

Public Health

4th Floor, 222 Upper Street, N1 1XR

Report of:

NCL Director of Strategy, Communities and Inequalities – Ruth Donaldson & Sarah D'Souza

NCL Director of Place, East – Clare Henderson

Meeting of: Health and Wellbeing Board

Date: 12th November 2024

Ward(s): All wards

NCL Delivery Plan and NCL Population Health and Care Strategy

1. Synopsis

1.1 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. It outlines our ambition to tackle health inequalities by a shared emphasis on early intervention, prevention and proactive care.

1.2 Since April 2023, significant socialising, and planning work across the Integrated Care Partnership (ICP) has culminated in the development of our NCL Delivery Plan which outlines our critical path to deliver against our Strategy. This has been endorsed at the ICB Board of Members.

1.3 Our Delivery Plan (appendix 1) summarises plans to tackle inequalities among our key communities, who we have identified as facing the poorest outcomes in NCL.

1.4 As delivery against our strategy continues, we are also building on the lessons learned from system and place work on vaccinations, a small number of areas 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. Areas identified include childhood immunisations, Special Education Needs and Disabilities (SEND), Family Help in Early Years, Mental Health and Heart Health.

1.5 Work is ongoing to socialise the NCL Delivery with the ICP and Health and Wellbeing Boards with the ask of colleagues to consider how to best remain involved in delivery moving forward and any implications for local footprint plans and strategies.

1.6 Discussion points:

- Is the HWB assured that coherence is being developed between local priorities and system priorities? What further work would strengthen this?
- How can we work together most effectively to assure delivery of our joint population aims and ambitions?

2. Recommendations

2.1 That the Board note the implementation of the NCL Delivery Plan.

2.2 Consider and respond to the discussion questions set out in section 1 of the report.

3. Background

3.1 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.

3.2 Since April 2023, significant socialising and planning work across the ICP has culminated in the development of our NCL Delivery Plan, which outlines our critical path to deliver against our PH & IC Strategy. The NCL Delivery Plan can be found in appendix 1.

3.3 The 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 the 5 key health risk areas (childhood immunisations, heart health, cancer, lung health, mental health and wellbeing across all ages).
- 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.

3.4 Monitoring tangible improvements in population health will be a key part of delivery, and the priorities and indicators in the NCL Delivery Plan and NCL Outcomes Framework are wide ranging, multiple and complex. Therefore, as well as tracking progress against all the actions outlined in the NCL Delivery Plan, work is ongoing to develop a smaller, more focused series of key (sentinel) population health metrics to allow us to demonstrate our impact and to track and showcase the progress we are making. We want to demonstrate the benefits of coming

together on a multi-geographical footprint across the ICS as well as the importance of hyper local work.

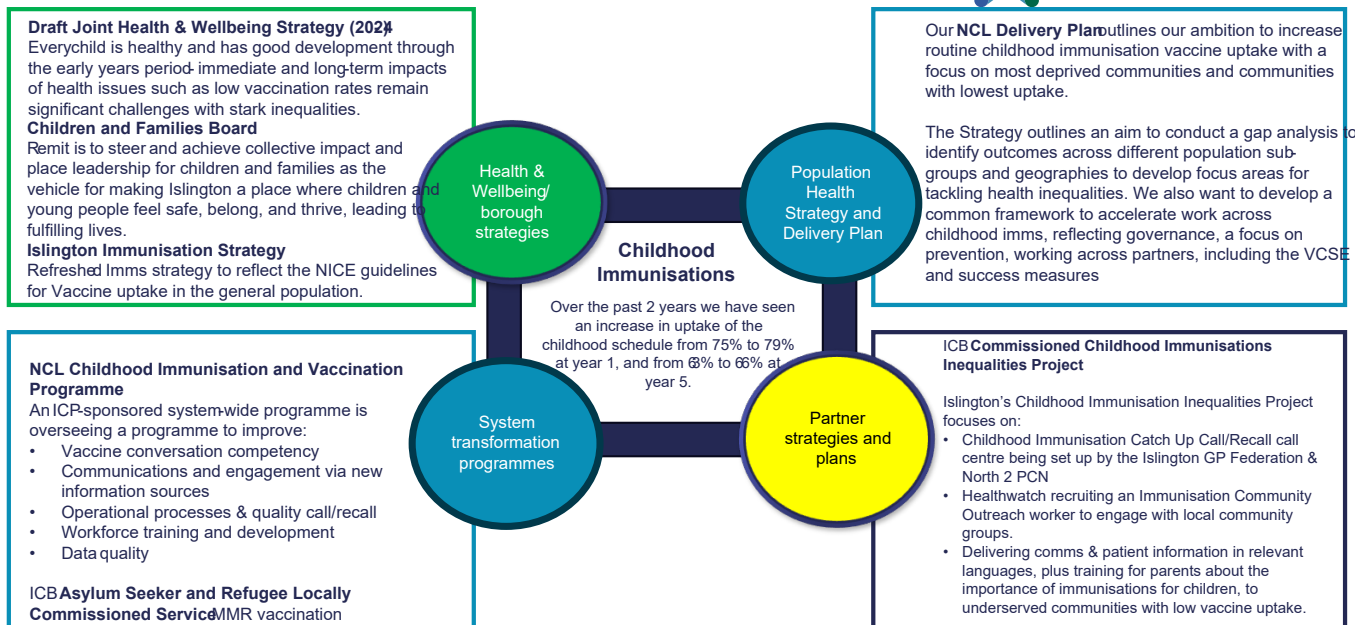
3.5 This will be supported by the NCL Outcomes Framework (OF) annual insights report that demonstrates that while we have made some progress, the five population health risks identified in the Population Health & Integrated Care Strategy remain relevant and require ongoing system and borough focus, and there are also broader areas requiring focus across the life course (Start Well, Live Well and Age Well).

3.6 In Islington, significant work aligning to the Population Health & Integrated Care Strategy has progressed, for example, over the past 2 years we have seen an increase in uptake of the Measles Mumps Rubella (MMR) immunisations from 76% to 81% at year 2, and from 63% to 68% at year 5. This suggests alterations and new approaches implemented are beginning to build a sustainable model.

3.7 A key aim of this next phase of delivery is aligning plans and strategies across partners to deliver improvement of population health outcomes in Islington. This will include bringing together borough plans, such as those reflected in the local Health and Wellbeing Strategy, system-wide transformation programmes, and individual organisational plans to ensure we are working together effectively to assure delivery of our joint population health aims and ambitions.

3.8 An example of this alignment of plans is shown below using childhood immunisations:

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



4. Implications

4.1. Financial Implications

4.1.1 There are no financial implications arising from this report. The measures and recommendations proposed in this report are not currently quantifiable. If recommendations are subsequently made about the use of any money or grants, this will require a full set of Financial Implications.

4.2. Legal Implications

4.2.1 There are no legal implications flowing from this report.

4.3. Environmental Implications and contribution to achieving a net zero carbon Islington by 2030

4.3.1 For the purpose of this report, there are no new implications.

4.3.2 It is recommended the health system and its partnerships work in collaboration to mitigate climate risk when implementing this strategy and its plan.

4.4 Equalities Impact Assessment

4.4.1 The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

5 Conclusion and reasons for recommendations

5.1 This report is being presented to update on the now-published NCL Delivery Plan and seeks comments regarding developing a shared approach across system and borough to deliver on our population health ambitions.

Appendices:

Appendix 1 – NCL Delivery Plan.

Appendix 2 – Health & Wellbeing Board slides.

Background papers:

NCL Population Health & Integrated Care Strategy (endorsed April 2023) – link [here](#)

Final report clearance:

Signed by:

Date: 11/10/2024