North Central London
Health and Care
Integrated Care System

NHS

Delivering Population Health and Integrated Care Ambitions in Camden

Camden Health and Wellbeing Board

18th September 2024

NCL Population Health & Integrated Care Strategy and Delivery Plan overview

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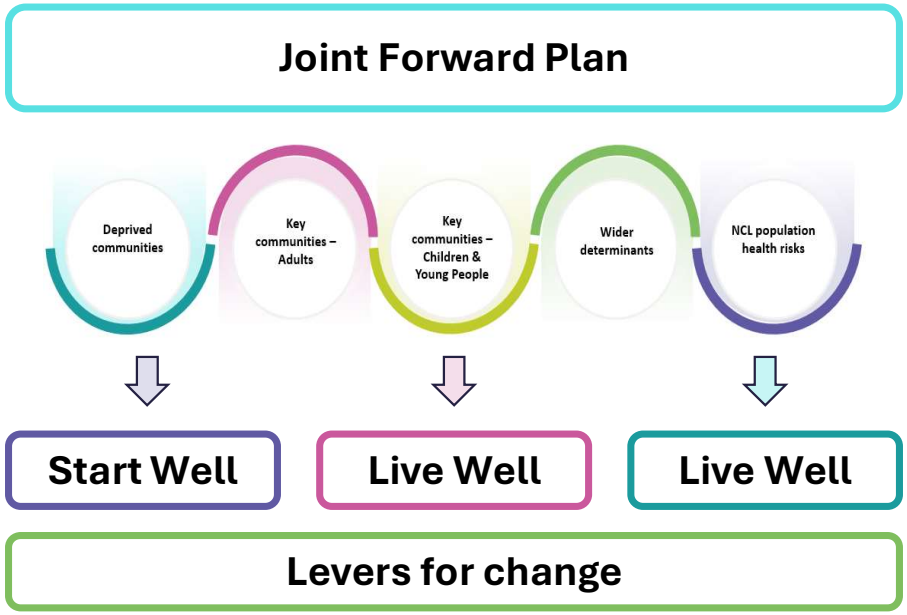
Our NCL Population Health & Integrated Care (PH & IC) Strategy was endorsed by system partners in April 2023 following a significant programme of engagement and co-production. The Strategy can be found here. It outlines our ambition to **tackle health inequalities** by a **shared emphasis** on **early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

Since April 2023, significant socialising and planning work across the ICP has culminated in the development of our **NCL Delivery Plan** (which also serves as our Joint Forward Plan (JFP)), which outlines our critical path to **deliver against our PH & IC Strategy**. The NCL Delivery Plan can be found online here.

The Delivery Plan 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 to develop Population Health approach since April 2023

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- **Engaging and socialising** the Delivery Plan with Health & Wellbeing Boards, Trust Boards, Borough Partnerships, forums involving the VCSE and patient representatives. This has culminated in the publishing of resident-focussed content which can be found online here.

- **Developing the NCL Outcomes Framework and launching the online dashboard to support monitoring –** *the dashboard can be found here*. Data in the dashboard are at Borough and NCL level, compared to London and England. There is also an Outcomes Framework annual insights report at NCL and borough level *(Camden content appearing later in the pack)*.

- **Understanding and starting to align plans across borough and system** to maximise the impact of our joint working.

- **System Progress on Population Health outcomes** is set out in detail in the Delivery Plan. Improvements include:
  - Mental Health – Longer Lives: The proportion of adults with SMI having a physical health check increased by 44%
  - Improved the uptake of Targeted **Lung Health** Checks from 30% to 55%. Over 20,000 people have now had a lung health check.
  - **Inclusion Health** needs assessment completed which has been identified as an example of good practice in national guidance and over £1m invested in integrated homelessness discharge support post hospital

NCL Outcomes Framework Insights Report 23/24 Summary

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The NCL Outcomes Framework (OF) annual insights report summarised key insights at NCL and borough level from the NCL OF dashboard. The report demonstrates that while we have made **some progress, the five population health risks identified in the PH&IC remain relevant and require ongoing system and borough focus**, and there are also broader areas requiring focus across the life course (Start Well, Live Well and Age Well).

Childhood immunisations
Although there has been notable, steady improvement in the proportion of children who have been fully vaccinated by age five, 31% of children in NCL were not fully vaccinated by the end of 2022/23

Cancer
Despite steady improvement in bowel cancer screening over recent years, overall cancer screening coverage is poor, with all boroughs except Enfield having lower coverage than London in at least one programme in 2023

Mental health and wellbeing
The proportion of adults with SMI having a physical health check increased by 44% from 2020/21 to 2022/23, but we are not achieving our target of 0–18 year olds receiving at least one contact from an NHS-funded mental health service.

Heart health
With 73% of NCL patients with high blood pressure treated to within age-specific target range within the last 12 months, we are falling short of the national target (77% for 2023/24; now 80% for 2024/25)

Lung health
Only 53% of NCL patients with chronic respiratory disease are vaccinated against flu, and only 69% of people aged 65+

Start Well

Poverty - 17% children live in poverty (2021/22 data which is likely to have increased since)
Maternal smoking - More than one in 20 women giving birth in NCL smoke
Newborn hearing screening - NCL boroughs are within the 6 worst performing boroughs in London
Oral health - More than one in four 5-year-olds in NCL have experience of tooth decay
Healthy weight - 38% 11-year-olds are overweight or obese
Communication skills - One in five reception children do not achieve expected communication and language skills
Mental Health - An estimated 1 in 5 11-16 year olds have a mental health disorder. Prevalence estimates for Camden are 33% higher compared to the national average

Live Well

Smoking - More NCL patients aged 15+ years smoke compared to London
Healthy weight - 55% of adults are overweight or obese
Alcohol - Admissions for alcohol-related conditions are higher in three of our boroughs (Islington, Haringey and Enfield) compared to London
Employment - 35% people with a long term physical or mental health condition of working age are not in employment
Diabetes - Only 31% patients with Type 1 diabetes and 43% of patients with Type 2 diabetes in NCL achieved all three treatment targets

Age Well

Loneliness – Only 36% older adult social care users have as much social contact as they would like
Dementia diagnosis - Although rates across NCL were similar to London, Camden, Haringey and Barnet did not meet the national benchmark for dementia diagnoses
Avoidable admissions – Unplanned admissions for older adults with certain long-term conditions have increased across all our boroughs since 2020/21
Intermediate care – On average more than one in ten of NCL's hospital beds per week are occupied by patients who did not meet Criteria to Reside but were not discharged
Carers - The average quality of life score for carers in NCL was 7 out of 12 which, although low, was comparable to London

Key Next Steps

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The priorities and indicators in the Population Health Delivery Plan and NCL Outcomes Framework are wide ranging, multiple and complex. We will be tracking progress against all the actions outlined in the Delivery Plan, but it is important that we are able to demonstrate the tangible improvements that we hope to make in population health in the next 18 months.

How could we address this?

- We need to identify a smaller sub-set of **key (sentinel) population health metrics** to allow us to demonstrate our impact with which to effectively track and showcase the progress we are making and the benefits of coming together on a multi-geographical footprint across ICS. This will include the key population cohort to be targeted for each metric in order to **improve equity.**
- These metrics should be aligned to existing measures and be supported by a **wider benefits realisation programme**
- This will also clarify roles and responsibilities so that all partners are aware of the contribution they can make – including identifying areas for collaboration. For example, boroughs are best placed to utilise local insights to deliver change.
- The benefits realisation programme will consider how we work differently across partners to make progress on the agreed sentinel measures – this will include a deep dive process that will bring together the worlds of academic research, intelligence and insights and NHS/LA delivery to ensure we are harnessing strengths of all partners to reduce inequalities and improve outcomes.

Benefits Realisation – a worked example for Heart Health

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Making the shift upstream with more preventative practice and care

	Primary prevention: acting across the population to reduce risk	**Early diagnosis:** so we can identify health conditions early, to make treatment quicker and easier	**Secondary prevention:** halting progression of conditions or individual risk factors	**Prompt and urgent care:** treating conditions before they become crises	**Long-term care and treatment:** In both NHS and social care settings
NHS	Making Every Contact Count – tackling health behaviours and lifestyle risks	Optimising management of hypertension and CVD e.g. via the LTC LCS	Case-finding in high-risk patients on GP patient lists and opportunistically in secondary care		
Local Authority	Commission primary prevention lifestyle services and NHS Health Checks	Commission population-based lifestyle services to manage risk factors	Commission NHS Health Checks; population-based community health screening		
VCSE & Healthwatch	Deliver targeted primary prevention lifestyle initiatives with local communities; leveraging reach into underserved communities	Deliver targeted population-based lifestyle services/ initiatives to manage risk factors; leveraging reach into underserved communities	Run community awareness campaigns and blood pressure checks		
Academic Partners	Research across these areas and putting these into practice through engagement with services and commissioners				

Working with communities to engage in prevention

What else does evidence suggest would work?

Are there gaps when we focus on key communities?

Example of aligning plans and strategies across partners to deliver population health outcomes in Camden

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Joint Health & Wellbeing Strategy (2022-30)
Priority to improve uptake of childhood immunisations by:
- Improve data recording and call-recall systems
- Learn from the Covid-19 vaccination rollout
- Use the population health management tool to establish the Camden baseline

Borough Partnership
Integrated approach to ensure families are supported through the first 1,001 days of a child's life with high quality targeted support and joint working with early years settings and other community networks and assets to build upon existing networks and link with wider health and care services

Health & Wellbeing/ borough strategies

Population Health Strategy and Delivery Plan

Childhood Immunisations

Over the past 2 years we have seen in Camden an increase in uptake of the childhood schedule from 60.4% to 80% at year 1, and from 50.8% to 73% at year 5

System transformation programmes

Partner strategies and plans

Our **NCL Delivery Plan** outlines our ambition to increase routine childhood immunisation vaccine uptake with a focus on most deprived communities and communities with lowest uptake.

The Strategy outlines an aim to conduct a gap analysis to identify outcomes across different population sub-groups and geographies to develop focus areas for tackling health inequalities. We also want to develop a common framework to accelerate work across childhood imms, reflecting governance, a focus on prevention, working across partners, including the VCSE and success measures

NCL Childhood Immunisation and Vaccination Programme

An ICP-sponsored system-wide programme is overseeing a programme to improve:
- Vaccine conversation competency
- Communications and engagement via new information sources
- Operational processes & quality call/recall
- Workforce training and development
- Data quality

ICB **Asylum Seeker and Refugee Locally Commissioned Service** MMR vaccination

Camden Childhood Immunisation Programme **Inequalities Fund scheme** focussing on:
- Training & education to patient champions & community leaders
- Deliver pop-up clinics in Kilburn and St Pancras & Somers Town
- Deliver comms & patient information in the relevant language.

Camden Borough

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- **Physical health and LTCs**: As the population ages, the prevalence of long-term conditions in Camden like diabetes (3.9%) and hypertension (8.7%) will likely increase (QOF 2022/23), along with the proportion of people living with multiple long-term conditions.
- **Mental health**: Camden has high levels of self-reported anxiety (28%) and loneliness (36.3%) (ONS). 10.7% have a diagnosis of depression, while 1.4% have a severe mental illness (QOF 2022/23). Kentish Town wards have one of the highest rates of SMI prevalence nationally.
- **Immunisations and screening:** Camden, like other London boroughs, has lower levels of uptake of childhood immunisations (2 dose MMR coverage by the age of 5 is 63.6%) (NCL Outcomes Framework, 2022/23) and cancer screening (breast – 46.9%, bowel - 57.0%, cervical 25 - 49 years - 46.2%, cervical 50-64 years - 64.1%) (OHID, 2022) with challenges in uptake amongst particular population groups.
- **Homelessness:** Camden has a highly mobile and transient population. This includes a large homelessness population, including entrenched rough sleepers. This population group experiences multiple health disadvantages, including markedly reduced life expectancy, and substance misuse / mental health dual diagnosis.
- **Asylum seekers:** the borough hosts three Home Office-designated contingency hotels. Plans have been proposed (though have yet to materialise) to double capacity of these sites. Camden continues to host a significant population of around 800 Afghan evacuees at two bridging hotels. These population groups require a distinct & tailored approach in response to their physical, mental and cultural needs (currently supported in part by a NCL ICB Locally Commissioned Service for Asylum Seekers)
- **Respiratory conditions:** as an inner London borough, Camden residents breathe polluted air. Camden has a higher prevalence of conditions including asthma, and COPD.

How are partners already delivering (an integrated approach to population health) in Camden?

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Start Well Highlights

"All children and young people have the fair chance to succeed, and no one gets left behind" *(HWB strategy)*

Increasing CYP vaccination coverage – through collaboration across the system and innovation, and the support of a dedicated vaccination improvement manager, over the past 2 years we have seen an increase in uptake of the childhood schedule from 60.4% to 80% at year 1, and from 50.8% to 73% at year 5

Improving MMR uptake – in addition to the above, we have seen rates of MMR1 increase from 82% to 87%, and for MMR2 from 77% to 82% through effective partnership working

Stood up a multi-agency **Start Well and Family Hubs Board** to oversee and assure our borough ambitions for children, young people and families

Integrated Paediatric Service **multi-disciplinary integration of acute and primary care plus wider partners** including CAMHS, early help and social services through complex case multi-disciplinary meetings.

Integrated approach to low acuity presentations-early pilot model with UCLH Paediatricians and family hubs working together in the community to review frequent attendees to A&E.

CYP **Asthma**- integrated, multi-agency proactive approach to complex **asthma** care for those that are 'high risk' , expanding on the LTC LCS offer,. Pilot in process and outputs will be reviewed to support next steps. Partnership asthma friendly schools program.

Improving support for neurodiverse children and young people including addressing waiting times'

How are partners already delivering (an integrated approach to population health) in Camden?

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Live Well Highlights

"People live in connected, prosperous and sustainable communities"
(HWB strategy)

- Innovative approach to **LTC management** including development of the north Camden **heart failure LTC MDT** approach
- Integrated **neighbourhood teams -development** of East INT prototype to support co-location and aligned neighbourhood teams to support joined up care for residents and enhanced working experience for staff.
- Learning Disabilities-Almost all of Camden's eligible population living with LD having an annual healthcheck
- Cancer screening-LBB developing proposals to work with English for Speakers of Other Languages (ESOL) providers in and around Camden and how we might work with them to include an explanation of the purpose and delivery of screening and prevention. Plus, joint partnership working with NCL Cancer Alliance to support their Public Awareness Campaigns for Cancer Screening delivered by Healthwatch Camden.

How are partners already delivering (an integrated approach to population health) in Camden?

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Age Well Highlights

"People live healthier and more independent lives, for longer"
(HWB strategy)

- A whole system integrated approach to Ageing Well in Camden including a **multi-disciplinary whole system** approach to ageing encompassing prevention with community and VCS and wider public health initiatives, primary care, **integrated community healthcare** teams, community Geriatricians and integrated intermediate care services. Developments include and proactive Geriatrician home visits and ongoing whole system training and development, **proactive complex care MDTs**

- **Virtual Wards (VW**)- successful virtual ward summit, with a range of actions captured and taken forwards by partners to improve utilisation in the short term, and to expand bed numbers in the future. The model is developing and planning to undertake capacity and demand modelling and demographic data review where able, to proactively assess need, equity of access how the VW can link with wider teams to support holistic, equitable offer and support in reducing health inequalities.

- **Carers** action Plan-Led by the council and co-produced with resident Carers, a framework action plan to support the identification, support, wellbeing and experience of Carers in Camden

How are partners already delivering (an integrated approach to population health) in Camden?

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

- Working with VAC to co-commission **community action research** – focussed on the experiences of ethnic minority residents (particularly Sudanese and Bengali communities) living in central Camden
- Almost all of Camden's eligible population living with LD having an annual healthcheck
- Continuing to **tackle entrenched inequalities through a wide range of NCL-funded partnership schemes**, with demonstrated impact around e.g. healthy lifestyles in Somers Town, promoting vaccination and immunisation in under-represented communities, LD healthcheck quality improvement, and Camden dementia pathways.
- Health and Wellbeing Neighbourhood Assembly- Led by the council, **enabling residents to set local priorities** and design and test ways of resolving them.
- **Homelessness** System Programme-led by the council with support from partners, to ensure that physical and mental health services are commissioned with consideration of the needs of local residents and the current wider service landscape for homeless residents. Partnership approaches include:
  - Developing an integrated model of physical and mental health and care support;
  - A review of CHIP, the specialist homeless GP practice, to ensure it is meeting the needs of residents;
  - Ensuring an appropriate wider primary care offer for homeless residents

Considerations for the Health and Wellbeing Board

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- Is the Board assured that coherence is being developed between local priorities and system priorities? What further work would strengthen this?

- The Outcomes Framework Insights Report is part of a data driven approach to improving outcomes – how do we ensure this is reviewed in context with wider data?

- How can we work together most effectively to assure delivery of our joint population aims and ambitions?