

**North Central London Population Health and Integrated Care Strategy,  
Barnet Health and Wellbeing Board Response to v.10, 16<sup>th</sup> February 2023  
[Barnet Response Drafted 8<sup>th</sup> March 2023]**

**1. What the Strategy covers**

- 1.1 We have reviewed v10 of the Population Health and Integrated Care Strategy, as this is currently available. The Joint Forward Plan has not yet been drafted, but some questions will be submitted to Health and Wellbeing Board to answer on 16<sup>th</sup> March.
- 1.2 V10 of the strategy covers:
- Introduction and context setting for the health system in North Central London
  - An outline of what engagement has taken place so far in developing the strategy
  - Population Health outcomes and development areas
  - Current situation on Integration and Integrated Care
  - A “road map” for borough partnership development in future
  - Next steps

**2. General Response from Barnet Health and Wellbeing Board**

- 2.1 Health and Wellbeing Board are committed to working to support all residents in Barnet and the North Central London (NCL) area in improving their health and wellbeing, and welcomes the chance to be involved in the development of the Population Health and Integrated Care Strategy, and its continued evolution and delivery.
- 2.2 Although we note that individual Board members will have been involved in developing and reviewing earlier versions, we would have welcomed earlier involvement of Barnet Health and Wellbeing Board in the process.
- 2.3 The strategy provides a lot of context about the integrated care system and its approach to improving population health in NCL. The NHS England Core20Plus5 approach has been applied to NCL, to identify populations who experience greater inequalities and poorer health outcomes. The health needs of the NCL population are grouped across the life-course, as Start Well, Live Well, and Age Well. A set of outcomes have been developed to align with this life-course approach. From this, five initial priority areas have been identified, as opportunities for improvement at the NCL level.
- 2.4 However, the version reviewed – version 10 – is missing information on what integration would look like, and what will be delegated to a Place Level. It is assumed that this will be in the Joint Delivery Forward Plan.
- 2.5 We welcome the more detail in version 10 on how it is envisioned how the relationship with Borough Partnerships will work. However, the strategy is not clear on the role of Health and Wellbeing Boards in providing a place level based view of the system, including recent health and wellbeing trends, the focus on neighbourhood and sub neighbourhood level working, and what delivery looks like across the system (including on wider determinants). There are examples elsewhere in the country of how this relationship can develop, outlined in the Health and Wellbeing Board guidance, and the Local Government Association.

- 2.6 The pen portraits of Barnet could be strengthened to include the multiple diversities in areas in Barnet with lower life and healthy life expectancy, such as ethnicity and disability, for example.
- 2.7 Similarly, Barnet has the largest under 19s population by number in the NCL area, but this is not mentioned. 96,600 0-19 year olds live in Barnet (Census 2021), 25% of the borough's total population. Consideration of children's health needs should be comparable to that of adults, with early intervention and prevention in childhood helping to avoid issues later on in adulthood.
- 2.8 The five Local Authority Directors of Children's Services have worked together to identify where they think the focus should be in order create positive change in the long term. The top two areas of focus identified by NCL Directors of Children's Services were mental health and wellbeing; and outcomes for children with special educational needs and disabilities, including access to assessments and therapies. These should be integral to the document.
- 2.9 Terminology throughout the document should use the term diversity as well as equity – there are a range of different communities living both in Barnet and across the NCL area, and we should reflect this. (slide 7)
- 2.10 Local voluntary and community organisations are incredibly important in providing insight to help shape the strategy. However, the Board asks that that existing mechanisms and opportunities are used to help engage residents and organisations, to avoid suffering consultation fatigue.
- 2.11 The neighbourhood size quoted in the document is not quite right – Primary Care Networks (PCNs) are around 50,000 – 100,000 in size (slide 9).
- 2.12 It would be helpful to understand at a Place level how the different North Central London (NCL) wide levers are to make the priorities happen. Our presumption is that this will be in the Joint Delivery Plan, and it if is then it would be helpful to make this explicit.

### **3. Specific Outcomes and Priority areas in the NCL Population Health and Integrated Care Strategy and Overlap with Barnet Joint Health and Wellbeing Strategy**

#### **3.1 Outcomes**

- 3.1.1 There is a clear alignment between the Barnet Health and Wellbeing Strategy and the NCL Population Health and Integrated Care priority outcomes around the following areas:
- Start Well – immunisation; early identification and proactive support for Mental Health conditions; reduced prevalence for children and young people who are overweight/obese; early education to help reduce the prevalence of key risk factors in early death (smoking, alcohol, obesity).
  - Live Well – reduced deaths by suicide; reduced prevalence of key risk factors in early death (smoking, alcohol, obesity); early identification and treatment of cancer, diabetes, high blood pressure, cardiovascular disease and respiratory disease;
  - Age Well – people get timely, appropriate and integrated care when they need it, and where they need it; prevent development of frailty with active aging; earlier

prevention, detection and management of long term conditions, including dementia, in older people; people have meaningful and fulfilling lives as they age.

- 3.1.2 We note that the Barnet Health and Wellbeing Strategy does focus more than the NCL Population Health and Integration Strategy on wider determinant outcomes (e.g. air quality), though the NCL document does pick up anchor institution role, and social value based commissioning.

### 3.2 Population Health Improvement Development Areas

- 3.2.1 The NCL Strategy identifies five Population Health development areas, where work will be focussed on.

- Start Well – Childhood Immunisations
- Live, Work and Age Well – Heart Health; Cancer; Lung Health
- Whole Life course – Mental Health and Wellbeing (all ages)

- 3.2.2 NCL are proposing the Childhood Immunisations is the first area of focus.

- 3.2.3 For Barnet, the five Population Health development areas correlate with the Barnet Health and Wellbeing Strategy. The Barnet Borough Partnership health inequalities workstream priorities of increasing the uptake of childhood immunisations and cardiovascular disease prevention are also included in these population health areas.

- 3.2.4 Although Childhood Immunisations is an important area for improvement in NCL and in Barnet, considering that work is already underway, priorities locally would focus instead on Heart Health or Mental Health and Wellbeing, due to their impact on wider local population cohort. We do note that there is discretion of Barnet partnerships – both the Barnet Borough Partnership, and Health and Wellbeing Board – to focus on locally important priorities.

- 3.2.5 It is not spelled out in this document what the significance of being a development area is, and what is being proposed to be delivered differently. In addition, it is not clear how progress on these areas would benefit one of the Core 20+5 Children's groups – children with SEND - where some of the issues and challenges are different.

- 3.2.6 Data and impact – particularly below place level - are also incredibly important to share openly with Health and Wellbeing Boards, and partner organisations. It would be helpful to understand the vision for creating a digital partnership with all health and care partners across the NCL and how this partnership might be used for secondary uses such as research and planning as well as how this partnership can be used to develop analytical skills and methodologies within the NCL. For example, in other ICS areas such as North East London (NEL), there is an analyst network for sharing insight outputs but also for sharing skills and best practice. It would be helpful to make more explicit the plan for how the NCL will create a mature data and insight infrastructure system in terms of both the people and technology to enable evidence-led decision making.

- 3.2.7 The role of neighbourhood working in the Population Health Development Areas is to be defined. There is a risk that all the above development areas focus on the same population(s) and same geographical communities, creating overload for people, staff and areas, and potentially reducing the impact of delivery.