



North Central London
Health and Care
Integrated Care System



Implementing the NCL Population Health and Integrated Care Strategy

Reflecting on the last 12 months and looking 18 months ahead

March 2024

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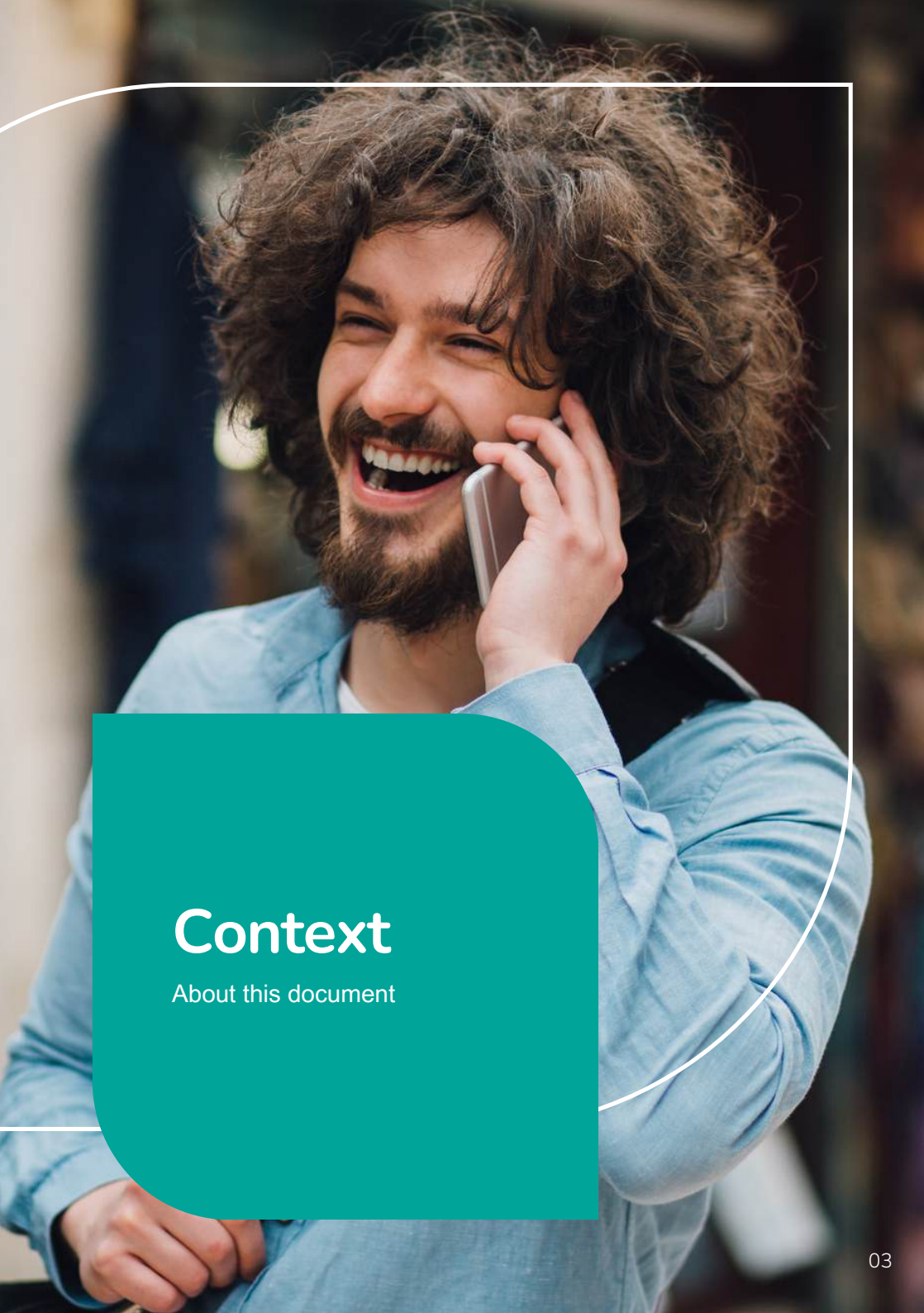
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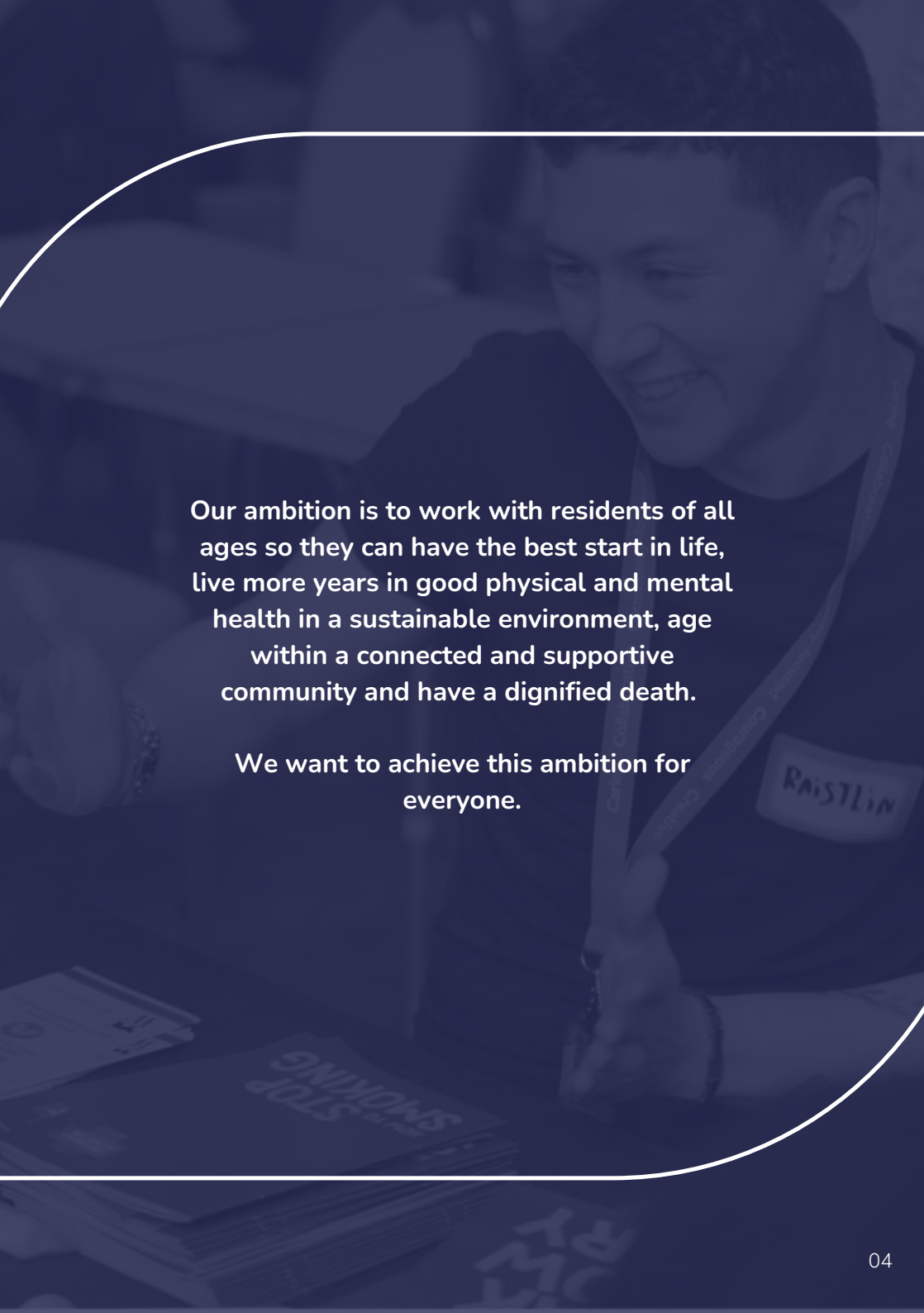
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Context

About this document

A woman with a name tag that says "RAISTLIN" is looking down at a stack of brochures. One of the brochures has "STOP SMOKING" written on it. The background is a blurred image of other people, suggesting a community or public event setting. The entire image has a dark blue overlay.

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

We want to achieve this ambition for everyone.



About this document

The North Central London (NCL) Population Health and 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.

Our plans throughout this document will all carefully consider the triple aim of

- Health and wellbeing of people (including reducing inequalities)
- Quality of healthcare services for the purposes of the NHS
- Sustainable and efficient use of resources by NHS bodies

Creating our Population Health & Integrated Care Strategy has been a collective effort across our partnership in the spirit of system ownership

Developing the PH & IC Strategy was a collective effort across our partnership in the spirit of system-ownership.

This strategy therefore reflects the commitments of system partners including the ICB, Local Authorities, providers, VCSE and our communities.

This document was warmly endorsed by ICP in April 2023 and approved by the ICB in March 2023.

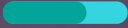
In line with the system-ownership of the strategy, engagement has been central to progressing delivery planning since endorsement.

This includes engaging with -

- Integrated Care Partnership Board
- Health and Wellbeing Boards
- Borough Partnership Boards
- Provider Boards
- VCSE Alliance
- Primary Care (GPPA)
- Programme leads across NCL (E.g. Cancer Alliance, Inequalities Fund, Start Well)
- Healthwatch and wider VCSE partners



Deprived
communities

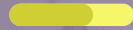


Key communities
– Adults

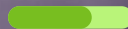


Strategy Delivery Areas

Key communities
– Children and
Young People



Wider
determinants



NCL population
health risks



Strategy Delivery Areas

Building on the NHS CORE20PLUS5 framework for health inequalities, and with addition of wider system priorities, the strategy identifies cohorts within NCL who are facing the greatest health inequalities. They identify where the greatest impact can be made and continue learning about our approach to system, borough partnership and neighbourhood working.



Deprived communities

NCL communities who live in the 20% most deprived areas nationally.



Key communities – Adults

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

- 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



Key communities – Children and Young People

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

- Children with Special Educational Needs and Disabilities (SEND)
- Children Looked After (CLA) and care leavers.
- Select BAME groups experiencing inequalities
- Continuing Care for children and young people
- Safeguarding arrangements for designated doctors and nurses for children and young people

Strategy Delivery Areas

Wider determinants

Focusing on the root causes of poor health.

NCL population health risks

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

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



A photograph of a woman with short, vibrant red hair, smiling warmly as she holds a baby. The woman is wearing a white, ribbed turtleneck sweater and a small, square earring. The baby is wearing a white and orange striped long-sleeved shirt and grey pants. The background is softly blurred, showing a plant and a colorful patterned object. A large red shape with rounded corners is overlaid on the bottom left of the image, containing white text.

Progress to date

Delivery since April 2023

Key Communities Progress

Adults and Children

Key communities – Adults

- £5m investment to address inequalities experienced by those living in the **20% most deprived areas** nationally working with communities and Voluntary, Community and Social Enterprise Sector (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 a **staff wellbeing bus** where high levels of hypertension and diabetes risk identified and navigated to right care setting.

Key communities – Children and Young People

- Improved **vaccination** uptake (one year) by 5% between January 2022 and January 2024.
- Free prescriptions for NCL **care leavers** launching in spring 2024.
- Inequalities funding directed to **Children and 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 and 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

- **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 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. [[View EVA film](#)]

**Slide 26 of our [PH and 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

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 frontline staff and 48% increase in virtual ward capacity.

Mental health – increased workforce by 6.4% in 2022/23 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 December 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. This work has benefited from a comprehensive consultation programme with more than 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 a Digital Strategy focusing 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. Work is also underway to ensure personalised care is considered at all appropriate stages. Importantly, at all stages, we will look at implications regarding patient choice requirements and ensuring patients have the relevant information to make an informed decision.

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

Levers for Change

Progress

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'.
- Collaborated across system to address the impact of **cost of living** through provision of advice and support to staff, patients, and residents.
- Developed the Outcomes Framework and launched the online dashboard to support monitoring.

**As outlined in slide 36 of our [PH and 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.*

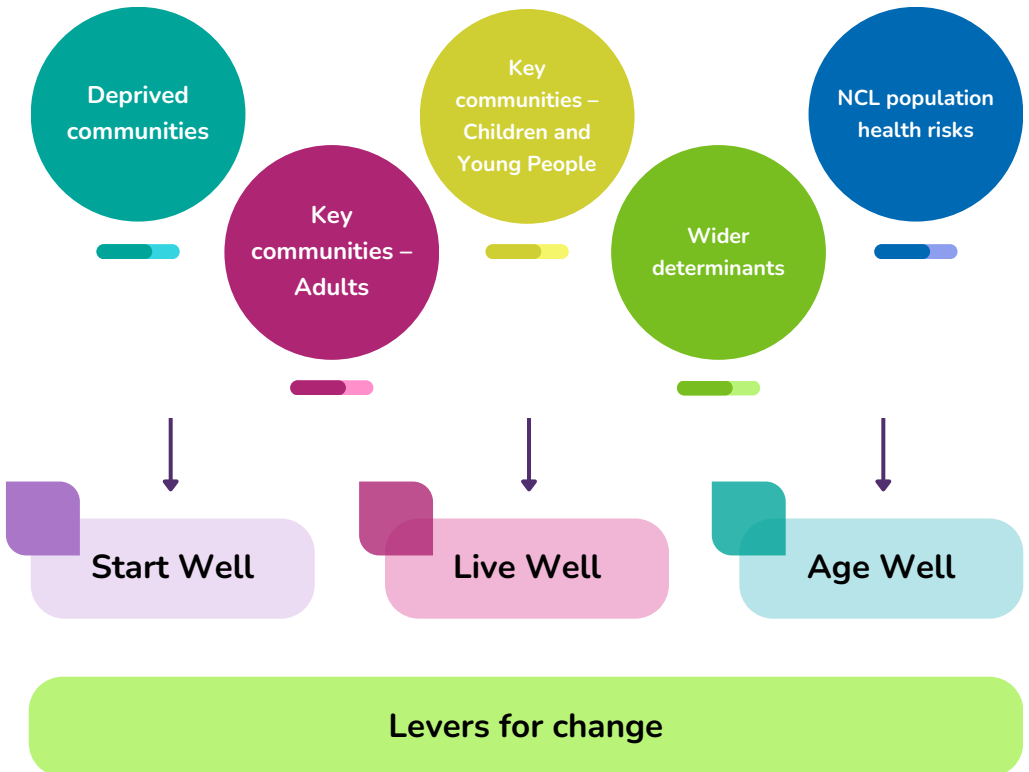


Priorities

Our plan for the next 18 months

Our next 18 months

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: Start Well

Starting position – April 2024

- Challenges associated with outcomes for deprived populations, location, declining birth-rate and increasing complexity and specialist staffing in maternity and neonatal care.

Priorities for the next 18 months

- 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 Local Maternity and Neonatal System (LMNS) and key focus on service use experience.

Where we are aiming to get to

- Ensure equity in access and outcomes from hospital based maternity, neonatal and CYP care.

Area of focus: CLA and care leavers

Starting position – April 2024

- Care leavers experience poorer health outcomes than other young people.
- The homeless population has significant levels of people with experience of care.

Priorities for the next 18 months

- 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.

Where we are aiming to get to

- Implementation of free prescriptions programme.
- Scoping further support to address health needs such as dental care.
- Internship opportunities.

Next Steps - Start Well



Area of focus: Special Educational Needs and Disabilities (SEND)*

Starting position – April 2024

- High levels of need and delays on assessments.
- CYP wait much longer than NICE guidance for CYP autism diagnosis.

Priorities for the next 18 months

- Develop a network of learning across Special Educational Needs and Disability and Alternative Provision programme.
- Improvement of care pathway for children and young people with neuro-developmental needs.

Where we are aiming to get to

- Significant reduction in waiting times for therapy and NDD assessments.

Area of focus: Childhood immunisations*

Starting position – April 2024

- Entrenched health inequalities, and impact of post-pandemic on immunisation rates in NCL. Particular challenges regarding MMR uptake.

Priorities for the next 18 months

- Increase routine childhood immunisation vaccine uptake with a focus on most deprived communities and communities with lowest uptake.

Where we are aiming to get to

- Target 3-5% increase in childhood vaccination by focusing on areas of greatest disparity.

*ICP Priority area

Next Steps - Start Well



Area of focus: Family help in early years*

Starting position – April 2024

- Differential outcomes for 0-5 year old children across NCL.

Priorities for the next 18 months

- ICP consideration of priorities in April 2024 which include:
- Developing a partnership learning plan,
- Establishing joint governance to monitor outcomes as part of a refresh of the overall ICB governance for children, young people, maternity and neonates
- Identifying evidence-based approaches and investment opportunities to support improved outcomes,

Where we are aiming to get to

- Development of a common language and training approach across the ICS.
- For outcomes to improve at age five and for reduction in need for crisis services.

Area of focus: Children's Mental Health

Starting position – April 2024

- Significant differences in early help and prevention in NCL for CYP mental health.
- High levels of need and delays in assessments.

Priorities for the next 18 months

- Serious Youth Violence Vanguard.
- Implementing the THRIVE model.
- Enhancing support for children and young people by developing our online CAMHS waiting room.

Where we are aiming to get to

- Reduction in variation of provision between boroughs.
- Improvements in waiting times for assessment.

*ICP Priority area

Next Steps – Live Well



Area of focus: Inclusion Health

Starting position – April 2024

- Differential community health services, lack of integration with wider services, and lack of skills in mainstream.

Priorities for the next 18 months

- Develop an equitable integrated multi-disciplinary team (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.

Where we are aiming to get to

- Improve healthcare equity, access, experience, and outcomes for people in inclusion health groups across boroughs.

Area of focus: Community Services

Starting position – April 2024

- Limited access to diagnostics in some geographies and for some conditions.
- Inequitable community service offer across boroughs.

Priorities for the next 18 months

- Community Services Review implementation 2024/25.
- Reduce growth of liver disease diagnosis through Community Diagnostics Centres.
- Increased capacity of diagnostics at Wood Green.

Where we are aiming to get to

- Increased investment according to need.
- Increased diagnostic capacity while tackling health inequalities including through rapid cancer diagnostics and new fibroscan.

Next Steps – Live Well



Area of focus: Prevention and wider determinants

Starting position – April 2024

- Differential prevention offer across NCL.
- Lack of employment impacting health.

Priorities for the next 18 months

- Develop sustainable and equitable core offer across smoking cessation, alcohol, and weight management services.
- Implement Work Well programme.

Where we are aiming to get to

- Long Term Plan tobacco offer fully implemented.
- Enhanced employment opportunities.

Area of focus: Heart Health*

Starting position – April 2024

- 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.

Priorities for the next 18 months

- Develop borough-based action plans to support identification and management of high blood pressure.

Where we are aiming to get to

- Close our high blood pressure prevalence gap and to treat people with high blood pressure to target, while tackling inequalities in NCL.

*ICP Priority area

Next Steps – Live Well



Area of focus: **Mental Health***

Starting position – April 2024

- Residents who have an Serious Mental Illness (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.

Priorities for the next 18 months

- Longer Lives – supporting better physical health for residents with SMI.
- Improving home treatment for people in crisis and strengthening proactive community support at home.

Where we are aiming to get to

- 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.

Area of focus: **Cancer**

Starting position – April 2024

- Participation in screening, case finding, and surveillance programmes varies across boroughs and communities.

Priorities for the next 18 months

- Promote and enable engagement with primary care, screening services and secondary care, focussing on actions that support the earlier diagnosis plan.

Where we are aiming to get to

- Contribute towards achieving the diagnosis of 75% of cancers at stage 1 and 2.

**ICP Priority area*

Next Steps – Live Well



Area of focus: Learning Disability and Autism*

Starting position – April 2024

- People with a learning disability and autistic people experience very significant health inequalities. National data has highlighted that:
 - 49% of the deaths of people with a learning disability in 2021 were avoidable compared to 22% in the general population.
 - the median age of death for people with a learning disability was 61 compared to 82 in the general population.

Priorities for the next 18 months

- Strengthen diagnostic and support services for residents with learning disability and autism.

Where we are aiming to get to

- Further reduce reliance on inpatient care for residents with learning disability and autism



Next Steps – Live Well



Area of focus: **Musculoskeletal (MSK) Live Well Review**

Starting position – April 2024

- Rising demand that outstrips current capacity alongside increasingly complex patient needs and inequity in funding across our services.

Priorities for the next 18 months

- A minimum MSK community services offer, including digital self-management and self-referral.

Where we are aiming to get to

- Ensure quality MSK care for all, best possible MSK outcomes for all, and sustainable, continuously improving care.



Next Steps – Age Well



Area of focus: Long Term Conditions

Starting position – April 2024

- Launched with 100% of GP practices signed up.

Priorities for the next 18 months

- Embedding outcomes incentivisation and case finding to reduce prevalence gap.

Where we are aiming to get to

- A single Locally Commissioned Service for Long Term Conditions focussed on proactive and personalised care.

Area of focus: Proactive Care

Starting position – April 2024

- Commitment to developing the ICB's approach to and functionality around Proactive Care and long term conditions.

Priorities for the next 18 months

- 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.

Where we are aiming to get to

- Patients and residents diagnosed earlier, treated to target in a way that considers the broad range of biological and social factors that link to health and wellbeing, with coordination, continuity, and digital support to be more empowered and active in their care.

Next Steps – Age Well



Area of focus: Carers

Starting position – April 2024

- Family carers have poorer health and wellbeing outcomes and are disproportionately impacted by the cost of living crisis.

Priorities for the next 18 months

- Borough based development and delivery of carer strategies.

Where we are aiming to get to

- Ensure carers receive proportional support required to improve outcomes.

Area of focus: Older adults with care and support needs

Starting position – April 2024

- Reducing numbers of care providers, variations in care and the need to support digital and tech infrastructure.

Priorities for the next 18 months

- Continue to implement Enhanced Health in Care Homes programme with particular focus on the refreshed additions.
- Implement digital and tech solutions in Learning disability and mental health settings.
- Upskill adult social care staff – utilise simulation and virtual training tools to enhance workforce skillsets.
- Deliver education and training to support delivery of good quality care in bedded and non-bedded settings.
- Progress joint market management arrangements for care homes, drawing on the particular strengths the NHS and Councils can bring.

Where we are aiming to get to

- Equitable offer across care provision.
- Joint working to stabilise and develop care market offer in NCL.
- Workforce sustainability.
- Improved quality of care and improved system flow: supporting unplanned attendances and discharges from an acute setting.

Next Steps – Age Well



Area of focus: Supporting residents at risk of hospital admission*

Starting position – April 2024

- Significant challenges on hospital flow with focus on downstream activities.
- Our communities who live in the 20% most deprived areas nationally experience increased admission levels of 20-30% higher than the general population.

Priorities for the next 18 months

- Further develop the admissions avoidance framework and utilise as a tool to develop system and place plans. Build admission avoidance approaches across key programmes.

Where we are aiming to get to

- Improve join up and effectiveness of downstream activities while shifting focus upstream and on prevention.

Area of focus: Supporting residents to recover following hospital admissions

Starting position – April 2024

- Broad range of services in NCL ICS which help people to recover from hospital admission.
- Opportunities for further integration and consistency across the ICS.

Priorities for the next 18 months

- Embedding a shared core offer of discharge services and pathways between partners.
- Improved understanding of outcomes, with a particular focus on population health.
- Focus on 'home first' – helping people recover at home.

Where we are aiming to get to

- Proactive, recovery oriented services between partners, aligned to need.
- Shared evidence of improving long term outcomes.
- Helping more people get 'home first'.

Next Steps

Levers for Change

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 these plans into ICB business planning processes and those of wider system partners so this is a **golden thread** running throughout everything we do.
- Develop and implement a **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 an evidence base. This will be informed by our inclusion needs assessment that provides intelligence and insight into issues that inclusion groups face, including the forms of abuse they experience.
- Progress Green Plan delivery including reducing medicines emissions, increasing reusable PPE and plan for net-zero primary care estate.
- Embed approach to **aligning resource to need** across investment activity and decision making.
- Implement our **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**. Design and prioritisation of investment recommendations to address these.
- Develop an **NCL Research & Innovation Strategy** with the aim of increasing quality, quantity, and depth of research undertaken across NCL and enable adoption of innovation to support our population health outcomes. This will include closer working with our academic partners in NCL, including our local AHSN and NIHR partners. This will involve understanding how applied research initiatives can support development of our local evidence base regarding how we align resource to need by measuring impact and return on investment from our initiatives. This will be overseen by a newly developed Research & Innovation group developed as part of our governance refresh (see next steps page)
- Evaluate our **Research Engagement Network (REN)**.
- Take forward our 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 and 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

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.
- Our PH & IC Strategy and priorities within was informed by our local health and wellbeing boards and respective strategies, therefore implementation of this plan is being led by local HWBBs and Borough Partnerships. Work will take place with Health & Wellbeing Boards to support alignment of Joint Health and Wellbeing Strategies and respective delivery with delivery of this 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 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 and IC Strategy, we will deliver on our vision for NCL by working across three levels of the system.*

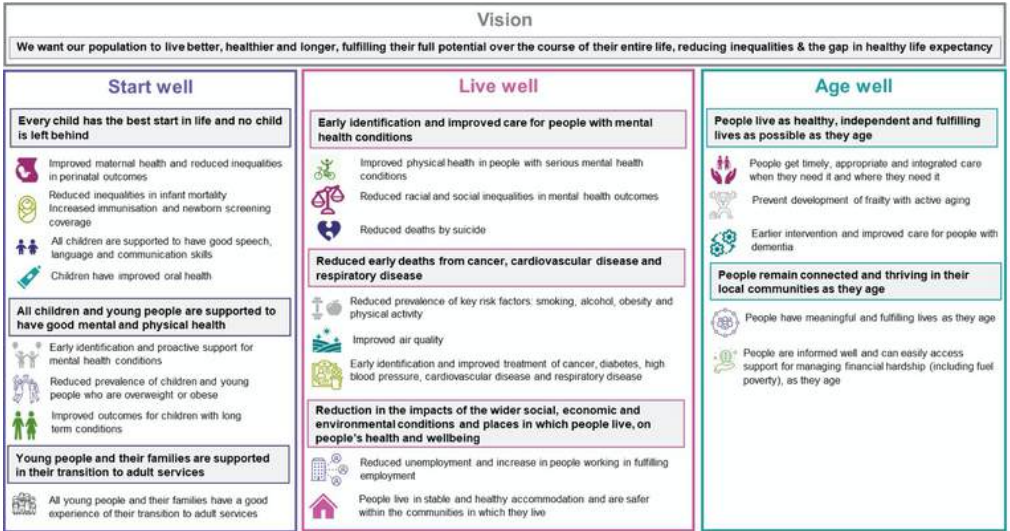


AMBULANCE

Monitoring and oversight

Our Outcomes Framework

Our NCL Outcomes Framework



Slide 16 of the [PH and 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

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**

Developing the NCL Outcomes Framework



Population Health Outcome Indicators: North Central London Indicator Overview

Indicator Groups: Area:

Domain	Outcome	OF ID	Indicator Name	Unit	Period	Barnet	Camden	Enfield	Haringey	Islington	NCL	London	England	
Vision	We want our population to live better, healthier and longer, fulfilling their full potential over the course of their entire life, reducing inequalities and the gap in healthy life expectancy	1a	Life expectancy at birth (men) - 3 year*	Years	2020 - 22	80.8	79.2	79.3	80.8	79.9	79.1	79.1	78.9	
		1b	Life expectancy at birth (women) - 3 year*	Years	2020 - 22	84.9	84.5	84.1	84.0	83.8	83.8	83.6	82.8	
		2a	Healthy life expectancy at birth (men) - 3 year*	Years	2018 - 20	62.9	64.6	64.3	62.6	63.0	63.5	63.8	63.1	63.1
		2b	Healthy life expectancy at birth (women) - 3 year*	Years	2018 - 20	67.1	66.8	62.0	65.0	63.8	64.8	65.0	63.9	
		3a	Inequality in life expectancy at birth (men) - 3 year*	Years	2018 - 20	6.7	10.9	7.4	8.1	11.3	8.2	7.5	9.7	
		3b	Inequality in life expectancy at birth (women) - 3 year*	Years	2018 - 20	5.7	8.8	7.2	4.2	5.0	6.4	5.4	7.9	
Start Well	Every child has the best start in life and no child is left behind	4	Proportion of women recorded as smokers at time of delivery	%	2022/23	5.5	5.4	5.8	5.4	5.9	5.8	4.6	8.8	
		5	Rate of babies born at term with low Apgar score at 1 minute	%	2021	2.7	3.3	3.5	2.5	3.1	3.0	3.3	2.8	

Statistically significantly better compared to London Statistically similar compared to London Statistically significantly worse compared to London

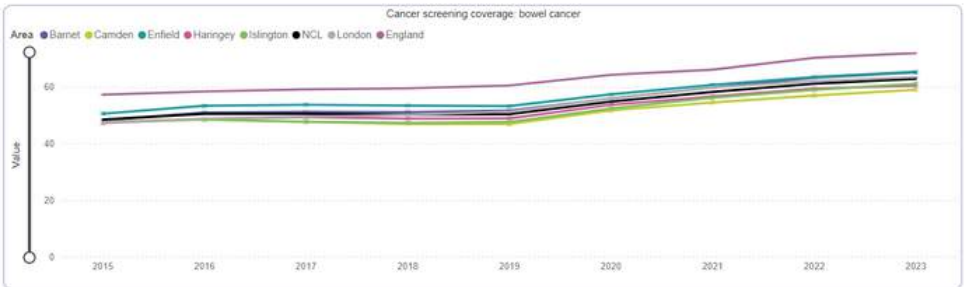
*For these indicators NCL specific values were derived by averaging data from the five NCL boroughs. This was only done if there was data for 4 or more of the boroughs.

- Blank cells may appear if no data have been submitted/are available for that geography
- Some data have not been rated since there were not available data on 95% Confidence Intervals
- Some figures might show as same but are rated differently (either because 95% Confidence Intervals are different or due to decimal rounding)
- For some indicators high figures are good (e.g. cancer screening coverage) and for others low figures are good (e.g. premature mortality), being better than London might mean higher or lower figures depending on the indicator.



Population Health Outcome Indicators: North Central London Indicator Trend

Indicator Groups: Area:



Notes

- For some indicators, data is only available for one time period, so there will be no trend line
- Some trend lines do not include 95% Confidence Intervals (no available data)
- The units for each indicator differ and are not currently displayed on the graphs – we hope to add these in due course but in the meantime to find out the unit for each indicator please refer to either the data tabs or the glossary
- Filters on this page use OHID indicator names
- Zoom in or out on the y (vertical) axis of the graph for each indicator by hovering, clicking and dragging the y-axis up or down using the circles at either end of the axis

Next steps

Moving forward, and as we deliver on the ambitions laid out in this document, we want to display the value of working across partners by working as a system to set targets and monitor our progress against them, therefore demonstrating tangible improvements in population health. Specifically, we will agree measures to focus on and agree roles & responsibilities to track and improve those measures, including providing assurance that inequalities are being addressed in a sustainable and equitable way. We are expecting to progress this work throughout 2024/25 and provide an update in time for the next Joint Forward Plan (JFP) iteration.

We will enable monitoring of progress by refreshing our population health governance to ensure colleagues across the system, including Local Authority partners, are contributing towards our population health priorities. This will also include ensuring appropriate links to system groups such as the Integrated Care Partnership (ICP) Committee, ICB Board of Members, System Management Board (SMB) and place-based governance, including Borough Partnerships and Health & Wellbeing Boards. We will engage with local safeguarding boards to ensure the appropriate care and consideration is given to victims of abuse. Our inclusion health strategy will also identify and support inclusion groups such as people experiencing homelessness and adults with a history of imprisonment to ensure the needs of victims of abuse are considered.

Finally, we recognise the importance of communication and engagement as part of delivery therefore we are producing comms-friendly materials which will be used to engage with our communities alongside key messages regarding self-care and lifestyle choices.





Appendices

- Financial monitoring

Work is ongoing to ensure we are discharging NHS financial duties

- We are currently working on the NHS system financial plan for 2024/25 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 2024/25, but we know that this will be challenging to agree and to deliver.
- We will set a 2024/25 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 the VCSE, therefore working together will be important.



Work is ongoing to ensure we are discharging NHS financial duties

NHS Rule	Meaning for our NHS system	2023/24	2024/25
Duties to break even or achieve financial balance.	Objective to break even – this means a 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.		