North Central London Integrated Care System

North Central London Delivery Plan – implementing the NCL Population Health & Integrated Care Strategy

Reflecting on the last 12 months and looking 18 months ahead

March 2024

Contents

North Central London Integrated Care System

North Central London Integrated Care System

Context

About this document

North Central London Integrated Care System

‘Our ambition is to work with residents of all ages of North Central London so they can have the best start in life, live more years in good physical and mental health in a sustainable environment, to age within a connected and supportive community and to have a dignified death.’

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About this document

North Central London Integrated Care System

- The NCL Population Health & Integrated Care (PH & IC) Strategy was endorsed by system partners in April 2023 following a significant programme of engagement and co-production. The Strategy can be found here.

- Since April, significant work has been undertaken:

    - **Engaging and socialising**
    - **Building the action plans for system transformation programmes**
    - **Developing and mapping local priorities in Borough Partnerships**
    - **Developing the NCL Outcomes Framework and launching the online dashboard to support monitoring –** *the dashboard can be found here.*

- Population health improvement is embedded in everything we will do so – this document sets out our critical path to achieve this. It is a live document that will change over time as we refine our ambitions.

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Strategy Delivery Areas

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Our five key health risk areas where we can create the biggest impact in NCL.

The 20% most deprived communities in NCL.

Our child and young people (CYP) NCL communities who experience greater health inequalities and poorest outcomes.

Our adult NCL communities who experience greater health inequalities and poorest outcomes.

Focusing on the root causes of poor health.

- Inclusion Health Groups
- Select Black, Asian and Minority Ethnic (BAME) groups experiencing inequalities
- Adults with severe mental illness and adults with learning disabilities
- Family carers
- Older adults with care and support needs
- Supporting residents at risk of hospital admission
- Supporting residents to recover following hospital admissions

- Children with Special Educational Needs and Disabilities (SEND)
- Children Looked After (CLA) and care leavers.
- Select Black, Asian and Minority Ethnic (BAME) groups experiencing inequalities
- Continuing Care for Children and Young People
- Safeguarding arrangements for designated doctors and nurses for Children and Young

- Childhood immunisations
- Heart Health
- Cancer
- Lung Health
- Mental Health and Wellbeing across all ages

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Progress to date

Delivery since April 2023

Key Communities Progress – Adults and Children

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Key communities – Adults

- £5m investment to address inequalities experienced by 20% most **deprived communities** working with communities and VCSE focused on areas of greatest disparity in outcomes
- £1m system investment in multi-agency, integrated support for people experiencing **homelessness**
- **Inclusion Health** needs assessment completed which has been identified as an example of good practice in national guidance
- 14,000 adults with **Severe Mental Illness** will have a specified physical health check in 23/24
- Equitable expansion of community **chronic kidney disease** service now offered by all practices in NCL
- Supporting care home staff through **staff wellbeing bus** where high levels of hypertension and diabetes risk identified and navigated to right care setting.

Key communities – Children & Young People

- Improved **vaccination** uptake (1 year) by 5% between January 22 and January 24
- Free prescriptions for NCL **care leavers** launching in spring 2024.
- Inequalities funding directed to **Children & Young People in most deprived areas** for empowerment, mentoring and reduction in serious youth violence schemes.
- Additional **Mental Health Support** Teams - 257 schools supported by 14 teams in 2024/25.
- Invested in capacity in **eating disorders** services to meet an increase in demand improving performance significantly.
- Over £1m invested in **Children's Therapies** backlog so that 5,591 initial assessments provided in SLT and OT, reducing the number waiting for initial assessment
- **Parentcraft** courses contributing to a 24% reduction in ED attendances for under 5s in one local hospital.

**Slide 26 of our PH & IC Strategy introduces our Delivery Areas which are areas we want to focus on and where we can make the greatest impact.*

Population Health Risks Progress

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NCL population health risks

- **Tobacco** dependence teams established in all acute and mental health trusts leading to an increase in number of staff members in the trust trained regarding having conversations on smoking cessation and an increase in referrals to the community stop smoking services
- Improved the uptake of Targeted **Lung Health** Checks from 30% to 55%. Over 20,000 people have now had a lung health check
- Across three NCL trusts in Q3 2023/24, 942 people were identified as being at high risk of **liver cancer** and of those, 397 received a routine ultrasound
- Worked with the Voluntary, Community and Social Enterprise (VCSE) sector, including those representing the Bangladeshi, Jewish and Somali populations to improve uptake of **childhood immunisations** in those groups.
- Invested in a range of hyperlocal schemes to encourage **healthy weight** informed by Community Participatory Research [insert link to EVA film]

Photo to be added by designer

**Slide 26 of our PH & IC Strategy introduces our Delivery Areas which are areas we want to focus on and where we can make the greatest impact.*

System Transformation Programmes Progress

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NCL has a number of system transformation programmes, which have a strong focus on population health improvement and which use core population health approaches. This includes risk stratification and targeting support using our population health management platform HealthEintent, co-production with most impacted communities, alignment with **Core20plus5** priorities and ensuring services are equitable.

- **Long Term Conditions Locally Commissioned Service** rolled out with resource aligned to need through additional deprivation weighting
- **Community Services** – shifted resource to areas of highest need – including recruitment of 60 additional front-line staff and 48% increase in virtual ward capacity
- **Mental Health -** increased workforce by 6.4% in 22/23 with a further 4% increase in 2023/24. Over 21,000 people will access our transformed adult community mental health services in 2023/24
- **Diagnostics** – established two Community Diagnostic Hubs in areas of high need, with best diagnostic waiting times in the country in Dec 2023
- **Start Well** – clinically developed proposals to improve access, experience and outcomes associated with maternity and neonatal care as well as emergency surgical pathways for very small babies that has benefited from a comprehensive consultation programme with >150 community events

We are also working across our wider system programmes to ensure that a population health approach is embedded within each and maximising impact on health, inequalities, integration and the shift toward prevention. This includes **Digital Strategy** focus on digital inclusion, **Urgent and Emergency Care** utilisation linked to deprivation, improving end to end pathway outcomes through **Specialist Commissioning**, equitable **Elective Recovery**, hyperlocal care through **Primary Care Transformation,** and addressing outcomes, our work on the **Women's health strategy** and considering in reports such as **Child Death Oversight.**

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**Slide 27 of our PH & IC Strategy flags that our inflight programmes of work in NCL are the foundations for population health improvement.*

Levers for Change Progress

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- **Making population health everyone's business**
- **Strengthening integrated delivery**
- **Collaborating to tackle the root causes of poor health**
- **Aligning resources to need**
- **Becoming a learning system**
- **Creating 'one workforce'**

- Supported system partners to launch the **NCL Health and Social Care Academy**, supporting over 150 residents into work with a focus on supporting those with barriers to employment.
- Secured national funding to establish a **Research Engagement Network** (REN) which has developed relationships between the ICB and academic and VCSE partners. Delivered 20 community engagement events working with our black and Gypsy Roma Traveller communities to co-ordinate research and improve diversity in research.
- Launched the **ethnicity dashboard** and refined data system to focus on most underserved communities.
- Met the reduction target in **inhaler emissions** in Q3 as part of our Green NHS plan.
- Delivered our **Communities and VCSE strategies** – community voice now key part of governance structures and service delivery
- Began implementing the year 1 delivery plan of our **People Strategy**, 'Laying the foundations'
- Collaboration across system to address impact of **cost of living** through provision of advice and support to staff, patients and residents.
- Development of the Outcomes Framework and launching the online dashboard to support monitoring

**As outlined in slide 36 of our PH & IC Strategy, in order to drive progress on our delivery areas, we have identified ICS levers for change which will create the context and conditions for sustainable delivery.*

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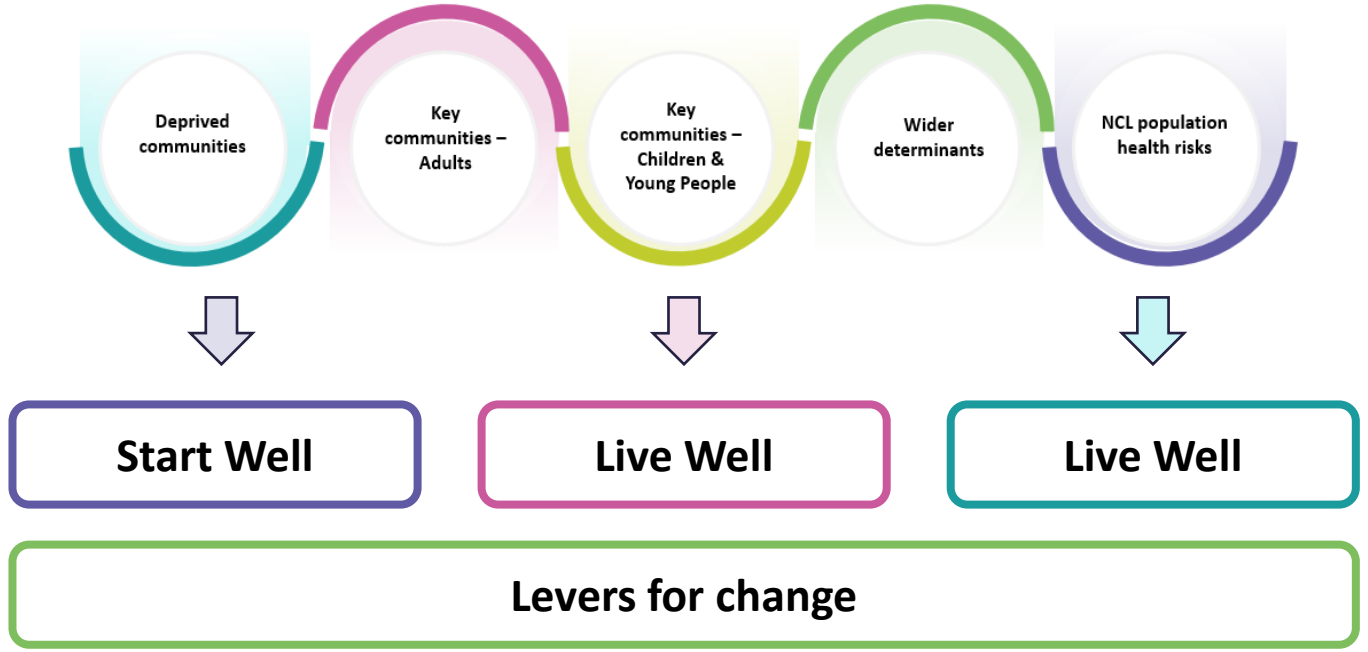
Our next 18 months

Headline plans for further progress

In our delivery plan we have combined our focus on key communities and population health risks with improving health outcomes across the life course. Levers for change are enablers which underpin our programme of work over the coming months



Next Steps – Start Well

Area of focus is shaded to demonstrate alignment to key communities and pop health risks

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Area of focus	Starting position – April 2024	Priorities for the next 18 months	Where we are aiming to get to
Start Well	• Challenges associated with outcomes for deprived populations, location, declining birthrate and increasing complexity & specialist staffing in maternity and neonatal care	• Finalising the proposals for maternity and neonatal services, and children's surgical services following public consultation • Delivery of maternity and neonatal equity and equality plan via LMNS and key focus on service use experience	• Ensure equity in access and outcomes from hospital based maternity, neonatal and CYP care.
Children Looked After (CLA) and care leavers.	• Care leavers experience poorer health outcomes than other young people. • The homeless population has significant levels of people with experience of care.	• Understanding delivery of key areas identified through the London Care Leavers Compact. • Work with NCL Directors of Children's services to improve access to effective emotional, psychological, and physical health and wellbeing support for care leavers	• Implementation of free prescriptions programme • Scoping further support to address health needs such as dental care • Internship opportunities
Special Educational Needs and Disabilities (SEND)*	• High levels of need and delays on assessments • CYP wait much longer than NICE guidance for CYP Autism diagnosis.	• Develop a network of learning across Special Educational Needs & Disability and Alternative Provision programme • Improvement of care pathway for Children & Young People with neuro-developmental needs	• Significant reduction in waiting times for therapy and NDD assessments
Childhood immunisations*	• Entrenched health inequalities, and impact of post-pandemic on immunisation rates in NCL. Particular challenges re MMR uptake.	• Increase routine childhood immunisation vaccine uptake with a focus on most deprived communities and communities with lowest uptake.	• Target 3-5% increase in childhood vaccination by focusing on areas of greatest disparity.
Family help in early years*	• Identified as an ICP priority	• ICP consideration of priorities in April 2024	• Aspiration in line with ICP recommendations
Children's Mental Health	• Significant differences in early help and prevention in NCL for CYP MH • High levels of need and delays in assessments	• Serious Youth Violence Vanguard • Implementing the THRIVE model • Enhancing support for Children & Young People by development of our online CAMHS waiting room	• Reduction in variation of provision between boroughs • Improvements in waiting times for assessment

**ICP Priority Area*

Next Steps – Live Well

Area of focus is shaded to demonstrate alignment to key communities and pop health risks

North Central London

Area of focus	Starting position – April 2024	Priorities for the next 18 months	Where we are aiming to get to
Inclusion Health	• Differential community health services, lack of integration with wider services and lack of skills in mainstream	• Develop equitable integrated MDT physical and mental health community offer for people experiencing homelessness in all boroughs in line with needs. • Improve mainstream offer that is trauma informed	• Improve healthcare equity, access, experience and outcomes for people in inclusion health groups across boroughs.
Community Services	• Limited access to diagnostics in some geographies/some conditions • Inequitable community service offer across boroughs.	• Community Services Review implementation 2024/25 • Reduce growth of liver disease diagnosis through Community Diagnostics Centres • Increased capacity of diagnostics at Wood Green	• Increased investment according to need • Increased Diagnostic Capacity whilst tackling health inequalities including through rapid cancer diagnostics and new Fibroscan
Prevention and wider determinants	• Differential prevention offer across NCL • Lack of employment impacting health	• Develop sustainable and equitable core offer across smoking cessation , alcohol and weight management services. • Implement work well programme	• Long Term Plan tobacco offer fully implemented • Enhanced employment opportunities
Heart Health*	• Challenges in case-finding, treatment and management of lifestyle risk factors for high blood pressure, but also from an inequalities lens when looking across communities.	• Develop borough-based action plans to support identification and management of high blood pressure	• Close our high blood pressure prevalence gap and to treat people with high blood pressure to target, while tackling inequalities in NCL.
Mental Health/Learning Disability & Autism*	• Residents who have an SMI die on average 14.9 years earlier if they are female, 18.4 years if they are male. • Inequitable community mental health service offer	• Longer Lives – supporting better physical health for residents with SMI • Improving home treatment for people in crisis and strengthening proactive community support at home • Strengthen diagnostic and support services for residents with LD & Autism	• Reduce premature death of NCL residents with SMI due to preventable conditions. • Ensure there is an equitable, consistent and high-quality service offer available to all NCL residents. • Further reduce reliance on inpatient care for LD & A residents
Cancer	• Participation in screening varies across boroughs and communities	• Promote and enable engagement with primary care, focussing on actions that support earlier diagnosis plan	• Contribute towards achieving the diagnosis of 75% of cancers at stage 1 and 2.
MSK Live Well Review	• Rising demand that outstrips current capacity alongside increasingly complex patient needs and inequity in funding across our services.	• A minimum MSK community services offer, including digital self-management and self-referral	• Ensure quality MSK care for all, best possible MSK outcomes for all, and sustainable, continuously improving care

**ICP Priority Area*

Next Steps – Age Well

Area of focus is shaded to demonstrate alignment to key communities and pop health risks

North Central London Integrated Care System

Area of focus	Starting position – April 2024	Priorities for the next 18 months	Where we are aiming to get to
Long Term Conditions	• Launched with 100% of GP Practices signed up	• Embedding outcomes incentivisation and case finding to reduce prevalence gap	• A single Locally Commissioned Service for Long Term Conditions focussed on proactive and personalised care.
Proactive Care	• Commitment to developing the ICB's approach to and functionality around Proactive Care and LTCs	• Develop the vision, aims and case for a proactive care function and design an approach to this function that optimises resources, skills and assets in NCL	• Patients and Residents diagnosed earlier, treated to target in a biopsychosocial model with coordination, continuity and digital support to be more empowered and active in their care
Carers	• Family carers have poorer health and wellbeing outcomes and are disproportionately impacted by the cost of living crisis	• Borough based development and delivery of carer strategies.	• Ensure carers receive proportional support required to improve outcomes
Older adults with care and support needs	• Reducing numbers of care providers, variations in care and the need to support digital and tech infrastructure	• Continue to implement Enhanced Health in Care Homes programme • Progress joint market management arrangements for care homes, drawing on the particular strengths the NHS and Councils can bring.	• Equitable offer across care provision • Joint working to stabilise and develop care market offer in NCL
Supporting residents at risk of hospital admission*	• Significant challenges on hospital flow with focus on downstream activities • Our most deprived communities experience increased admission levels of 20-30% than the general population	• Further develop the admissions avoidance framework and utilise as tool to develop system and place plans/build admission avoidance approaches across key programmes	• Improve join up and effectiveness of downstream activities whilst shifting focus upstream and on prevention
Supporting residents to recover following hospital admissions	• Broad range of services in NCL ICS which help people to recover from hospital admission • Opportunities for further integration and consistency across the ICS	• Embedding a shared core offer of discharge services and pathways between partners • Improved understanding of outcomes, with particular focus on population health • Focus on 'home first' – helping people recover at home	• Proactive, recovery oriented, services between partners, aligned to need • Shared evidence of improving long term outcomes • Helping more people get 'home first'

**ICP Priority Area*

Next steps – Levers for Change

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- **Making population health everyone's business**
- **Strengthening integrated delivery**
- **Collaborating to tackle the root causes of poor health**
- **Aligning resources to need**
- **Becoming a learning system**
- **Creating 'one workforce'**

- Incorporate plans into ICB business planning processes and those of wider system partners so this is a **golden thread** throughout all that we do.
- Develop and implement **population health and health inequalities training programme**, building on training already delivered and hold system wide Equity Summit.
- Develop **Neighbourhood Teams** as core integrated population health management delivery vehicles.
- Extend the impact of **Inequalities Fund** schemes in areas of greatest deprivation using this as a vehicle for attracting shared investment funding and building evidence base.
- Embed approach to **aligning resource to need** across investment activity and decision making.
- Implement **VCSE Strategy** developing a shared approach to investment in this sector across Council and ICB commissioning, supporting **prevention** agenda.
- Strong and ongoing engagement of Borough Partnerships in the identification of local gaps against the **Community and Mental Health Services core offer** and design and prioritisation of investment recommendations to address these.
- Develop **NCL Research Strategy** with the aim of increasing quality, quantity and depth of research undertaken across NCL. Evaluate **Research Engagement Network** (REN)
- Take forward **People Strategy** and **Work Well programme** (subject to outcome of bid)
- Revise **Population Health governance** to reflect focus on delivery phase.

**As outlined in slide 36 of our PH & IC Strategy, in order to drive progress on our delivery areas, we have identified ICS levers for change which will create the context and conditions for sustainable delivery.*

Next Steps – Borough Partnerships

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Borough Partnerships and integrated working are core to the successful implementation of our delivery plan. Significant focus will be on supporting and enabling that delivery building on significant work to date.

Next steps for Borough Partnerships include:

- Refine plans and priorities for the coming 18 months so that each borough has a **clear focused local programme of work** aligned with the Delivery Plan.
- Align project monitoring to indicators and outcomes in the NCL Outcomes Framework and develop and embed use of **borough dashboards.**
- Agree how to drive systematic **cross-borough learning**.
- Deepen work to drive impact and align resources to 'supercharge' on a **tighter set of priorities**.

**As outlined in slide 19 of our PH & IC Strategy, we* will deliver on our vision for NCL by working across three levels of the system.

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Monitoring and oversight

Our Outcomes Framework

Our NCL Outcomes Framework

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Vision

We want our population to live better, healthier and longer, fulfilling their full potential over the course of their entire life, reducing inequalities & the gap in healthy life expectancy

Start well

Every child has the best start in life and no child is left behind

- Improved maternal health and reduced inequalities in perinatal outcomes
- Reduced inequalities in infant mortality
  Increased immunisation and newborn screening coverage
- All children are supported to have good speech, language and communication skills

All children and young people are supported to have good mental and physical health

- Early identification and proactive support for mental health conditions
- Reduced prevalence of children and young people who are overweight or obese
- Improved outcomes for children with long term conditions
- Children have improved oral health

Young people and their families are supported in their transition to adult services

- All young people and their families have a good experience of their transition to adult services

Live well

Early identification and improved care for people with mental health conditions

- Improved physical health in people with serious mental health conditions
- Reduced racial and social inequalities in mental health outcomes
- Reduced deaths by suicide

Reduced early deaths from cancer, cardiovascular disease and respiratory disease

- Reduced prevalence of key risk factors: smoking, alcohol, obesity and physical activity
- Improved air quality
- Early identification and improved treatment of cancer, diabetes, high blood pressure, cardiovascular disease and respiratory disease

Reduction in the impacts of the wider social, economic and environmental conditions and places in which people live, on people's health and wellbeing

- Reduced unemployment and increase in people working in fulfilling employment
- People live in stable and healthy accommodation and are safer within the communities in which they live

Age well

People live as healthy, independent and fulfilling lives as possible as they age

- People get timely, appropriate and integrated care when they need it and where they need it
- Prevent development of frailty with active aging
- Earlier intervention and improved care for people with dementia

People remain connected and thriving in their local communities as they age

- People have meaningful and fulfilling lives as they age
- People are informed well and can easily access support for managing financial hardship (including fuel poverty), as they age

**Slide 16 of the PH & IC Strategy outlines that we have developed a population health outcomes framework that reflects where we have significant local disparities across the life course.*

Developing the NCL Outcomes Framework

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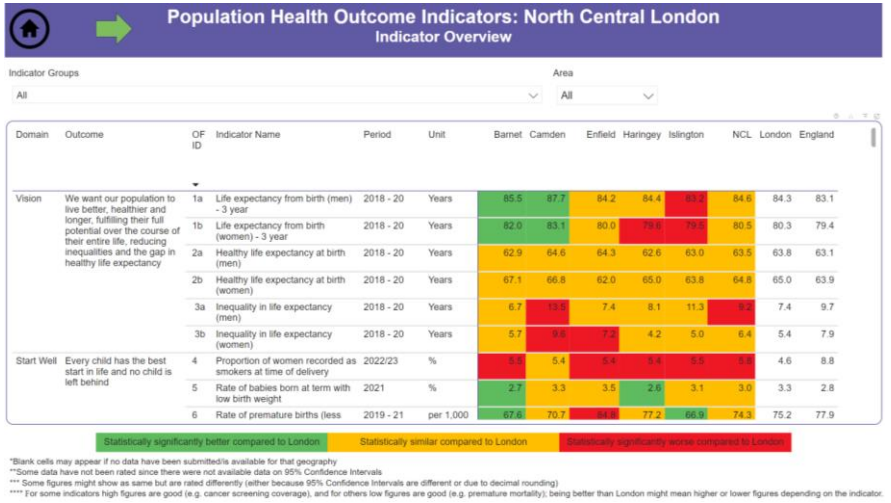
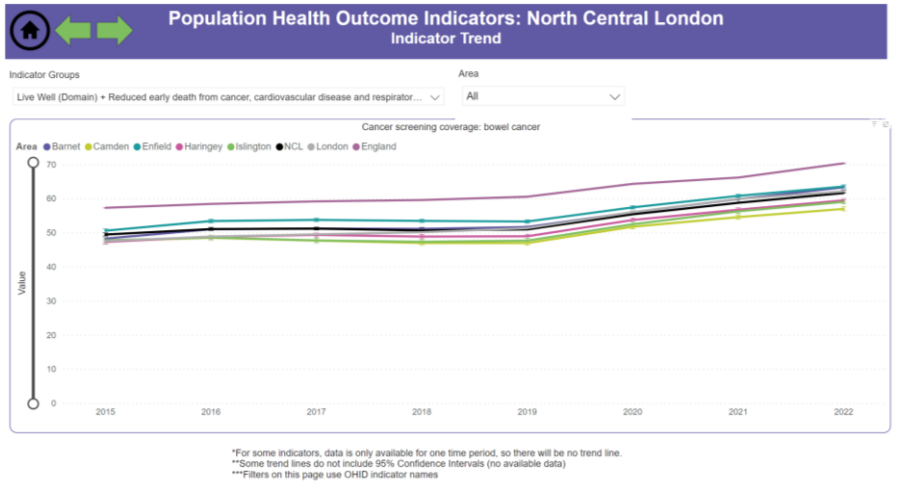
Further development of the NCL Outcomes Framework planned for the next 18 months:

- Review and refresh the full data across all indicators in the Outcomes Framework on an annual basis and produce an insight report to go alongside this
- Update data in the dashboard at more regular intervals (where available)
- Work with Borough Partnerships to design and develop borough-level outcome and performance dashboards
- Embed awareness and use of the framework across teams within the ICB, and the wider system, through training and communications
- Continue to review the range of indicators to ensure it remains relevant and aligned to emerging priorities
- **Ensure improving equity remains at the heart of everything we do**

Views of the NCL Outcomes Framework online dashboard





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Appendices

- Financial monitoring
- Glossary

Work is ongoing to ensure we are discharging NHS financial duties

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- We are currently working on the NHS system financial plan for 24/25 and we are aiming to set a plan that meets all the financial standards expected of us.
- With regard to the revenue plan, we are working towards a system break-even plan for 24/25, but we know that this will be challenging to agree and to deliver.
- We will set a 24/25 capital expenditure plan within the capital resource limit. This will also be a challenge to agree with NHS system partners, as the local requirement will exceed the available funding.
- We also recognise there are financial challenges for non-NHS partners such as Local Authorities and VCSE, therefore working together will be important.

NHS Rule	Meaning for our NHS system	23/24	24/25
Duties to break even / achieve financial balance	Objective to breakeven - i.e. duty to seek to achieve objective of system financial balance.	We are expecting to achieve all of these financial targets in 2023/24.	Work in progress towards a break-even plan for revenue.
Capital resource limit	Collective duty to act with a view to ensuring that the capital resource use limit set by NHS England is not exceeded.		We are expecting to achieve all of these financial targets in 2024/25.
Mental Health Investment Standard	Comply with standard as set out in relevant planning guidance.		
Better Care Fund	Comply with minimum contribution as set out in relevant planning guidance.		

Glossary

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To be added at end