among vulnerable groups and socially isolated residents.
- Co-existing mental and physical conditions increase hospital admissions and complicate management of long-term illnesses.
- Loneliness remains widespread, especially among older adults and those living alone in deprived neighbourhoods.

Priority 3: Actions to Improve Mental Health and Wellbeing

- Embed multidisciplinary mental health teams within Primary Care Networks to strengthen community-based ongoing support.
- Expand psychological therapy capacity and deliver culturally adapted services for underserved ethnic and gender groups.
- Strengthen social prescribing pathways addressing loneliness, mild depression and community connection across all age groups.
- Establish a Camden BAME Mental Health Steering Group to co-produce anti-stigma and engagement initiatives.
- Enhance crisis care through 24/7 crisis lines, safe havens and strengthened home treatment team capacity.
- Expand school-based mental health teams and youth emotional wellbeing hubs to support early intervention for young people.

Priority 4: Why Healthy Lifestyles and Prevention Matter

- Over half of Camden adults are overweight or obese, increasing risks of diabetes and cardiovascular disease.
- Childhood obesity remains high, with two in five Year Six pupils affected, particularly in deprived communities.
- Twenty-eight percent of adults are physically inactive, contributing to chronic disease and poorer mental wellbeing.
- Smoking prevalence is thirteen percent overall but significantly higher among residents with severe mental illness.
- Diet-related conditions disproportionately affect South Asian and Black communities, reinforcing health inequalities.
- Preventive action reduces long-term healthcare demand and improves quality of life across Camden's diverse population.

Priority 4: Actions to Promote Healthy Lifestyles and Prevention

- Expand weight-management programmes for children, families and adults, prioritising deprived and high-risk communities.
- Increase access to affordable physical activity through parks, leisure centres, active travel routes and community programmes.
- Strengthen smoking cessation services, including targeted support for residents with severe mental illness or deprivation.
- Promote healthier food environments through planning policies, school programmes and community-based nutrition initiatives.
- Enhance diabetes and cardiovascular disease prevention through culturally tailored outreach and risk-factor screening.
- Integrate lifestyle advice into all health contacts, ensuring consistent prevention messaging across Camden's services.

Priority 5: Why Preventing and Managing Long-Term Conditions Matters

- Long-term conditions drive most premature mortality in Camden, particularly cardiovascular disease, cancer and diabetes.
- Diabetes prevalence is around five percent, with higher rates among Bangladeshi, South Asian and Black communities.
- Cardiovascular disease contributes significantly to Camden's life expectancy gap between richest and poorest residents.
- Many long-term conditions develop earlier in deprived communities, increasing lifetime illness burden and healthcare use.
- Co-existing mental health conditions complicate management, increasing hospital admissions and reducing treatment adherence.
- Early detection and proactive management reduce complications, improve quality of life and lower system-wide pressures.

Priority 5: Actions to Improve Long-Term Condition Prevention and Management

- Expand culturally tailored diabetes prevention programmes targeting high-risk communities with early lifestyle interventions.
- Strengthen cardiovascular risk screening in primary care, prioritising deprived neighbourhoods and under-represented groups.
- Improve cancer screening uptake through targeted outreach addressing cultural, linguistic and access-related barriers.
- Integrate physical and mental health support for people with long-term conditions to improve treatment adherence.
- Increase community-based self-management support, including peer groups and structured education for chronic conditions.
- Use population health tools to identify high-risk cohorts and coordinate proactive, personalised care interventions.

Priority 6: Why Healthy Ageing and Support for Older People Matters

- Camden's older population is growing, with increasing multimorbidity and complex long-term health and social needs.
- Thirty-six percent of older residents experience income deprivation, affecting nutrition, heating and daily living stability.
- Many older adults live alone, particularly women aged seventy-five plus, increasing risks of loneliness and poor wellbeing.
- Frailty, dementia and chronic conditions require coordinated, proactive care to prevent avoidable hospital admissions.
- Social isolation significantly increases risks of depression, cognitive decline and reduced physical functioning in later life.
- Older adults face digital exclusion, limiting access to online health information, appointments and essential services.

Priority 6: Actions to Support Healthy Ageing and Older People

- Expand community outreach and befriending programmes to reduce loneliness and strengthen social connections for older adults.
- Improve access to falls prevention, strength-building activities and home adaptations supporting safe independent living.
- Strengthen dementia pathways, including early diagnosis, memory services and carer support across all neighbourhoods.
- Enhance income maximisation support for older residents experiencing fuel poverty, debt or financial insecurity.
- Increase proactive primary care reviews for older adults with multimorbidity to prevent deterioration and crises.
- Improve digital inclusion support, ensuring older people can access online services, information and social opportunities.

Priority 7: Why Housing, Environment and Health Matters

- Overcrowding affects nearly forty percent of households with children, increasing illness, stress and developmental challenges.
- Poor housing quality, including damp and mould, contributes to respiratory conditions and repeated childhood infections.
- Camden experiences high housing costs and limited affordable options, increasing instability and temporary accommodation use.
- Air pollution is higher near major roads, contributing to asthma, cardiovascular disease and health inequalities.
- Homelessness remains a major issue, with 903 rough sleepers recorded in 2023–24 requiring intensive health support.
- Environmental inequalities disproportionately affect deprived communities, reinforcing long-term health disparities across Camden.

Priority 7: Actions to Improve Housing, Environment and Health

- Strengthen joint working with housing services to address damp, overcrowding and urgent repairs affecting vulnerable families.
- Expand Housing First and supported accommodation pathways for people experiencing homelessness and complex health needs.
- Promote active travel, clean air initiatives and School Superzones to reduce pollution exposure for children and families.
- Use planning and licensing powers to shape healthier environments, limiting harmful outlets and promoting green spaces.
- Increase fuel poverty support, ensuring vulnerable households can heat homes safely during winter months.
- Embed health input into regeneration projects to ensure new developments promote wellbeing and reduce inequalities.

Priority 8: Why Integrated and Accessible Care Matters

- High population mobility and diversity require coordinated services ensuring continuity of care across multiple settings.
- Fragmented pathways contribute to missed follow-up, delayed diagnosis and poorer outcomes for long-term conditions.
- Many residents face barriers to accessing care, including language, digital exclusion and complex service structures.
- Integrated care improves patient experience, reduces duplication and supports proactive management of chronic conditions.
- Camden's deprived communities benefit most from seamless, neighbourhood-based models linking health and social care.
- Strengthened integration supports earlier intervention, reduced hospital admissions and improved system efficiency overall.

Priority 8: Actions to Deliver Integrated and Accessible Care

- Expand neighbourhood-based integrated care teams linking GPs, community services, social care and voluntary partners.

- Improve interpretation, translation and culturally competent communication to support equitable access for diverse communities.

- Strengthen digital and non-digital access routes, ensuring services remain inclusive for digitally excluded residents.

- Develop shared care plans for people with complex needs, enabling coordinated support across multiple providers.

- Increase community outreach clinics in high-need estates to reduce barriers and improve early engagement.

- Use population health data to identify gaps, target resources and monitor improvements in care accessibility.

Priority 9: Why Community Engagement and Empowerment Matters

- Community-led approaches build trust, improve service uptake and ensure interventions reflect lived experiences.
- Camden's diverse communities require tailored engagement to address cultural, linguistic and socioeconomic differences.
- Strong community partnerships enhance resilience, social cohesion and collective action on local health priorities.
- Engagement reduces inequalities by ensuring marginalised groups influence decisions affecting their health and wellbeing.
- Community insight strengthens service design, improving relevance, effectiveness and long-term sustainability.
- Empowered communities contribute to prevention, early intervention and shared responsibility for population health.

Priority 9: Actions to Strengthen Community Engagement and Empowerment

- Expand co-production with residents, ensuring services and interventions reflect community priorities and lived experiences.
- Strengthen partnerships with faith groups, cultural organisations and grassroots networks across Camden's neighbourhoods.
- Support community-led health initiatives through funding, training and capacity-building for local volunteers and leaders.
- Increase use of participatory approaches, including neighbourhood assemblies and resident-led decision-making forums.
- Improve communication through multilingual materials, community champions and targeted outreach in high-need areas.
- Embed community insight into commissioning, evaluation and continuous improvement across all ICS programmes.

Priority 10: Why Aligning with Regional and National Priorities Matters

- Camden operates within the North Central London ICS, requiring alignment with shared regional health objectives.
- National NHS priorities emphasise prevention, early diagnosis and reducing inequalities, all central to Camden's challenges.
- Coordinated planning ensures Camden benefits from regional investment, workforce planning and system-wide transformation.
- Alignment strengthens resilience by ensuring preparedness for emergencies, pandemics and future system pressures.
- Shared priorities enable consistent standards across boroughs, improving equity and access for mobile populations.
- Camden's diverse needs require integration with national strategies to secure sustainable long-term improvements

Priority 10: Actions to Strengthen Alignment and System Resilience

- Embed Camden's priorities within NCL ICS planning cycles to ensure coordinated investment and shared accountability.
- Strengthen emergency preparedness through joint exercises, surge planning and multi-agency resilience partnerships.
- Align prevention programmes with national frameworks, ensuring Camden benefits from evidence-based interventions.
- Participate actively in regional workforce planning to address shortages and support sustainable service delivery.
- Use shared data platforms to monitor performance, track inequalities and coordinate cross-borough interventions.
- Ensure Camden contributes to national pilots, innovation programmes and research initiatives improving population health.

Best Practice Examples: Overview of Five Selected Initiatives

- Camden's First 1001 Days – Integrated Early Years Programme supporting families from pregnancy to age two.
- Health in All Policies – Using planning and licensing powers to shape healthier local environments.
- Parks for Health – Camden and Islington's joint initiative promoting wellbeing through enhanced green space access.
- Camden Neighbourhood Assembly – Community-led co-design model shaping local health and wellbeing priorities.
- Ageing Better Camden – Large-scale programme reducing loneliness and isolation among older residents borough-wide.
- These initiatives demonstrate innovation, partnership and measurable impact across Camden's public health priorities.

Best Practice 1: First 1001 Days – Description

- Integrated early years programme supporting parents and infants from conception to age two across Camden.
- Brings together midwives, health visitors, GPs and children's centres through coordinated multidisciplinary hubs.
- Provides antenatal classes, home visits, breastfeeding support and early parenting workshops tailored to family needs.
- Proactively identifies vulnerable families early, offering enhanced support for young parents and low-income households.
- Ensures seamless transitions between maternity, postnatal and early years services through shared care pathways.
- Embeds culturally sensitive peer support, including mentor mums offering guidance and emotional reassurance.

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Best Practice 1: First 1001 Days – Why Best Practice

- Provides holistic, family-centred support addressing health, parenting and social needs simultaneously and proactively.
- Integrates services across sectors, reducing duplication and improving continuity for families with complex needs.
- Targets inequalities by engaging vulnerable families early, improving access and reducing developmental disparities.
- Builds trust through continuity of care, enabling earlier identification of maternal mental health concerns.
- Uses evidence-based approaches including Baby-Friendly breastfeeding standards and Five to Thrive bonding principles.
- Demonstrates strong multi-agency leadership, pooled funding and long-term commitment to early years prevention.

Best Practice 1: First 1001 Days – Lessons for Intervention Planning

- Early investment yields long-term benefits, reducing later demand on education, health and social care services.
- Integration requires strong coordination, shared goals and trust-building across historically separate professional teams.
- Community-based delivery increases engagement, particularly among families hesitant to access formal clinical settings.
- Proportionate universalism ensures universal access while providing enhanced support for families with additional needs.
- Addressing social determinants such as housing and income strengthens health outcomes and parental resilience.
- Sustainability requires embedding programmes into core services rather than relying on short-term pilot funding.

Best Practice 1: First 1001 Days – Evaluation Results

- Exclusive breastfeeding at six to eight weeks increased from fifty-two to sixty percent among participating families.
- Developmental reviews showed improved communication milestones, rising from seventy-five to eighty-two percent achievement.
- Postnatal depression rates decreased, with only eight percent scoring high compared with twelve percent previously.
- A&E attendances for infants under twelve months reduced by twenty percent among programme participants.
- Safeguarding escalations decreased due to earlier identification and coordinated support for vulnerable families.
- Parent satisfaction reached ninety-six percent, highlighting trust, continuity and practical support as key strengths.

Best Practice 2: Health in All Policies – Description

- Camden integrates health considerations into planning, licensing and environmental policy decisions across the borough.
- Restricts new hot-food takeaways within four hundred metres of secondary schools to reduce unhealthy food exposure.
- Uses public health evidence to inform licensing decisions, including creation of cumulative impact zones for alcohol.
- Implements School Superzones addressing pollution, advertising and safety risks around selected primary schools.
- Embeds public health specialists within planning teams to influence development proposals and health impact assessments.
- Collaborates with communities, businesses and councillors to ensure policies are practical, supported and enforceable.

Best Practice 2: Health in All Policies – Why Best Practice

- Intervenes upstream by shaping environments that influence diet, alcohol use and physical activity opportunities.
- Uses regulatory powers creatively, embedding health objectives into planning and licensing frameworks borough-wide.
- Data-driven approach ensures policies withstand scrutiny and target areas with highest health need and risk.
- Demonstrates measurable reductions in violence, ambulance call-outs and unhealthy advertising near schools.
- Gains strong community and political support through transparent consultation and evidence-based decision-making.
- Influences other boroughs and national guidance, demonstrating scalability and transferability of Camden's model.

Best Practice 2: Health in All Policies – Lessons for Intervention Planning

- Cross-departmental collaboration is essential, requiring shared understanding between planners, regulators and public health.
- Strong leadership and political commitment sustain momentum and ensure health remains central to policy decisions.
- Capacity-building enables non-health professionals to understand health impacts and apply evidence effectively.
- Community engagement strengthens legitimacy, ensuring policies reflect local priorities and gain public support.
- Monitoring and enforcement are critical to maintaining policy impact and preventing unintended consequences.
- Complementary initiatives, such as Healthy Schools and alcohol outreach, amplify environmental policy effectiveness.

Best Practice 2: Health in All Policies – Evaluation Results

- Only one new takeaway approved since policy adoption, with several refused near secondary school exclusion zones.
- Fast-food outlet density stabilised or declined slightly, contrasting increases observed in comparable London boroughs.
- Alcohol-related ambulance call-outs decreased by 3.8 percent within Camden Town cumulative impact area after implementation.
- Late-night violence reduced by fifteen percent between 2016 and 2019 in areas with strengthened licensing controls.
- School Superzone audits recorded twenty percent reduction in unhealthy advertising exposure around participating primary schools.
- Health Impact Assessments now required for major developments, improving green space and active travel design borough-wide.

Best Practice 3: Parks for Health – Description

- Joint Camden and Islington initiative transforming parks into health-promoting spaces supporting physical and mental wellbeing.
- Integrates public health, parks services and community organisations to deliver inclusive outdoor activity programmes.
- Enhances green space accessibility through improved paths, signage, seating and inclusive design for all age groups.
- Provides structured activities including walking groups, nature sessions and social events to reduce loneliness.
- Embeds health messaging and community engagement within park settings to encourage regular outdoor activity.
- Focuses on deprived neighbourhoods with limited access to high-quality green spaces and recreational opportunities.

Best Practice 3: Parks for Health – Why Best Practice

- Demonstrates effective cross-borough collaboration integrating public health principles into everyday community environments.
- Provides low-cost, accessible opportunities for physical activity, particularly benefiting residents facing financial barriers.
- Addresses loneliness by creating safe, welcoming outdoor spaces that encourage social interaction and community connection.
- Supports mental wellbeing through nature-based activities shown to reduce stress and improve emotional resilience.
- Enhances environmental equity by improving green space quality in areas with limited recreational infrastructure.
- Aligns with prevention priorities by embedding health promotion into routine, enjoyable community activities.

Best Practice 3: Parks for Health – Lessons for Intervention Planning

- Cross-sector partnerships strengthen programme reach, sustainability and alignment with wider borough health priorities.
- Community involvement ensures activities reflect local interests, cultural needs and accessibility considerations.
- Embedding health initiatives in everyday environments increases participation among residents avoiding clinical settings.
- Investment in green infrastructure supports long-term wellbeing, environmental sustainability and climate resilience.
- Programmes must prioritise inclusivity, ensuring activities are accessible for older adults and disabled residents.
- Monitoring participation and wellbeing outcomes helps refine activities and demonstrate value to system partners.

Best Practice 3: Parks for Health – Evaluation Results

- Increased participation in walking groups and outdoor activities, particularly among older adults and isolated residents.
- Participants reported improved mood, reduced stress and greater confidence engaging in regular physical activity.
- Enhanced park infrastructure increased accessibility, encouraging more frequent use by families and disabled residents.
- Community feedback highlighted stronger social connections formed through regular group-based outdoor activities.
- Programme contributed to reduced loneliness indicators in participating neighbourhoods, supporting wider wellbeing goals.
- Positive evaluation findings strengthened commitment to expanding nature-based health initiatives across both boroughs.

Best Practice 4: Camden Neighbourhood Assembly – Description

- Community-led model enabling residents to shape local health and wellbeing priorities through structured deliberation.
- Brings together diverse residents, community groups and professionals to co-design solutions for neighbourhood challenges.
- Provides accessible forums where lived experience informs service design, resource allocation and local decision-making.
- Focuses on areas with high deprivation, ensuring marginalised voices influence health improvement strategies.
- Uses facilitated workshops, evidence sessions and collaborative planning to build shared understanding and consensus.
- Strengthens relationships between residents and public services, improving trust and long-term engagement.

Best Practice 4: Camden Neighbourhood Assembly – Why It's Best Practice

- Empowers residents to shape decisions, ensuring interventions reflect community priorities and lived experiences.
- Builds trust between communities and services, improving engagement and uptake of local health initiatives.
- Enhances equity by amplifying voices of residents from deprived and under-represented neighbourhoods.
- Encourages collaborative problem-solving, strengthening relationships across sectors and community networks.
- Supports culturally appropriate solutions by involving diverse communities directly in design processes.
- Demonstrates Camden's commitment to participatory democracy and community-driven health improvement.

Best Practice 4: Camden Neighbourhood Assembly – Lessons for Intervention Planning

- Co-production requires time, trust and skilled facilitation to ensure inclusive and meaningful participation.
- Engagement must be accessible, offering childcare, translation and flexible timings to support diverse involvement.
- Transparent communication builds credibility, ensuring residents understand how their input shapes decisions.
- Community-led priorities often highlight overlooked issues, strengthening relevance and impact of interventions.
- Sustained investment is essential to maintain momentum and avoid consultation fatigue among residents.
- Embedding assemblies within local governance structures ensures long-term influence on policy and commissioning.

Best Practice 4: Camden Neighbourhood Assembly – Evaluation Results

- Residents reported increased confidence engaging with local services and influencing neighbourhood health priorities.
- Assemblies generated actionable recommendations adopted by local partners, improving service relevance and accessibility.
- Participation improved relationships between communities and statutory services, strengthening long-term collaboration.
- Engagement increased among groups historically under-represented in local decision-making processes.
- Feedback highlighted improved understanding of local health challenges and shared responsibility for solutions.
- Evaluation demonstrated strong community support for expanding assemblies across additional Camden neighbourhoods.

Best Practice 5: Ageing Better Camden – Description

- Large-scale programme supporting older residents to reduce loneliness, isolation and social exclusion across Camden.
- Delivered through partnerships with voluntary organisations, community groups and older people's networks.
- Provides befriending, social clubs, outreach visits and tailored support for isolated older adults.
- Focuses on residents aged sixty and over, particularly those living alone or experiencing income deprivation.
- Builds community connections by supporting older people to participate in local activities and social groups.
- Uses evidence-based approaches to identify isolated individuals and offer personalised, relationship-based support.

Best Practice 5: Ageing Better Camden – Why Best Practice

- Addresses widespread loneliness among older adults, a major driver of poor mental and physical health.
- Uses community-based, relationship-focused approaches proven effective for engaging isolated older residents.
- Builds strong partnerships across voluntary organisations, enhancing reach and sustainability of support services.
- Tailors interventions to individual needs, ensuring personalised support for diverse older populations across Camden.
- Demonstrates measurable improvements in wellbeing, confidence and social participation among programme participants.
- Aligns with Camden's priorities for healthy ageing, prevention and reducing inequalities among vulnerable older adults.

Best Practice 5: Ageing Better Camden – Lessons for Intervention Planning

- Relationship-based support is essential, requiring time, continuity and trusted connections with older residents.
- Outreach must proactively identify isolated individuals who rarely engage with traditional services or community groups.
- Partnerships with voluntary organisations strengthen delivery, enabling flexible, community-rooted approaches to support.
- Activities must be accessible, culturally appropriate and tailored to diverse needs across Camden's older population.
- Sustained funding is critical to maintain long-term engagement and avoid disruption to vulnerable participants.
- Monitoring wellbeing outcomes helps refine support models and demonstrate value to commissioners and partners.

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Best Practice 5: Ageing Better Camden – Evaluation Results

- Participants reported reduced loneliness, improved wellbeing and increased confidence engaging in community activities.
- Befriending services successfully reconnected isolated older adults with social networks and local opportunities.
- Outreach identified individuals previously unknown to services, enabling earlier support and reduced crisis escalation.
- Social clubs and group activities strengthened community connections, reducing isolation across multiple neighbourhoods.
- Programme evaluation highlighted strong satisfaction, with older residents valuing personalised and consistent support.
- Findings informed ongoing borough-wide strategies for healthy ageing and community-based prevention initiatives.

What This Means for the Borough and ICS

- Camden must prioritise prevention and early intervention to reduce long-term pressures on health and care services.
- Addressing deprivation is essential to narrowing life expectancy gaps and improving outcomes across all communities.
- Integrated neighbourhood-based models are crucial for supporting continuity, access and personalised care delivery.
- Stronger community partnerships will enhance trust, engagement and culturally appropriate service design borough-wide.
- Data-driven approaches are needed to identify high-risk groups and target resources effectively across Camden.
- Systemwide collaboration is vital to address complex, interlinked challenges spanning health, housing and social care.

Next Steps for the London Borough of Camden and ICS

- Develop detailed action plans for each priority, ensuring clear accountability and measurable progress indicators.
- Strengthen data sharing across partners to support proactive identification of risk and coordinated interventions.
- Expand community engagement mechanisms to ensure resident voices shape ongoing service design and improvement.
- Invest in workforce development to support integrated care, cultural competence and prevention-focused practice.
- Scale successful best practice models, adapting them for wider implementation across Camden neighbourhoods.
- Align borough plans with regional and national strategies to secure sustainable investment and system resilience.

Closing Reflections: Camden's Journey Toward Health Equity

- Camden's diversity is a strength, but persistent inequalities require sustained, coordinated and community-centred action.
- Early years investment remains foundational for breaking cycles of disadvantage and improving lifelong health outcomes.
- Tackling deprivation is essential to addressing root causes of illness and reducing avoidable health inequalities.
- Integrated care models must continue evolving to meet complex needs across Camden's diverse population groups.
- Community-led approaches strengthen trust, relevance and long-term sustainability of health improvement efforts.
- Achieving health equity requires shared commitment, bold leadership and continuous learning across all system partners.