North Central London Integrated Care System

NCL Population Health Improvement Strategy

Enfield Health & Wellbeing Board

7 July 2022
V0.3

NCL Population Health Improvement Strategy

North Central London Integrated Care System

- Becoming an ICS provides NCL with an opportunity to change the way we plan and deliver services – integrating even further, widening the levers we can use, and maximising impacts of change
- Delivering improvements in residents' outcomes, thereby improving population health, is one of the four objectives for the ICS
- The Draft NCL Population Health Improvement strategy aims to reflect the binding of the work of neighbourhood, place and system in a complementary way so that we use our collective resources, capabilities and connections to improve population health
- The strategy provides the core narrative for the system to share and own
- It will need to delivered fully across and through the system – acting as a framework

- This is the first iteration of the strategy, which has been developed by a wide range of system and place authors who have come together from across ICS partner organisations
- The strategy is being shared with partners, for discussions and feedback to shape and refine the subsequent development of detailed plans and activities to support the strategy

The Population Health Improvement strategy sets out:

- A single narrative for NCL that is owned and supported by all partners as to why we are building and following a population health improvement strategy
- A shared vision for the future of health and wellbeing of NCL residents, on which to build our strategy
- Support and endorsement for the roadmap as to how we will deliver this vision – recognising the enablers and interdependencies with multiple programmes of work
- A commitment from all partners to be involved and play their part in delivering the roadmap and its detailed plans
- Agreement to build capacity for a population health improvement approach across the places and neighbourhoods that make up the ICS – using data to drive timely clinical and other interventions
- Agreement to apply population health improvement principles not only to health care services but also to other services, including those that impact wider determinants, such as voluntary and community sector, social care services, integrated services, education, housing and employment

Core principles

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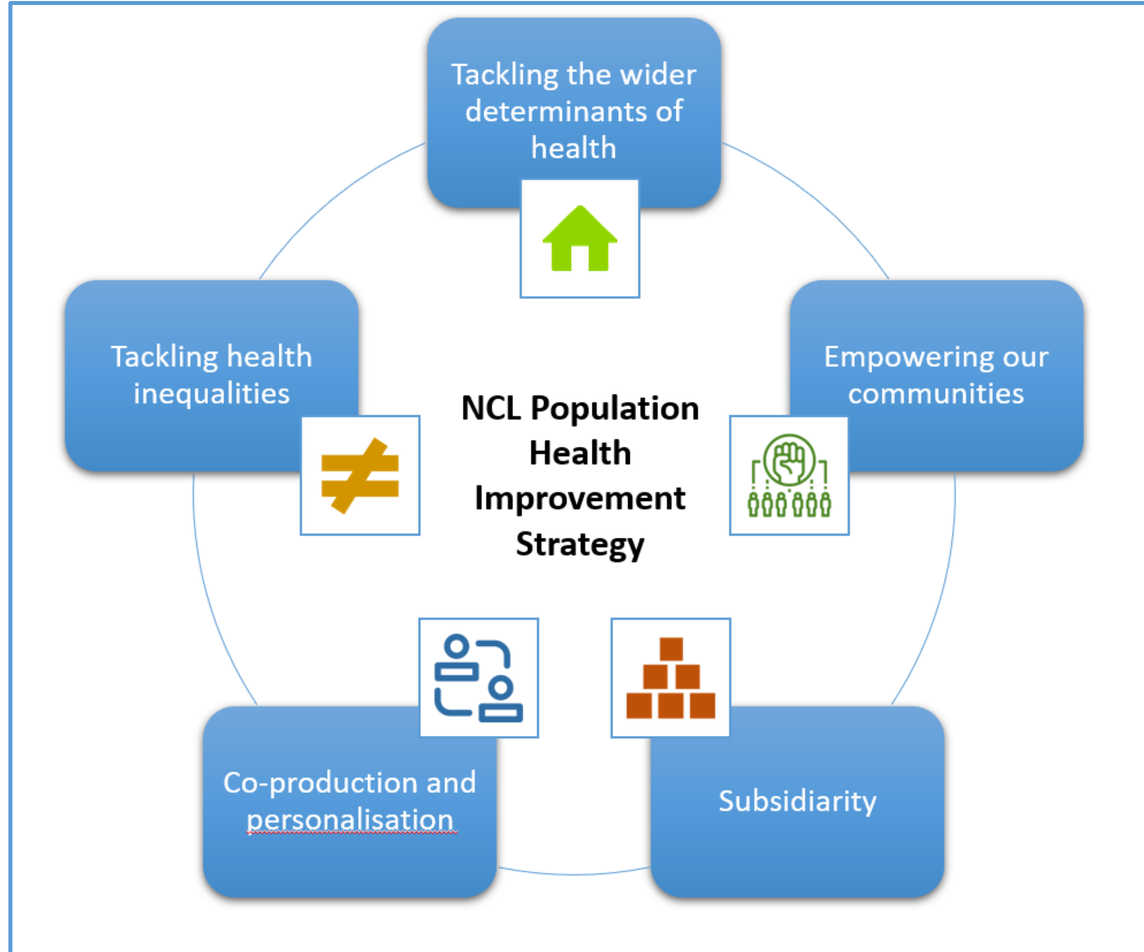

- The principles and core delivery themes of the strategy need to permeate everything that we do – Population Health Improvement is everyone's business.
- We need to do things differently to improve the outcomes and wellbeing of our residents – and reduce inequalities
- Through our population health improvement approach we will:
    - Connect with communities to make a meaningful difference in how services are planned and delivered
    - Use the opportunities that the ICS provides for all partners to work together with communities
    - Make our health and care system sustainable – focused on early intervention and prevention

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NCL Outcomes Framework

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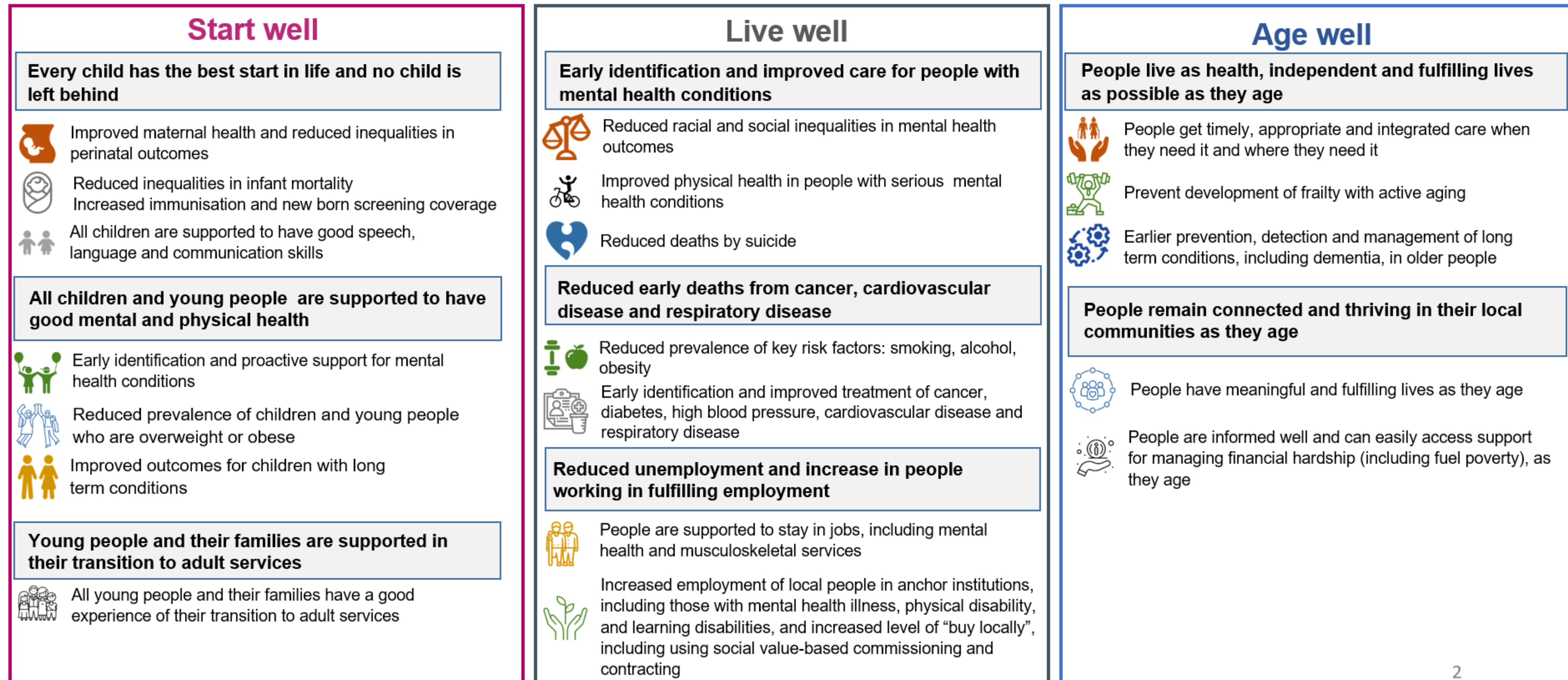

Indicators for each outcome are being developed so that we can understand variation, identify opportunities for improvement and monitor progress. We need to consider prioritised outcomes for NCL and for each Borough.

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Core themes for delivery

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Place based capacity and capability	Population Health intelligence	Thinking prevention first
Develop delivery models	Population Health Management platform rollout	Evidence based interventions and monitoring impact
Co-production and resident involvement	Develop funding models	Tackling inequalities

- The core themes will help us to put population health improvement into practice
- The themes will help us make the best use of our skills and resources at all levels in the system
- We need to ensure the system provides the environment that will allow places and neighbourhoods the flexibility to develop the local partnerships (including with residents)
- The focus needs to be on those ways of working that will most effectively meet the needs of local communities
- We need to build on what we already have in place – we don't need to start from scratch

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Alignment with Enfield plans

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- The Population Health Improvement Strategy will inform the update of our Enfield Health and Wellbeing Strategy.
- Population Health Management can also inform delivery within our ICS Borough Partnership Delivery Groups (e.g. Inequalities Delivery Group and Screening & Immunisation Delivery Group)

- The Population Health Improvement Strategy also links well to other local council and NHS strategies and delivery plans, such as:
  - Council Plan
  - Local Plan
  - Early Help Strategy
  - Smoking and Obesity Plans (in development)

Priorities from the PHM analyses – it was agreed to focus on:

- Preventing & reducing tobacco dependence – vaping vs. tar based
- Preventing & reducing overweight people from becoming obese

- Population cohort of those who smoke/or are at risk of becoming obese, with the agreed outcome to focus on the 18 – 40 year age group – who are smoking and obese:
  - living in top 20% most deprived areas of the borough
  - other determinants of health, including social deprivation, education, poverty, housing
  - access to fresh food and access to green spaces should also be considered as part of this work
  - impact of mental health
  - consider homelessness

Intervention design for the local population health priorities will also review other important aspects including:

- Language spoken- English / Turkish / Polish / Other
- Children in the household and childhood obesity
- Cultural co-production
- Use of social media / community spaces (e.g. libraries, building synergies with the LBE led work including development of community hubs

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Questions for discussion & next steps

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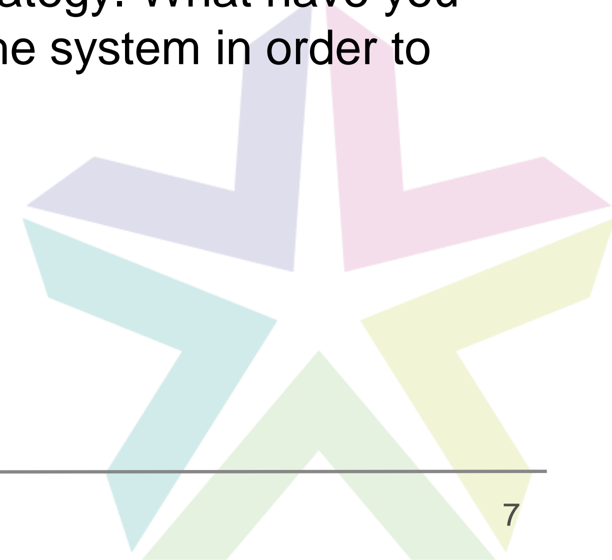
- How is your population health improvement journey going? What does it look and feel like?
- What are your priorities? Are there specific outcomes or areas of inequality you are focused on addressing?
- Where are you already doing things that contribute to population health improvement? How do these align with principles and / or core themes of delivery? E.g. analysis to understand patient needs? Co-production of service model with communities?
- What would help you with the work you are already doing or planning to do? For example; more analytical / intelligence capacity and expertise to understand need better? Ideas for how to get communities more involved in service design? A framework / approach to use to get social workers to use HealtheIntent on a daily basis?
- Boroughs will now need to develop the processes and infrastructure to delivery this strategy. What have you got in place already that will act as your foundation? What support do you need from the system in order to do this?



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