North Central London Integrated Care System

Update on delivery of our Population Health & Integrated Care Strategy and development of our Joint Forward Plan

Barnet Health and Wellbeing Board

9th May 2024

Context – NCL's Population Health & Integrated Care Strategy

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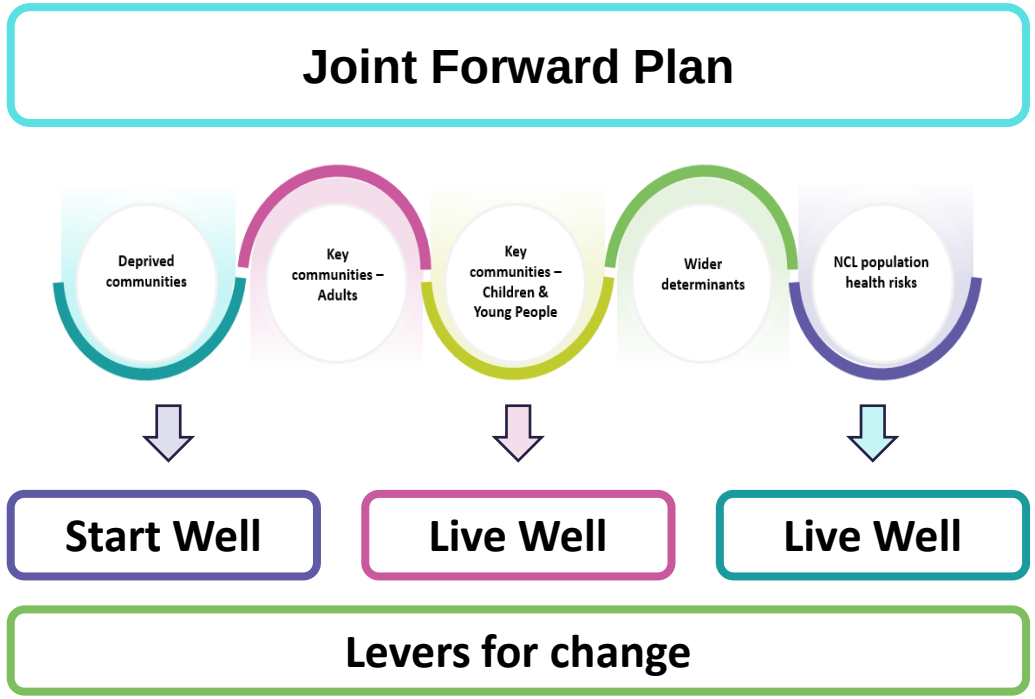
Our NCL Population Health & Integrated Care (PH & IC) Strategy was endorsed by system partners in April 2023 following a significant programme of engagement and co-production. The Strategy can be found here. It outlines our ambition to **tackle health inequalities** by a **shared emphasis** on **early intervention, prevention and proactive care**.

Since April 2023, significant socialising and planning work across the ICP has culminated in the development of our **NCL Joint Forward Plan** (JFP) which outlines our critical path to **deliver against our PH & IC Strategy**. The JFP appears in full in the appendix.

The JFP describes progress in implementing the strategy over the last 12 months, our plans for the coming 18 months and how we will monitor delivery using the NCL Outcomes Framework. The plans are aligned to a life course approach and incorporate:

- NCL communities experiencing the poorest outcomes, wider determinants of poor health and 5 key health risk areas
- NCL system transformation programmes, which are aligned to delivering our population health ambitions
- System levers which will create the conditions for population health improvement
- A number of areas within the plan have been identified by the ICP to "**super-charge**" - making the **best use of the collective weight** of the ICP to **accelerate and deepen impact**.



Work undertaken since strategy endorsement in April 2023

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Since April, significant work has been undertaken:

- **Engaging and socialising** with Health & Wellbeing Boards, Trust Boards, Borough Partnerships, forums involving the VCSE and patient representatives.
- **Building the action plans for system transformation programmes** setting out the changes that will be delivered in the next 18 months, as well as stock-taking delivery to date.
- **Developing and mapping local priorities in Borough Partnerships** to gain a better understanding of the range of work that speaks to the Delivery Areas of the PH & IC Strategy. This mapping was completed in Autumn 2023 and taken through the ICP Committee.
- **Developing the NCL Outcomes Framework and launching the online dashboard to support monitoring –** *the dashboard can be found here.* Work over the last 12 months has focused on confirming indicators across the outcome and sub-outcomes, developing a dashboard for NCL and borough level, developing an annual insight report and establishing links between borough and programme outcomes framework with the NCL outcomes framework – helping understand impact of delivery.
- **Setting the context and conditions for sustainable delivery** via action planning and delivery against our levers for change in the strategy. This work is happening in parallel to what is being delivered by Borough Partnerships and our System Transformation Programmes and ownership of delivery against the levers varies.
- Progress in delivering against our strategy ambitions is set out in more detail in the JFP but headlines include:
  - Supporting care home staff through **staff wellbeing bus** where high levels of hypertension and diabetes risk identified and navigated to right care setting.
  - **Long Term Conditions Locally Commissioned Service** rolled out with resource aligned to need through additional deprivation weighting
  - Increased mental health 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

What have we delivered in Barnet in the last twelve months

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Highlights

Start Well

- **Childhood immunisations and vaccinations**-partnership approach to enhancing both equity in uptake and increase in uptake, with rates of completed childhood immunisations rate at 1, 2 and 5 years all highlighting consistent increases over the last 12 months (HI data)
- **Integrated Paediatric Service-Multi-Disciplinary Meetings** providing early Consultant Paediatrician advice in the community/ primary care continue to receive highly positive feedback engagement from primary care and local Paediatric Consultants and early positive subjective outcomes regarding reducing need for onward referrals.
- Successful **partner approach to Asthma** including cross partner asthma friendly schools campaign and locally developed tier 2 and tier 3 training to support community approaches to asthma.
- Wider CYP transformation program including transformational approaches to autism diagnostic pathways and Barnet has been selected to be the lead Local Authority for the London Challenge Programme Partnership (CPP). Pilots are taking place across the 9 Department for Education's (DfE) regions and are focused on delivering the improvements set out in the DfEs Special Education Needs and Disability (SEND) and Alternative Provision (AP). This is a joint piece of work with the system and the community and is a true partnership piece. Barnet will also be trialling an innovative, earlier intervention approach to Speech and Language Therapy.

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Highlights

Live Well

- Key communities-Innovative, integrated, community-based programmes co-created and mobilised by the Barnet Borough Partnership and positively making impact in community. For example, **Healthy Hearts-Provision of BAME Peer Educator roles** to enable delivery and co-production of **culturally appropriate outreach activities to support HTN** awareness and readings in the community to support reduction in diagnosis gap. Over 1000 touchpoint interventions have been completed.
- **Art Against Knives-** enabled paid employment for peer support workers within young black male community, project to provide support to young black and co-produced piece of work to understand barriers in accessing mental health services in attempt to reduce disparity in outcomes and production of young black males co-produced feedback report on delivery of mental health services for young black males in the community.
- **Health Inequalities-endorsement and mobilisation of cross partner Cardiovascular disease** prevention program and implementation of primary care led proactive hypertension case finding in Core20 areas, showcasing early promising results in supporting HTN diagnosis and treatment.
- **Community Innovation Fund**-3 rounds of funding totalling £820k has been provided supporting 47 community projects reaching circa 15 thousand residents largely in Core20 areas with a strong prevention and wider determinants support focus. Work is underway to align this strategically to BBP to further support the impact of this program and co-ordination with our community and VCSE.
- **Neighbourhood Model Working**-cross partner workshops were held in Barnet and enabled the development and delivery of innovative hyper-local, primary care and partner led pilots across Barnet, tailored to local neighbourhood level need. These include proactive care at home, digital inclusion support and outreach health checks for those with LD.

What have we delivered in Barnet in the last twelve months

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Highlights

Age Well

- Continued development of Community Ageing Well Service, supporting integrated care for our ageing population including specialist dementia and Carer support and education plus complex frailty case management plus therapies and broad community VCSE led offer to support residents to age well. Key highlights this year VCSE broadening of the model to include a fully recruited cross specialism team including therapies, dementia nurses, VCSE led advisory and support roles and the support of social workers.
- A further highlight is the commencement and embedding of **Admiral Dementia Nurses i**n Barnet, specialist educational and clinical Dementia Nurses supporting **Carers** and those with Dementia and embedded within Community Ageing Well Service. The service has received highly positive feedback so far with positive feedback from Carers and from clinicians and broader system on support for co-ordination of care, for holistic support to residents with dementia and their carers and for reduction in need for wider system including urgent care due to the whole person approach and specialist and integrated approach.
- **Dementia Strategy**-an action plan was produced with partners across the system following the co-produced Dementia strategy. The action plan is successfully underway utilising a cross partner approach and planned further engagement with residents and Carers to seek feedback on action plan implementation to date.
- **Age Friendly Barnet-**working with Age UK Barnet and LBB towards World Health Organisation Age-Friendly cities framework to ensure Barnet is an Age Friendly borough, to ensure the environment and community enables supported, active ageing. BBP worked in partnership with Age UK Barnet to undertake a baseline assessment across a range of domains which has now been developed into a cross partner action plan across the range of wider determinant domains to support active ageing, for delivery in 24/25.

What have we delivered in Barnet in the last twelve months

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Wider determinants-Working with our Communities and embedding the VCSE.

Provision of pooled funding direct to a partner VCSE organisation to enable the **direct employment of a dedicated BBP Peer Engagement and Co-Production Lead**

Inclusion health groups-work to support asylum seeker and homeless health in partnership with wider community groups

VCSE led user experience research project completed in 2023 incorporated into neighbourhood model development and Grahame Park development

BBP led development of a cross **partner co-production community of practice** to support co-production in practice, maximise impact and support cross partner learning across Barnet.

Focusing on the root causes of poor health.

Age UK Barnet led **resident engagement methods, in partnership with wider partner organisations**, to seek the views of residents to ensure diverse reach of views to undertake a baseline assessment for Age Friendly cities framework, achieving over 1000 resident responses and completing 8 focus groups.

Grahame Park cross partner work with housing services and residents to support approaches to support health and wellbeing

Art Against Knives **co-produced report with young black males on MH service provision** for young black males fed back to partner system

Community Innovation Fund-continues to support community projects and support to encourage a strong and resilient vcse sector.

Healthy Hearts- VCSE led community outreach peer support program, empowering our local community and building connections

Outreach feedback and engagement sessions for Community Ageing Well Service (formerly Frailty MDT) and co-produced and rename of the model to Community Ageing Well Service

What next for Barnet?

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Early Priority Areas for Barnet Borough Partnership

DRAFT IN DEVELOPMENT

To be worked through with partners and strategically aligned

Borough Partnership draft Aims

Start Well – Develop work to embed focus **on childhood Immunisations**, **looked after children** and children with SEND transformation and community approaches to asthma.

Live Well - Enhance and join up working with our communities across the Borough to enhance **engagement and co-production** approach and **tackle inequality in outcomes, for example, in CVD** and MH. Build upon the **whole system approach to Cardiovascular Disease** including CVD prevention plan and proactive hypertension case finding

Age Well - Develop strategic, aligned, cross-partner approach to ageing and pathway with enhanced local prevention offer and link with urgent care, building upon community ageing well service and neighbourhood model foundations.

Borough Partnership early priorities for the next 18 months

- Build upon **Neighbourhood Model Working -** building upon foundations of integrated MDTs, Grahame Park and primary care led, integrated neighbourhood model approaches and develop CYP neighbourhood model approaches.
- Enhance **focus on prevention** with an aim **to develop scope and impact of key priorities/ 'supercharge**' a tighter set of key priorities for example with Ageing Well and Cardiovascular Disease, through joint-up, co-ordinated, strategic approaches.
- Enhance **close working and alignment with Health and Wellbeing Board to maximise impact** and reduce duplication of effort.
- Deliver improved outcomes through **strategically aligning outcomes** with clear delivery plans and **outcome measures** with defined data to support monitoring of impact.

Strategically align and enhance close working with HWBB and wider BBP partner strategies

Early review of HWBB/ BBP priorities, wider partner strategies and priorities and initial discussion with partners have highlighted synergies and early priority areas incorporated into the NCL Population health draft priority areas) and to be incorporated into the BBP and joint forward plan. Review priority areas and opportunities within priority areas with Senior Responsible Officers and BBP Partners on alignment of approaches and how delivery may work best. Draft areas include:

- Ageing Well
- Looked After Children, and Children with Special Educational Needs and Disabilities – Delivery led by wider CYP/SEND group
- Mental Health – Children and Adults-workplans and areas to be finalised with borough partnerships and link to opportunities within community services review, work already underway in these areas
- Enabled by neighbourhood model delivery, engagement and co-production, data and metrics and a health inequalities lens/ population health approach.

Key stakeholders

- Barnet Borough of NCL Integrated Care Board;
- London Borough of Barnet;
- Royal Free London NHS Foundation Trust;
- Central London Community Healthcare NHS Trust;
- Barnet, Enfield and Haringey Mental Health Trust; and
- Barnet GP Federation
- The Barnet voluntary and community sector represented by the Barnet Together Partnership, Inclusion Barnet and the Young Barnet Foundation
- Barnet Primary Care Networks

What next for Barnet ?

Barnet – NCL Population Health and Care Framework

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DRAFT IN DEVELOPMENT

A selection of metrics from the Outcomes Framework that align to our priorities for consideration and further discussion

	Metric	Date	Unit	Barnet	NCL	London
Start well	% uptake of MMR (for 1 dose) aged 2	22/23	%	80.6	77.5	82.4
	% uptake of MMR (for 2 doses) aged 5	22/23	%	70.6	66.8	74.0
	% children with complete immunisations by age 5	2023	%	72.5	69.2	
Live well	Cancer screening coverage - cervical cancer (25-49 yrs)	2023	%	57.3	55.1	58.0
	Cancer screening coverage - cervical cancer (50-64 year olds)	2023	%	69.7	69.9	70.7

Borough and NCL figures in table RAG-rated to London

	Metric	Date	Unit	Barnet	NCL	London
Live Well	Cumulative % of eligible population 40-74 who received an NHS Health Check	18/19 - 22/23	%	27.2	27.2	34.1
	Proportion of patients with hypertension, treated to age-specific blood pressure target, in last 12 months	22/23	%	70.3	72.7	69.6
	Under 75 mortality rate from all cardiovascular diseases	2022	Per 100,000	61.5	74.2	75.0
Age Well	Estimated dementia diagnosis rate (age 65 over)	2023	Per 100,000	61.8	66.3	65.6
	Dementia care plan has been reviewed in the last 12 months	22/23	%	78.1	78.5	77.7
	Carer-reported quality of life score	21/22	Out of 12	6.6	6.9	7.1

Barnet performs higher than the NCL average on several metrics although worse than the London average.

A key next step will be to understand these indicators from a lens of communities and hyperlocal inequalities.

To note: Cancer screening is also a draft priority area for improvement for Camden and Haringey. Child immunisations a priority metric for improvement for Camden, Enfield and Haringey. Dementia diagnosis rate also a priority area for improvement for Camden and Enfield.

This is a selection of metrics that align to our draft priority areas. Further work is planned with partners and SROs to review broader datasets to review wider deprivation data and inequalities and system narrative, for example inequity in outcomes in CVD and inequity in uptake in childhood immunisations and cancer screening.

This will be reviewed alongside the above and from areas within our key communities and real time data to build into borough dashboards to support monitoring progress and impact.

Supporting Borough Delivery across NCL

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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 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 Joint Forward Plan.
- Align project monitoring to indicators and outcomes in the NCL Outcomes Framework and develop and embed use of **borough dashboards.**
- Agree how to enable systematic **cross-borough learning**.
- Deepen work to drive impact and align resources to ‘supercharge’ on a **tighter set of priorities**.

Considerations for the Health and Wellbeing Board

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- Are there specific areas of the JFP that are particularly important to the population in Barnet?
- How does the Health and Wellbeing Board see the Health and Wellbeing Strategy and the Joint Forward Plan (JFP) together delivering improved health outcomes for people in Barnet?
- How can we ensure our common and coherent ambitions are reflected in joint strategies and plans, and that delivery is overseen in partnership?